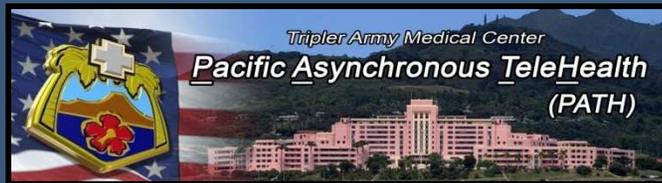


2010 Military Health System Conference

Tele-auscultation in Pediatric Cardiology



Sharing Knowledge: Achieving Breakthrough Performance

LTC C. Becket Mahnke, MD (christopher.mahnke@us.army.mil)

25 January 2010



Tripler Army Medical Center

♥ Heartsounds ♥

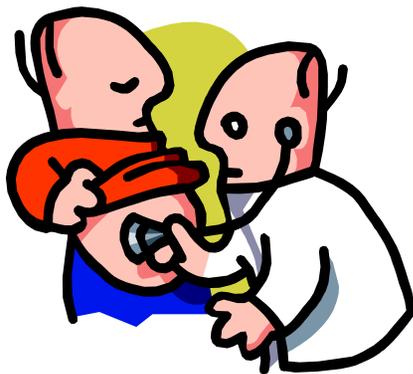


Tele-Auscultation



Heart Murmurs

Common
Scary
Difficult to dx

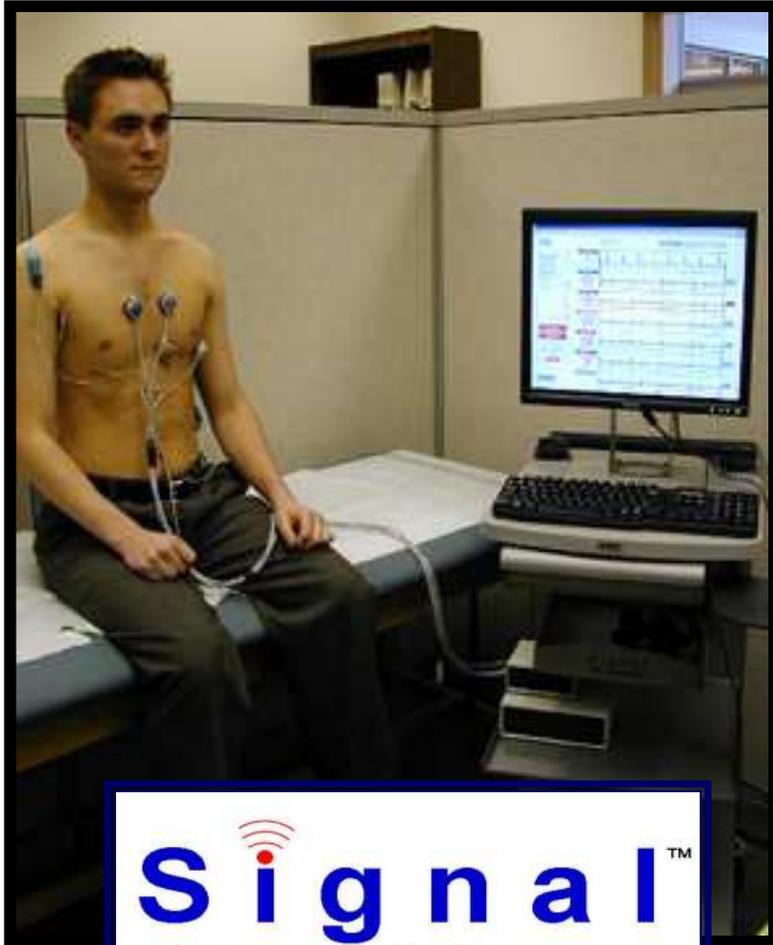


Mahnke et. al. Utility of store-and-forward pediatric telecardiology evaluation in determining normal from pathologic pediatric heartsounds. *Clinical Pediatrics* Vol. 47, No. 9, 919-925, 2008.

