

MHS Strategic Imperatives Scorecard

Strategic Imperative	Exec Sponsor	Performance Measure	Development Status	Previous Performance	Current Performance	Improvement	FY2010	FY2011	FY2012	FY2014	Strategic Initiatives
							Target	Target	Target	Target	
Readiness	FHPC	Individual Medical Readiness	■ ■ ■ ■	74%	75%	+1	80%	81%	82%	85%	○ IMR programs (e.g., addressing dental class 4, overdue PHAs, etc.)
	TBD	Measure of Family Readiness (i.e., PHA for families)	■ ■ ■ ■								
Enhance Psychological Health & Resiliency	FHPC	PTSD Screening, Referral and Engagement (R/T)	■ ■ ■ ■	48%/65%	50%/78%	+1/+13	40%/65%	50%/75%	50%/75%	50%/75%	○ Psychological Health
	FHPC	Depression Screening, Referral & Engagement (R/T)	■ ■ ■ ■	64%/67%	65%/83%	+1/+16	40%/65%	50%/75%	50%/75%	50%/75%	
Engage Patients in Healthy Behaviors	CPSC	MHS Cigarette Use Rate (AD 18-24)	■ ■ ■ ■	29%	26%	+3	20%	19%	18%	16%	
	CPSC	Overweight/Obesity Documentation (Adults)	■ ■ ■ ■	-	17%/54%	-	-	30%/75%	50%/90%	100%/100%	○ Healthy Behaviors/Lifestyle Programs
	CPSC	Overweight/Obesity Documentation (Children/Adolescents)	■ ■ ■ ■	-	11%/33%	-	-	30%/50%	50%/75%	100%/100%	
	CPSC	Exclusive Breastfeeding	■ ■ ■ ■	-	56%	-	-	65%	70%	80%	
	CPSC	HEDIS Index: Preventive Screens (DC/PC)	■ ■ ■ ■	-	9/7	-	-	10/9	12/11	12/16	
Deliver Evidence-Based Care	CPSC	HEDIS Index: Evidence Based Guidelines (DC/PC)	■ ■ ■ ■	-	9/3	-	-	25/-	30/-	40/-	○ Evidence Based Care
	CPSC	Readmission Rate	■ ■ ■ ■	-	-	-	-	-	-	-	
	CPSC	Patient Safety - Wrong Site Surgery	■ ■ ■ ■	-	-	-	-	-	-	-	
	CPSC	Antibiotic Received Within 1 Hour Prior to Surgical Incision	■ ■ ■ ■	92%	94%	+2	95%	100%	100%	100%	○ Wounded Warrior Programs
	CPSC	MEBs Completed Within 30 Days (DAR & IDES)	■ ■ ■ ■	53%	41%	-12	80%	60%	TBD	TBD	
	CPSC	Favorable MEB Experience Rating	■ ■ ■ ■	52%	51%	-1	45%	65%	70%	75%	○ Disability Evaluation System Redesign
	JHOC	Primary Care 3 rd Available Appt. (Routine/Acute)	■ ■ ■ ■	74%/49%	72%/50%	-2/+1	90%/75%	91/68%	92%/70%	94%/75%	
	JHOC	Getting Timely Care Rate	■ ■ ■ ■	77%	76%	-1	78%	78%	80%	82%	
	JHOC	Potential Recapturable Primary Care Workload for MTF Enrollees	■ ■ ■ ■	28%	30%	-2	29%	26%	24%	22%	
	JHOC	% of Visits Where MTF Enrollees See Their PCM	■ ■ ■ ■	45%	51%	+6	60%	60%	65%	70%	● Patient Centered Medical Home
Manage Health Care Costs	CFOIC	Annual Cost Per Equivalent Life (PMPM)	■ ■ ■ ■	5%	5.8%	-0.8	6.1%	3.1%	-	-	● Performance Planning Pilots
	CFOIC	Enrollee Utilization of Emergency Services	■ ■ ■ ■	46/100	47/100	-1	35/100	35/100	30/100	25/100	
Enable Better Decisions	CPSC	EHR Usability	■ ■ ■ ■								● EHR Way Ahead
Foster Innovation	CFOIC	Effectiveness in Going from Product to Practice (Translational Research)	■ ■ ■ ■								○ Centers of Excellence
Develop Our People	CFOIC	Human Capital Readiness / Build Skills & Currency	■ ■ ■ ■								● BRAC / Facility Transformation
Develop Our People	CFOIC	Primary Care Staff Satisfaction	■ ■ ■ ■								

■ ■ ■ ■ Concept Only ■ ■ ■ ■ Measure Algorithm Developed ■ ■ ■ ■ Current Performance Known and Current Target Approved ■ ■ ■ ■ Out-Year Targets Approved ○ Design Phase ○ Approved ● Funded **As of 01 Apr 2011**

Individual Medical Readiness

We have steadily improved our readiness in both the Active and Reserve Components over the last year two years. Our greatest opportunity for improvement remains to be the Reserve Component.

	Army				Navy				AF				Marines				Coast Guard			
	Active	Guard/Reserve	Total		Active	Guard/Reserve	Total		Active	Guard/Reserve	Total		Active	Guard/Reserve	Total		Active	Guard/Reserve	Total	
Fully Ready	293,744	222,290	516,034		197,351	39,415	236,766		205,006	110,804	315,870		105,257	17,990	123,247		24,429	4,435	29,021	
Partially Ready	15,805	65,396	81,201		25,630	4,900	30,120		12,279	6,196	18,475		11,487	8,319	19,806		7,581	1,425	9,006	
Indeterminant	52,499	128,067	180,566		20,504	1,497	22,001		7,824	11,739	19,363		12,950	5,136	18,086		9,687	1,425	11,008	
Not Ready	32,532	115,184	147,716		12,815	4,499	17,305		24,352	7,162	31,514		13,419	3,415	16,834		421	634	1,001	
Total Strength	384,580	530,937	925,517		256,300	49,893	306,193		249,321	135,901	385,222		143,113	34,860	177,973		42,117	7,919	50,036	

About the Measure

What are we measuring? This measure is the best-available indicator of the medical readiness of the total force based on requirements in DoD 6025.19 and as reported by the Services via the DoD IMR Working Group. The elements of IMR are: (1) dental readiness, (2) immunization status, (3) individual medical equipment, (4) medical readiness laboratory studies, (5) no deployment limiting medical condition and (6) periodic health assessment (PHA). The Directive sets a goal of 75% fully medically ready; the IMR working group has set a target of 80% total force medically ready (i.e., fully + partially ready).

Why is it important? This measure provides operational commanders, Military Department leaders, and primary care managers the ability to monitor the medical readiness status of their personnel, ensuring a healthy and fit fighting force medically ready to deploy.

