

MHS 2010





Military Health System Conference *“The Learning Health Care System”*



28 JAN 2010

Lieutenant General Eric B. Schoomaker, MD, PhD, FACP
The Army Surgeon General and
Commanding General, US Army Medical Command

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Army Medicine Strategy Map

January 2009

Mission

- Promote, Sustain and Enhance Soldier Health
- Train, Develop and Equip a Medical Force that Supports Full Spectrum Operations
- Deliver Leading Edge Health Services to Our Warriors and Military Family to Optimize Outcomes

Vision America's Premier Medical Team Saving Lives and Fostering Healthy and Resilient People
Army Medicine...Army Strong!

Strategic Themes

Maximize Value in Health Services	Provide Global Operational Forces	Build the Team	Balance Innovation with Standardization	Optimize Communication and Knowledge Management
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SUSTAIN PREPARE RESET TRANSFORM

ENDS Patient/Customer/Stakeholder

CS 1.0 Improved Healthy and Protected Families, Beneficiaries and Army Civilians	CS 2.0 Optimized Care and Transition of Wounded, Ill, and Injured Warriors	CS 3.0 Improved Healthy and Protected Warriors	CS 4.0 Responsive Battlefield Medical Force	CS 5.0 Improved Patient and Customer Satisfaction	CS 6.0 Inspire Trust in Army Medicine
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WAYS Internal Process

In Support of

The Army Family Covenant

IP 10.0 Optimize Medical Readiness	IP 11.0 Improve Information Systems	IP 12.0 Implement Best Practices	IP 7.0 Maximize Physical and Psychological Health Promotion and Prevention	IP 8.0 Improve Quality, Outcome-Focused Care and Services	IP 9.0 Improve Access and Continuity of Care	IP 13.0 Build Relationships and Enhance Partnerships	IP 14.0 Improve Internal and External Communication	IP 15.0 Leverage Research, Development and Acquisition	IP 16.0 Synchronize Army Medicine to Support Army Stationing & BRAC
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MEANS Learning and Growth

LG 17.0 Improve Recruiting and Retention of AMEDD Personnel	LG 18.0 Improve Training and Development	LG 19.0 Promote and Foster a Culture of Innovation	LG 20.0 Improve Knowledge Management
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MEANS Resource

R 21.0 Optimize Resources and Value	R 22.0 Optimize Lifecycle Management of Facilities and IT Infrastructure	R 23.0 Maximize Human Capital
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Feedback Adjusts Resourcing Decisions

This is a dynamic, living document

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Three Domains

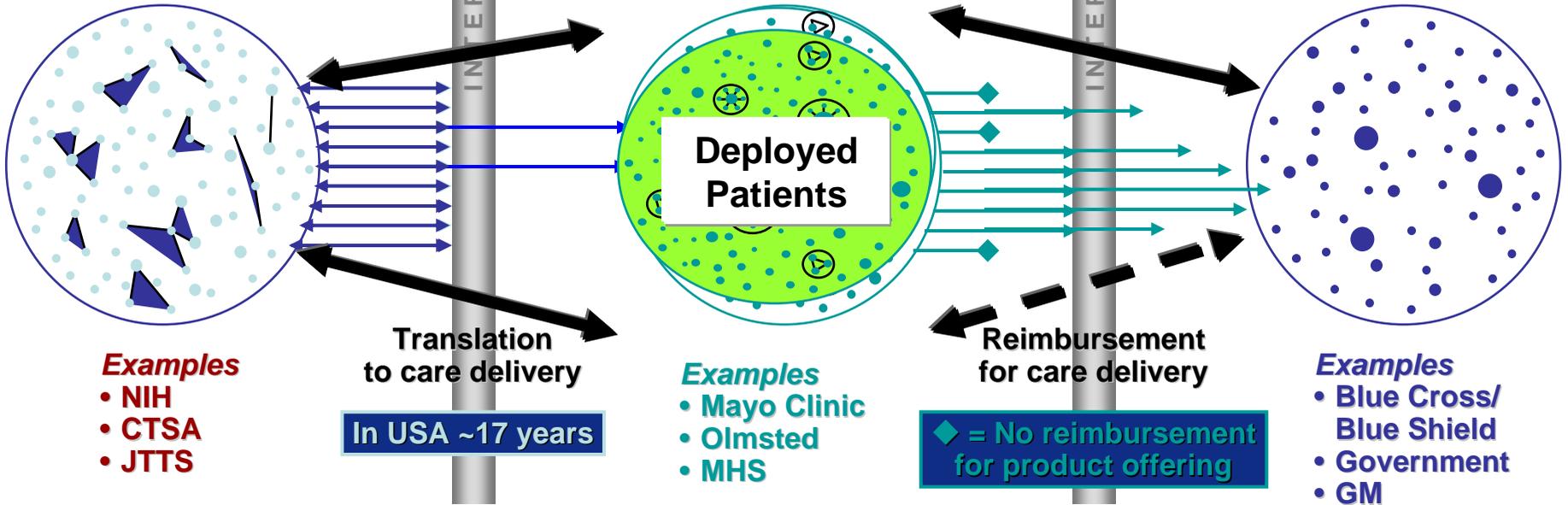
Systematic View of Health Care

Regulatory Domain
Congress, Ex Br, DoD, OMB, Joint Comm, etc.

