Leading Practices Program

Winner and Finalists

Defense Health Agency

Table of Contents

DHA Defense Health Agency

2020-2021 Winner

LPP_42: Implementation of Direct Access Physical Therapy Within the Military Medical System

Submitters: MAJ Eliza Szymanek & LTC Lisa Konitzer
Market/MTF: Madigan Army Medical Center

Issue

- As a specialty service, physical therapy (PT) often operates in a referral-based system, leading to patients waiting up to 28 days before being seen, which is often detrimental to the short- and long-term outcomes of musculoskeletal (MSK) injuries, especially in our active duty population where slower or incomplete healing negatively impacts unit readiness
- MSK injuries are one of the leading factors negatively affecting military readiness. Shaffer et al. reported MSK injuries account for over 2 million health care visits a year, 25 million lost duty days a year, and health care costs exceeding $700 million a year

What does the submission do?

Creates an algorithm to help screen and identify appropriate service members for direct access physical therapy (PT) sick call, eliminating the need for a referral and lowering wait times.

Outcome

3,653 initial PT evaluations completed across 7 clinics; increased referrals; potentially $3.6 M saved in military health care utilization costs. Decreased long-term disability and increased Soldier and Airmen readiness. In sub-analysis of soldiers with ankle injuries, 9% of direct PT access group went on permanent profile vs. 36% from the traditional referral group.

LPP_42: Implementation of Direct Access Physical Therapy Within the Military Medical System

Submitters: MAJ Eliza Szymanek & LTC Lisa Konitzer

Market/MTF: Madigan Army Medical Center

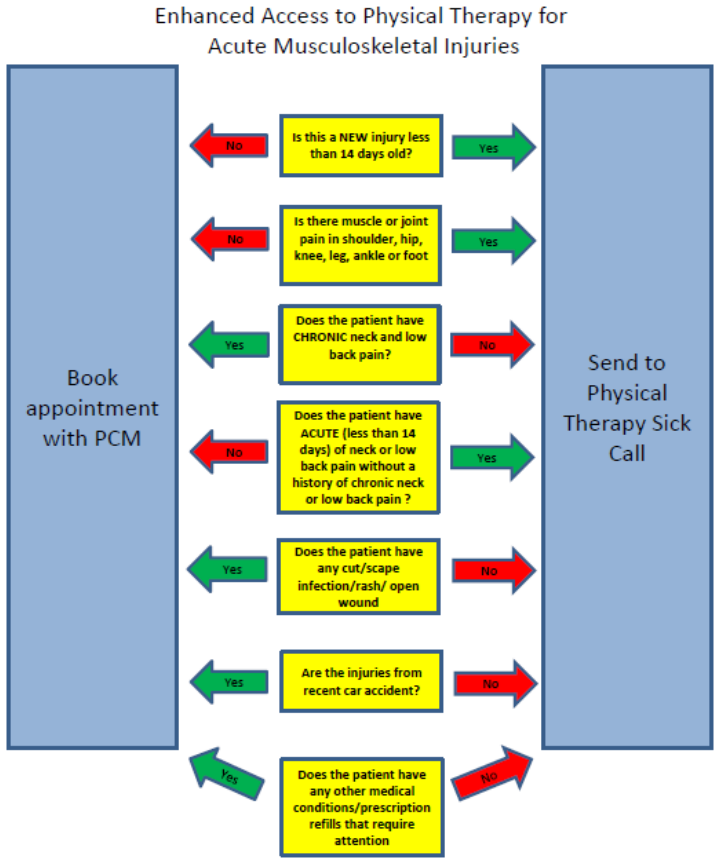


Figure 1: Enhanced Access to Physical Therapy for Acute Musculoskeletal Injuries. Algorithm developed to screen and identify appropriate patients for direct access Physical Therapy.

