Defense Health Board

Paul R. Cordts, MD
Deputy Assistant Director – Medical Affairs
10-11 August 2022

Agenda

- DHA FY22-26 Campaign Plan
- Ready Reliable Care
- Quality and Patient Safety Framework
- Ready Medical Force Framework
- Invasive Procedure Complexity Designations
- Way Ahead

DHA FY22-26 Campaign Plan
Performance Management Framework

Military Health System Quadruple Aim

DHA Director's Strategic Priorities

The FY22-26 DHA Performance Management Framework outlines how DHA will drive progress on the four priorities by executing eight strategic initiatives that will be measured by eight corresponding key performance indicators. (KPIs).

Monitor

Eight Key Performance Indicators (KPIs) Provide Confirmation of Progress

These strategic KPIs are used to collectively monitor performance across all eight strategic initiatives

8 KPIs	Safety Composite	Ready Reliable Care Maturity Index	Percentage of Transition Milestones Achieved	Percentage of Service Members Not Medically Ready Due to Deployment Limiting Medical Conditions	Percentage of DHA Facilities Postured to Support the CCMDs	Survey Question - JOES 27 'In General, How Would You Rate Your Overall Health?'	Survey Question - JOES 24 'I Would Recommend Facility to a TRICARE-Eligible Family Member or Friend'	Agency Wide 'Fulfillment' Rating

Execute

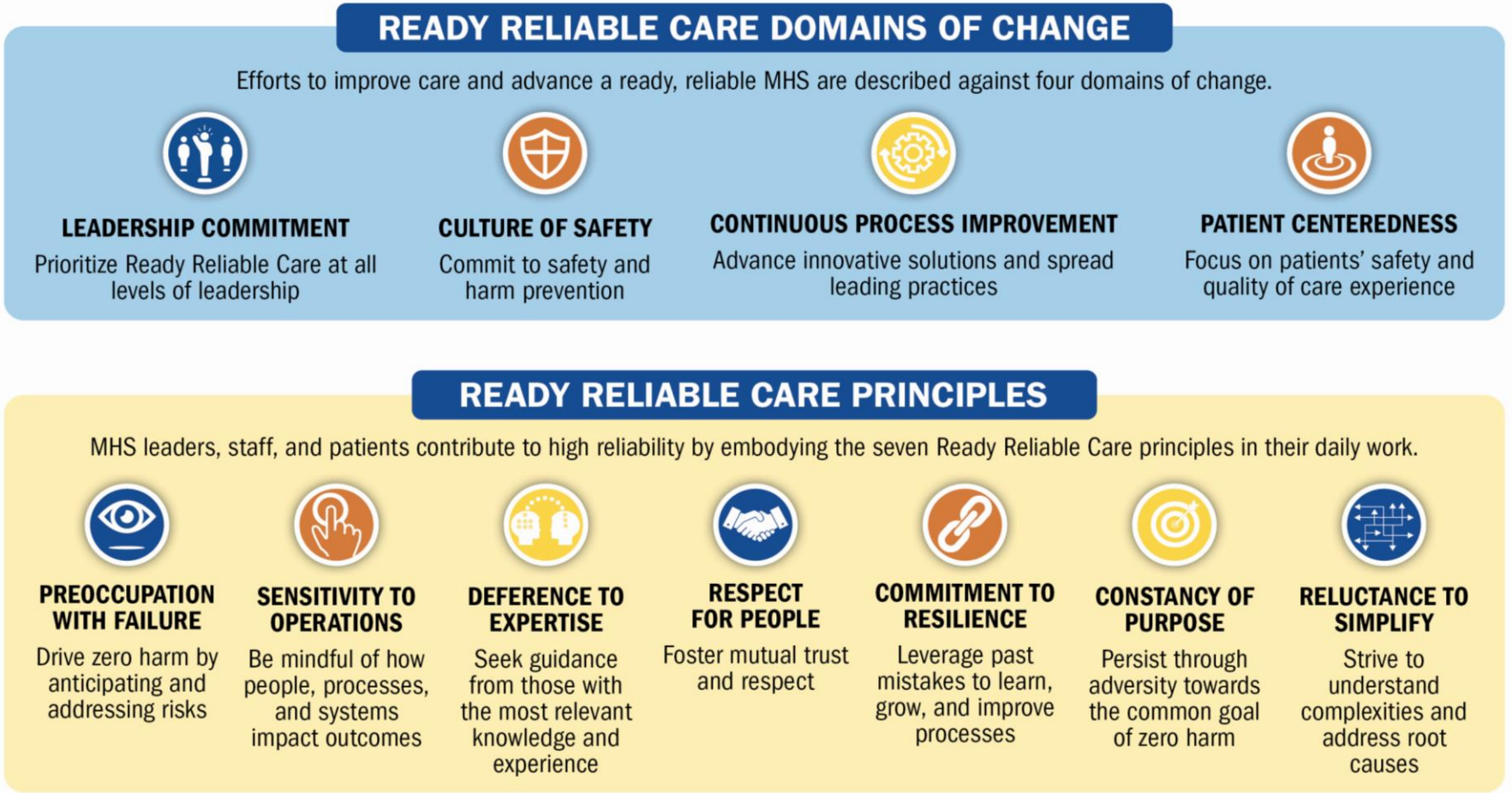
Eight Strategic Initiatives Serve as Drivers for Change

These initiatives work in concert to drive improvement in the above strategic KPIs

