

2010 Military Health System Conference

Integrated Performance Planning

Sharing Knowledge: Achieving Breakthrough Performance

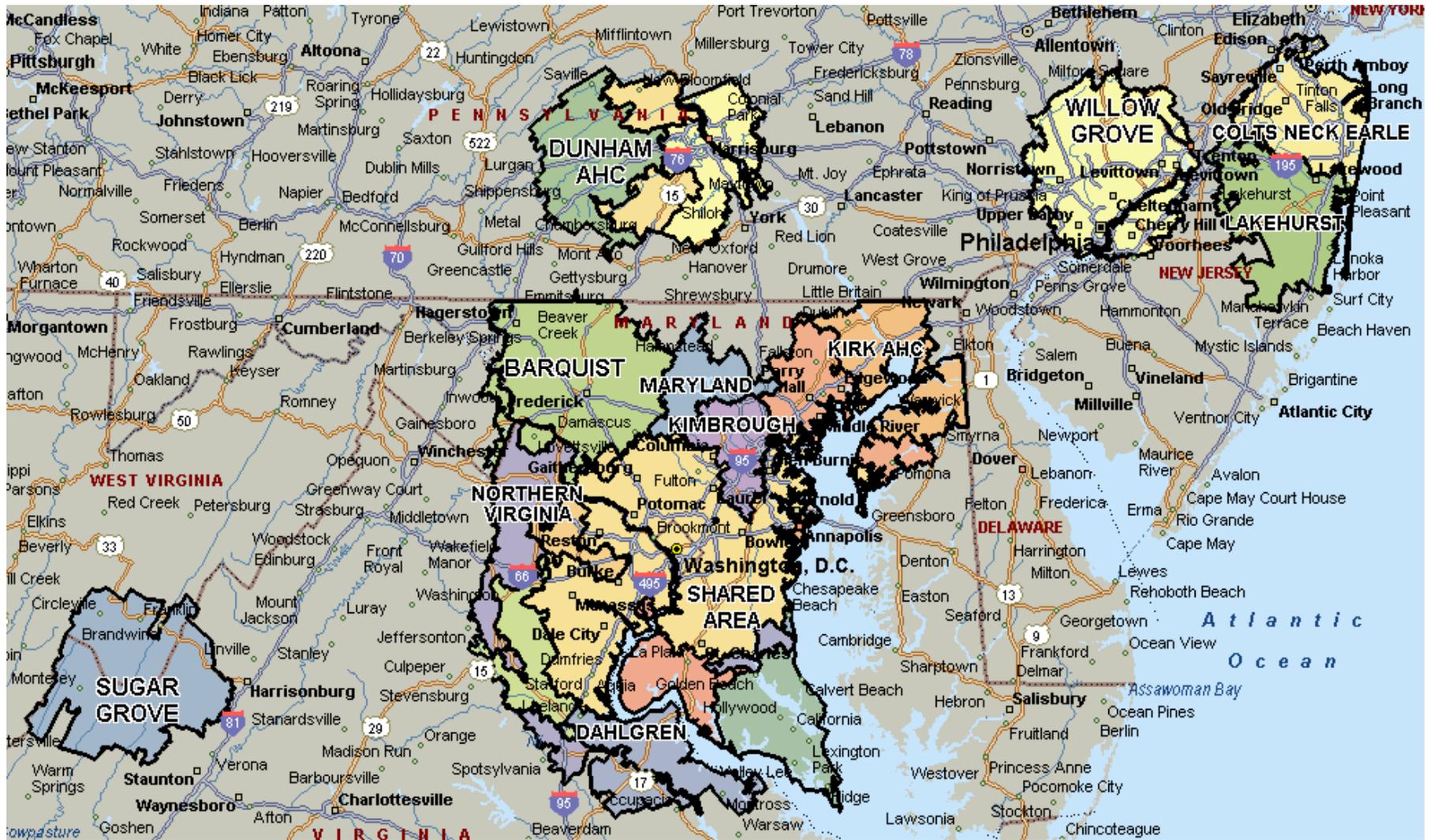
LT Eric A. Polonsky

27 January, 2010



Joint Task Force, National Capital Region Medical

Integrated Performance Planning



JTF CapMed Funding Flow



- FY09: The funds flowed from ASD(HA) to Service Medical Departments to distribute to MTFs.
- FY10-11: The funds flow from ASD(HA) to Service Medical Departments. From there:
 - The Navy sends funds to JTF CAPMED, who distributes to respective MTFs
 - Army distributes from MEDCOM and Air Force distributes from AFMOA directly to respective MTFs
- FY 12 and beyond: Dependent on DoD review

Fiscal Years 2012 & 2013



Facility Plan	Status
Walter Reed Army Medical Center	"zero'ed out"
National Naval Medical Center	Reflect projected Walter Reed National Military Medical Center
Dewitt Army Community Hospital	Reflect projected Fort Belvoir Community Hospital
All other facilities	Incorporate Integrated Delivery System Model

* Based on joint manning documents, primary care capacity workgroup conclusions, and historic averages of WRAMC, NNMC, and DACH.