Priority Alignment

- LOE 1: Medically Ready Force
- LOE 2: Provider Readiness
- LOE 3: Access to Care

*Aspects of Supporting Leading Practice, LPP_69: A Musculoskeletal Triage Decision Support Tool Improves Readiness, will be integrated into LPP_42 for spread and scale

2020-2021 Top Ten Finalists

LPP_69: A Musculoskeletal Triage Decision Support Tool Improves Readiness Outcomes

Submitters: CPT Christopher Boyer & Team

Market/MTF: Fort Riley, Farrelly Health Clinic

Supporting Leading Practice: Aspects of this submission will be integrated into the winning leading practice for spread and scale

Issue

- Musculoskeletal (MSK) disease is responsible for a significant annual readiness and cost burden across the enterprise
- In the Army, MSK injuries account for 65% of all medically non-deployable active component Soldiers (Molloy et al. 2020)
- Without a common decision support/quality assurance framework, recovery pathways are highly irregular and inefficient. Other negative impacts include additional procedures that drive up the cost of health care, access to care challenges, and provider burnout

What does the submission do?

Implements a dynamic system for musculoskeletal disease (MSD) management in outpatient rehabilitation and orthopedics, including a classification/triage system, decision support tool, and outcomes collection through the Military Orthopaedic Tracking Injuries and Outcomes Network (MOTION) to quality-assure care and inform readiness decisions.

Outcome

A 91% reduction in Soldiers classified as medically non-ready due to MSD.

LPP_14: Transforming Military Primary Care to a Value-based Model through QUiC Clinics (Quality, Urgent, internet and phone Care)

Submitters: COL Richard G. Malish & Team

Market/MTF: Carl R. Darnall Army Medical Center, Ft. Hood

Top 3

Issue

- For 15 years, MHS primary care providers have been incentivized to pursue RVUs, especially face-to-face appointments, often as the default mechanism for routine communication
- Once in the exam room, patients are subjected to unnecessary exams and repetitive interviews
- Providers are conditioned to do as much work as possible, including writing lengthy notes, to ensure that the visit is coded for the maximum value
- The result is lack of access to care for sick patients, a poor patient experience, and burn-out for providers

What does the submission do?

Improves access to care, improves health outcomes, and lowers cost by incentivizing patient experience and prevention through a value-based operating model as opposed to traditional "Fee for Service" models.

Outcome

Facility reports improved Measures Of Effectiveness at 5 different clinics.

LPP_16: Stemming the Hidden and Harmful Practice of Preemptive and Inappropriate ED Transfers in an Army MEDCEN

Submitters: COL Richard G. Malish & Team

Market/MTF: Carl R. Darnall Army Medical Center (CRDAMC), Ft. Hood

Top 3

Issue

- At CRDAMC, providers were transferring patients from the emergency department at a higher rate than necessary
- At baseline, only 24 of 108 (22%) patients transferred required a capability not offered at CRDAMC. In fact, only 75 of 108 (69%) were admitted. This data demonstrates a risk-adverse, preemptive, and damagingly conservative admission practice

What does the submission do?

Implements a policy to reduce the number of inappropriate transfers from the facility emergency department to civilian hospitals by requiring physicians to admit all patients for which CRDAMC has the capacity and capability.

Outcome

Facility reports a decrease in transfers from 114/month to 34/month and an increase in skilled ward teams, wider usage of new technologies, increased readiness, and improved hospital confidence.

LPP_25: Implementation of PACT-Together, a Brief Cognitive Behavioral Group Therapy Targeting Suicidal Ideation and Behaviors

Submitters: CDR Joy Mobley Corcoran & Team
Market/MTF: Fort Belvoir Community Hospital, Department of Behavioral Health, Intensive Outpatient Program

Issue

- The DoD Suicide Event Report (DoDSER) identified 325 deaths by suicide among active duty service members in CY18. The annual suicide mortality rates have increased from CY11-CY18
- 52.9% of service members had been in contact with the military health system in the 90 days prior to their death. Relationship, legal/ administrative, and work stressors within 90 days of the event were the most common stressors identified in CY18

What does the submission do?

Implements a targeted cognitive behavioral treatment in a group setting for suicidal ideation/behaviors within the Intensive Outpatient Program, as opposed to traditional outpatient treatment which targets the primary diagnosis alone.