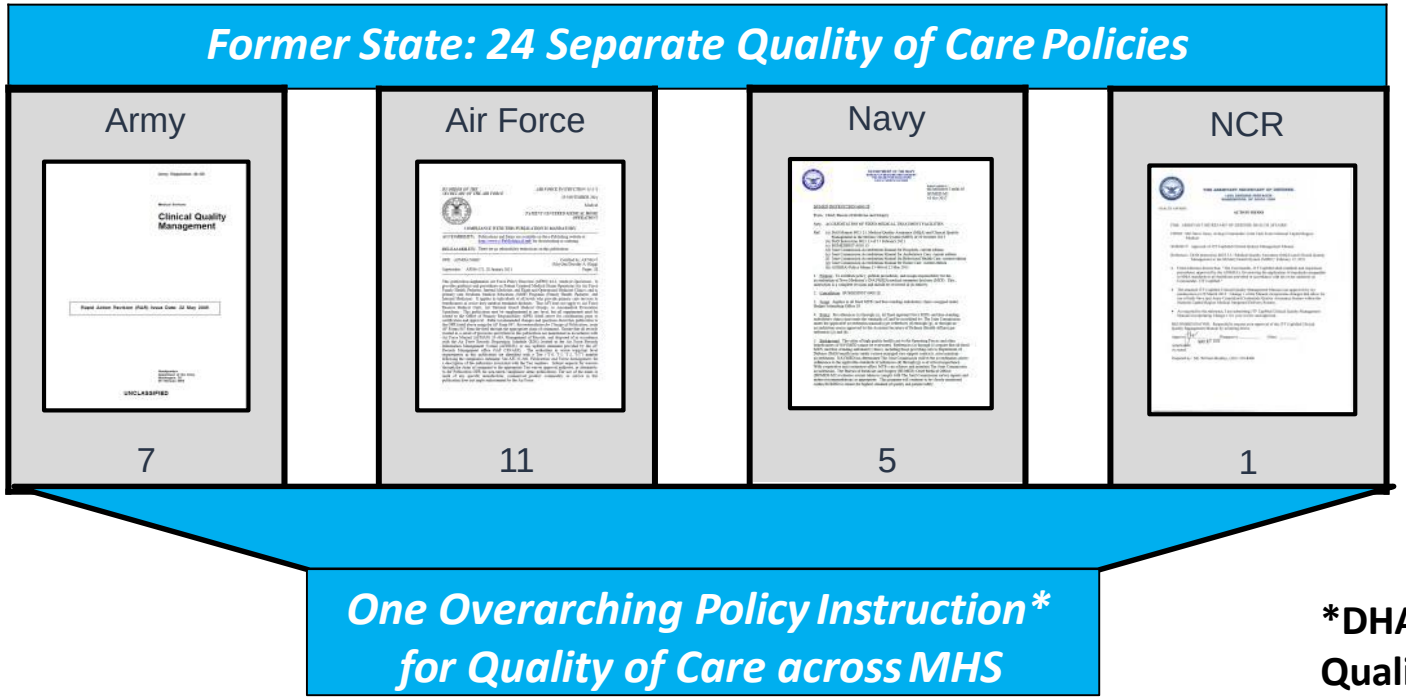
8 Strategic Initiatives	Implement Ready Reliable Care	Improve Patient Outcomes	Enhance Staff Development and Growth	Improve HQ Performance and Business Management Processes	Sustain Expeditionary Medical Skills	Optimize the Healthcare System	Right Information, at the Right Place, Right Time, in the Right Format for the MHS	Execute Transition

Ready Reliable Care

Ready Reliable Care describes all MHS efforts to become a high reliability organization (HRO). An HRO strives for zero harm and remains committed to continuous learning and improvement, despite operating in complex or high-risk environments.



Enterprise Approach to Clinical Quality Management



*DHA-PM 6025.13, Clinical Quality Management in the Military Health System, 1 Oct 19.

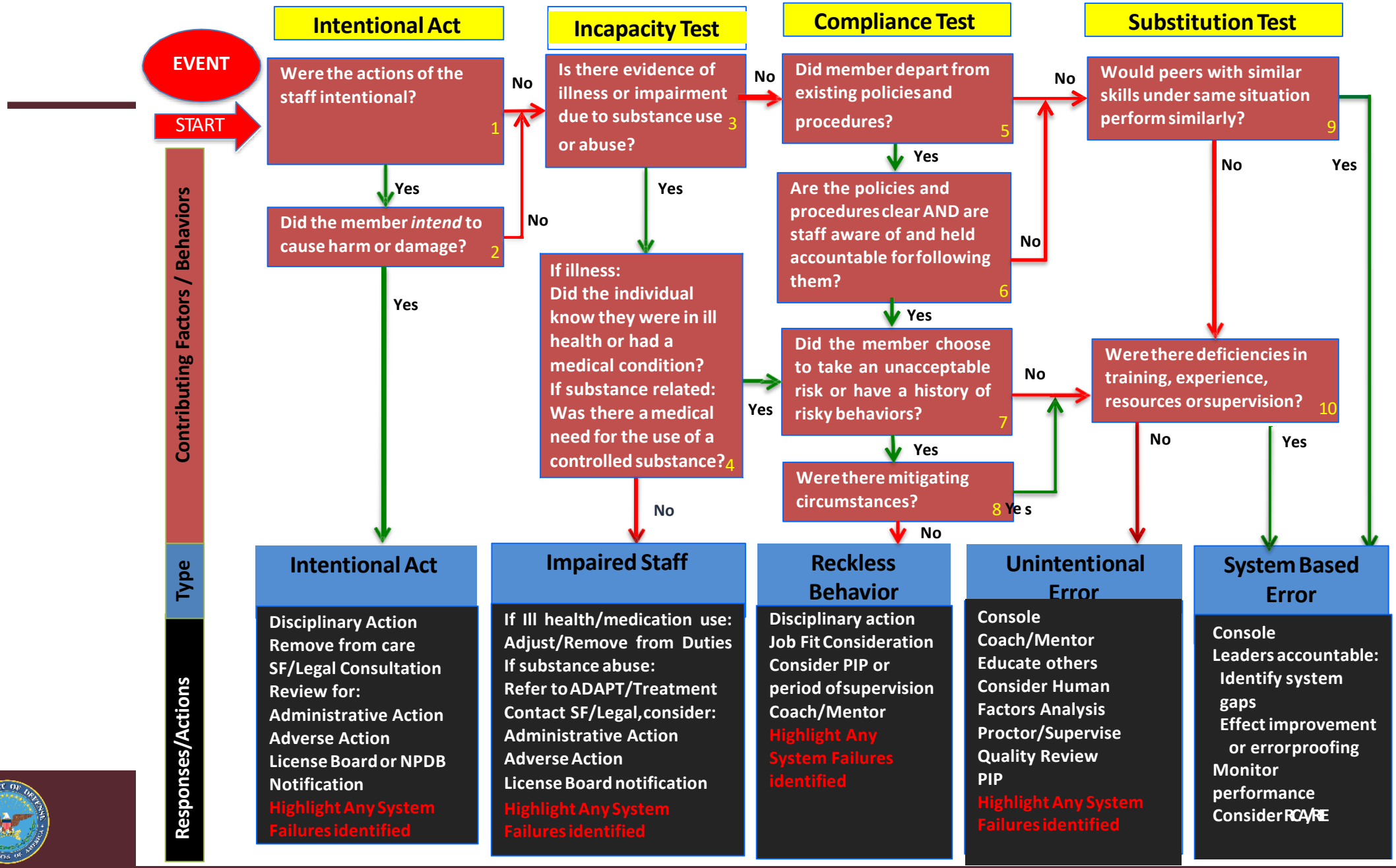
Accreditations and Certifications
Walter Reed National Military Medical Center*

