

2010 Military Health System Conference

The Quadruple Aim

MHS Game Plan for Improving Performance

Sharing Knowledge: Achieving Breakthrough Performance

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TRICARE - Who We Are



- 9.6 million beneficiaries
 - 3.5 million TRICARE Prime enrollees (*direct care system*)
 - 1.5 million TRICARE Prime enrollees (*contractor networks*)
 - Remainder
 - TRICARE Standard/Extra
 - TRICARE for Life
 - TRICARE Plus
 - TRICARE Reserve Select
- Military Treatment Facilities (MTFs)
 - 59 Hospitals & Medical Centers
 - 364 Health Clinics
- Network providers
 - 347,673 individual providers



A Week in the Life of TRICARE

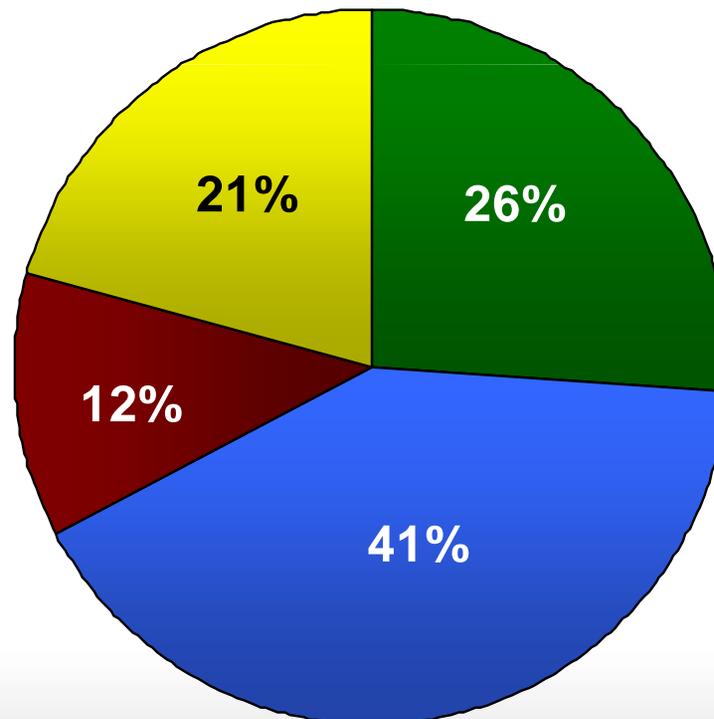
- **21,800 inpatient admissions**
 - 5,000 direct care
 - 16,800 purchased care
- **1.6 million outpatient visits**
 - 737,000 direct care
 - 876,400 purchased care
- **25,800 behavioral health outpatients**
 - 10,300 direct care
 - 15,500 purchased care
- **3.5 million claims processed**
- **2.48 million prescriptions**
 - 914,000 direct care
 - 1.37 million retail pharmacies
 - 200,000 mail order
- **2,380 births**
 - 1,010 direct care
 - 1,370 purchased care





TRICARE Prime Beneficiaries

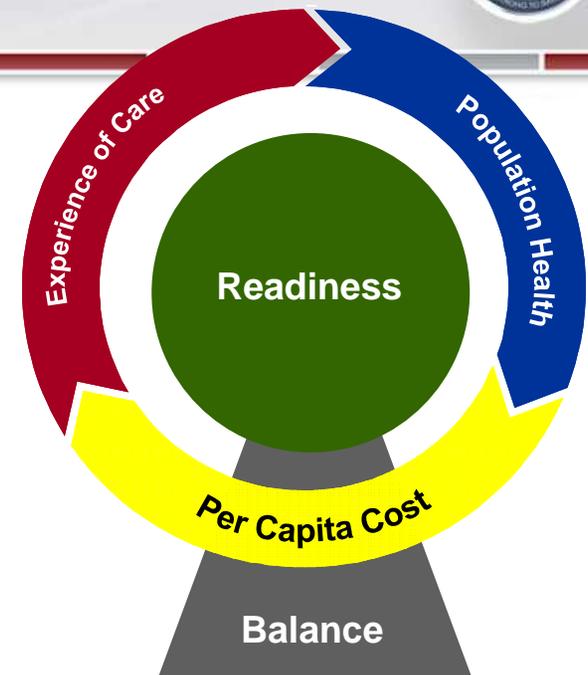
Breakdown of TRICARE Prime (Nearly 5 million beneficiaries)





Our Ultimate Goal

- **Readiness**
 - Pre- and Post-deployment
 - Family Health
 - Behavioral Health
 - Professional Competency/Currency
- **Population Health**
 - Healthy service members, families, and retirees
 - Quality health care outcomes
- **A Positive Patient Experience**
 - Patient and Family centered Care, Access, Satisfaction
- **Cost**
 - Responsibly Managed





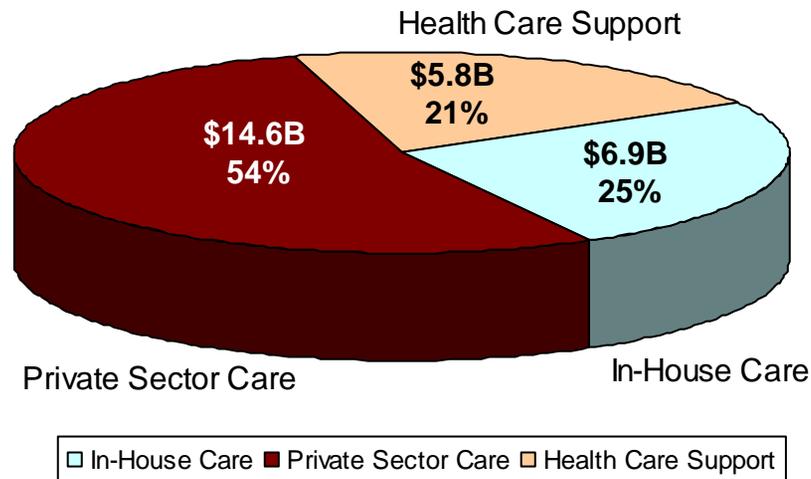
TMA Priorities: Fall 2009

- Improving access to care
- Supporting wounded warriors and families
- Defining/refining medical home model
- Advancing the role of TROs and TAOs in decision support
- Overseas TRICARE Contracts
- Enhancing health IT and knowledge management
- Managing at the direct care-purchased care interface



FY10 Defense Health Program Budget

Operation and Maintenance



Data Source: Defense Health Program FY2010 Appropriation.
Excludes all costs associated with the Medicare Eligible Retiree Health Care Fund – e.g. \$3.8B TRICARE Senior Pharmacy

(In Billions)

In-House Support*		25%
Pharmacy (CONUS/OCONUS)	\$1.4	
Health Care/Administrative	\$4.6	
Dental Care (CONUS)	\$0.5	
Overseas Health Care	\$0.4	
Overseas Dental Care	\$0.1	
Total	\$6.9	