♥ Heartsounds ♥



Tele-Auscultation

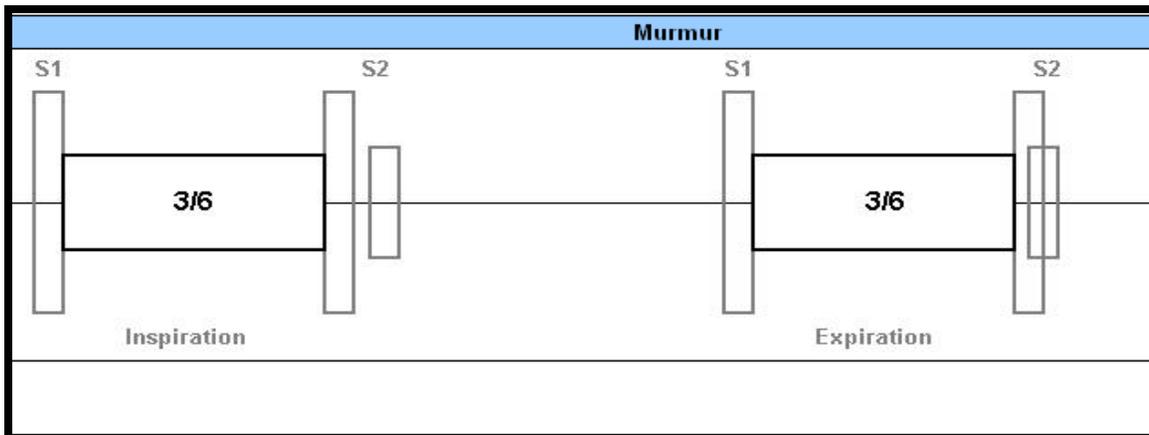
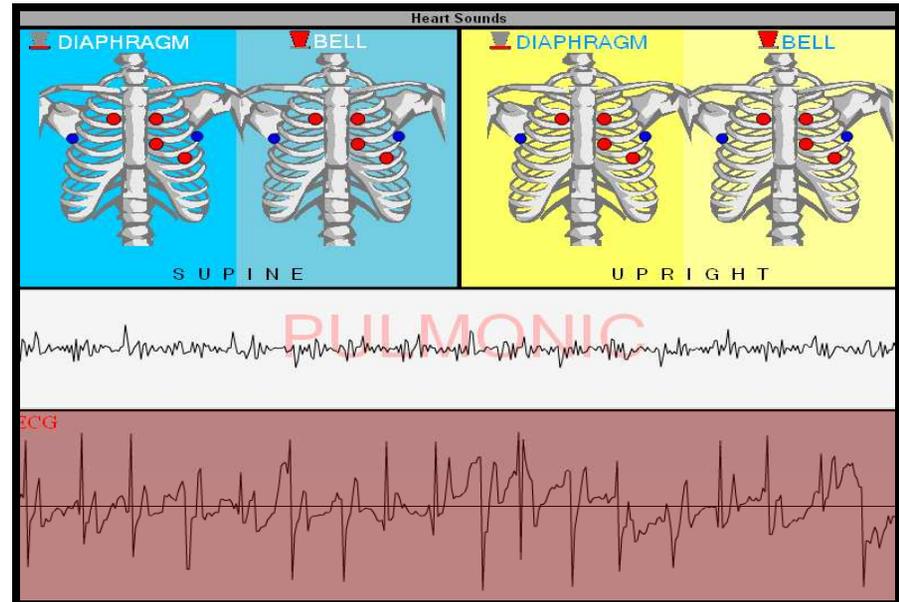


SignalTM
Telemedicine

♥ Heartsounds ♥



Tele-Auscultation



1. Capture
2. Transfer
3. Playback
4. Reporting

2010 Military Health System Conference

Use of an Electronic DD 2569 to Improve Third Party Collections

Bill Miller
Naval Health Clinic
Patuxent River, MD



DD 2569 THIRD PARTY COLLECTION PROGRAM/MEDICAL SERVICES ACCOUNT/ OTHER HEALTH INSURANCE

- Required to bill 3rd Party Insurers
- Used to update CHCS
- Part of the DQ Commander Statement



ELECTRONIC DD 2569

Increases Insurance 3rd Party Billables

Increases Revenue

Increases Data Quality Results

Decreases Patient time to complete the form

Decreases Patient complaints about the form



ELECTRONIC DD 2569

Additional Hardware Required

1 Server

1 Scanner & 1 Signature pad

Software

Oracle program designed by Christopher Mattox of Wright Patterson AFB



ELECTRONIC DD 2569

Current Status

PAX River is the Beta Test Site

Waiting for Authority to Operate (ATO) from Navy

Acknowledgements

Wright Patterson AFB, Chris Mattox and Alice Rohrbach



2010 Military Health System Conference

Improving Cancer Care & Survivorship

Captain Preston Gable, MC Team leader Cancer CQT
RN Sandra Gharabaghli, Program Coordinator & Cancer
Clinical Quality Team