Knowledge Domain

Care Delivery Domain

Payer Domain



In USA ~17 years

◆ = No reimbursement for product offering

Individualized Medicine

Science of Health Care Delivery

Create Value
Coordinated/Integrated Care

Pay for Value

Insurance for All: FEHBP Model



Post 9/11 Fielded Products Hemostasis



HemCon Bandage



QuikClot



New, Combat Gauze

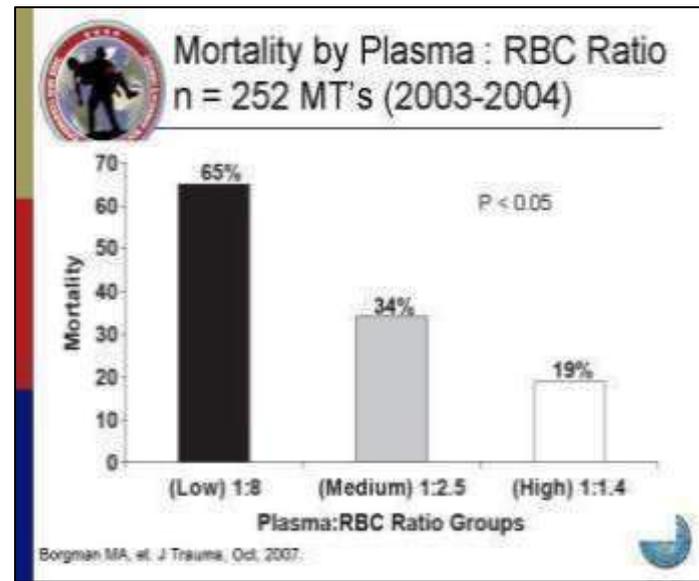
Woundstat



Combat Application Tourniquet (CAT)



Novoseven
Injectable
Clotting Agent





JTTS - Comprehensive Trauma Care

- **Spans the spectrum from preventive measures, wounding, treatment through to rehabilitation and return to duty**
- **Systematic and integrated**
- **Focus not just on writing papers but on functional products**
- **Knowledge-based as well as product-based**