*Excludes \$4.0B associated with MilPers

Private Sector Care		54%
Pharmacy (CONUS/OCONUS)	\$2.0	
Health Care/Administrative	\$10.8	
Active Duty Dental	\$0.1	
Overseas Health Care	\$0.3	
Other	\$1.4	
Total	\$14.6	

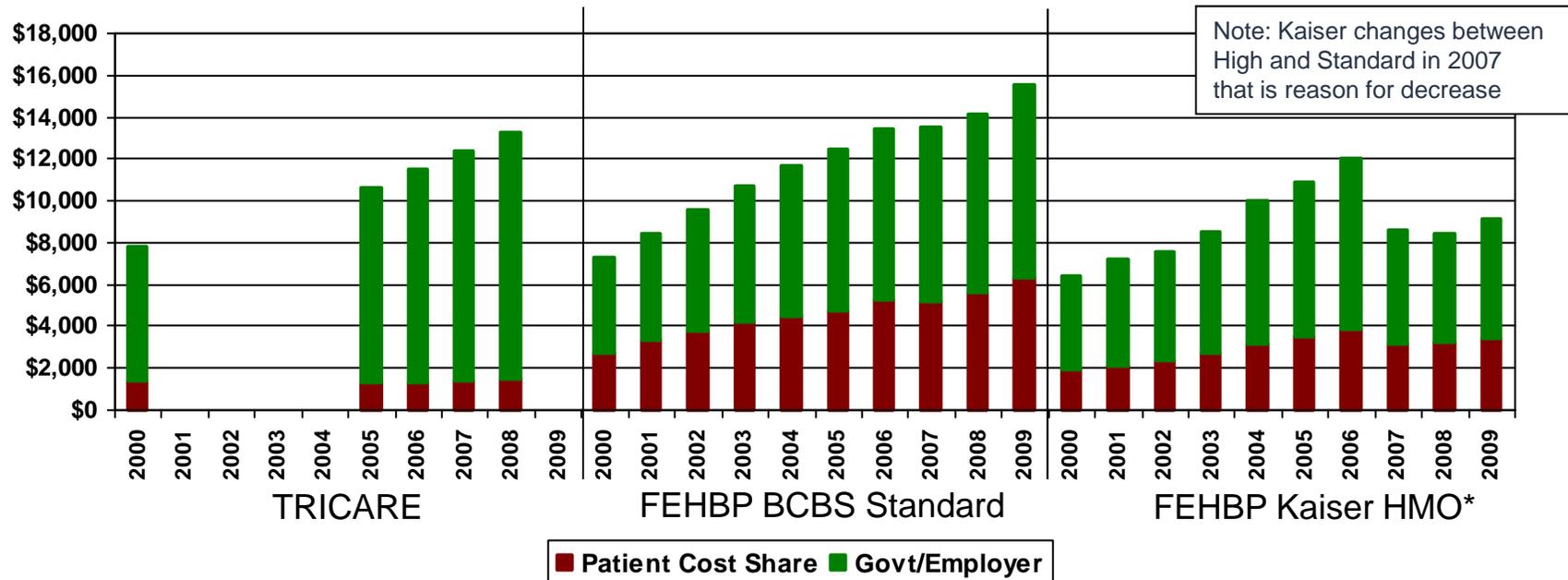
Health Care Support*		21%
Consolidated Health	\$2.0	
Information Management/Technology	\$1.3	
Management Activities	\$0.3	
Education and Training	\$0.6	
Base Operations	\$1.6	
Total	\$5.8	

*Excludes \$3.5B associated with MilPers & \$0.3B for medical transportation infrastructure.



Cost Comparison & Beneficiary Share

Family Coverage



Patient % of Total Health Care Costs		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
TRICARE		17.6%					12.1%	11.9%	11.7%	11.5%	
BCBS		37.5%	39.9%	39.4%	39.5%	38.1%	38.0%	38.9%	38.0%	39.5%	40.9%
Kaiser HMO*		29.8%	29.6%	31.5%	32.5%	32.1%	32.0%	31.8%	36.6%	38.5%	37.7%

TRICARE: Assumes all care received in the civilian sector for a family of 3

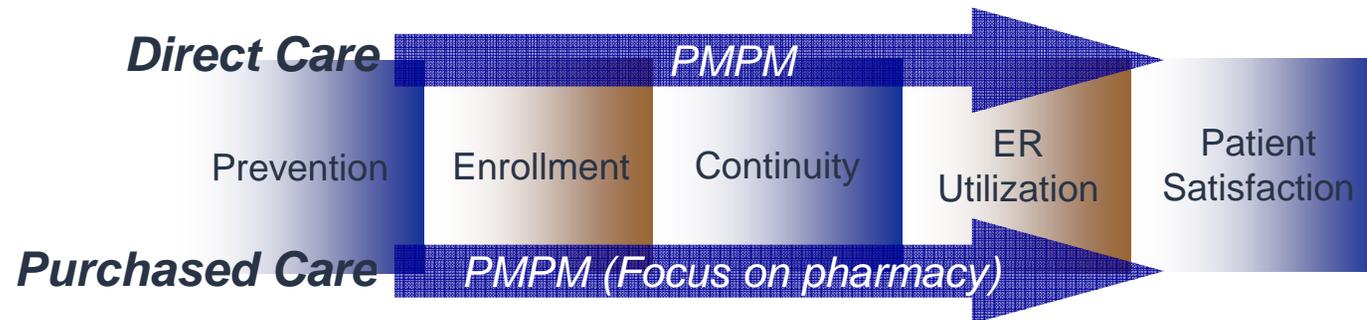
FEHBPBCBS and Kaiser HMO: Premiums and Other Out-of-Pocket (OOP) Levels for a Family of 3 from [Washington Consumers' Checkbook](#)

Kaiser HMO available data based on Kaiser "High" plan for 2000-2006, and Kaiser "Standard" plan for 2007-2009

Proposed Changes in Reimbursement/ Incentive Programs



- Deliver patient- and family-centered primary care and optimize performance around:

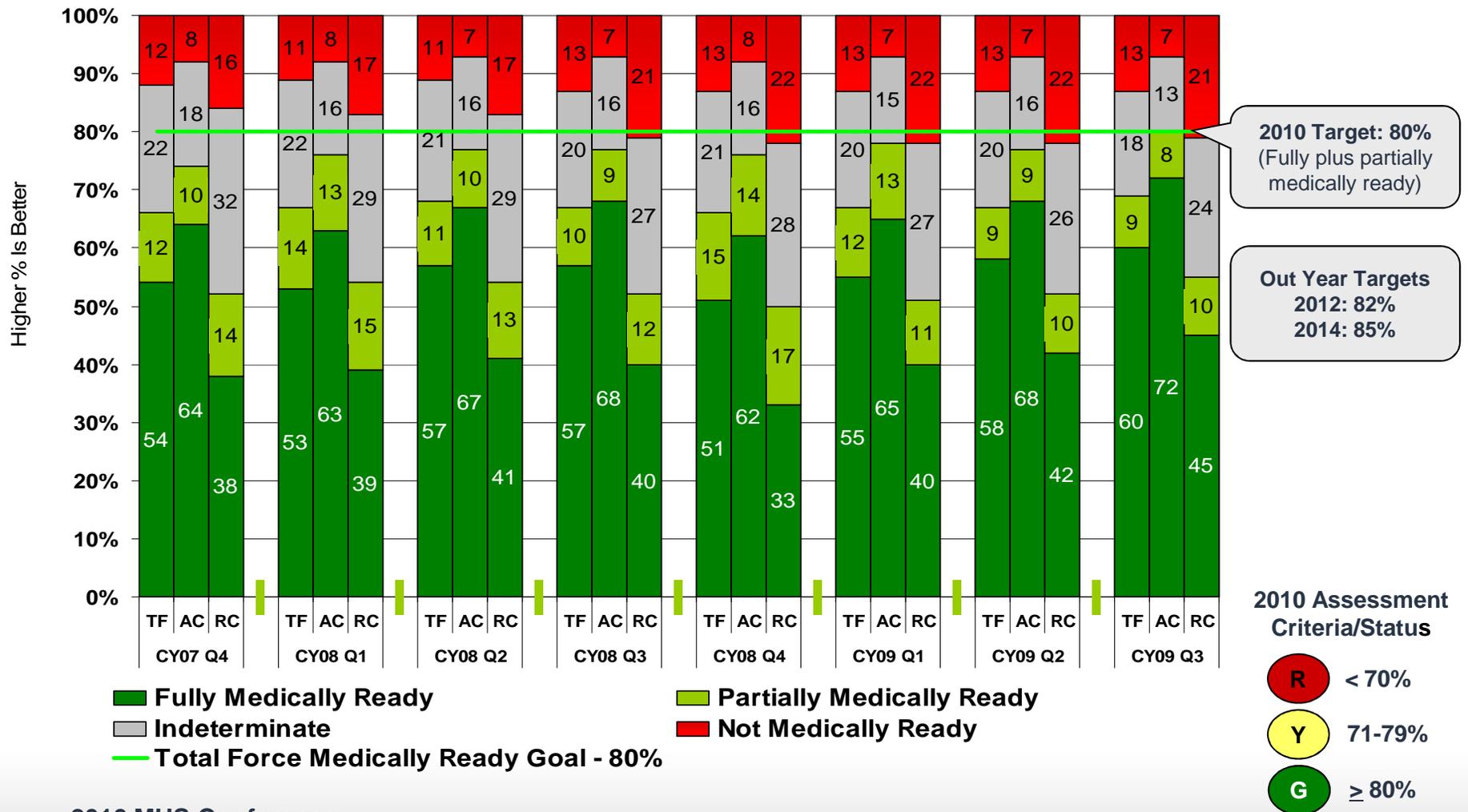


- Takes into account improvement, not just absolute performance
- Align our efforts across Services and TMA
 - Army PBAM, Navy PBB
 - Synchronize direction for TRO/MTF/Regional Commander
- Care is rewarding to patient and provider (satisfaction, retention, staff turnover)



How Are We Doing in Readiness?

Consolidated measure and associated targets for 2010, 2012, and 2014





Behavioral Health and Readiness

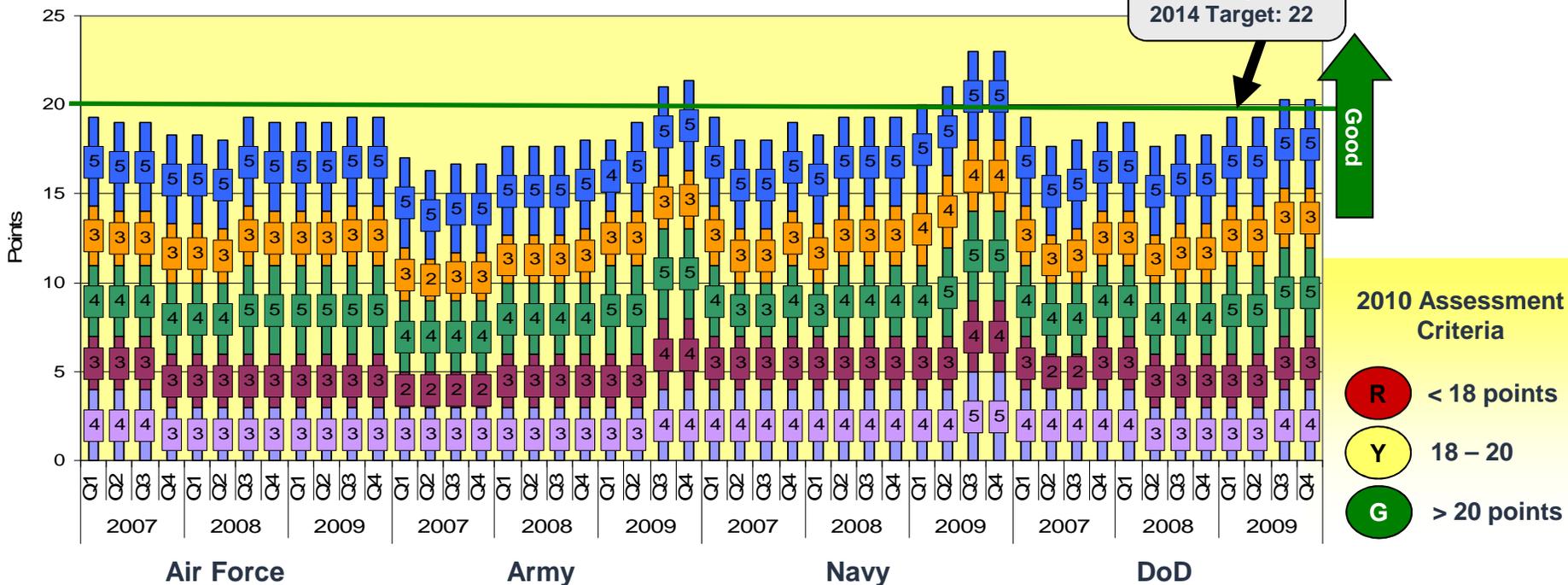
- Increase in patients with behavioral health diagnoses from FY07-FY09
 - Direct care increase: 11.2%
 - Purchased care increase: 13%
- Nearly 2.5 million network outpatient visits in FY08 alone
- More spouses and children in military families reporting problems
- 20% increase in network mental health providers in last two years—to nearly 50,000
- Behavioral health CSAs not yet breaking even
- Nearly 20,000 calls to behavioral health locator lines since 01/08



How Are We Doing on Population Health?

Enrollee Preventive Health Quality Index (HEDIS)

2010 Target: 20
2012 Target: 21
2014 Target: 22



2010 Assessment Criteria

- **R** < 18 points
- **Y** 18 – 20
- **G** > 20 points

- Sum of Breast Cancer
- Sum of Cervical Cancer
- Sum of Colorectal Cancer
- Sum of Diabetes Index
- Sum of Asthma Medication

Service led pay for performance initiatives appear to have had a positive effect since Army & Navy have seen consistent gains; AF has remained stable.