Sharing Knowledge: Achieving Breakthrough Performance

Speaker: Jennifer Alisangco, NP
January 2010



NMCSD

Multi-factorial Quality Care



We improved the coordination and quality of health care for patients diagnosed with cancer and their families in a multitude of ways

- Created a Cancer diagnosis and treatment pathway including a 90-minute Cancer 101 Class
 - Patients receive information from Oncology Social Worker, Registered Dietitian, RN, Cancer Counselor, & Chaplain. Patients self-refer for additional consultation.
- Improved Access to Patient Education Materials including advance directives, hospice care, and community support groups



Improved Colorectal Cancer Screening



- Created cancer wallet screening cards & posters for distribution across command
- Created “GET TO GOAL” with HEDIS benchmarks and monthly screening rates with number needed to goal
- Clinical Guidelines sent to clinicians
- Collaboratively tripled screening colonoscopy capacity in the General Surgery Clinic
- General Surgery Clinic created walk-in screening clinic for colonoscopy
- Developed letter for patients, approved by PAO, discussing the importance of colorectal screening; plan to coordinate with General Surgery Clinic



Improving Outcomes



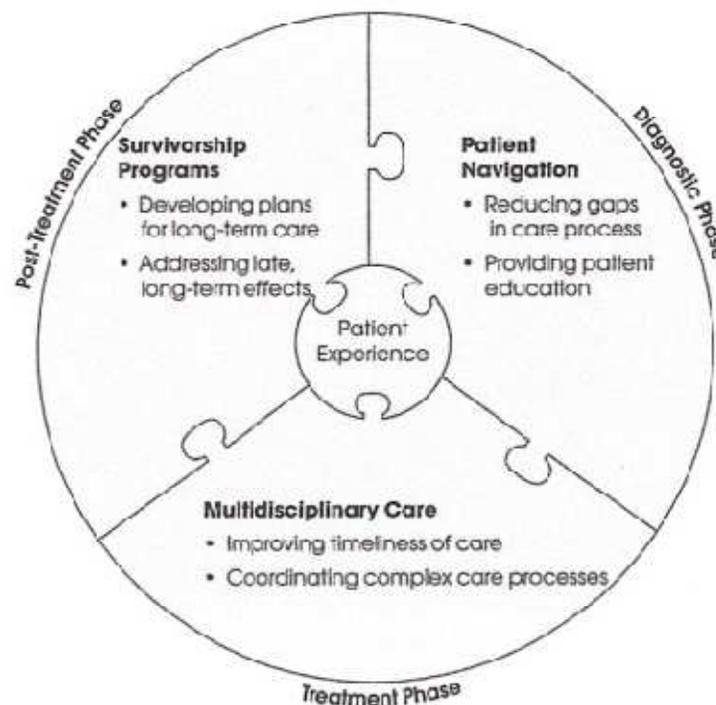
- Reviewed adenoma detection rate of colonoscopies and compared to expected national prevalence rate in average-risk population
- Used NCCN Quality of Life Distress surveys
- Embarked on new study of baseline DEXA scans for patients diagnosed with Prostate Cancer who received androgen deprivation therapy and follow-up and treatment for identified osteoporosis
- Work with NMCSD Oncology Advisory Group & American Cancer Society: received American Cancer Society Community Partnership award December 2008. Command received ACS Commission on Cancer Outstanding Achievement Award (only military facility, and one of only 67 facilities nationwide to achieve this)
- Report to Quality Care Council quarterly



Cancer Survivorship



- Embarking on pilot Cancer survivorship program for patients with breast cancer
 - Developed Access
 - Designed comprehensive education binder
 - Enrolled > 27 patients
 - Plan for educational image improvement osteoporosis this



The Advisory Board Company, 2006

2010 Military Health System Conference

Promoting Activated Patients With Heart Failure (HF)

CDR Dan Seidensticker, MC Team leader Heart Failure CQT
RN Sandra Gharabaghi, Program Coordinator
RN Cassandra Pearson, Cardiac Rehabilitation Program
LT Marissa Benner, NC, LCDR Dylan Wessman, MC Cardiology
LCDR David Krause, MC, Cardiology & Dr. Kimberly Liang, PharmD

Sharing Knowledge: Achieving Breakthrough Performance

Speaker: CDR Dan Seidensticker

January 2010



NMCS

Heart Failure in 2009



- **Very common**
 - 670,000 patients diagnosed each year
- **High mortality rate**
 - 20% one year mortality
- **High Morbidity Rate**
 - Over 1 million hospital discharges for HF in 2009
 - 25% chance of being readmitted in 30 days after a heart failure admission
- **Poor quality of life...** even with optimal meds
- Cardiac rehab is Class 1 indication by ACC/AHA, and proven to increase quality of life
 - but very underutilized.