Discussion – Future State

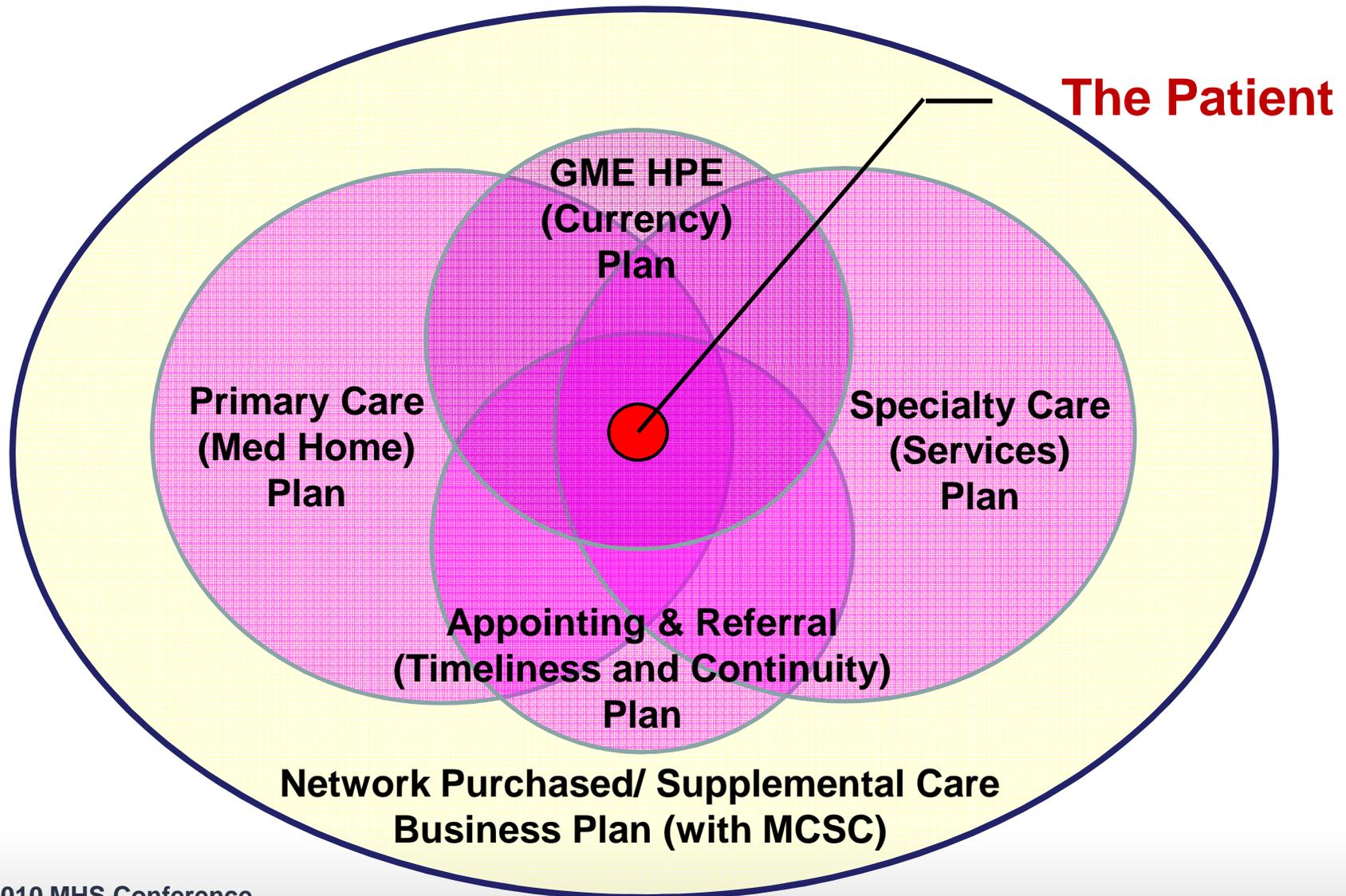
These ratios have not been agreed upon by the PCCWG. The ratios are used to apply one standard for capacity measurement.

		GREEN (>90%)	AMBER (80-90%)	RED (<80%)
PROVIDER	1200	1320	1440	>1440
RN	0.5	0.45	0.40-.44	<0.4
LPN/Corpsman	2.0	1.8	1.6-1.7	<1.6
Medical Clerk	0.5	0.45	0.4-.44	<0.4
Exam Room	2.0	1.8	1.6-1.7	<1.6
Treatment Rm	0.25	0.23	0.20-.22	<0.20

MTF Name	Projected Capacity	Projected Provider FTEs Needed	TOTAL Providers Includes Residents		Current Enrollment/Provider FTE	TOTAL Support Staff		Ratios				
			Funded Requirements/ Contracted	FTEs Available		Funded Requirements	FTEs Available	Clinic Space		Available Support Staff Team Ratios		
								Total Exam Room FTE/Provider FTE	Total Treat Rm FTE/Provider FTE	RNs	LPN/ 91W/ CNAs	Medical Clerks
Projected Future WRNMMC	31,401	26.17	173	36.47	861	154	131.00	2.77	0.25	0.72	1.77	0.84
Projected Future FBCH	47,305	39.42	102	44.98	1052	117	103.03	2.33	0.31	0.58	1.18	0.50
TOTAL	78,706	66	275	81		271	234					

Projected capacity and enrollment to the North was based on enrollee per provider averages of NNMC and WRAMC secondary to similar GME requirements. Projected capacity and enrollment to the South was based on enrollee per provider averages of Dewitt secondary to similar GME requirements. There is a projected net increase in capacity secondary to the change in the mix and location of providers. The increase in Family Medicine and Pediatric providers in the south has a direct and substantial positive impact on capacity. Note that population has not been adjusted for acuity in this analysis.

JTF CAPMED Business Plan Inclusive and Connected



Integrated Delivery System: JTF CAPMED



- Primary Care Capacity and Enrollment
 - Consistent Measurement (providers, support staff, facility space)
 - Right patient, right enrollment site
- Referral Management Business Rules
- Patient Satisfaction (benchmark with standard survey questions)
- Regular Monitoring (JOA-wide metric view)
- Leverage key initiatives from the 3 Services applied across JOA.

FY 2012-2014 & Beyond



- JTF CAPMED will set guidance, resource, and accept/reject business plans for WRNMMC and FBCH.
- All other MTFs of Joint Operating Area - TBD



QUESTIONS?