What does our performance tell us? The Total Force medical readiness rate has grown 1% since last quarter to 75%. Active component rates continue to be higher than reserve component rates. We are continuing to work on the drivers of readiness to improve performance. These include: (1) reduced delinquent PHAs, (2) reduced deployment-limiting medical conditions, (3) reduced percentage of delinquent dental exams (Dental Class 4), and (4) reduced percentage of non-deployable dental conditions (Dental Class 3).

Executive Sponsor: FHPC
Working Group: IMR Working Group
Measure Advocate: Col José Rodríguez-Vazquez, TMA-FHP&RP; (703) 578-8572
Monitoring: Quarterly
Data Source: Service Data Repositories
Other Reporting: Service Assistant Secretaries (M&RA); Status of the Forces

Status Thresholds:

- Green: ≥ 81%
- Yellow: 71% - 80%
- Red: ≤ 70%

Targets:

- 2011: 81%
- 2012: 82%
- 2014: 85%

*Fully + Partially Ready

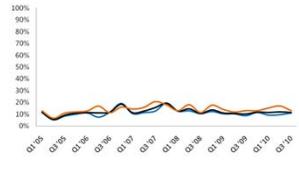


PTSD Screening, Referral and Engagement (R/T)



Positive screens have stabilized in the last year while Referrals and Engagements continue to increase.

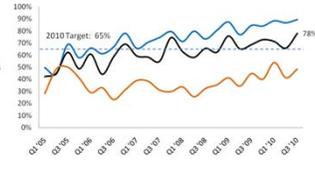
Positively Screened (P-rate)



Referred (R-rate)



Engaged in Treatment (T-rate)



Service / Component	Q1 '05	Q2 '05	Q3 '05	Q4 '05	Q1 '06	Q2 '06	Q3 '06	Q4 '06	Q1 '07	Q2 '07	Q3 '07	Q4 '07	Q1 '08	Q2 '08	Q3 '08	Q4 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10	Q3 '10
DoD Total	104,348	44,058	53,377	70,063	78,877	44,399	69,509	75,775	49,419	41,671	62,292	73,586	63,873	79,895	54,585	83,211	73,004	67,595	80,811	75,155	73,440	74,718	89,081
Army Active	39,321	9,420	10,135	23,636	35,386	7,782	28,646	47,583	12,375	8,275	13,915	43,280	23,490	27,067	21,808	39,057	32,808	28,546	30,352	38,335	24,796	29,011	46,815
Army Reserve	33,548	5,093	10,717	32,812	7,826	12,680	8,875	12,242	5,137	6,658	18,415	6,026	7,489	19,444	4,044	17,110	8,293	8,783	15,767	9,993	21,745	18,633	15,295
AF Active	13,470	13,027	12,744	5,459	14,690	13,520	13,251	8,171	14,514	14,214	13,680	9,455	15,421	14,520	12,859	10,076	15,272	12,430	14,106	11,422	14,461	13,394	13,778
AF Reserve	2,329	2,715	4,304	2,595	2,931	3,577	3,687	1,684	3,184	3,269	4,399	2,008	3,462	3,801	4,284	2,535	3,930	3,978	4,138	2,993	3,743	4,032	3,583
Marines Active	12,539	4,254	8,803	2,494	9,527	4,094	10,109	3,088	10,961	5,330	8,934	9,219	9,609	9,277	6,047	8,691	8,190	8,930	6,148	7,483	4,637	4,968	4,953
Marines Reserve	194	460	835	631	525	279	199	885	444	929	329	30	1,140	1,783	1,337	1,008	323	1,120	1,188	475	253	133	133
Navy Active	2,337	8,214	5,360	1,589	7,164	1,608	3,799	1,223	2,055	1,947	2,029	2,658	2,288	2,831	3,108	3,819	3,524	2,959	3,402	3,747	2,502	3,501	3,156
Navy Reserve	610	875	479	847	828	859	1,033	899	749	1,049	591	910	974	1,172	1,098	915	664	849	1,510	707	1,303	1,046	1,050

About the Measure

What are we measuring? Population is defined as returning deployers with a DD2796 (PDHA) or DD2900 (PDHRA) on file. Those with positive screen or referral on either form are counted. Screen positive percent = those who endorsed 2 or more symptoms on the PC-PTSD screen / form completers. Referral percent = those referred to mental health specialty or primary care, substance abuse, chaplain, or Military One Source / form completers screening positive. Follow up percent = those with mental health-related clinic encounter during 180 days following return / form completers who screened positive and were referred to mental health primary or specialty care.

Why is it important? We monitor our positive screened percentage (p-rate) as this reflects the level of PTSD symptoms in returning deployers. We also monitor the percentage of persons screened positive who were referred for treatment (R-rate) as a reflection of the effectiveness of the process for face to face review. Finally, we monitor the percentage of persons who engaged in treatment (T-rate).

What does our performance tell us? Percentage of Service members returning from OIF/OEF deployments showing PTSD symptoms remains at 10%. For the R-rate, we are now 10% above the goal at 50%. The T-rate is 13% above our goal at 78%. T-rate in Active Component continues to be higher than that in the Reserve Component.

Executive Sponsor: CPSC

Working Group: None

Measure Advocate: Mr. Tim Powers AFHSC, (301) 319-3242

Monitoring: Quarterly

Data Source: AFHSC

Other Reporting: Well Being of the Force

Status Thresholds:

- Green: R-rate > 40% AND T-rate > 65%
- Yellow: R-rate 20%-40% AND T-rate 50-65%
- Red: R-rate < 20% or T-rate < 50%

Targets:

- 2011: R-rate: 50%, T-rate: 75%
- 2012: R-rate: 50%, T-rate: 75%
- 2014: R-rate: 50%, T-rate: 75%

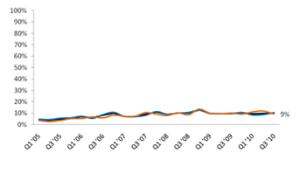


Depression Screening, Referral and Engagement (R/T)



The referral rate for a positive Depression Screening is 15% higher than PTSD.

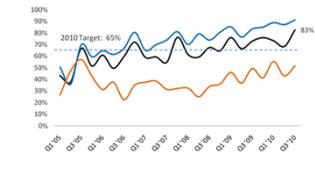
Positively Screened (P-rate)



Referred (R-rate)



Engaged in Treatment (T-rate)



Service / Component	Q1 '05	Q2 '05	Q3 '05	Q4 '05	Q1 '06	Q2 '06	Q3 '06	Q4 '06	Q1 '07	Q2 '07	Q3 '07	Q4 '07	Q1 '08	Q2 '08	Q3 '08	Q4 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10	Q3 '10
DoD Total	104,348	44,058	53,377	70,063	78,877	44,399	69,509	75,775	49,419	41,671	62,292	73,586	63,873	79,895	54,585	83,211	73,004	67,595	80,811	75,155	73,440	74,718	89,081
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About the Measure

What are we measuring? Population is defined as returning deployers with DD2796 (PDHA) or DD2900 (PDHRA) on file. Those with positive PCLE screen or referral on either form are counted. Screen positive percent = Those who screened positive for depression / Form completers. Referral percent = Those referred to mental health primary or specialty care, substance abuse, chaplain, OneSource / Form completers screening positive. Follow up percent = Those with mental health-related clinic encounter during 180 days following return / Form completers who screened positive and were referred to mental health primary or specialty care.