Heart disease and stroke statistics update 2009 *Circ* 2009; 119 (3)

Activate Patients Through Cardiac Rehab & Education



- Created Group Medical Visits for Heart Failure pts
- Improved patient education & self-care management
 - Created comprehensive education binders for each patient
 - Developed standardized education for inpatients addressing symptoms, medications, tobacco cessation, and dietary changes
 - Designed topic cards for patients to use in clinic to stimulate discussion
 - Encouraged patient-to-patient communication to address and answer questions/fears/frustrations
- Cardiac Rehab RN participated in clinic and recruited patients

Activating Patients Key to Care

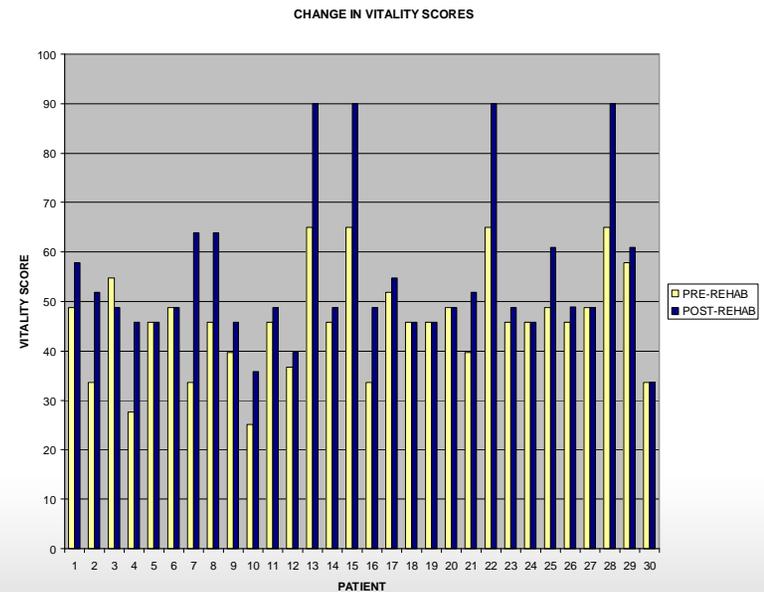
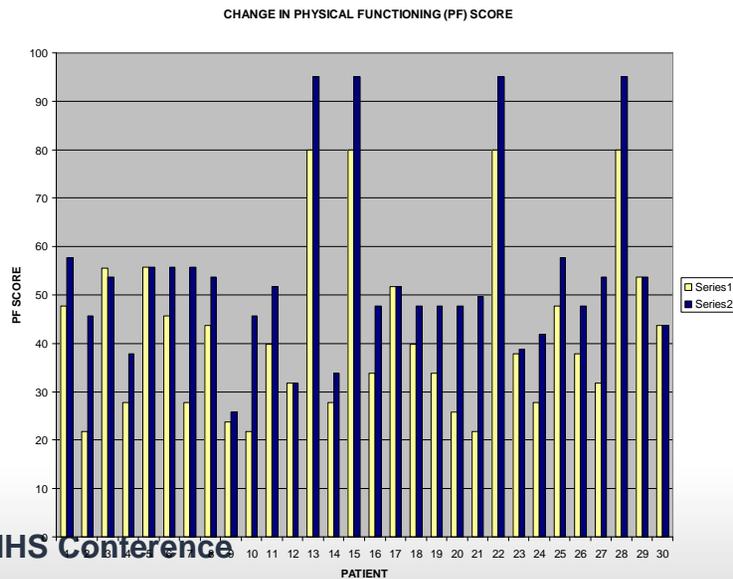


- Completed retrospective review to determine:
 - Increase enrollment and participation in Cardiac Rehab
 - Increase functional capacity and endurance
 - Compared difference between exercise capacity pre/post enrollment
 - Increase quality of life and well-being for patients with HF
 - SFV36, which is a standardized tool assessing quality of life

Results



- Enrollment in cardiac rehab increased by 39%:
 - 2006: 11 patients enrolled
 - 2008: 29 patients enrolled
- Exercise intensity increased
 - from 4.89 METS to 6.93 METS
 - VO2 max increased by 74%
- Quality of Life improved:
 - SFV36: moderate increase in well-being



Heart Failure: Live longer....Feel Better



- Group Medical Visits and Cardiac Rehab in combination help to improve quality of life
- Engaging Cardiac Rehab nurse during the inpatient stay as well as in group medical visits increased participation in Cardiac Rehab
- “I am able to attend my swimming again at the YMCA 5 times a week.”