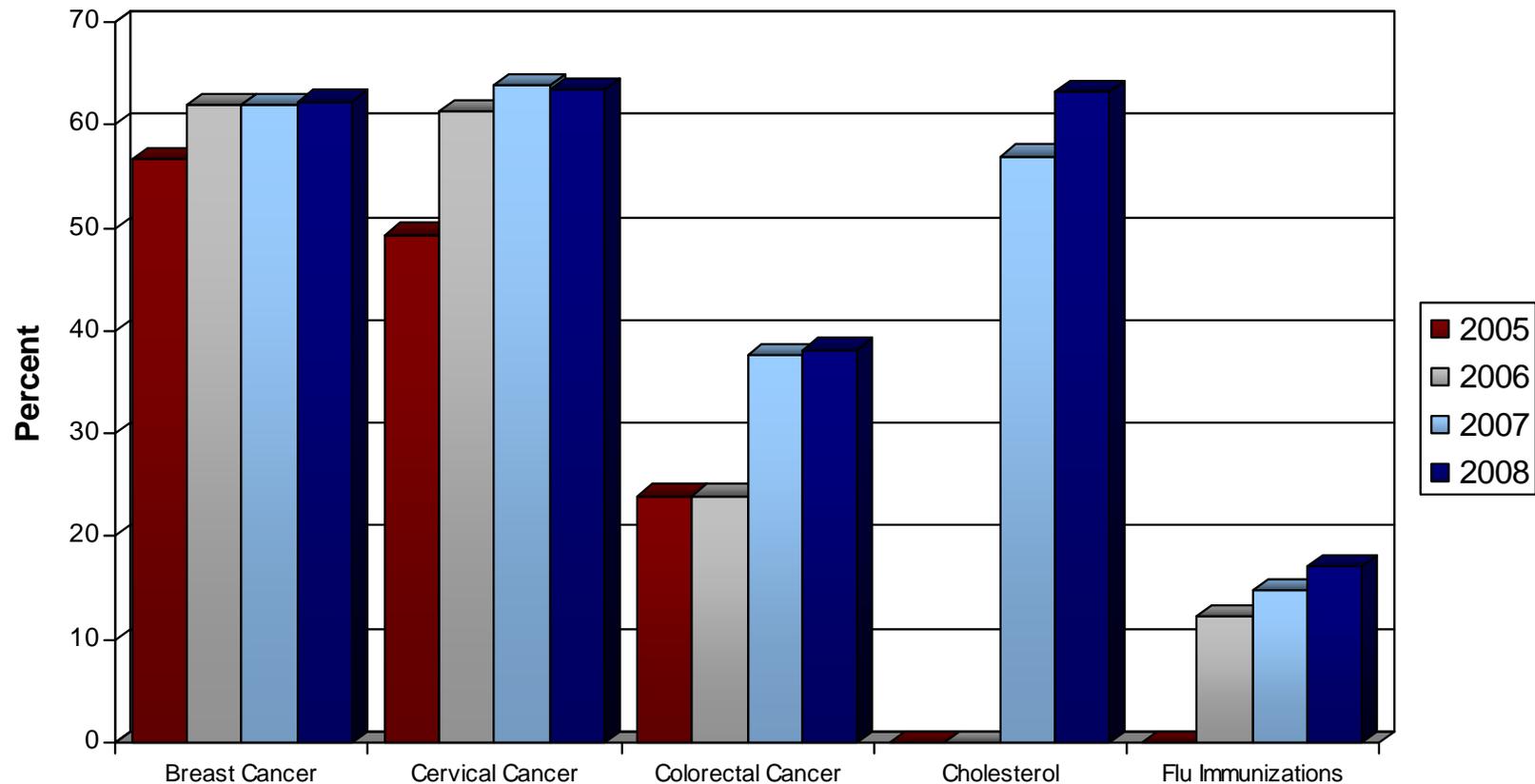
Index Points	
>= 90%	5
<90th % and >=75th %	4
<75th % >=50th %	3
<50th % and >=25th %	2
<25th % and >=10th %	1
<10th %	0

Preventive Care: Humana Military Services



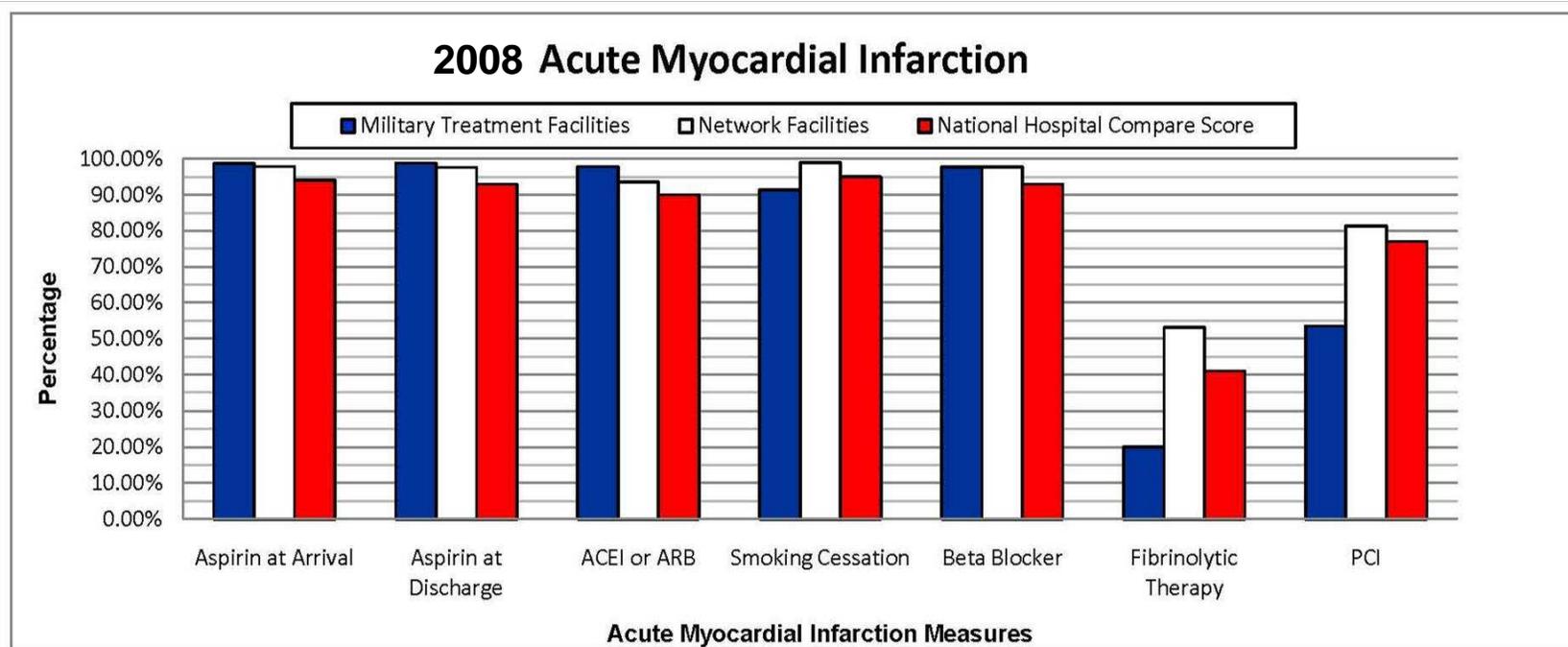
Percent Adherence to Select Preventive Services and Screenings

(Omits services rendered in Military Treatment Facilities, public clinics, and retail settings)





How Are We Doing on Quality?

