



Maximizing Value and Readiness in Delivering Joint Health Care at Camp Lejeune

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Outline



- Medical Healthcare System Perspective
- Navy Medicine Strategy Map
- Joint Efforts to Improve Care Delivery
- Naval Hospital Camp Lejeune Specialty Services
- Summary



A Changing World

“We are only beginning to see the dramatic shifts underway that will define our future and shape our interactions in the world ... and require our national security institutions to adapt and to adjust...

We will need to more efficiently match our resources to our most important national security requirements. We can do things better. We must do things better – and we will.”

- Secretary Hagel
Center for Strategic and Intl Studies
November 2013



The National Security Environment

And the Future of Military Medicine



- Military force structure is going to be smaller (both US and allies) – and includes medical forces.
- Ready medical forces require sustained, complex medical patient caseload -- we need to continue to be the provider of choice for our patients.
- Even though US combat is concluding, the long-term medical needs of our service members, wounded warriors and families are not.
- The demand for greater efficiency is here...now.



Our Strategic Framework: The Quadruple Aim

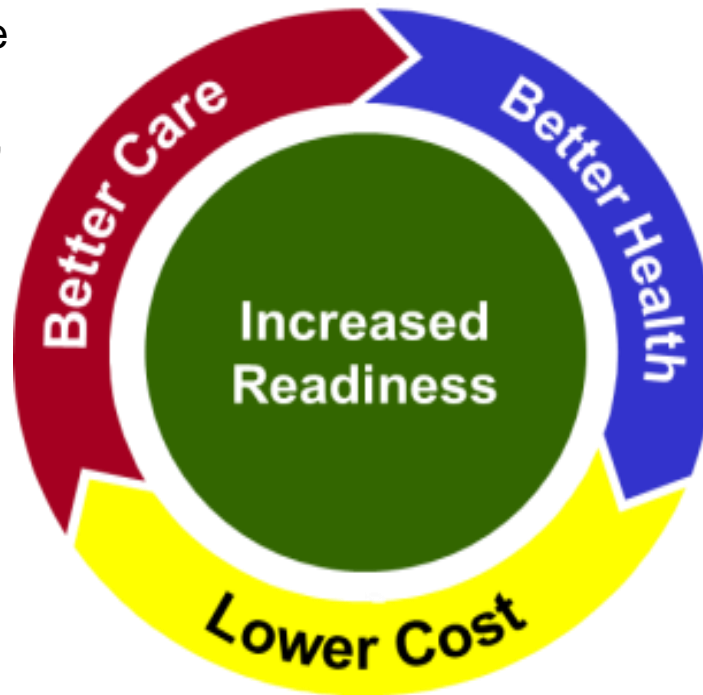


Improved Readiness

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.

Better Care

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



Better 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.

Lower 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.



Navy Medicine Strategy Map

Military Leaders:

"I can call upon the Navy and Marine Corps at any moment and they will be medically ready to deploy and optimally medically supported in action."

Warfighter:

"My family and I are in the best possible medical hands while on Active Duty and when I retire."

U.S. Public:

"Our interests are being well-protected by our Navy and Marine Corps and resources are being appropriately utilized to that end."

Readiness

R1. Deliver ready capabilities to the operational commander

R2. Deliver relevant capability and capacity for Theater Security Engagement operations

Value

$Value = (Quality \times Capability) / Cost$

V1. Decrease enrollee network cost/Increase recapture of Purchased Care

V2. Realize full benefit from Medical Home Ports and Neighborhoods

Jointness

J1. Leverage joint initiatives to optimize performance of Navy Medicine's mission

J2. Improve Navy Medicine interoperability

Strategic Enabling Objectives

R3. Optimize use of medical informatics, technology, and telehealth
V3. Standardize clinical, non-clinical, and business processes
J3. Improve communications and alignment