2010 Military Health System Conference

Promoting Activation Among Johns Hopkins USFHP Beneficiaries Enrolled in Care Management

Sharing Knowledge: Achieving Breakthrough Performance

Melissa Sherry BA, BS

December 4, 2009



Johns Hopkins HealthCare US Family Health Plan

Introduction



- JHHC Care Management programs identify medically at-risk populations and assist in the USFHP beneficiaries' health management with the goal of improving quality of care, promoting improved health and productivity, and managing health care costs
- The increasing complexity and cost of healthcare has led JHHC to consider ways to improve health self-management through increased beneficiary engagement
- Research indicates that activated patients possess the confidence necessary to make lifestyle changes associated with improved health outcomes

Promoting Activation



- Based on previous research, we believe that assessing the activation level of individuals participating in nurse case management will allow us to better tailor care and self-management plans to meet our beneficiaries' individual needs
- Incorporating the beneficiaries' activation level into Care Management activities will lead to improved quality-of-care plans and will help the beneficiaries develop skills to more effectively manage their health

Methodology



- Patient activation was assessed via the 13 question Patient Activation Measure (PAM)* survey; results were used to help guide nurse case management activities
- Feedback was gathered from nurse case managers to determine the usefulness of the tool and the advantages of applying level-of-activation to case management activities
- Started in 2009; 158 surveys completed for USFHP beneficiaries, 1465 surveys for all JHHC lines of business
- Surveys administered upon entry to the care management program and then every six months

*Insignia Health Company

2010 MHS Conference

Results



- Initial feedback indicates improvement in:
 - The accuracy of assessing an individual patient's needs and abilities
 - The understanding of patient's needs and knowledge of their condition(s)
 - The development of talking points from which to begin addressing improvement in health behaviors
 - The engagement of patients in constructive dialogue regarding the self-management of their health
 - The development of realistic and attainable health goals
 - Patient self-efficacy

Conclusions



- Integrating patient activation levels into nurse case management has improved health assessment and allowed nurse case managers to address individual patient needs and create specific interventions that motivate patients to better manage their own health conditions
- The Patient Activation Measure (PAM)* is a useful survey tool for any health organization interested in motivating healthy behavior and improved health self-management

*Insignia Health Company

2010 MHS Conference

2010 Military Health System Conference

Go Green In HEDIS™

Alternative Energy for Primary Care

Sharing Knowledge: Achieving Breakthrough Performance

Nancy A Radebaugh, BPharm, RPh, AE-C

25 January 2010



Carl R Darnall Army Medical Center

Background: Darnall Grand Prix



- The primary care track
 - More than 100K enrolled beneficiaries
 - Multiple outlying primary care sites
 - Continuously transitioning patients and staff
- At the starting line (Jan 2006)
 - Primary care providers alone at the wheel
 - “Red” status on most HEDIS™ measures
 - Breast, Cervical and Colorectal cancer screening
 - Diabetes monitoring labs



HEDIS™ : Healthcare Effectiveness Data and Information Set

Methods: The New Energy Source



**Primary Fuel:
"The Portal"**

Utilization Mgt

Identifies patients
Enters labs and rads
Mails patient notifications

Population Health

Mails results to patients
Forwards all results to PCMs
Offers collaborative practice

Action
lists

Primary Care Teams

Receive action lists
Contact patients

The Alternative Energy:

Utilization Management specialists perform order entry
Clinical Pharmacists manage lab results and share care