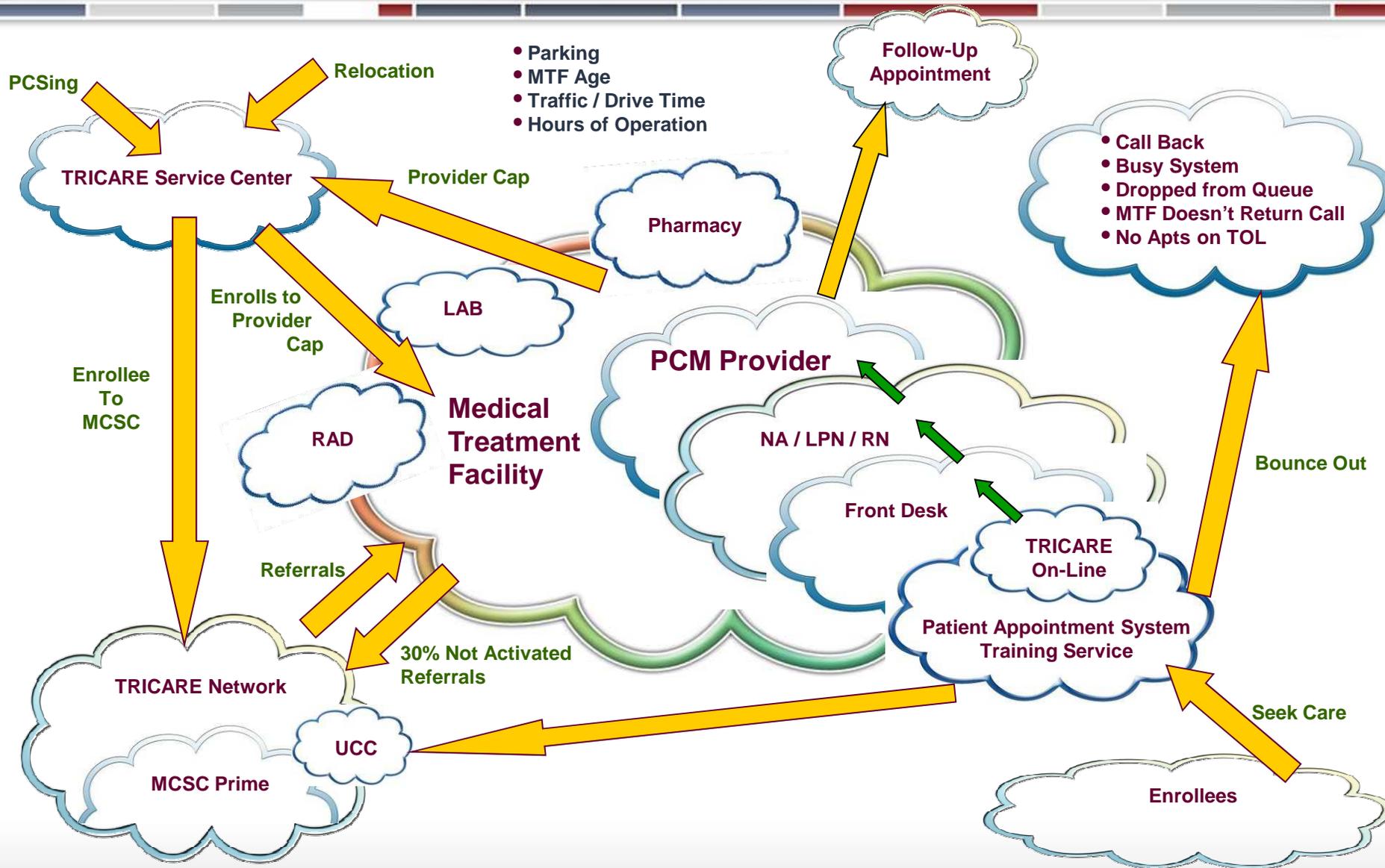


Percent of cases in which PCI was delivered within established time limits, FY09, Q2:

Air Force 100%, Navy 75%, Army 74%



How Are We Doing in Patient Experience?

