Achieving the Quadruple Aim
Focusing on Strategic Imperatives

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Dr. Mike Dinneen

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**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**
Reducing the generators of ill health by encouraging healthy behaviors and decreasing 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.

**Per Capita Cost**
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.
Our Shared Responsibilities

- **Our Health Affairs / TMA Responsibilities**
  - Aims / Imperatives - Consistent, understandable
  - Targets – Predictable; persist over time

- **Your Responsibilities**
  - Focus on Performance, Accountability
  - Disseminate Best Practices
### What Value By When?

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<thead>
<tr>
<th>Strategic Imperative</th>
<th>Performance Measure</th>
<th>Last Quarter Performance</th>
<th>Current Performance</th>
<th>Change</th>
<th>FY2010 Target</th>
<th>FY2011 Target</th>
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<td>Individual Medical Readiness</td>
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<td>74%</td>
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<td>81%</td>
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<td><strong>Psychological Health &amp; Resiliency</strong></td>
<td>PTSD Screening, Referral and Engagement (R/T)</td>
<td>44%/69%</td>
<td>48%/72%</td>
<td>+4%/+3%</td>
<td>40%/65%</td>
<td>50%/75%</td>
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<td>Depression Screening, Referral &amp; Engagement (R/T)</td>
<td>60%/73%</td>
<td>62%/74%</td>
<td>+2%/+1%</td>
<td>40%/65%</td>
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<td><strong>Engaging Patients in Healthy Behaviors</strong></td>
<td>MHS Cigarette Use Rate (AD 18-24)</td>
<td>22%</td>
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<td>21%/7%</td>
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<td>HEDIS Index – Preventive Screens</td>
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<td>HEDIS Index – Adhering to Evidence Based Guidelines</td>
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<td>Overall Hospital Quality Index (ORYX)</td>
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<td>MEBS Completed Within 30 Days</td>
<td>46%</td>
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<td>+22%</td>
<td>80%</td>
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<td>Favorable MEB Experience Rating</td>
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<td>Primary Care 3rd Available Appt. (Routine/Acute)</td>
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<td>Getting Timely Care Rate</td>
<td>74%</td>
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<td><strong>Personal Relationship with Your Doctor</strong></td>
<td>% of Visits Where MTF Enrollees See Their PCM</td>
<td>45%</td>
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<td>Satisfaction with Health Care</td>
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<td><strong>Per Capita Cost</strong></td>
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<td>Annual Cost Per Equivalent Life (PMPM)</td>
<td>10%</td>
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<td>Enrollee Utilization of Emergency Services</td>
<td>72/100</td>
<td>45/100*</td>
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<td>35/100</td>
<td>35/100</td>
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<td><strong>Using Research to Improve Performance</strong></td>
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<td><strong>Fully Capable MHS Workforce</strong></td>
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</table>

*Denotes change in measure algorithm
Connecting Strategy to Programs

Aim

Imperatives

Measures

Targets

Initiatives

Experience of Care

Promote Patient Centeredness

% of Visits Seeing PCM

2011: 60%

PCMH

$ IT: Secure Messaging & Pop Health

Staff (NP/PA)

POM

IM/IT

Human Capital
Air Force Medical Home Performance Index

**Continuity:**
Team Continuity from Patient’s Perspective
Goal > 90%

**Patient Satisfaction:**
SDA questions
Goal > 95%

**ED/Urgent Care Rate**
Visits per 100
Goal < 3/100

**Healthcare Effectiveness Data and Information Set**
Average of HEDIS Composite
Goal > 4

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Driving Change Through Informatics-Driven Incentives
AF Patient Centered Medical Home: Continuity

Goal: >1M Enrolled

- Continuity
- Enrollment

Enrollment
goal 0 200,000 400,000 600,000 800,000 1,000,000

2007 2008 2009 2010 2011 2012

40% 70%

Continuity

100%

80%

60%

40%

20%

0%
Changing Patient Behavior
With the Quadruple Aim

- Active duty are doing well (as would be expected)
- But everyone else is moving in wrong direction (like the rest of the country), but still lower than US population
Connecting Strategy to Programs

Aim

Imperatives

Measures

Targets

Initiatives

Population Health

Engaging Patients in Healthy Behaviors

Prevalence in Obesity

2011: 24%

Provider / Patient Tools

Pop Hlth Portal

OSD/HA--DeCA

IM/IT

Cross-Agency Coordination
Connecting Strategy to Programs

Aim

Imperatives

Measures

Targets

Initiatives

Per Capita Cost

Align Incentives to Promote Outcomes

Enrollee Utilization of Emergency Services

2011: 65 / 100

PCMH

Email w/ Provider

NAL w/ Apptg

Care Coord.