*No Federal endorsement intended or implied.

*No Federal endorsement intended or implied.

Just Culture Algorithm

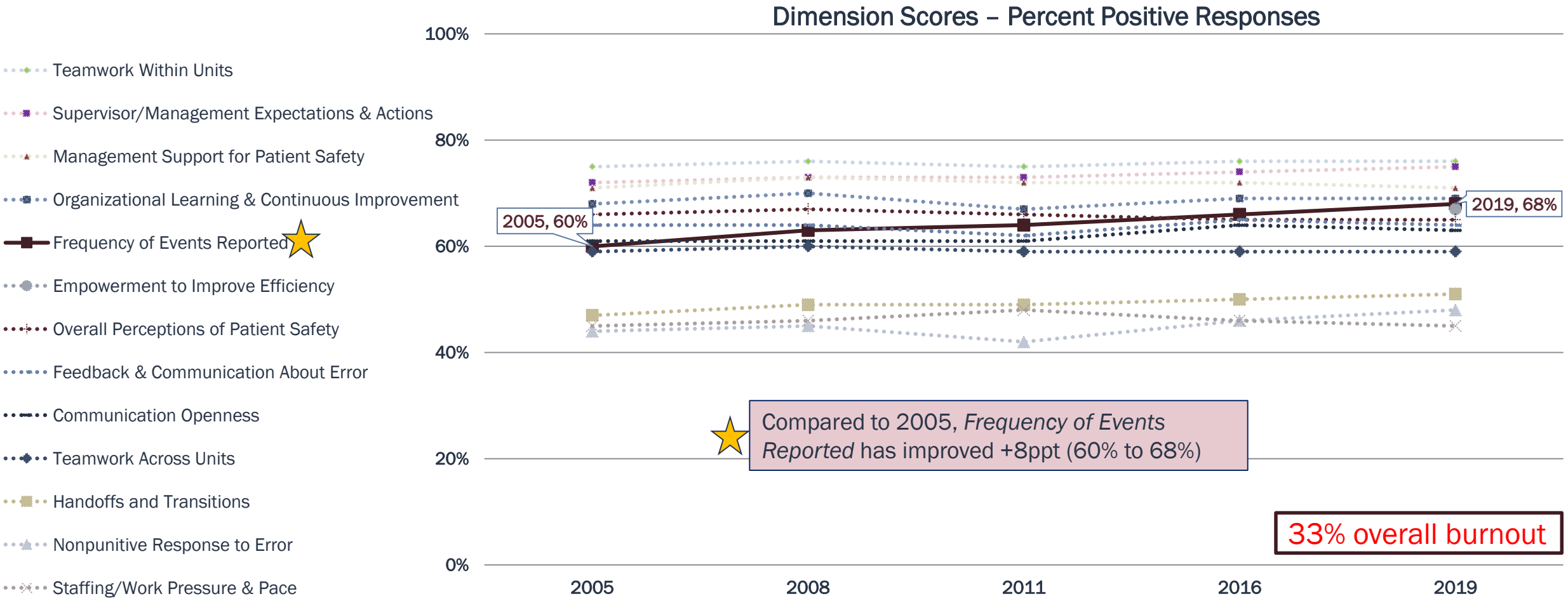
Modeled after Reason, *A Decision Tree for determining the Culpability of Unsafe Acts (1997)*



AHRQ considers a difference of 5 percentage points as "practical significance"