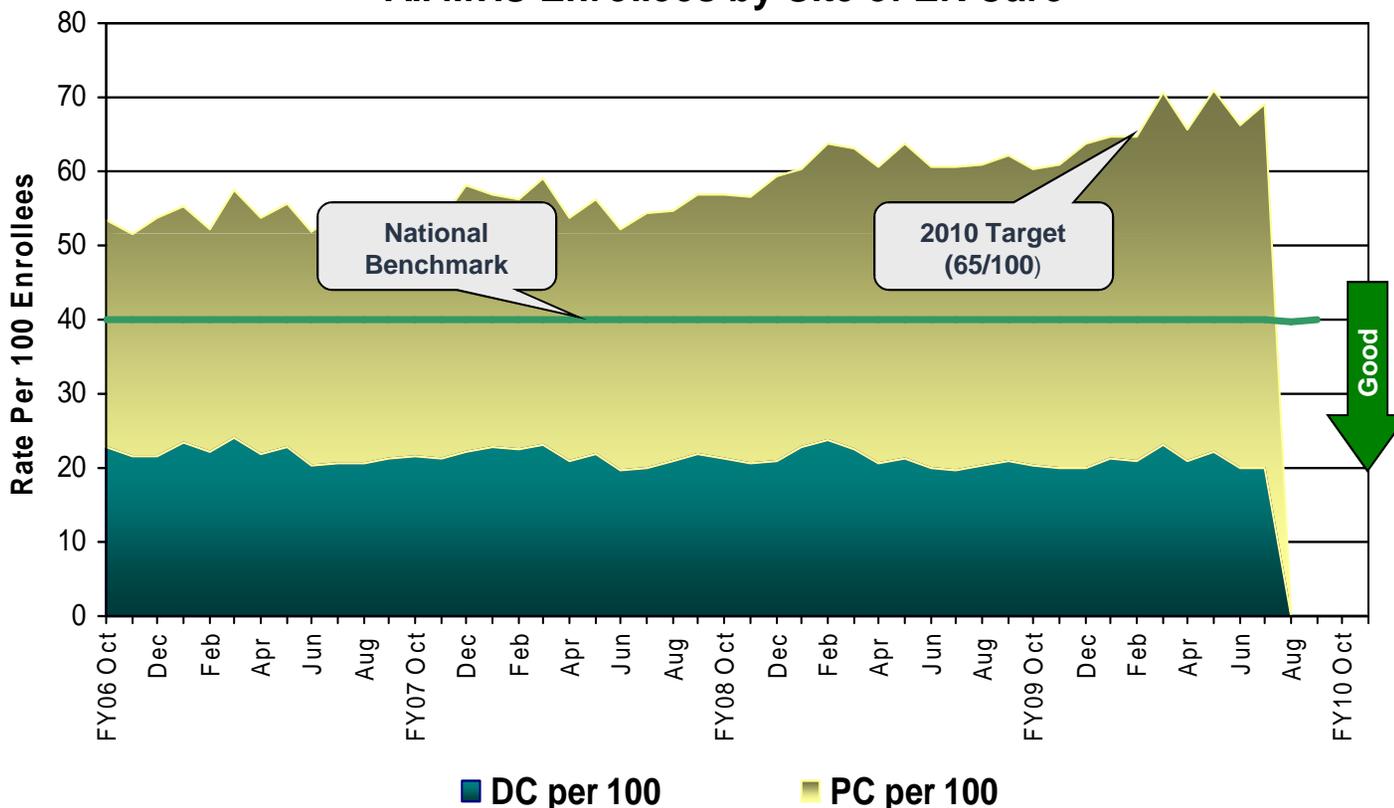




Emergency Room Product Line

Utilization of Emergency Services is Growing

All MHS Enrollees by Site of ER Care



Out Year Targets:
2012 (60)
2014 (55)

2010 Assessment Criteria/Status

- R > 70 Visits/100
- Y 65-70 Visits/100
- G < 65 Visits/100



ER and Urgent Care Usage

Selected Diagnoses from ER Top 25*	Top CVS MinuteClinic Ailments	Overlap
Acute Upper Respiratory Infections	Sinus Infections, Allergies	<input checked="" type="checkbox"/>
Unspecified Otitis	Ear Infections	<input checked="" type="checkbox"/>
Acute Bronchitis	Bronchitis	<input checked="" type="checkbox"/>
Acute Pharyngitis	Strep Throat	<input checked="" type="checkbox"/>
Urinary Tract Infections	Bladder Infections	<input checked="" type="checkbox"/>
Conjunctivitis, Unspecified	Pinkeye	<input checked="" type="checkbox"/>

Other top ER primary diagnoses included Fever, Chest Pain, Abdominal Pain, Headache/Migraine, Gastroenteritis, Vomiting, Syncope, and Lumbago

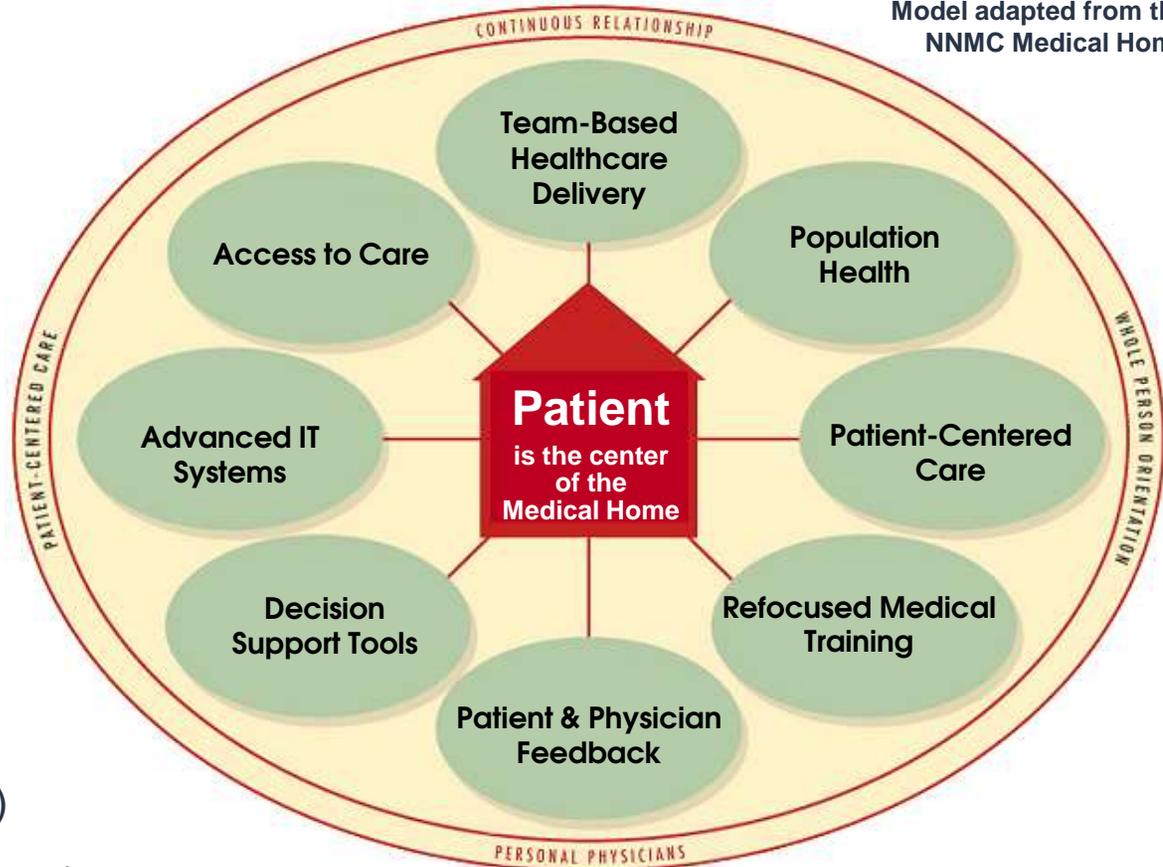
* Based on total visits - DC encounters and TED Visits for FY05/08; Non-AD MTF Prime Enrollee



Medical Home Model

- Enhances Beneficiary's Relationship with Provider
- Includes Principles of:
 - Enhanced Access (Army WTU)
 - Patient- and Family-Centered Care (Navy)
 - Competency and Currency (AF FHI)
- Guiding Principles, Policy
- Certification Criteria (AHRQ modification)
- Governance (formal / informal / advisory)
- Metrics (process and end-state)