Outcome

Reported improved outcomes compared to traditional outpatient treatment. Over the course of one year, 66 patients completed targeted cognitive behavioral treatment for suicidal ideation/behaviors; 88% reported reduction or complete remission of their suicidal ideation and 66% reported no suicidal ideation/behavior.

LPP_37: No Show Rescue

Submitters: CDR Jim Ripple & Team

Market/MTF: Naval Hospital Beaufort

Issue

- Patients No-Show to appointments every day in every MTF. It happens for many reasons, including patient and facility causes. It impacts all beneficiaries who receive outpatient care at an MTF clinic
- Patient No-Shows are an enormous cost to healthcare organizations

What does the submission do?

Primary Care Providers were encouraged to contact patients at the time of no-shows, converting to virtual visits where appropriate, reducing facility cost by reducing the number of no-show appointments.

Outcome

Facility reports decrease in no-show visits from 7.03% to 4.96% in 3 months and anecdotally suggests an increase in patient satisfaction with care.

LPP_55: Colorado Pain Initiative Leads to Increased Provider Awareness of Opiate Prescription Risk, Decreased Chronic Opiate Use & Chronic Pain Awareness

Submitters: CPT Erika Overbeek-Wager & Team
Market/MTF: Evans Army Community Hospital, Peterson Air Force Base, United States Air Force Academy

Issue

- Over-prescribing and inappropriately prescribing opiates is current a Public Health Crisis
- The Colorado Military Health System (CMHS) identified the knowledge gap across Primary Care Clinics and established three focus areas: increasing provider/nursing training; providing a primary care-led pain advisory committee for difficult pain management cases; and standardizing sole prescriber agreements for enrolled beneficiaries across the CMHS

What does the submission do?

Establishes a Primary Care Pain Advisory Committee, Sole Prescriber Agreement (SPA), and Advanced Pain Management Course (APMC) training to improve primary care and specialty care awareness of appropriate chronic pain management.

Outcome

430 providers and nurses APMC trained; standardized SPA; increased compliance with evidence-based practice for chronic pain management.

LPP_22: Technology (Tech) into Care

Submitters: Dr. Nancy A. Skopp & Team

Market/MTF: Naval Hospital Camp Pendleton, Naval Medical Center Portsmouth, Naval Medical Center San Diego, Joint Base Pearl Harbor-Hickam, Luke Air Force Base, Royal Air Force Lakenheath, Lackland Air Force Base

Issue

- Technology can support the use of evidence-based behavioral health treatments, as well as serve as a link to care to improve patient engagement and adherence to treatment
- Research suggests that mobile applications (apps) specifically have the potential to enhance the delivery of behavioral health treatment by providing self-management tools for patients and reducing mental health symptoms
- Despite these potential benefits and generally favorable attitudes toward mobile mental health, the clinical adoption of mobile mental health apps has been limited

What does the submission do?

Implements training and bi-weekly facilitation calls to promote provider use of behavioral health mobile apps in clinical care as well as surveys to monitor the implementation effort.

Outcome

The pilot results indicated that Tech into Care is a feasible approach to both enhance provider knowledge of the core competencies related to the integration of mobile apps and to facilitate the use of mobile apps in clinical care.

LPP_12: Systems-Based Strategies Improve Positive Screening FIT Follow Up and Reduces Time to Diagnostic Colonoscopy

Submitters: Dr. Brett Sadowski & Team

Market/MTF: Walter Reed National Military Medical Center (WRNMMC) and surrounding NCR market clinics

Issue

- At WRNMMC between 2013 and 2017, nearly 40% of positive fecal occult blood tests performed for colorectal cancer screening were not followed up with adequate testing, namely a diagnostic colonoscopy
- There are multiple reasons for inadequate follow up, including the requirements for referral to a subspecialty clinic, inadequate knowledge regarding the next steps after a positive FIT, and reliance on patients to arrange follow-up appointments

What does the submission do?

Implements a protocol for automatic gastroenterology referral following positive non-invasive colorectal cancer screening.