Hospital Survey

MHS-wide Trend Snapshot
Dimension Scores – Percent Positive Responses



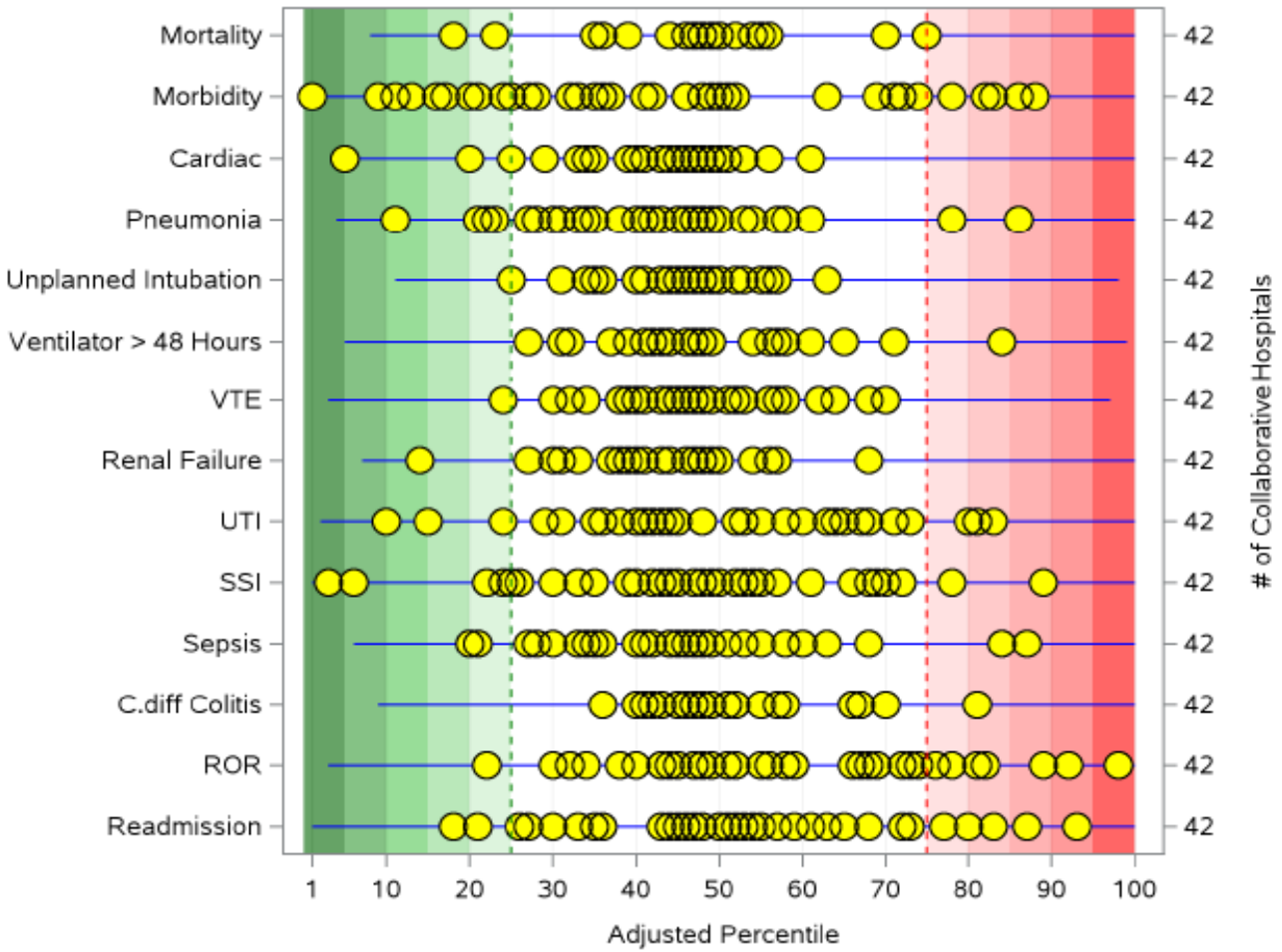
External Quality Participation Agreements

National Quality Database	Number of Participants
National Surgical Quality Improvement Program (NSQIP) Adult	45 MTFs
National Surgical Quality Improvement Program (NSQIP) Pediatric	3 MTFs
Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)	6 MTFs
Trauma Verification, Consultation, Review (VRC) and Trauma Quality Improvement Program (TQIP)	11 MTFs
Perinatal Center Data Base (PCDB)	42 MTFs

National Quality Database	Number of Participants
Hospital/Care Compare	35 MTFs
Leapfrog	42 MTFs
American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative	1 Pilot Site
ORYX	48 MTFs
Commission On Cancer	9 MTFs
National Healthcare Safety Network (NHSN)	48 MTFs

DOD Adjusted Percentile Rank of Collaborative Hospitals July 2022 SAR

Surgery Dates January 1, 2021 to December 31, 2021, All Cases



Model Outcome	Minimum Adj % (OR)	Maximum Adj % (OR)
Mortality	18% (0.68)	75% (1.35)
Morbidity	1% (0.33)	88% (1.56)
Cardiac	5% (0.41)	61% (1.18)
Pneumonia	11% (0.5)	86% (1.91)
Unplanned Intubation	25% (0.75)	63% (1.15)
Ventilator > 48 Hours	27% (0.69)	84% (1.86)
VTE	24% (0.76)	70% (1.26)
Renal Failure	14% (0.56)	68% (1.34)
UTI	10% (0.47)	83% (1.69)
SSI	3% (0.34)	89% (1.69)
Sepsis	20% (0.61)	87% (1.85)
C.diff Colitis	36% (0.81)	81% (1.7)
ROR	22% (0.8)	98% (1.75)
Readmission	18% (0.81)	93% (1.34)

Lower values are indicative of better performance, while higher values warrant review for improvement.

ACS NSQIP

DOD Collaborative July 2022 Summary

Surgery Dates January 1, 2021 to December 31, 2021

Model Name	Collaborative								NSQIP
	Total Cases	Observed Events	Observed Rate	Adjusted Rate *	95% Lower CL	95% Upper CL	Outlier **	Estimated OR	Population Rate
ALLCASES Mortality	40,003	68	0.17%	0.74%	0.58%	0.92%	Low	0.76	0.97%
ALLCASES Morbidity	40,003	1,132	2.83%	5.72%	5.39%	6.05%	Low	0.93	6.13%
ALLCASES Cardiac	40,003	33	0.08%	0.29%	0.17%	0.44%	Low	0.46	0.63%
ALLCASES Pneumonia	39,993	63	0.16%	0.53%	0.38%	0.70%	Low	0.59	0.90%
ALLCASES Unplanned Intubation	40,000	33	0.08%	0.33%	0.21%	0.47%	Low	0.57	0.58%
ALLCASES Ventilator > 48 Hours	39,993	38	0.10%	0.45%	0.31%	0.61%	Low	0.71	0.62%
ALLCASES VTE	40,003	145	0.36%	0.75%	0.64%	0.88%		0.95	0.79%
ALLCASES Renal Failure	39,999	26	0.07%	0.26%	0.16%	0.39%	Low	0.57	0.46%
ALLCASES UTI	39,947	244	0.61%	1.05%	0.92%	1.19%		0.97	1.08%
ALLCASES SSI	39,881	689	1.73%	2.89%	2.68%	3.09%		1.05	2.74%
ALLCASES Sepsis	39,936	92	0.23%	0.67%	0.52%	0.83%	Low	0.75	0.89%
ALLCASES C.diff Colitis	40,003	38	0.09%	0.28%	0.20%	0.37%		0.95	0.29%
ALLCASES ROR	40,003	658	1.64%	3.09%	2.89%	3.29%	High	1.31	2.38%
ALLCASES Readmission	40,003	980	2.45%	4.85%	4.56%	5.14%		1.02	4.75%