Why is it important? We monitor fluctuations in our positive screened percentage (p-rate) as this may suggest more stress or increased/reduced stigma associated with depression. We must also monitor the percentage of persons screened positive who were referred for treatment (R-rate) to ensure it is meeting a clinically appropriate level. Finally, monitoring the percentage of persons who engaged in treatment (T-rate) will help us understand how effectively we are serving those who need help.

What does our performance tell us? Percentage of Service members returning from OIF/OEF deployments showing PTSD symptoms remains at 9%. For the R-rate, we are now 15% above the goal at 65%. The T-rate is 18% above our goal at 83%. T-rate in Active Component continues to be higher than that in the Reserve Component.

Executive Sponsor: CPSC

Working Group: None

Measure Advocate: Mr. Tim Powers AFHSC, (301) 319-3242

Monitoring: Quarterly

Data Source: RESPECT-MI

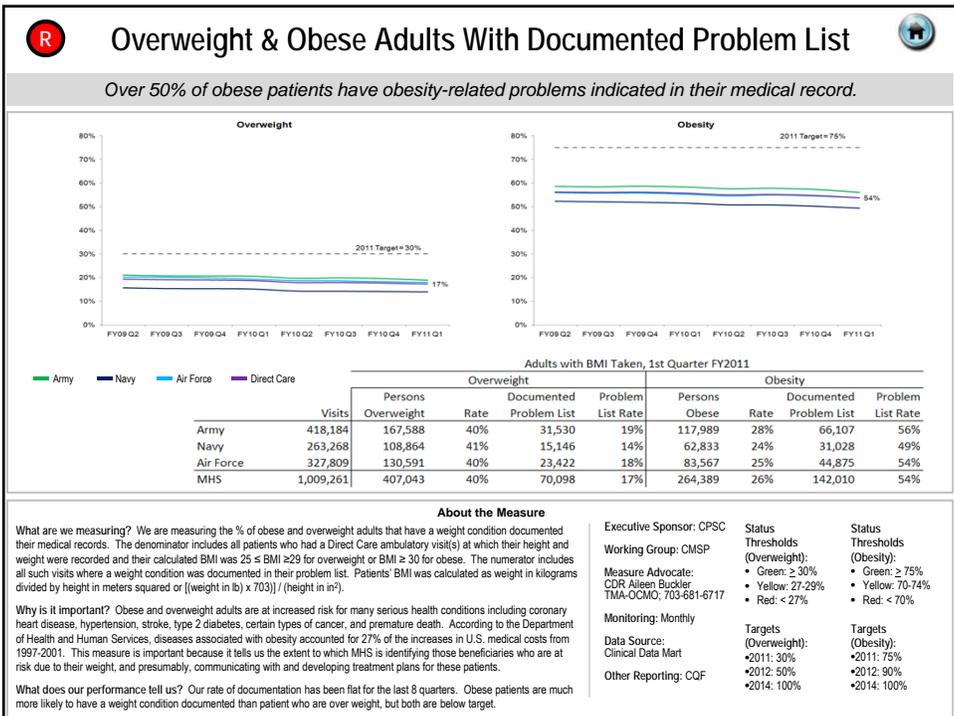
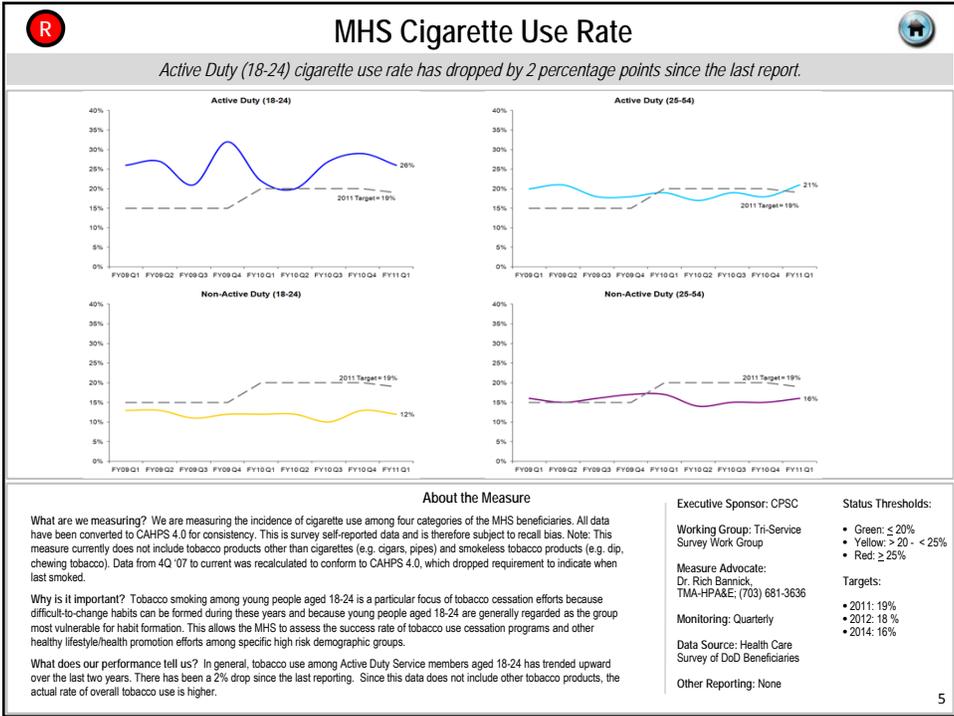
Other Reporting: None

Status Thresholds:

- Green: R-rate > 40% AND T-rate > 65%
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- Red: R-rate < 20% or T-rate < 50%

Targets:

- 2011: R-rate: 50%, T-rate: 75%
- 2012: R-rate: 50%, T-rate: 75%
- 2014: R-rate: 50%, T-rate: 75%





Overweight & Obese Children/Adolescents With Documented Problem List



Less than 40% of obese pediatric patients have obesity-related problems indicated in their medical record.