Outcome

The protocol reduced the rate of non-follow up by 77% and time-to-colonoscopy by an average of 94 days at no increased direct cost, preventing missed or delayed cancer diagnoses and directly impacting patient outcomes; discovered dozens of high-risk pre-cancerous polyps in post-intervention period.

LPP_63: Mass Immunization Clinic Operations During a Pandemic

Submitters: MAJ Kelly Green & Team

Market/MTF: Fort Belvoir Community Hospital and US Army Garrison Fort Belvoir

Issue

- Throughout the 2020-21 influenza season, the Fort Belvoir Community Hospital (FBCH) Influenza Vaccine Immunization Program (IVIP) implemented changes to the Mass Immunization Clinic operations and processes to mitigate the risk of COVID-19 exposure and other similarly transmissible illnesses to personnel and patients throughout the duration of the current pandemic state
- All military service members (AD/Res/NG), retirees, dependents, eligible HCP and TriCare beneficiaries are impacted by the need for annual influenza vaccination during the current pandemic

What does the submission do?

Revises vaccination processes with additional locations, appointment setting, COVID-19 screening prior to entry, limited capacity and social distancing, efficient clinic flow, adequate PPE for all staff, daily temperature checks and proactive monitoring of exposures for all staff, and contact tracing logs for all patients.