** Adjusted Rate is the risk-adjusted smoothed rate*

*** Outlier status is determined by the risk-adjusted smoothed rate confidence interval relative to the NSQIP population reference rate*

ACS MBSAQIP Comprehensive and Low Acuity Centers

- **Comprehensive:** a minimum of **50 stapling procedures per year** – approved to perform all approved procedure types
- **Low Acuity:** a minimum of **25 bariatric procedures per year**
- Only approved to provide care to patients **≥18 years of age**
- Center demonstrates compliance with all applicable MBSAQIP Standards and successfully completes a site visit.
- The MBS Clinical Reviewer enters data into the MBSAQIP Registry.

Six MTFs Participating in MBSAQIP

- Brooke AMC (Comprehensive)
- Evans ACH (Comprehensive)
- Madigan AMC (Comprehensive)
- Walter Reed NMMC (Comprehensive)
- William Beaumont AMC (Comprehensive)
- 81st MED GRP Keesler (Low Acuity)

Strategic Initiative: Improving Ready Reliable Care

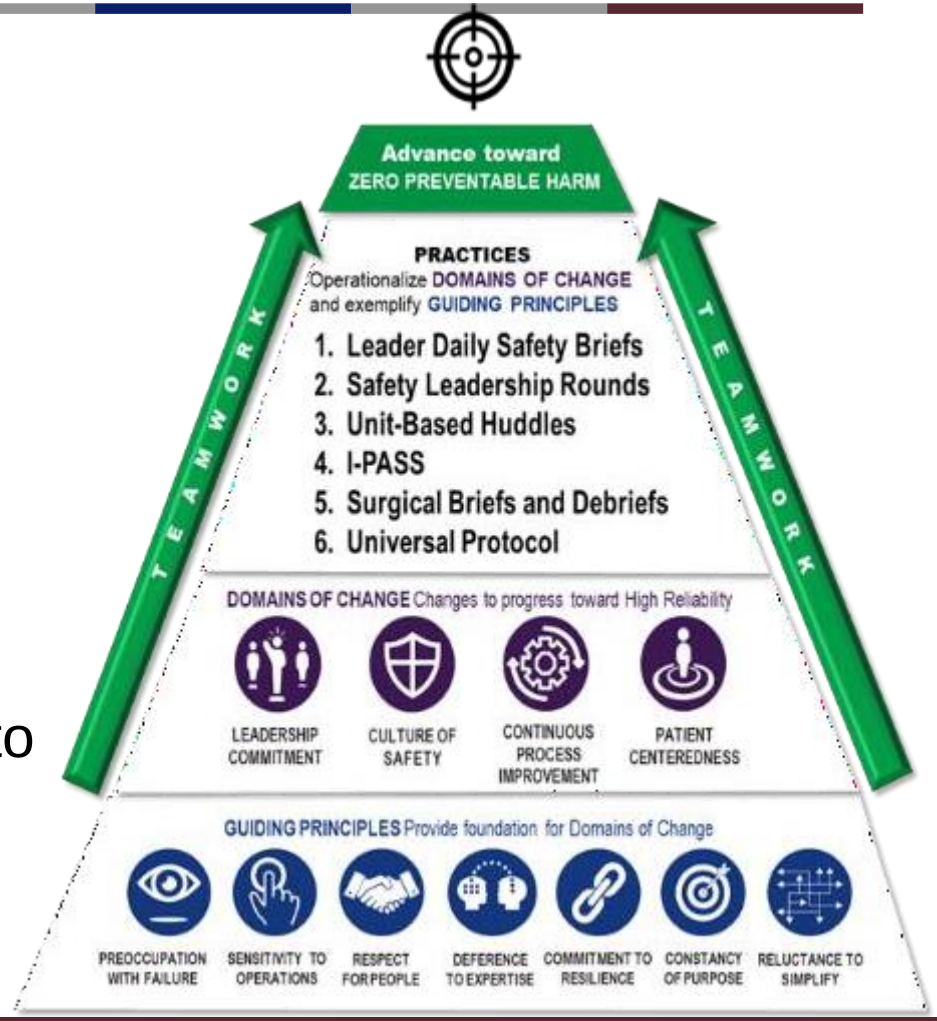
READY RELIABLE CARE ANYTIME, ANYWHERE

GOAL: Reduce preventable patient harm and staff burnout.

METHOD: Implement six standardized, evidence-based practices designed to:

- Improvement effort focused on culture of safety – through communication, teamwork and engaging leaders
- Reduce culture-related workplace stressors that contribute to burnout, furthering DHA-wide efforts to promote staff well-being and resilience . . . *ultimately contributing to zero preventable harm.*

READY RELIABLE CARE SAFETY COMMUNICATION BUNDLE



MTF Data Transparency: Publicly Available Resources*

- https://www.leapfroggroup.org
  - Five MTFs began participating in annual survey in 2019
  - All MTFs and Ambulatory Surgery Centers to be phased in over next 2 years

- https://www.medicare.gov/hospitalcompare
  - Quality of care information available for all TRICARE network facilities, VA hospitals and DoD MTFs

- https://www/health.mil/transparency
  - Central site for viewing MTF measures on patient safety, health care outcomes, quality of care, patient satisfaction and access to care

- https://www.qualitycheck.org/
  - Quality reports and The Joint Commission (TJC) accreditation and certification status for MTFs and TRICARE network facilities

- www.srtr.org
  - Core transplant quality and outcome measures for kidney transplant program at Walter Reed National Military Medical Center

- www.tricare.mil/costs/compare
  - Tool for assessing individual TRICARE costs, including copayments, enrollment fees, and payment options

*No Federal endorsement intended or implied.