MEDEVAC Service Times

1 Time till Call

- n = 1,219
- Average: 3.64
- Median: 0
- Range: 0, 240



5 Time to MTF

- n = 1,026
- Average: 17.42
- Median: 11
- Range: 0, 147



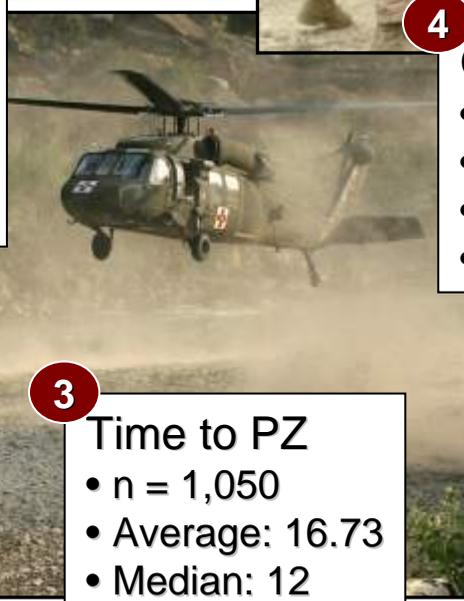
2 Time till Launch

- n = 1,080
- Average: 14.88
- Median: 11
- Range: 0, 369



4 Ground Time

- n = 1,152
- Average: 7.38
- Median: 4
- Range: 0, 106



3 Time to PZ

- n = 1,050
- Average: 16.73
- Median: 12
- Range: 0, 165



★ Overall Service

- n = 1,071
- Average: 57.3
- Median: 43
- Range: 4, 247



NOTE: All times are shown in minutes



Joint Trauma Analysis and Prevention of Injury in Combat (JTAPIC) Program

Cause



Effects

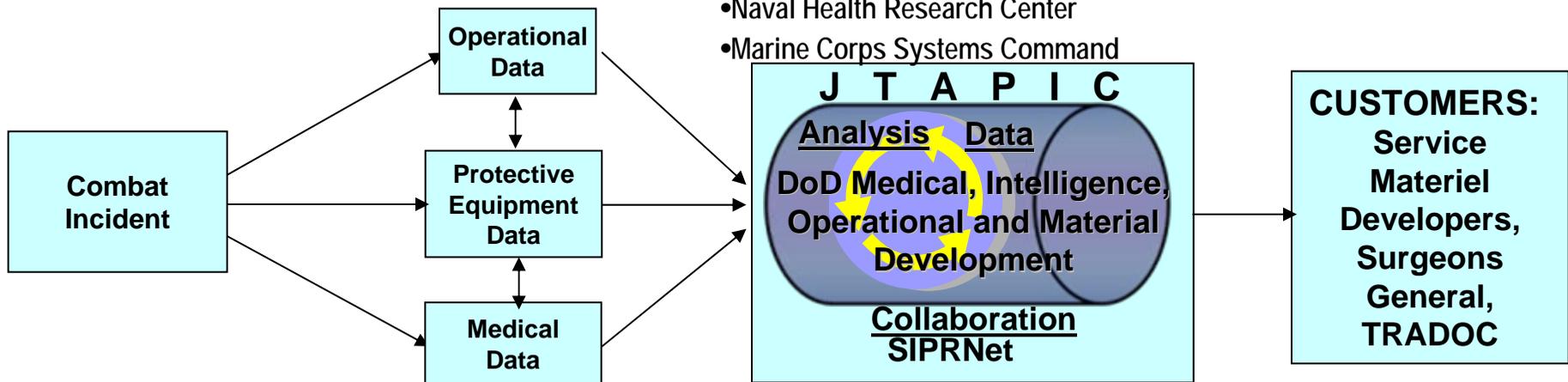


Partners

- Army National Ground Intelligence Center
- Armed Forces Medical Examiner
- PM Soldier Protection and Individual Equipment
- Army Research Lab
- Army Aeromedical Research Lab
- Army Institute of Surgical Research
- Army Infantry Center
- Natick Soldier Research, Development and Engineering Center
- Naval Health Research Center
- Marine Corps Systems Command

Results

- Five upgrades to Bradley fire suppression system
- Identified vulnerabilities in operational tactics
- Modified crew protection systems in Stryker and Abrams
- Improvements to body armor





Effect of Performance Based Budget Adjustments

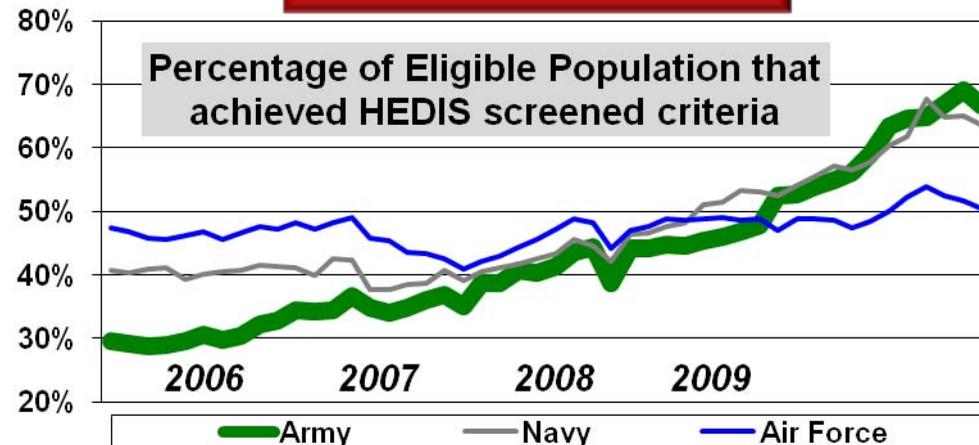
FY08 to FY09 Change in Performance

- **CAPACITY**
 - Saw >1M more outpatients
 - Encounters +8%
- **QUALITY & HEALTH**
 - 42% improvement in HEDIS compliance
 - Patient Satisfaction up by 1.8%
- **EFFICIENCY**
 - MTFs within LOS Standard
 - Lowest cost & most efficient Service
- **ADMINISTRATIVE SUPPORT**
 - From last to first among Services in MEPR Timeliness