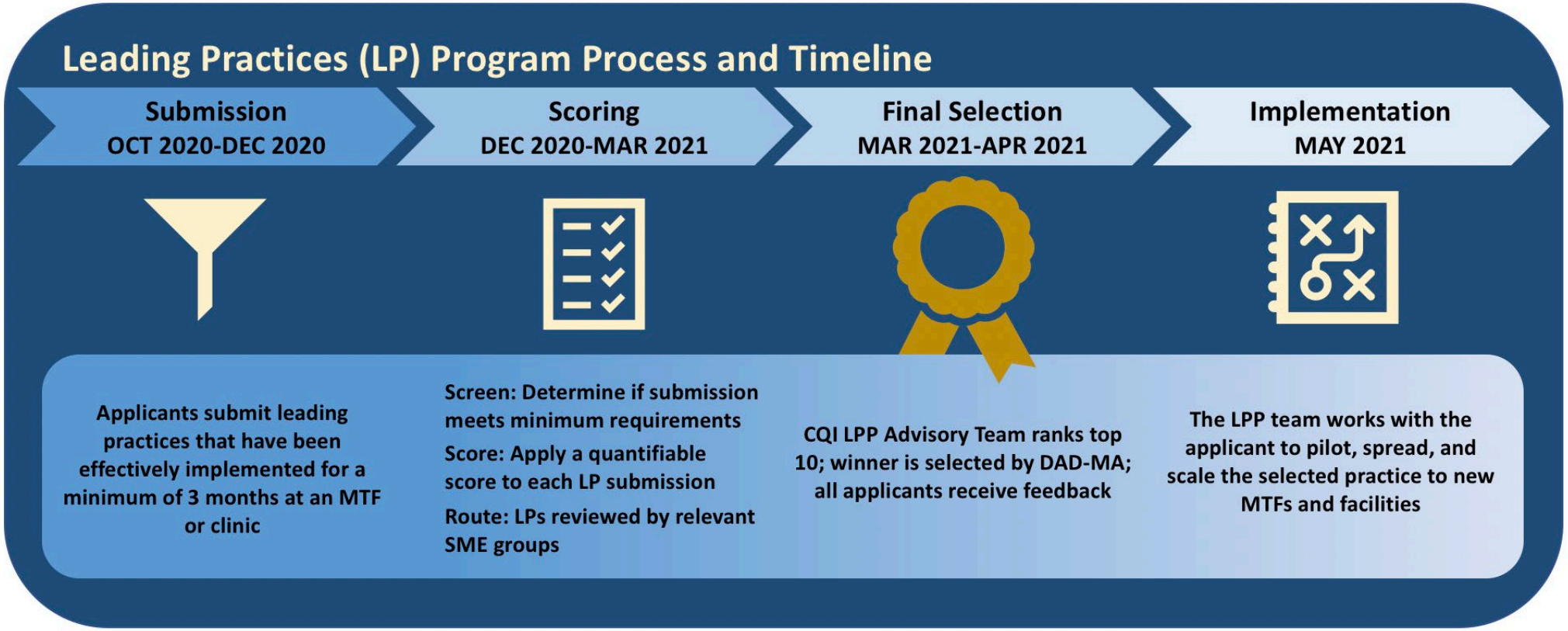
Outcome

The immunization plan surpassed the DoD medical readiness goal of 90% vaccinated two months prior to the January 15th deadline, prevented COVID-19 cases among staff and patients throughout the mission, and provided a safe and exceptional patient experience during a pandemic.

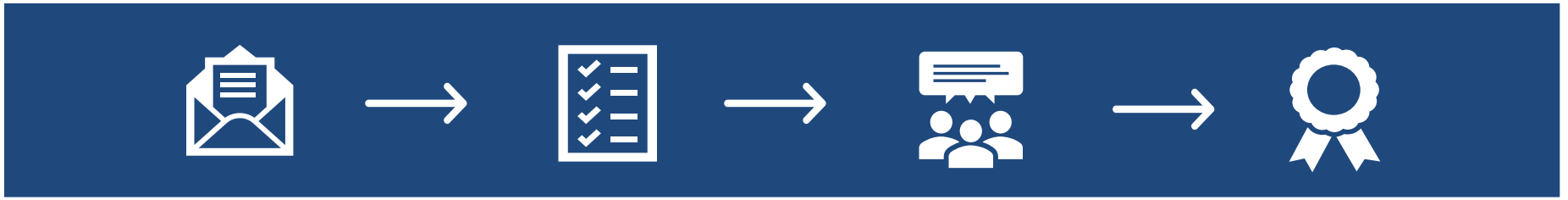
CQI Leading Practices Program Mission

- **Mission:** The Clinical Quality Improvement Leading Practices Program (CQI LPP) aims to identify and implement effective and scalable leading practices to improve the quality of care within the MHS
- **Definition:** A “leading practice” is a measurable health service, process, or solution that efficiently and consistently improves targeted outcomes while maximizing value

CQI Leading Practices Program Process and Timeline



2020-2021 CQI LPP Highlights



76 leading practices received and evaluated	46 submissions rated as highly feasible and underwent SME review; 10 prioritized as finalists	CQI LPP Advisory Team ranked Top 10, selecting 3 for DAD-MA consideration	1 leading practice selected for enterprise implementation

Submission Highlights:

- 85% from CONUS markets; 15% from OCONUS markets
- 53 individual Subject Matter Experts representing the aligned Clinical Community, Clinical Quality Management, Clinical Support Service, and Healthcare Operations, among others, reviewed the highly feasible nominations and provided recommendations for selection
- Finalists were selected based on: alignment with leading practice definition criteria & program/DHA Campaign Plan priorities; strong data to support impact; feasibility of spread and scale

Thank you!

Thank you to everyone who participated in the inaugural Leading Practices Program!

Please consider applying for the next cycle (date TBD).

Please email dha.ncr.clinic-qual.mbx.cqi-leading-practice@mail.mil with any questions or feedback.

Backup

DHA CQI LPP 2020-21 Priorities

The LPP aims to address the most pressing concerns across the enterprise. Each submission must be submitted under at least one of the following priorities, which were informed by a variety of sources including DHA leadership, the Clinical Communities, Quadruple Aim Performance Process (QPP), and Clinical Quality Management.

LOE 1: Great Outcomes

1. Specific Clinical Treatment
2. Standardized Clinical Workflows
3. Women and Perinatal Care
4. High Level Disinfection and Sterilization
5. Universal Protocol
6. Surgical Quality and Clinical Optimization
7. Medically Ready Force

LOE 3: Satisfied Patients

9. Access to Care
10. Telehealth
11. Delays in Diagnosis and Treatment
12. Patient Safety
13. Patient Experience

8. Provider Readiness

LOE 4: Fulfilled Staff

14. Staff Culture and Engagement