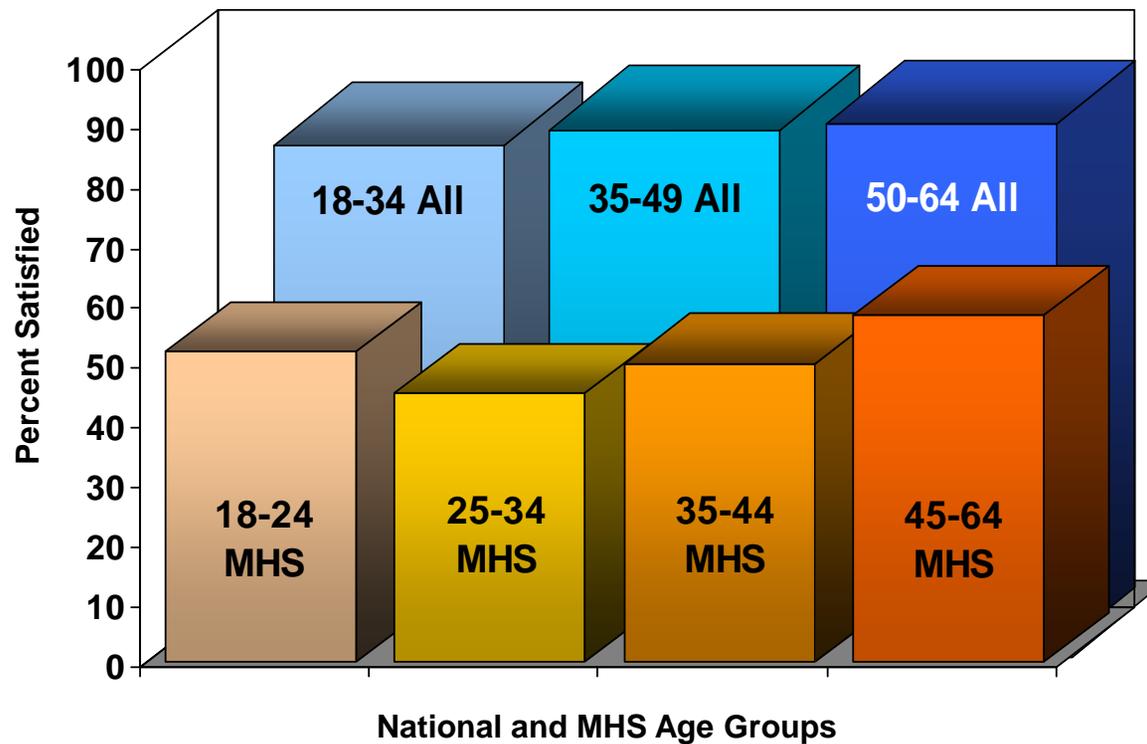
Model adapted from the NMMC Medical Home



Medical Home Model



Outpatient Satisfaction By Age

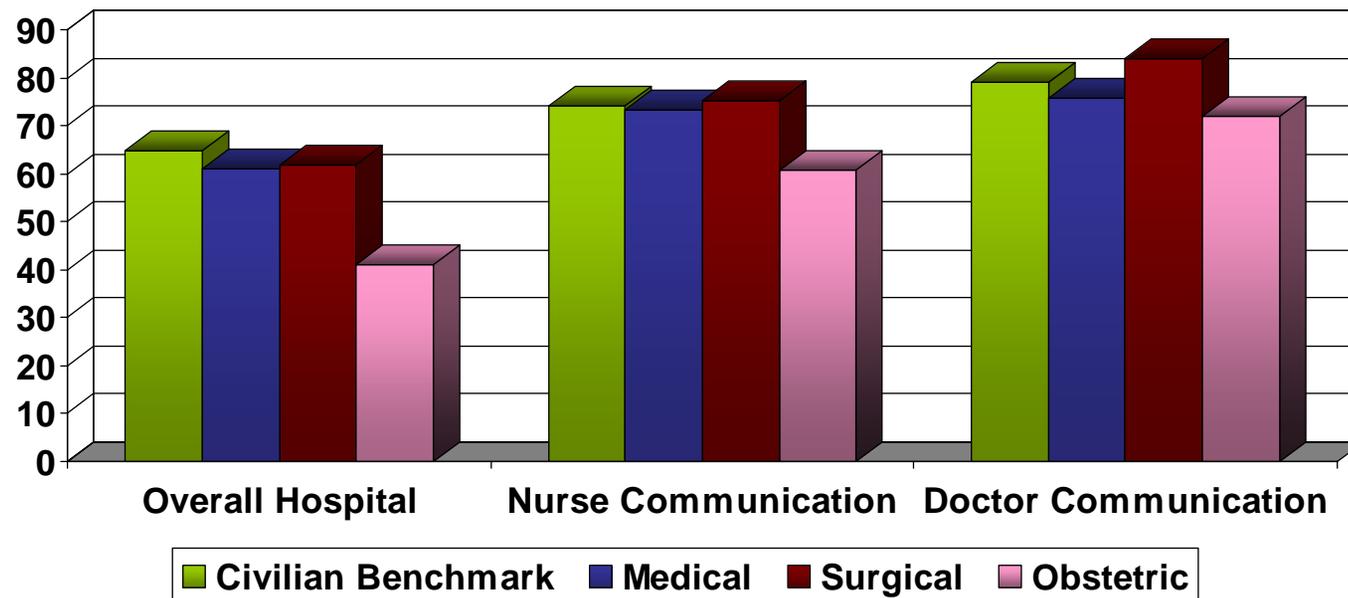


- Patient satisfaction with outpatient tests or treatments increases with age
- Youngest groups are least satisfied group—higher expectations for prompt service, critical about waiting
- MHS patients less satisfied, but trends remain similar

Inpatient Satisfaction



Direct Care Results



- Communication with obstetric patients needs improvement
- High volume product line
- Critical opportunity to teach and shape impressions

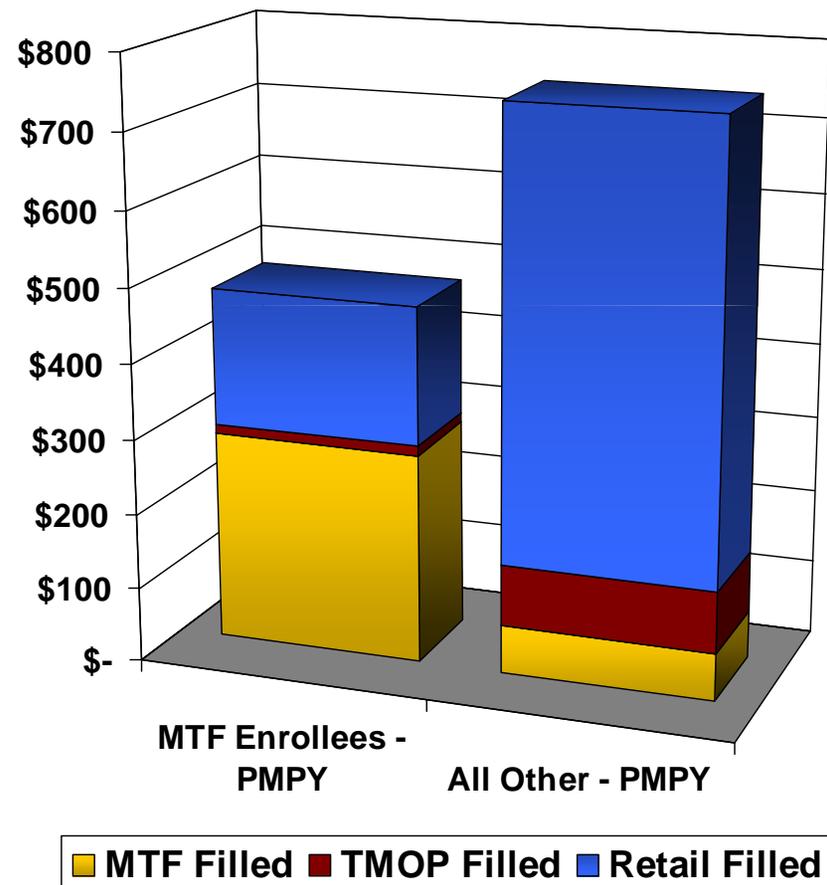


How Are We Doing on Costs?