Children and Adolescents with BMI Taken, 1st Quarter FY2011

	Visits	Overweight				Obesity			
		Persons	Rate	Documented Problem List	Problem List Rate	Persons	Rate	Documented Problem List	Problem List Rate
Army	82,126	12,362	15%	1,328	11%	8,187	10%	2,637	32%
Navy	45,583	6,679	15%	554	8%	4,526	10%	1,326	29%
Air Force	48,925	6,840	14%	972	14%	3,927	8%	1,598	41%
MHS	176,634	25,881	15%	2,854	11%	16,640	9%	5,561	33%

About the Measure

What are we measuring? We are measuring the % of obese and overweight children/adolescents that have a weight condition documented their medical records. The denominator includes all patients who had a Direct Care ambulatory visit(s) at which their height and weight were recorded and their BMI was calculated. Using height and weight, BMI is calculated as weight in kilograms divided by height in meters squared or [(weight in lb) x 703] / (height in in)². For children/adolescents (ages 2-19), BMI values are plotted on the CDC growth chart to determine the corresponding BMI-for-age percentiles and then the percentile ranges are used to determine an individual child/adolescent's weight status. Children/adolescents with BMIs between the 85th and 95th percentile are considered overweight and those in the 95th percentile or greater are considered obese.

Why is it important? Childhood and adolescent obesity and being overweight is one of the most serious health problems in the U.S. and the problem is worsening rapidly. Overweight and obese children are at risk for cardiovascular diseases, diabetes, and other serious health problems. This measure is important because it tells us the extent to which MHS is identifying those beneficiaries who are at risk due to their weight, and presumably, communicating with and developing treatment plans for these patients.

What does our performance tell us? Our rate of documentation has been flat for the last 8 quarters. Obese patients are much more likely to have a weight condition documented than patient who are over weight, but both are below target.

Executive Sponsor: CPSC

Working Group: CMSP

Measure Advocate: CDR Aileen Buckler TMA-OCMO, 703-681-6717

Monitoring: Monthly

Data Source: Clinical Data Mart

Other Reporting: CDF

Status Thresholds (Overweight):

• Green: ≥ 30%

• Yellow: 27-29%

• Red: < 27%

Targets (Overweight):

• 2011: 30%

• 2012: 50%

• 2014: 100%

Status Thresholds (Obesity):

• Green: ≥ 50%

• Yellow: 45-49%

• Red: < 45%

Targets (Obesity):

• 2011: 50%

• 2012: 75%

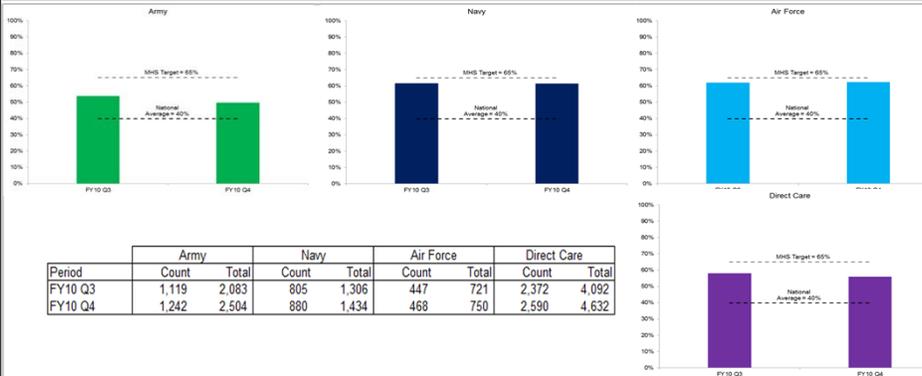
• 2014: 100%



Exclusive Breastfeeding



MHS is exceeding the national average by 16%.



Period	Army		Navy		Air Force		Direct Care	
	Count	Total	Count	Total	Count	Total	Count	Total
FY10 Q3	1,119	2,083	805	1,306	447	721	2,372	4,092
FY10 Q4	1,242	2,504	880	1,434	468	750	2,590	4,632

About the Measure

What are we measuring? We are measuring % of mothers who are exclusively breastfeeding (no formula) during the newborn's hospitalization. The numerator is number of newborns that were fed breast milk only since birth and denominator is total number of newborns discharged from the hospital. The Joint Commission currently suggests the following sources for collecting data on this measure: discharge summary, feeding flow sheets, individual treatment plans, intake and output sheets, nursing notes, and physician progress notes. Definition of exclusive breast milk feeding is: "a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines." Breast milk feeding includes expressed mother's milk as well as donor human milk.

Why is it important? Exclusive breast milk feeding for the first 6 months of neonatal is a goal of World Health Organization, the Department of Health and Human Services (DHHS), and the American Academy of Pediatrics and American College of Obstetricians and Gynecologists. The benefits of breastfeeding extend well beyond basic nutrition. Containing all the vitamins and nutrients for infants, breast milk contains disease-fighting substances that protect infants from illness. Some studies have shown that breastfed infants are less likely to be obese as they mature and mothers achieve health benefits when they breastfeed their infants.

What does our performance tell us? The direct care system is exceeding the national standard for supporting exclusive breastfeeding. We are doing a good job of documenting and promoting the healthy choice of breastfeeding to improve the health of our infants and mothers. In order to improve this measure, it will be helpful to review reasons for not breastfeeding.

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate: Ms. Theresa Hart TMA-OCMO, (703) 681-7518

Monitoring: Quarterly

Data Source: HEDIS, TJC

Other Reporting: None

Status Thresholds:

• Green: ≥ 65%

• Yellow: 55% - 64%

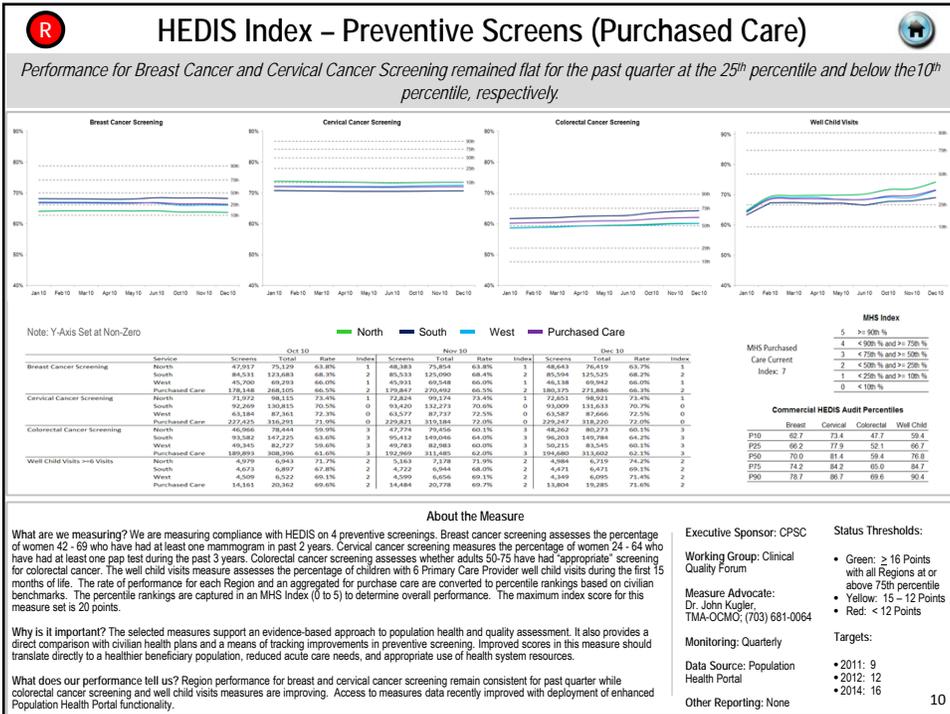
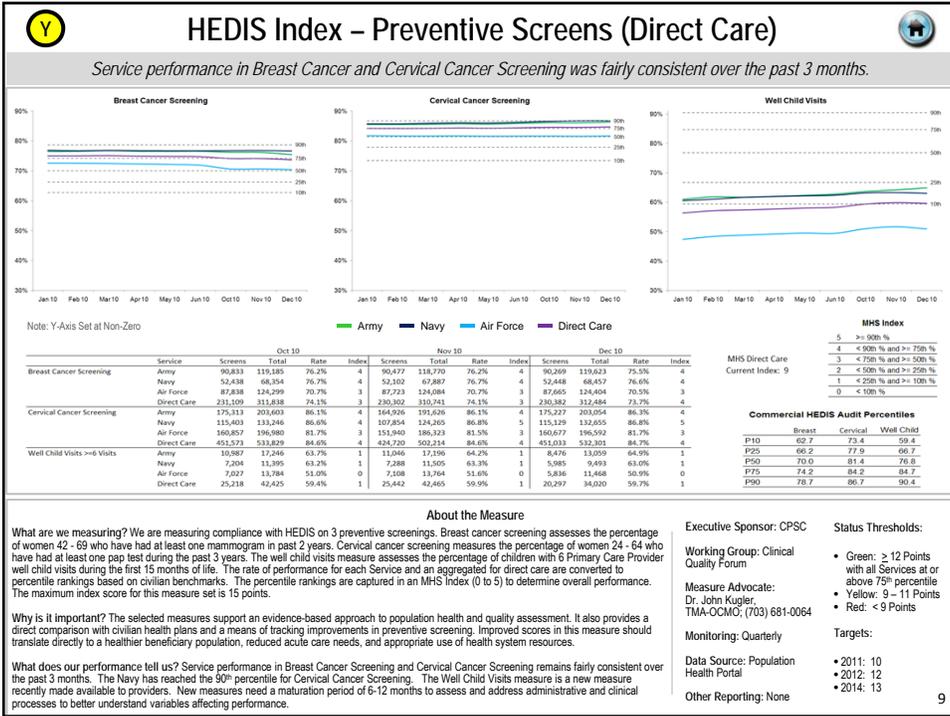
• Red: < 55%

Targets:

• 2011: 65%

• 2012: 70%

• 2014: 80%

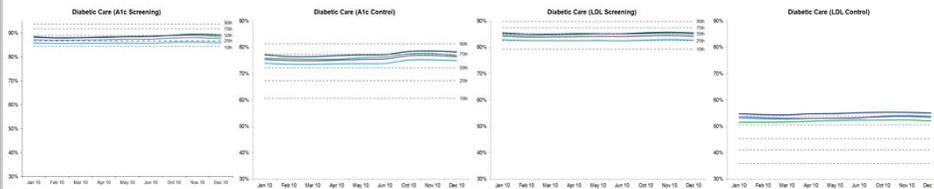




HEDIS Index – Evidence Based Guidelines (Direct Care)



Performance has remained relatively flat for the last year.



Note: Y-Axis Set at Non-Zero

Army Navy Air Force Direct Care

Service	Oct 10				Nov 10				Dec 10				
	Screens	Total	Rate	Index	Screens	Total	Rate	Index	Screens	Total	Rate	Index	
Diabetes HbA1c Screening	Army	35,993	40,438	89.0%	3	35,996	40,357	89.0%	3	36,213	40,977	88.4%	2
	Navy	23,769	24,422	97.3%	3	23,893	24,357	89.5%	3	23,845	24,465	89.2%	3
	Air Force	35,324	41,010	86.1%	1	35,310	40,988	86.1%	1	35,720	41,584	83.9%	1
	Direct Care	93,086	105,490	87.3%	2	93,117	105,702	88.0%	2	93,876	107,165	87.6%	2
Diabetes HbA1c <=9 Control	Army	33,376	40,438	77.6%	4	33,345	40,357	77.7%	4	33,494	40,977	79.3%	3
	Navy	19,145	24,422	78.4%	4	19,139	24,357	78.6%	4	19,246	24,465	78.2%	4
	Air Force	30,823	41,010	75.2%	3	30,819	40,988	75.2%	3	31,182	41,584	75.0%	3
	Direct Care	83,344	105,490	78.0%	3	83,263	105,702	78.8%	3	83,922	107,165	78.4%	3
Diabetes LDL Screening	Army	34,467	40,438	85.2%	3	34,423	40,357	85.3%	3	34,602	40,977	84.9%	2
	Navy	20,888	24,422	85.5%	3	20,865	24,357	85.7%	3	21,024	24,465	85.9%	3
	Air Force	33,927	41,010	82.7%	2	33,993	40,988	82.9%	2	34,193	41,584	82.7%	2
	Direct Care	89,282	105,490	84.7%	2	89,269	105,702	84.5%	2	89,517	107,165	84.2%	2
Diabetes LDL Control	Army	21,186	40,438	52.4%	4	21,156	40,357	52.4%	4	21,334	40,977	52.1%	4
	Navy	13,524	24,422	55.3%	5	13,469	24,357	55.3%	5	13,543	24,465	55.0%	5
	Air Force	22,128	41,010	54.0%	5	22,203	40,988	54.2%	5	22,406	41,584	53.9%	5
	Direct Care	56,828	105,490	53.7%	4	56,828	105,702	53.8%	4	57,283	107,165	53.5%	4

MHS Index

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

Commercial HEDIS Audit Percentiles

Diabetes	HbA1c <=9 Control	Diabetes LDL Screening	Diabetes LDL Control
PPD	88.7	87.9	62.5
PPD	89.9	72.2	65.1
PPD	91.7	77.4	67.4
PPD	93.7	81.3	69.8

About the Measure

What are we measuring? We are measuring compliance with HEDIS on 4 sets of effectiveness of care measures including diabetes care; cholesteral management for cardiovascular conditions; follow-up after hospitalization for mental illness; and antidepressant medication management. These graphs focus on the diabetic care measure set. We evaluate 4 measures for members 18-75 with diabetes: (1) A1c screening; (2) A1c control (< 9.0%) (3) LDL-C screening, and LDL-C level < 100mg/dl. Service and an aggregated rate for direct care are converted to percentile rankings based on civilian benchmarks. The percentile rankings are captured in an MHS Index (0 to 5) to determine overall performance. The maximum index score for 4 sets of effectiveness of care measures is 20 points with the maximum of 5 for this subset measure set.