POM

IM/IT

Business Process

2011 MHS Conference
“My job is to put the best people on the biggest opportunity and the best allocation of dollars in the right places. That’s about it” – Jack Welch

- Our “Opportunities”
  - Focus on our Strategic Aims
  - Disciplined Execution
  - Creating Value
Improving Military Health System Performance - Applying Resources Where They Will Create the Greatest Value
Big Picture – “From Strategy to Action”

- Quadruple Aim
- Strategic Imperatives
- Performance Gap
- Strategic Initiatives
- Local Initiatives

Strategic Initiative Portfolio:
- PCMH
- Performance Planning
- Centers of Excellence
- Psychological Health
- IMR Programs
- ...
Warm Up
First... What is strategy?

- **Strategy as Value Creation**
  - “An organization’s strategy describes how it intends to create value for its shareholders, customers, and citizens.” (Kaplan and Norton)

- **Strategy as a Plan**
  - Strategy is a plan of action designed to achieve a particular goal.
Second... What is value in health care?

- Cleveland Clinic
  - Value = Outcomes / Cost

- Mayo Clinic
  - Value = Quality / Cost
  - Value = Quality (Outcomes, Safety, Service) / Cost
    (Over a Span of Time)

- Porter
  - “In health care, value is defined as patient health outcomes achieved relative to the costs of care. It is value for the patient that is the central goal, not for other actors.”
What is the MHS Value Equation?

Value = \frac{Readiness + Experience of Care + Population Health}{Per Capita Cost}

The Quadruple Aim expressed as a value equation
<table>
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<th>Stakeholder Impact</th>
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*Denotes change in measure algorithm.
Conclusions

1. Strategy is about value creation
2. Value in health care is outcomes over costs
3. The value that MHS creates for its stakeholders is expressed by the Quadruple Aim
4. MHS has promised its stakeholders a specific kind of value within a specific timeframe
5. Therefore, MHS strategic initiatives are the most important things we will do to create a higher value Military Health System
Exercise:
You are asking MHS investors to fund a portfolio of strategic initiatives. Your job is to explain exactly how our strategic initiatives create value for the Military Health System.
During the past year we have expressed to an important audience (SMMAC, USD(P&R, Comptroller, OMB) that the following initiatives are strategic. For each initiative, complete this sentence:

“This initiative will create value for MHS stakeholders by…”

- Readiness
  - Individual Medical Readiness
  - Psychological Health
- Population Health
  - Healthy Behaviors and Lifestyles
- Experience of Care
  - Patient-Centered Medical Home
  - Care Coordination
  - Centers of Excellence
- Per Capita Cost
  - Performance Planning Pilots
  - Pharmacy Home Delivery
  - Fraud Reduction
- Learning and Growth
  - BRAC/Facility Transformation
  - EHR Way Ahead
  - TRICARE Fourth Generation Planning (T4)
Readiness
This initiative will create value for MHS stakeholders by…

- Reducing the number of delinquent dental exams (Dental Class 4) and non-deployable dental conditions (Dental Class 3)
  - Implementing policy changes and improvements in dental access
- Reducing the number of delinquent PHAs
  - 16% of total force has an indeterminate IMR health status
- Reducing the number of deployment-limiting medical conditions
  - 13% (234,000) of total force is not deployable due to a medical condition
- Improving the definition and measurement of IMR so that it is a truer measure of the medical readiness (deploy-ability) of the Total Force
This initiative will create value for MHS stakeholders by…

- Improving the return on investment from MHS psychological health programs
  - Since 2005, the annual cost of behavioral health care for the force and their families has increased from $500 million to over $1 billion

- Defining a comprehensive framework (outcomes + measures) to assess the effectiveness of psychological health investments
  - Prevention and identification, diagnosis and treatment planning, and treatment and rehabilitation

- Building a culture of support for psychological health
  - Dispelling stigma
  - Make psychological assessment an effective, efficient, and normal part of military life
  - Providing greater access to mental health professionals across a variety of care venues (down-range, embedded in medical homes, schools)
Population Health
This initiative will create value for MHS stakeholders by…

- Helping beneficiaries make better choices about their diet and exercise
  - 30% of MHS beneficiaries are obese and 40% are overweight
  - According to Health Affairs, obese persons have medical costs that are $1,429 higher than persons of normal weight (2006)

- Reducing the use of tobacco
  - 29% of the Active Duty beneficiaries use tobacco, more than 2.5 times higher than non Active Duty beneficiaries in the same age bracket

- Increasing patient activation and health literacy through provider communication, patient education, and other support mechanisms (e.g., patients like me)
  - Higher PAM scores are correlated with better health

- Creating healthier environments and greater access to healthier choices by developing partnerships
  - Military bases, commissaries, communities
Experience of Care
This initiative will create value for MHS stakeholders by…

- Serving as a central coordination point for all patient care
  - Medical home teams coordinate care for patients who see multiple physicians across different care settings

- Providing better management of chronic diseases
  - Disease managers are tightly integrated with medical home teams

- Focusing on prevention that leads to better individual and population health therefore reducing burden on the system
  - With teams no longer focused on visits and RVUs, they have time to tend to the health of the population

- Enhancing access that leads to greater convenience, higher acuity of face-to-face visits, and reduction of avoidable ER use
  - Secure messaging and nurse advice line
  - Same-day-access for acute appointments
Care Coordination
“The MHS’ Defensive Coordinator”

This initiative will create value for MHS stakeholders by…

- Identifying beneficiaries receiving uncoordinated care
  - In a five state Medicare/Medicaid study, 10% of patients accounted for 46% of drug costs, 32% of medical costs, 36% of the total cost
- Providing reports on uncoordinated to medical home teams and case managers
- Designing and testing innovative payment methods that incentivize better coordinated care
  - Inpatient episode payment, hospital-physician bundling, shared savings, global payments (capitation)
- Reducing avoidable hospital readmissions
  - Both direct care and purchased care
- Improving safety through team based care
  - Eliminate hospital acquired infections
This initiative will create value for MHS stakeholders by...