Pharmacy Developments

- TMOP automated improvements
- Innovative over-the-counter medication demonstration project
- Federal pricing reduces DoD retail prescription costs by \$1.08 billion in FY2010
- Medication adherence awareness
- Immunizations now available at 47,000 pharmacies

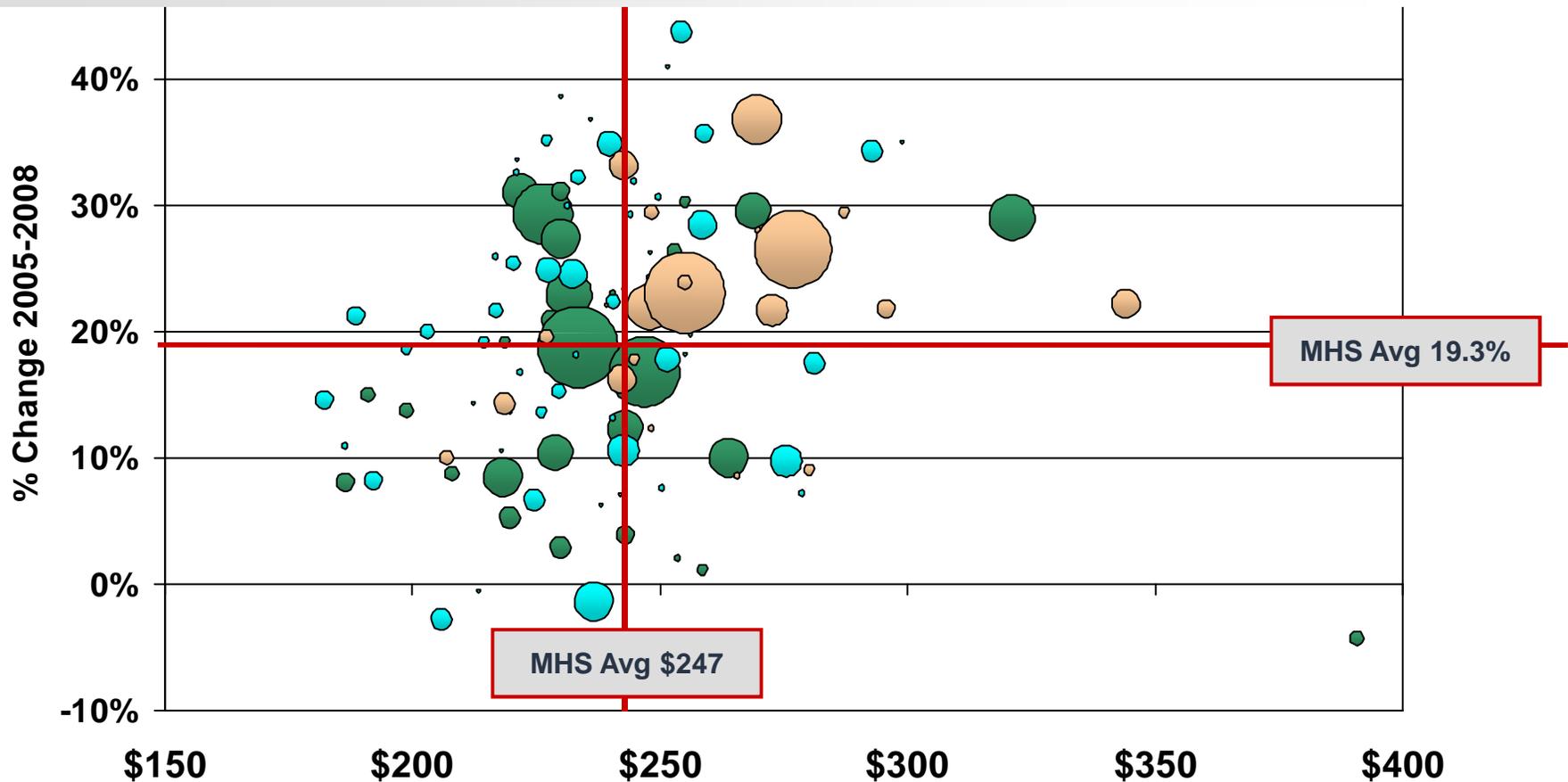
FY2008 Pharmacy Contribution to PMPY



MTF Cost Comparison: PMPM Non-AD Prime Enrollee



Goal of improving year over year performance



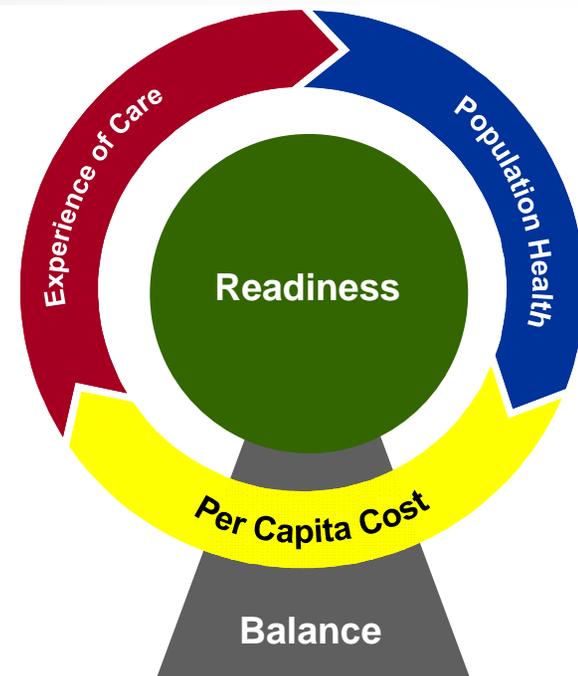
● Army ● AF ● Navy Size of circle is in proportion to # of enrollees

How Do We Support Change in the Right Direction?



Enablers: Retention, Currency, and Low Turnover

- We understand desired end-state
 - Balanced approach to Quadruple Aim
 - Readiness maximized
 - Healthy Outcomes and Patient Experience improved
 - Sustainable Costs
- We agree on goals
 - One size does not fit all
 - Year over year improvement
- We facilitate and incentivize the change





So Where Do We Start?

- Capacity determination and planning
- Access to data and decision support
- Available human capital
- Communication/engagement plans
- Incentives
- Barrier removal