The Leapfrog Group 2022 Results
Mitral Valve Repair and Replacement

	BAMC	Inova	WRNMMC
The number of mitral valve repairs and replacements compared to Leapfrog's standard of **40 procedures annually**	1-3	**153**	10
As part of their process for privileging surgeons, does the hospital ensure that each surgeon meets or exceeds Leapfrog's minimum surgeon volume standard of at least **20 procedures annually** for mitral valve repair and replacement?	Does Not	**Does**	Does Not
Does hospital participate in the Society of Thoracic's Surgeons Adult Cardiac Surgery Database?	Does Not	**Does**	Does Not
Does the hospital have protocols in place to ensure that mitral valve repairs and replacements are only performed on patients that meet defined criteria?	**Does**	**Does**	Does Not
This hospital's outcome (absence of mortality and major morbidity) for mitral valve repairs and replacements is:		**As Expected**	

Sustain Expeditionary Medical Skills (SEMS) Strategic Initiative

- The SEMS Strategic Initiative provides an integrated approach, encompassing five Workstreams, to achieve initiative objectives and address guidance provided through a myriad of applicable laws, directives, and references.

Workstream Breakdown

Workstream 1

Objective: Facilitate continuous stakeholder engagement, identify future **highly perishable mission essential medical skills (HPMEMS)** requirements, and enable national trauma system.

Workstream 2

Objective: Optimize Direct Care network as a readiness platform through evaluation of MTF pathways to **Trauma Center verification and designation status.**

Workstream 3

Objective: **Create partnerships** to optimize expeditionary medical skills development with a focus on HPMEMS.

Workstream 4

Objective: **Recapture complex care workloads** with emphasis on HPMEMS.

Workstream 5

Objective: Assess and enhance expeditionary medical skills training with a **focus on HPMEMS and simulation** in support of Services Title 10 responsibilities.

Clinical Readiness Lifecycle

1. Periodic Knowledge Assessment:

General Surgery and Orthopedic Surgery: 300+ surgeons completed

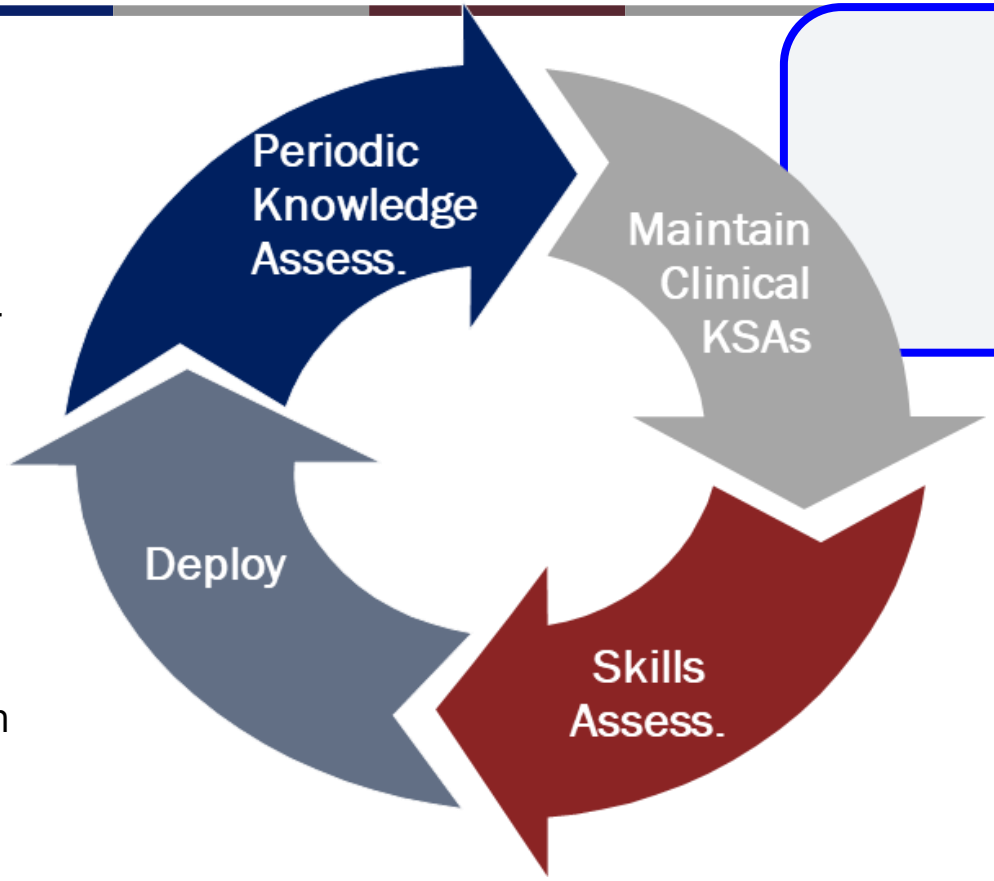
Trauma and Critical Care: ready for release

Anesthesiology and Emergency Medicine: in progress

4. Deployment Ready:

Ensure baseline jointly required clinical readiness

Service-specific clinical skills, team training, and mission-specific training builds upon this baseline provided by DHA



*Process of external capture in progress

2. Maintain Clinical KSAs:

Recapture: high KSA value workload from Purchased Care

Expand/Partner: with Veteran's Affairs (VA) and civilian facilities*

3. Skills Assessment:

Trauma/Orthopedic Trauma Surgery: 500+ students and 200+ instructors have completed skills assessments (ASSET+/ COTS+)