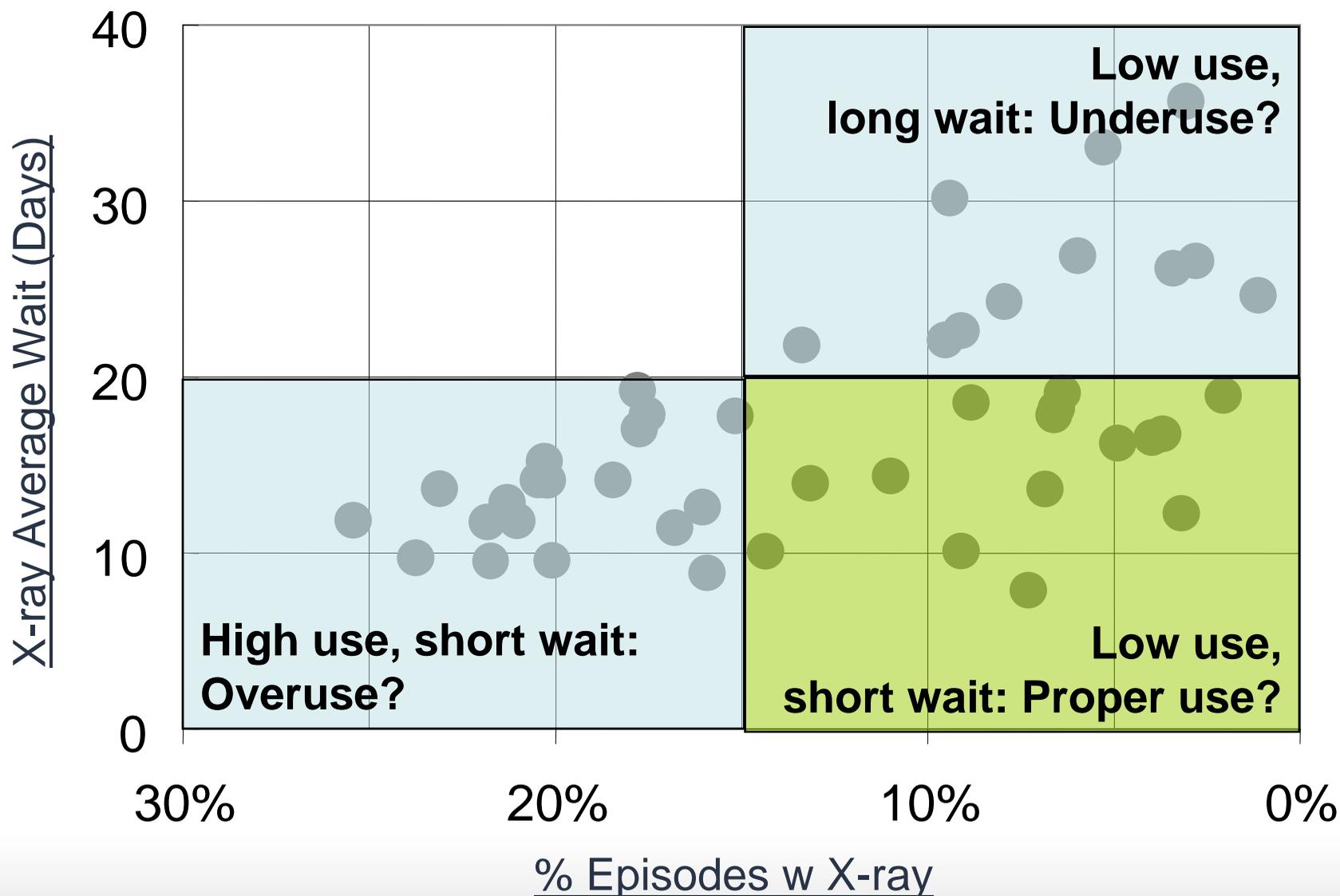
CAPACITY



QUALITY & HEALTH



Variation in Utilization of X-Ray



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Compliance with Key ATC Measures

	Care Continuity		Appointment Availability			Patient Satisfaction			
	PCM Only	PCM & Team	3 rd Avail Acute	3 rd Avail Routine	TOL Booked	APLSS #9 Overall Phone Service	APLSS #11 Time Between Scheduled & Actual Appt	APLSS #13 Courteous & Helpful Staff	APLSS #21 Overall Satisfaction
	>60%	>85%	>80%	>80%	>3%	>85%	>85%	>85%	>89%
MEDCOM	38%	79%	44%	75%	2%	82%	78%	84%	91%
ERMC	32%	60%	63%	86%	2%	78%	74%	84%	92%
NRMC(P)	38%	87%	44%	63%	3%	82%	77%	85%	90%
PRMC	39%	74%	43%	74%	1%	81%	79%	85%	91%
SRMC(P)	37%	74%	43%	75%	2%	81%	79%	83%	90%
WRMC(P)	35%	80%	39%	64%	2%	83%	77%	85%	92%

MEDCOM Knowledge Management Best Practice Transfer Model