Why is it important? The selected measures evaluate the effectiveness of care, the extent to which we follow evidence-based guidelines in caring for our population. It also provides a direct comparison with civilian health plans and a means of tracking improvements in treating common chronic conditions. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and appropriate use of health system resources.

What does our performance tell us? Current performance has remained stable over past quarter. The focus for improvement needs to be on increasing the screening rates as enrollees with no test on record will be assumed to be above the control level for both A1c and LDL-C.

Executive Sponsor: CPSC

Status Thresholds:

Working Group: Clinical Quality Forum

- Green: > 16 Points with all Services at or above 75th percentile
- Yellow: 15 – 12 Points
- Red: < 12 Points

Measure Advocate: Dr. John Kugler, TMA-OCMO; (703) 681-0064

Monitoring: Quarterly

Targets:

Data Source: Population Health Portal

- 2011: 10
- 2012: 12
- 2014: 16

Other Reporting: None

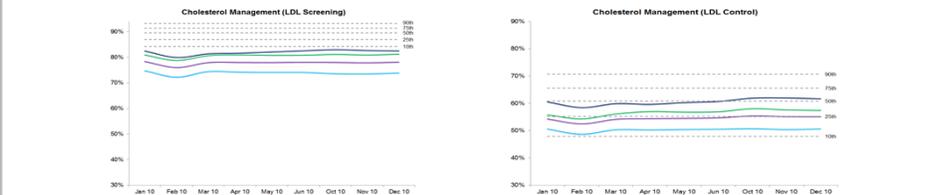
11



HEDIS Index – Evidence Based Guidelines (Direct Care) Continued



LDL Screening is performing below the 10th percentile and LDL Control is in the 25th percentile.



Note: Y-Axis Set at Non-Zero

Army Navy Air Force Direct Care

Service	Oct 10				Nov 10				Dec 10				
	Screens	Total	Rate	Index	Screens	Total	Rate	Index	Screens	Total	Rate	Index	
Cholesterol Management LDL Screening	Army	7,742	9,547	81.1%	0	7,980	9,867	80.9%	0	8,034	9,897	81.2%	0
	Navy	3,903	4,706	82.9%	0	4,037	4,887	82.6%	0	4,010	4,863	82.5%	0
	Air Force	8,814	11,988	73.5%	0	9,025	12,287	73.5%	0	9,039	12,247	73.8%	0
	Direct Care	20,459	26,241	78.0%	0	21,042	27,041	77.8%	0	21,083	27,007	78.1%	0
Cholesterol Management LDL Control	Army	5,538	9,547	58.0%	2	5,680	9,867	57.6%	2	5,678	9,897	57.4%	2
	Navy	2,913	4,706	61.9%	3	3,028	4,887	62.0%	3	2,998	4,863	61.6%	3
	Air Force	6,075	11,988	50.7%	1	6,189	12,287	50.4%	1	6,194	12,247	50.6%	1
	Direct Care	14,526	26,241	55.4%	2	14,997	27,041	55.1%	2	14,870	27,007	55.1%	2

MHS Index

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

Commercial HEDIS Audit Percentiles

Cholesterol Management Management LDL Screening	Cholesterol Management Management LDL Control
PPD	62.2
PPD	66.3
PPD	69.5
PPD	71.2

About the Measure

What are we measuring? We are measuring compliance with HEDIS on 4 sets of effectiveness of care measures including diabetes care; cholesteral management for cardiovascular conditions; follow-up after hospitalization for mental illness; and antidepressant medication management. These graphs focus on the cholesteral management measure set. The cholesteral management for patients with cardiovascular conditions measures include patients age 18-75 who were discharged alive for AMI, CABG, or PTCA or who had a diagnosis of IVD. The measures assess the percentage of enrollees with a LDL-C screening and LDL-C level is below 100 mg/dl. The rate of performance for each Service and an aggregated rate for direct care are converted to percentile rankings based on civilian benchmarks. The percentile rankings are captured in an MHS Index (0 to 5) to determine overall performance. The maximum index score for 4 sets of effectiveness of care measures is 20 points with the maximum of 5 for this subset measure set.

Why is it important? The selected measures support an evidence-based approach to population health and quality assessment. It also provides a direct comparison with civilian health plans and a means of tracking improvements in preventive screening. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and appropriate use of health system resources.

What does our performance tell us? The cholesteral management measure set is a new measure recently made available to providers. New measures need a maturation period of 6-12 months to assess and address administrative and clinical processes to better understand variables affecting performance. Current performance has remained stable over past quarter.

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate: Dr. John Kugler, TMA-OCMO; (703) 681-0064

Monitoring: Quarterly

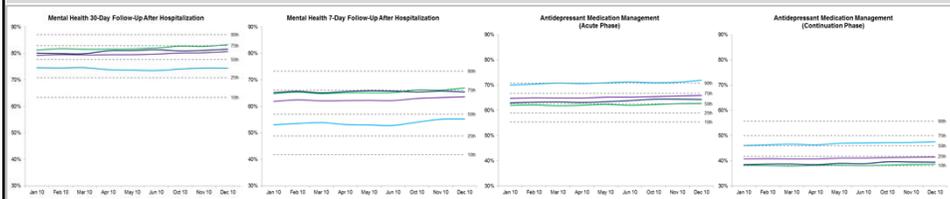
Data Source: Population Health Portal

Other Reporting: None

12

HEDIS Index – Evidence Based Guidelines (Direct Care) *Continued*

The greatest improvement can be made in Antidepressant Medication Mgmt for Continuation Phase, performing in the 25th percentile.