Critical Care, Head & Neck, Ocular Trauma: skills assessments are in process

CCCT KSA Blueprints

KSA Blueprint Session Scope

- Defense Health Agency (DHA)
- Army Medical Department (AMEDD)
- Air Force Medical Service (AFMS)
- Navy Bureau of Medicine (BUMED)

KSA Blueprint Session

- Defined Role 2+ expeditionary clinician by Specialty
- Defined scope of expeditionary practice by Specialty
- Utilized SMEs, JTS CPGs, case logs and external materials to determine necessary expeditionary skills
- Developed over 5,600 KSAs organized into 111 Domains by Specialty

KSAs Produced

General Surgery 487 KSAs 8 Domains	***Ortho Surgery*** 281 KSAs 5 Domains	***ED*** 486 KSAs 8 Domains
Anesthesia 350 KSAs 7 Domains	***CC Nursing*** 523 KSAs 8 Domains	***ED Nursing*** 352 KSAs 8 Domains
Critical Care 325 KSAs 8 Domains	***Trauma Surgery*** 996 KSAs 11 Domains	***CT Surgery*** 149 KSAs 6 Domains
Ophthalmology 280 KSAs 7 Domains	***Vascular Surgery*** 695 KSAs 8 Domains	***ENT*** 105 KSAs 5 Domains
Neurosurgery 98 KSAs 4 Domains	***OMS*** 126 KSAs 5 Domains	***Urology*** 419 KSAs 13 Domains

MHS Provides Clinical Readiness for the Services

Providing clinical readiness for personnel working in the Operating Room (OR), Emergency Room (ER) and the Intensive Care Unit (ICU) can drive effectiveness of an MTF as a clinical readiness platform for all specialties:

Highly **acute** and **diverse** KSA case mix

Capability to address definitive care for **emergent cases**

High **OR utilization** and staffing

Consistent **coding** and **ancillary support** for all 3 areas

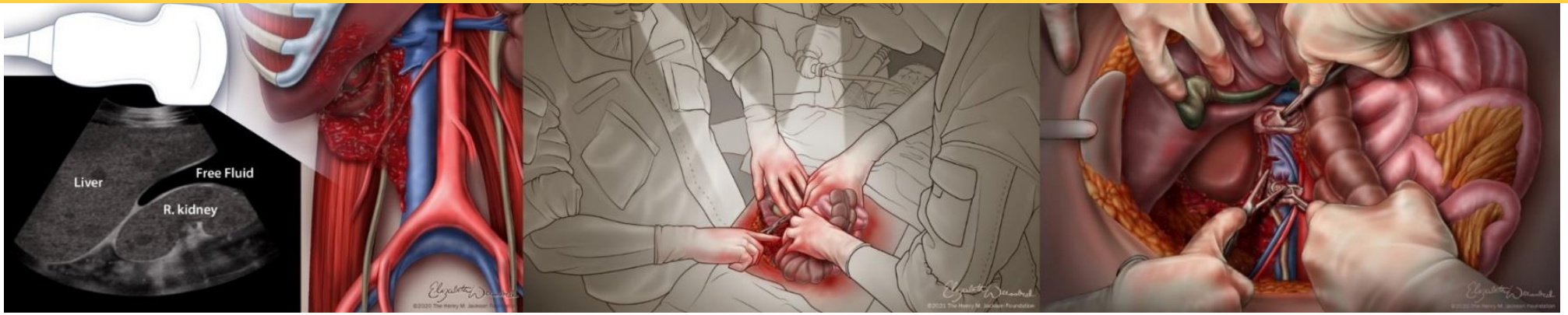
If all three areas remain busy and productive while seeing a highly acute and diverse KSA case mix, the readiness platform will be successful in the following areas:

- Internal Medicine
- Quality & Safety
- Blood Management
- Radiology & Imaging
- Pharmacy
- Nursing & Enlisted Support
- Lab
- Mass Casualty (MASCAL)/ Casualty Reception

Source: U.S. Army (October 29, 2010). https://www.army.mil/article/47414/bamc_bringing_the_cutting_edge_of_army_medical_care_and_services_to_san_antonio