"The Portal": Military Health System Population Health Portal

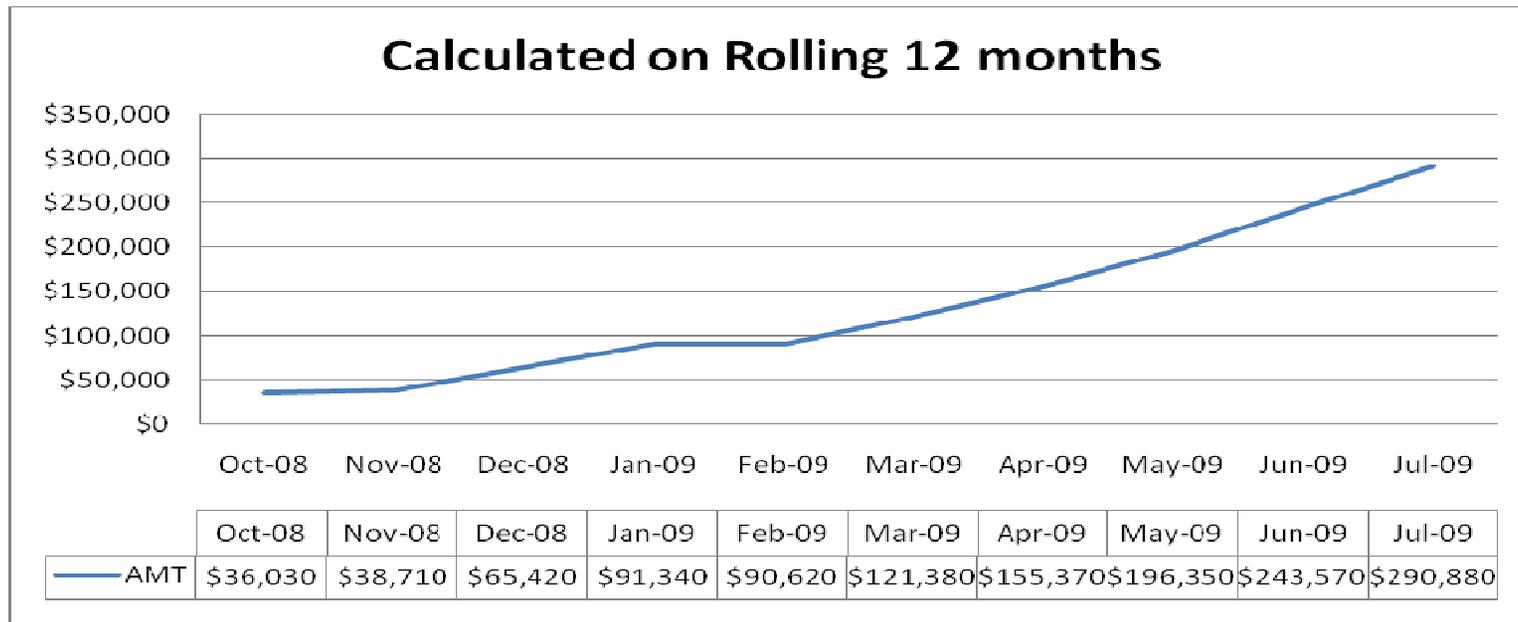
2010 MHS Conference

Results: At the Finish Line



- All HEDIS™ metrics green or amber
- 13 women diagnosed with breast cancer

PBAM trends



PBAM: Performance Based Adjustment Methodology

Discussion: Efficient Energy



Keep the provider in the office seeing patients!

- Attain high performance with limited staff
 - Break the process into small sections
 - Align tasks by skill level
 - 9.4 FTEs boost performance for 100K patients while fulfilling other responsibilities
- Maximize the patient-provider relationship
 - Process provides new patient information
 - Collaborative practice augments (rather than fragments) primary care



2010 Military Health System Conference

Stop Smoking:

Model of an Effective Smoking Cessation Program

Sharing Knowledge: Achieving Breakthrough Performance

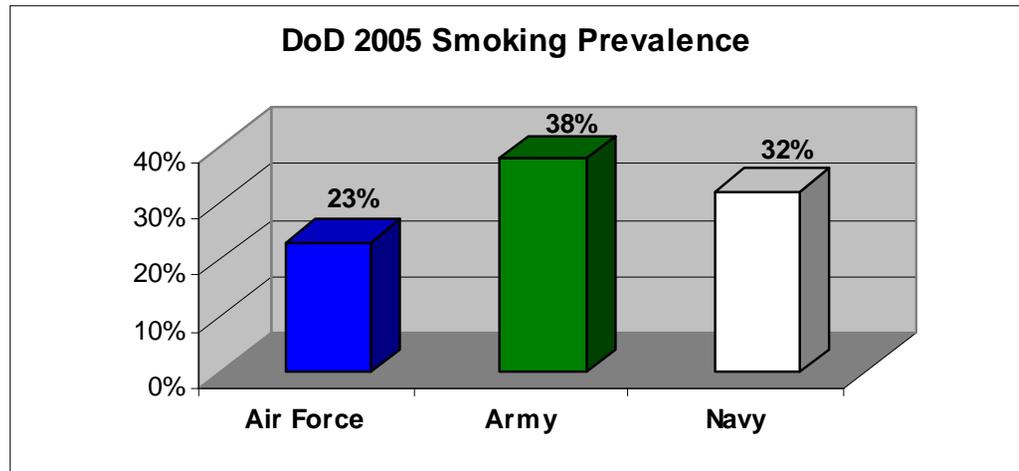
Mrs. Joan N. Craft, YJ-02, Flight Chief, Health Promotion

January 24, 2010



MacDill Air Force Base, Florida

10 Year Retrospective Analysis; MacDill AFB Tobacco Program



- \$90 mil in lost productivity in AF
- \$25 mil increased medical costs in AF

- July 08- Assistant Surgeon General, Health Care Operations, released policy letter standardizing tobacco programs to decrease the prevalence of tobacco use
- Robust multi-disciplinary program since 1995
 - Environmental Changes
 - Policies and Procedures
 - Data Collection, Interventions, Medications, Outcomes

Methods: Tobacco Program



- Modes – Tobacco Interventions
- Collaboration – Local, National, & Federal Org.
- Outreach- Squadrons, Schools, Observances
- Social Marketing