Joint Efforts NHCL and II MEF



- North Carolina Health Services Coordinating Council (HSCC) active since June 2010
- The HSCC includes all the medical leaders in the Camp Lejeune and Cherry Point areas
- NHCL CO and II MEF Surgeon co-chair the council
- Many collaborative initiatives resulted



Medical Home Port

Standardizing Care in Any Environment



- Marine Centered Medical Home (MCMH): USMC-wide Program
II MEF's \$111M plan on track to serve our 52+ K II MEF Marines and Sailors
 - II MEF Pilot Sites operating under MCMH construct – at MCAS Cherry Point and Camp Lejeune French Creek Clinics
- II MEF/MTF Collaboration to reduce Warfighter Emergency Department (ED) use for non-urgent care
 - Reduced II MEF warfighter total non-urgent ED visits from 11,801 (\$5.7M) in CY 2011 down to 5,037 (\$2.4M) in CY 2013 with cost savings of \$3.3M
 - Working hour visits dropped 80% from 121 in Jan 2013 (\$58,685) to 22 in Dec 2013 (\$10,670)



Caring for the Warrior

A Collaborative Effort



- Integrated Clinical Management and Risk Mitigation System (ICM-RMS) development collaboration: 2D MARDIV and II MEF IMO
 - Expect superior management of high risk Marines and Sailors
- Integrated Disability Evaluation System (IDES) Initiatives
 - Reduced weekly delinquent Non Medical Assessments over 50% in one year
 - NMA average process time improved from 38 days to 24 days in one year
 - Decreased number of monthly new MEB cases 41% from 135 in Aug 2011 to 79 as of Sep 2013
 - Processing time decreased went down from 139 days to 56 days

Injured Marines and Sailors are Quickly Assessed and Treated



Best Practices

- Exertion Heat Injury Prevention and Management
 - Effort to reduce heat injury
 - Provides standardized practices for early treatment
 - Expect reduced Heat Strokes and hospital admissions and zero morbidity or mortality
- Implementation of BUMED/HQMC/VA initiative to retire Service Treatment Records (STR) of II MEF Marines and Sailors
 - Tiger team eliminated backlog of 1,500 records and recommended way forward to comply with difficult task
 - Extended Tiger Team Collaborating to close/retire STRs in compliance with MARADMIN 637/13
 - Completed medical records screening for emotional/mental health concerns as directed by ALNAV 079/13



Treating High Risk Patients



- Mental Health – II MEF/MTF Collaboration.
 - MIT Psychological Health Study: OPT of 20 Oct 13
 - ACMC decision brief on 19 Dec13 approved II MEF program value study and civilian provider study
 - NHCL Mental Health teams and MCCS clinicians aligned with II MEF units improving relationships, communication and care
 - SARP referral execution and accountability
 - Decreased no-shows from 11 to 1.5 per month
 - Increased “activated & screened” SARP referrals from 10% of PDHRA recommended referrals in 2010 to 60% (349 out of 584) in CY2012 to 84% (105 out of 125) in CY 2013
 - Force-wide EtOH risk reduced



NHCL



More than a Community Hospital

- Inpatient Dual Diagnosis (substance abuse + PTSD)
 - Unique partnership with Brynn Marr Hospital expands local MH capacity from 12 (2012) to 32 beds (2014)
 - Improved quality and unit/family involvement with lower network costs
- Intensive Outpatient Psychology Program (IOPP)
- Maternal Fetal Medicine and Level II Special Care Nursery
- Sports Trauma, Spine, and Hand Surgery
- Comprehensive Pain Management Program
- Expanded FM Residency Program from 18 to 27 yearly students
- 58 agreements with educational institutions
- 16 Research protocols closed or in progress



Summary



- Improved outcomes, lowering cost, and improving training opportunities through jointness and collaboration
- Additional opportunities for improved value exists
 - Increased primary care enrollment
 - Increase surgical utilization
- Multidisciplinary care to complex patients
 - TBI, Pain, PTSD, Dual Diagnosis, Poly-pharmacy