Note: Y-Axis Set at Non-Zero

Service	Oct 10				Nov 10				Dec 10			
	Screens	Total	Rate	Index	Screens	Total	Rate	Index	Screens	Total	Rate	Index
Mental Health Follow-Up 30 Days												
Army	5,502	6,650	82.7%	3	5,430	6,573	82.6%	3	5,421	6,748	80.3%	4
Navy	2,486	3,253	76.1%	1	2,457	3,028	81.1%	3	2,468	3,172	81.4%	3
Air Force	2,410	3,253	74.1%	2	2,385	3,202	74.5%	2	2,474	3,324	74.4%	2
Direct Care	30,688	35,288	86.9%	1	30,772	32,802	89.2%	3	30,663	33,344	91.9%	3
Mental Health Follow-Up 7 Days												
Army	4,405	6,650	66.2%	4	4,350	6,573	66.2%	4	4,516	6,748	66.9%	4
Navy	2,009	3,253	61.8%	1	1,993	3,028	65.9%	3	2,077	3,172	65.5%	3
Air Force	1,758	3,253	54.0%	2	1,766	3,202	55.2%	2	1,836	3,324	55.2%	2
Direct Care	6,183	12,788	48.4%	1	6,105	12,802	47.7%	1	6,492	13,244	49.0%	3
Antidepressant Med Mgt (Acute)												
Army	11,839	19,007	62.3%	2	11,803	18,838	62.7%	3	11,813	18,835	62.7%	3
Navy	5,820	9,031	64.4%	1	5,804	9,062	64.1%	3	5,813	9,040	64.3%	3
Air Force	8,655	12,133	71.0%	5	8,677	12,135	71.5%	5	8,694	12,090	71.9%	5
Direct Care	26,314	40,211	65.4%	1	26,334	40,115	65.7%	3	26,324	39,905	66.2%	3
Antidepressant Med Mgt (Cont)												
Army	7,280	19,007	38.3%	1	7,248	18,838	38.5%	1	7,279	18,835	38.6%	1
Navy	3,574	9,031	39.6%	1	3,567	9,062	39.3%	1	3,564	9,040	39.4%	1
Air Force	5,756	12,133	47.4%	1	5,763	12,135	47.5%	1	5,750	12,090	47.6%	1
Direct Care	16,610	40,211	41.3%	1	16,598	40,115	41.4%	1	16,593	39,905	41.6%	1

MHS Index

5	>= 90%
4	< 90% and >= 75%
3	< 75% and >= 60%
2	< 60% and >= 45%
1	< 45% and >= 30%
0	< 30%

Commercial HEDIS Audit Percentiles

Mental Health Follow-Up 30 Days	Mental Health Follow-Up 7 Days	Antidepressant Med Mgt (Cont)
90%	90%	90%
80%	80%	80%
70%	70%	70%
60%	60%	60%
50%	50%	50%
40%	40%	40%
30%	30%	30%
20%	20%	20%
10%	10%	10%
0%	0%	0%

About the Measure
 What are we measuring? We are measuring compliance with HEDIS on 4 sets of effectiveness of care measures including diabetes care; cholesterol management for cardiovascular conditions; follow-up after hospitalization for mental illness; and antidepressant medication management. These graphs focus on the mental health follow-up and antidepressant medication management measure sets. The mental health follow-up measures assess the percentage of patients enrolled to MTAs who received follow-up within 7 and 30 days of discharge mental health hospitalization. The antidepressant medication management measures percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 (acute) and 180 (continuation) days. The rate of performance for each Service and an aggregated rate for direct care are converted to percentile rankings based on civilian benchmarks. The percentile rankings are captured in an MHS Index (0 to 5) to determine overall performance. The maximum index score for 4 sets of effectiveness of care measures is 20 points with the maximum of 5 for each of this subset measure sets.

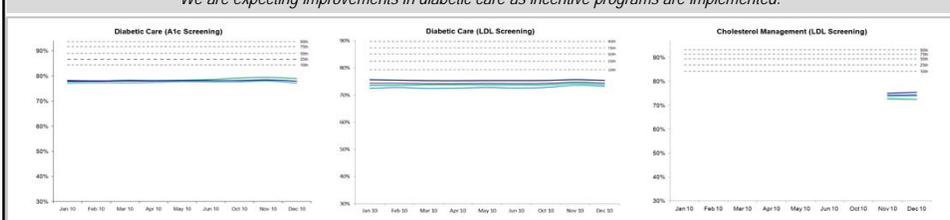
Why is it important? The selected measures support an evidence-based approach to population health and quality assessment. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and appropriate use of health system resources.

What does our performance tell us? These are new measures recently made available to providers. New measures need a maturation period of 6-12 months to assess and address administrative and clinical processes to better understand variables affecting performance.

Executive Sponsor: CPSC
 Working Group: Clinical Quality Forum
 Measure Advocate: Dr. John Kugler, TMA-OCMO; (703) 681-0064
 Monitoring: Quarterly
 Data Source: Population Health Portal
 Other Reporting: None

HEDIS Index – Evidence Based Guidelines (Purchased Care)

We are expecting improvements in diabetic care as incentive programs are implemented.



Note: Y-Axis Set at Non-Zero

Service	Oct 10				Nov 10				Dec 10			
	Screens	Total	Rate	Index	Screens	Total	Rate	Index	Screens	Total	Rate	Index
Diabetes HbA1c Screening												
North	15,563	19,072	79.1%	0	15,776	19,868	79.4%	0	16,004	20,286	78.9%	0
South	29,671	37,076	78.1%	0	30,112	38,416	78.4%	0	30,390	38,997	77.9%	0
West	14,585	18,783	77.7%	0	14,751	18,904	78.0%	0	14,931	19,336	77.2%	0
Purchased Care	59,819	76,431	78.3%	0	60,639	77,188	78.6%	0	61,325	78,619	78.0%	0
Diabetes LDL Screening												
North	14,514	19,072	76.1%	0	14,750	19,868	74.3%	0	14,984	20,286	73.9%	0
South	28,622	37,076	77.2%	0	29,069	38,416	75.7%	0	29,400	38,997	75.4%	0
West	13,674	18,783	72.8%	0	13,912	18,904	73.6%	0	14,162	19,336	73.2%	0
Purchased Care	56,810	76,431	74.3%	0	57,731	77,188	74.8%	0	58,546	78,619	74.5%	0
Cholesterol Management LDL Screening												
North	3,765	5,181	72.7%	0	3,743	5,165	72.5%	0	3,743	5,165	72.5%	0
South	6,529	12,602	75.1%	0	6,572	12,602	75.9%	0	6,572	12,602	75.9%	0
West	3,485	4,722	73.8%	0	3,494	4,730	73.9%	0	3,494	4,730	73.9%	0
Purchased Care	16,779	22,505	74.3%	0	16,809	22,587	74.4%	0	16,809	22,587	74.4%	0

MHS Index

5	>= 90%
4	< 90% and >= 75%
3	< 75% and >= 60%
2	< 60% and >= 45%
1	< 45% and >= 30%
0	< 30%

Commercial HEDIS Audit Percentiles

Diabetes HbA1c Screening	Diabetes LDL Screening	Cholesterol Management LDL Screening
90%	90%	90%
80%	80%	80%
70%	70%	70%
60%	60%	60%
50%	50%	50%
40%	40%	40%
30%	30%	30%
20%	20%	20%
10%	10%	10%
0%	0%	0%

About the Measure
 What are we measuring? We are measuring compliance with HEDIS on 4 sets of effectiveness of care measures including diabetes care; cholesterol management for cardiovascular conditions; follow-up after hospitalization for mental illness; and antidepressant medication management. These graphs focus on the diabetic care and cholesterol management measure sets. We evaluate 2 measures for members 18-75 with diabetes: (1) A1c screening and LDL-C screening. The cholesterol management for patients with cardiovascular conditions measure assess the percentage of enrollees with a LDL-C screening for patients age 18-75 who were discharged alive for AMI, CABG, or PTCA or who had a diagnosis of IVD. Region and an aggregated rate for purchased care are converted to percentile rankings based on civilian benchmarks. The percentile rankings are captured in an MHS Index (0 to 5) to determine overall performance. The maximum index score for 4 sets of effectiveness of care measures is 20 points with the maximum of 5 for each of this subset measure sets.