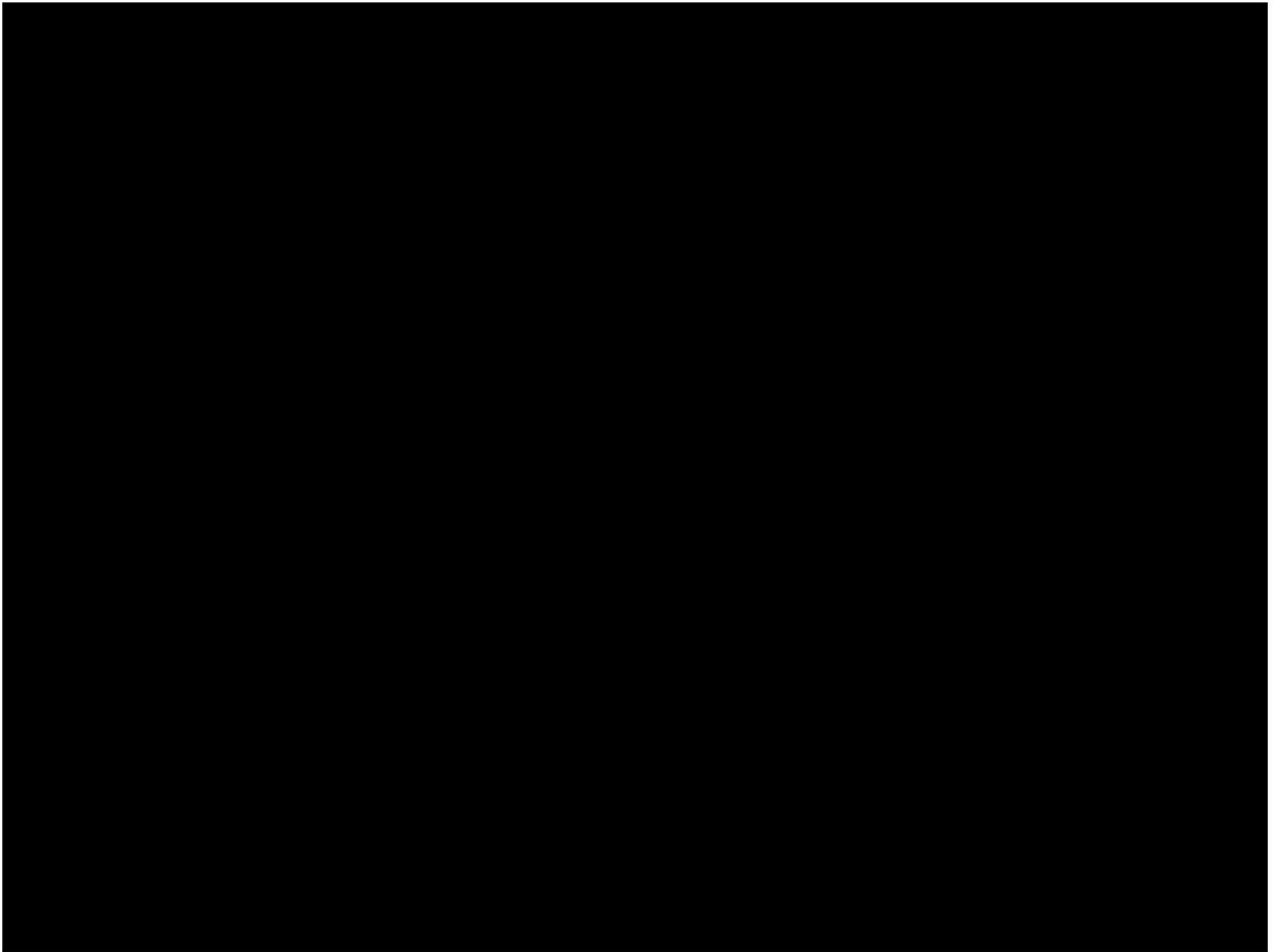
Join the **Nov 16** Great American

Smoke Out

"After 34 years I broke the habit and I am over it! Now, I finally believe them after having my mouth operated on."
CDR Michael Sircy, CENTCOM

Want to quit?
Contact the Health and Wellness Center (HAWC)
828-4739

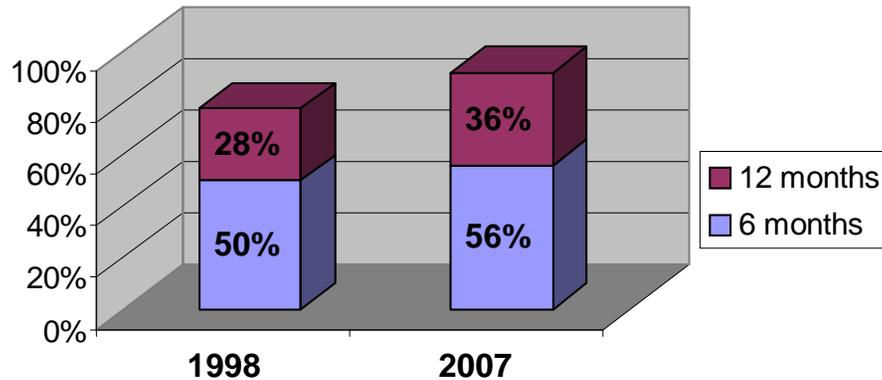




Outcomes: Quit/ Usage Rates

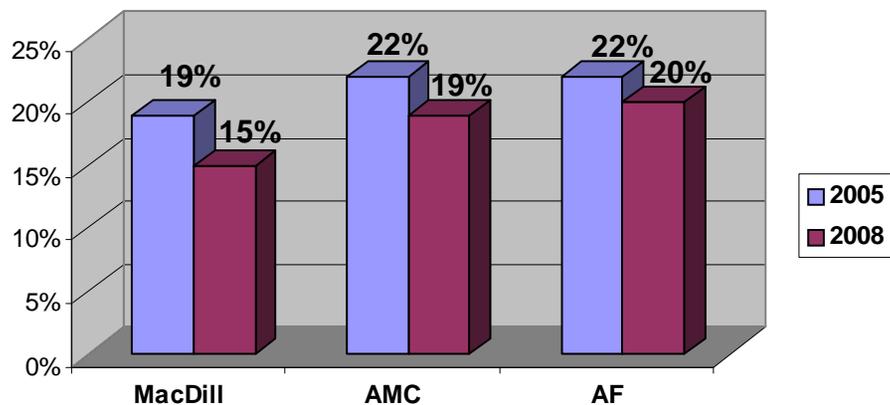


Ten Year Quit Rates



An increase in quit rates of 5.8% at 6 months, 8.3% at 12 months over 10 years.
\$1.5 million over 10 years saved

Ten Year Smoking Rates



Estimated annual savings at MacDill
\$153,048

Key Findings For A Successful Tobacco Cessation Program



- Tobacco Classes
 - Should be taught by a tobacco certified provider/expert
 - Should have flexible hours, satellite locals, on site classes available
 - Four classes just as effective as 8-10 per session
- Medications
 - High success rates
 - Pharmacy should be a key player in the prescription process and procedures
- SmokeSignals: useful tool for behavior modification
- Strong social marketing campaign is essential