KSA Metrics Leverage Translatable Skills

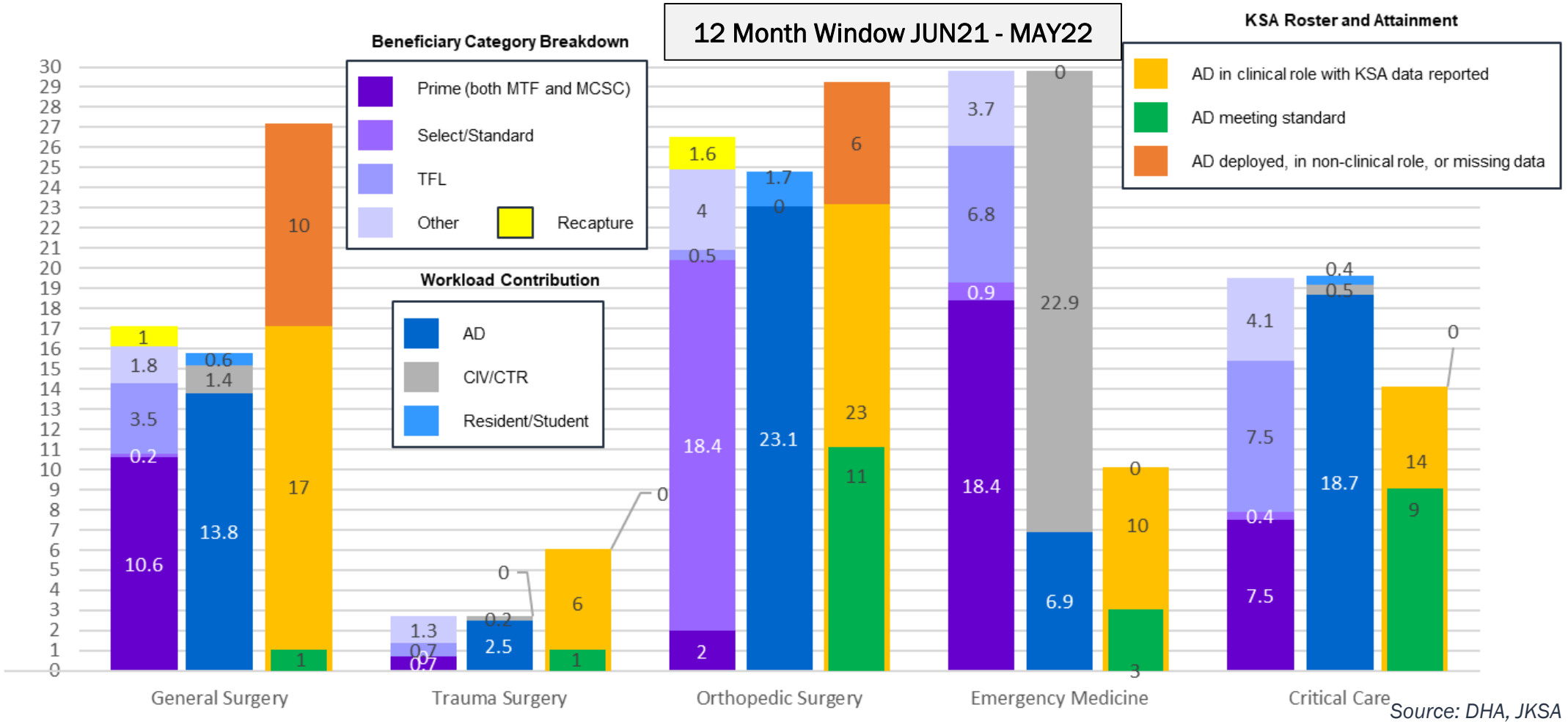
The skills required to resect the right colon for cancer similar to those needed to expose an Inferior Vena Cava (IVC) or manage colon injury



Source: Uniformed Services University of the Health Sciences (USUHS), Clinical Readiness Program (CRP), 2022

KSAs Generated and Achieved (Medical Center)

Incl. 5% Prime Recapture



Source: DHA, JKSA PMO, 2022

Direct Care / Private Sector Care Quality and Safety Approach

MHS Clinical Quality and Safety Summits: To broaden opportunities to collaboratively and objectively define and measure the quality of healthcare delivered in Direct and Private Sector Care to assure safe, high-quality care for MHS beneficiaries.

- ✓ **April 2021: Clinical Quality and Safety Measure Overlap** - Market Measures (#12 shared), MHS Dashboard (#17 shared), AD-HCA R&A Dashboard (work to add PSC data); data constraints and stipulations.
- ✓ **August 2021: Patient Safety Measures** - Review of DHA FY22-26 Campaign Plan KPIs; identify opportunities to harmonize patient safety monitoring, tracking, reporting, improvement efforts and outcomes.
- ✓ **March 2022: Maternal Care Measures** – Current and evolving national maternal care measures and standards - TJC, NCQA-HEDIS, Leapfrog. Opportunities for synthesis: NPIC-neonatal readmissions, PPH and SMM, risk-appropriate care.

Approach to next TRICARE contract – Include requirements for MCSCs to select quality and safety measures that align with current MHS Direct Care reporting

Invasive Procedure Complexity Designation (IPCD)*

- Outpatient Basic
- Outpatient Intermediate
- Ambulatory Surgery Center (ASC) Basic
- ASC Advanced
- Inpatient Basic
- Inpatient Intermediate
- Inpatient Complex

*Facilities, equipment, supplies, and staff resourcing requirements will be supported to the level of IPC designation. Clinical judgment should prevail when urgent/emergent procedures are required with consideration, if safe, for stabilization and transfer.

Modeling and Simulation Initiatives

- Complicated Obstetric Emergency Simulation (COES-II)
- Standardized Patient (SP) Contract effort
- Joint Simulation Encounter Form (JSEF)
- Joint Medical Simulation (JMedSIM) Course
- Simulation Office Vendor Expo
- Sim-Space effort
- Joint Emergency Trauma Simulation (JETS) System

DHB Summary Recommendations: Actions and Status

On track

Progress, but more req'd

Recommendation	Actions	Status
Integrated health system/measures	DHA transition complete; Campaign Plan, quarterly reviews	
Use risk-based quality assessments	NSQIP expanded; NPIC for OB; CMS Compare, Leapfrog for all hospitals	
Online resources for patient decision-making	Public reporting at MTF and enterprise level	
KSA model for entire surgical team	Expanded KSAs to 5 specialties; surgical team KSA work underway	
Expand and align simulation activities	Model and approach to simulation integration under development	
Rotate low-intensity surgeons/teams	COVID-19 response delayed action on this task	
Standardize policies and procedures	Combined multiple Service clinical policies into single directives	
Expand civilian and VA partnerships	COVID-19 response delayed some actions; some VA partnerships expanded	
Adopt quality/safety programs similar to VA	Infrastructure model for VA in coordination, not final	
Assess outcomes, not just volumes	Moving in right direction (e.g., bariatric); more assessments needed	
Integrate Direct and Purchased Care quality	Standards established; T5 contract under review	

Way Ahead

- **Standardization, optimization, innovation**
- **Continue actions** to strengthen standardization, transparency and accountability in MHS CQM
- **Continue actions** to build a Ready Medical Force by optimizing mix of MTF, military-civilian partnerships and VA experiences for the entire medical team
- **Adopt IPCD** in order to match infrastructure with case complexity, as well as identify capabilities required to support Large Scale Combat Operations


DEFENSE HEALTH AGENCY
PRO CURA MILITIS
DEPARTMENT OF DEFENSE

THANK YOU