- Creating multidisciplinary teams that are focused on developing and improving care pathways for specific diseases and conditions
  - Longitudinal care pathways describe a patient’s journey to better health, and the interventions and types of care they receive on the journey that result in the best patient outcomes

- Focusing resources on diseases and conditions that are most important to the MHS
  - PTSD, TBI, hearing, vision, amputee care, battlefield medicine

- Identifying gaps within care pathways and investing resources to close those gaps
  - Basic/translational research, comparative effectiveness studies, education

- Disseminating care pathways to providers
  - Shortening the “distance” between COEs and providers to improve and refine care pathways

- Embedding care pathways in the EHR
Per Capita Cost
Performance Planning Pilots
“Pay for Value”

This initiative will create value for MHS stakeholders by…

- Creating financial incentives that align local (MTF) priorities with enterprise priorities
  - HEDIS, ORYX, 3rd Available Appt, PCM Continuity, Beneficiary Satisfaction with Healthcare, ER Utilization, Overall Management of PMPM

- Improving coordination and integration between direct care and purchased care, through similar incentives and synchronized planning

- Providing MTF and Team-level performance reports so they can develop their own improvement plans

- Testing the responsiveness of our system to different payment and reimbursement methods
  - Pay-for-performance, capitation for primary care, shared savings (PMPM adjustment)
This initiative will create value for MHS stakeholders by…

- Transitioning beneficiaries from Retail to Home delivery of medications to help manage costs, while positively influencing outcomes
  - Home delivery represents significant savings to DoD compared to retail. The average retail cost for 90 days of a brand medication is $294 at retail but only $169 through home delivery, 43% less
  - Home delivery reduces patient co-pay costs by 66% on a 90-day supply of drugs

- Leveraging auto shipment of home delivery refills to improve adherence
  - Patients are contacted prior to shipment and have the option of cancelling the order

- Enhancing patient safety by integrating home delivery prescriptions into the Pharmacy Data Transaction Service (PDTS)
Fraud Reduction
“Enhancing Operational Integrity”

This initiative will create value for MHS stakeholders by…

- Identifying fraud, waste, abuse and overpayments to providers with no impact to beneficiaries
- Hiring more Recovery Audit Contractors (RAC), independent third party vendors to find and recover overpayments to institutions
- Hiring additional MHS / TRICARE Program Integrity (PI) staff to increase prevention
- Utilizing an independent, third-party vendor to focus on the detection, prevention, and recovery of pharmacy fraud, waste, and abuse
- Increasing Defense Criminal Investigative Service (DCIS) funding specific for health care fraud investigations
Learning and Growth
This initiative will create value for MHS stakeholders by…

- Realigning the physical footprints and capabilities of the military health facilities with our mission
  - Creating the Walter Reed National Military Medical Center as the centerpiece of military healthcare, clinical practice, education and research
  - Expanding Belvoir’s DeWitt Army Community Hospital with an additional 165-bed community hospital
  - Creating the San Antonio Military Medical Center (SAMMC)
  - Creating the Medical Education and Training Campus (METC) at San Antonio

- Building a robust platform to take care of wounded warriors

- Implementing evidence-based facility changes to create healing environments
This initiative will create value for MHS stakeholders by...

- Providing longitudinal patient information at the point of care across all care venues
- Enabling us to exchange information with our health partners
  - Ensure our patients receive best care across different care settings (VA, private sector providers)
- Supporting many of our other strategic initiatives
  - **COEs:** Care pathways are embedded in the EHR, not only providing alerts and reminders, but also collecting data on processes, health outcomes, satisfaction, and cost information
  - **T4:** The EHR will provide and retrieve essential health information about our patients
  - **PCMH:** The EHR will offer secure messaging to patients for greater convenience and access; provide an integrated personal health record (PHR) that allows patients to proactively manage their health; and give providers access to data that will help them manage the health of their panel
This initiative will create value for MHS stakeholders by…

- Redesigning the way MHS purchases care to create a truly integrated health delivery system
- Creating shared incentives so that Direct Care and Purchased Care providers are accountable for the total health and cost of a defined population
  - Changing reimbursement from pay-for-volume to pay-for-value
- Reducing administrative costs associated with the management of purchased care
- Building partnerships that result in increased currency of medical providers and robust GME programs
Do you see where you fit in?

Do you see how you can contribute to improving our performance?

It is only by working together that we will achieve success!