Why is it important? The selected measures evaluate the effectiveness of care, the extent to which we follow evidence-based guidelines in caring for our population. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and appropriate use of health system resources.

What does our performance tell us? Current performance has remained stable over past quarter. T3 includes incentives to improve the diabetes measures. The cholesterol management measure set is a new measure recently made available to providers. New measures need a maturation period of 6-12 months to assess and address administrative and clinical processes to better understand variables affecting performance.

Executive Sponsor: CPSC
 Working Group: Clinical Quality Forum
 Measure Advocate: Dr. John Kugler, TMA-OCMO; (703) 681-0064
 Monitoring: Quarterly
 Data Source: Population Health Portal
 Other Reporting: None

Status Thresholds:
 • Green: > 12 Points with all Services at or above 75th percentile
 • Yellow: 9 – 11 Points
 • Red: < 11 Points

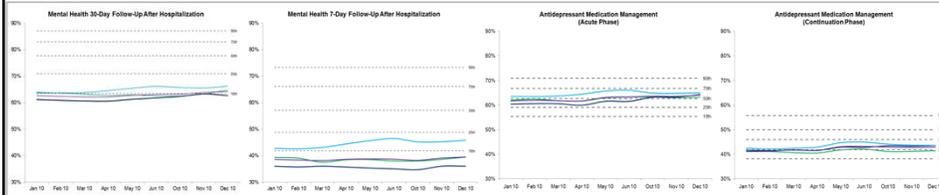
Targets:
 • 2011: 6
 • 2012: 8
 • 2014: 12



HEDIS Index – Evidence Based Guidelines (Purchased Care) *Continued*



Purchased Care is showing poor performance in 7-day mental health follow-up, falling below the 10th percentile.



Note: Y-Axis Set at Non-Zero

Legend: North (Green), South (Blue), West (Cyan), Purchased Care (Purple)

Service	Oct 10				Nov 10				Dec 10			
	Screens	Enroll	Rate	Index	Screens	Enroll	Rate	Index	Screens	Enroll	Rate	Index
Mental Health Follow-Up 30 Days	1,130	1,808	62.5%	0	1,121	1,770	63.3%	0	1,173	1,811	64.8%	1
North	1,419	2,506	62.6%	0	1,252	2,484	63.3%	0	1,456	2,642	62.7%	0
South	907	1,380	65.7%	1	914	1,395	65.5%	1	948	1,431	66.2%	1
West	1,606	2,708	63.0%	0	1,605	2,484	60.6%	0	1,777	2,888	61.5%	1
Purchased Care	687	1,808	38.0%	0	683	1,770	38.6%	0	715	1,811	39.5%	0
Mental Health Follow-Up 7 Days	901	2,506	36.0%	0	895	2,484	36.0%	0	952	2,642	36.0%	0
North	624	1,380	45.2%	1	631	1,395	45.2%	1	656	1,431	45.8%	1
South	2,122	2,708	38.2%	0	2,209	2,484	39.1%	0	2,323	2,888	39.5%	0
Purchased Care	2,680	4,243	63.2%	3	2,730	4,340	62.9%	3	2,768	4,383	63.2%	3
Antidepressant Med Mgt (Acute)	2,096	4,243	63.2%	3	2,033	4,293	63.3%	3	2,021	4,695	64.5%	3
North	2,208	3,408	64.8%	3	2,234	3,453	64.7%	3	2,250	3,463	65.0%	3
South	7,884	12,204	65.0%	3	7,957	12,266	65.3%	3	8,029	12,243	66.5%	3
Purchased Care	1,743	4,243	41.1%	1	1,796	4,340	41.2%	1	1,814	4,383	41.4%	1
Antidepressant Med Mgt (Cont)	2,008	4,243	47.4%	2	2,073	4,293	48.3%	2	2,093	4,695	45.2%	2
North	1,502	3,408	44.1%	2	1,508	3,453	43.7%	2	1,510	3,463	43.6%	2
South	5,303	12,204	42.8%	2	5,367	12,266	42.8%	2	5,387	12,243	42.8%	2
Purchased Care												

MHS Index	0	1	2	3	4	5
0	<= 80%					
1	< 80% and >= 75%					
2	< 75% and >= 70%					
3	< 70% and >= 65%					
4	< 65% and >= 60%					
5	< 60%					

Commercial HEDIS Adm Percentiles	Follow-Up 30	Follow-Up 7	Med Mgt Acute	Med Mgt Cont
95%	81.4	41.3	51.4	38.1
90%	79.1	40.1	50.1	37.1
85%	77.7	39.1	49.1	36.1
80%	76.4	38.1	48.1	35.1
75%	75.1	37.1	47.1	34.1
70%	73.8	36.1	46.1	33.1

About the Measure

What are we measuring? We are measuring compliance with HEDIS on 4 sets of effectiveness of care measures including diabetes care; cholesterol management for cardiovascular conditions; follow-up after hospitalization for mental illness; and antidepressant medication management. These graphs focus on the mental health follow-up and antidepressant medication management measure sets. The mental health follow-up measures assess the percentage of patients enrolled to MTFs who received follow-up within 7 and 30 days of discharge mental health hospitalization. The antidepressant medication management measures percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 (acute) and 180 (continuation) days. The rate of performance for each Region and an aggregated for purchase care are converted to percentile rankings based on civilian benchmarks. The percentile rankings are captured in an MHS Index (0 to 5) to determine overall performance. The maximum index score for 4 sets of effectiveness of care measures is 20 points with the maximum of 5 for each of this subset measure sets.

Why is it important? The selected measures evaluate the effectiveness of care, the extent to which we follow evidence-based guidelines in caring for our population. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and appropriate use of health system resources.

What does our performance tell us? These are new measures recently made available to providers. New measures need a maturation period of 6-12 months to assess and address administrative and clinical processes to better understand variables affecting performance.

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate: Dr. John Kugler, TMA-OCMO; (703) 681-0064

Monitoring: Quarterly

Data Source: Population Health Portal

Other Reporting: None

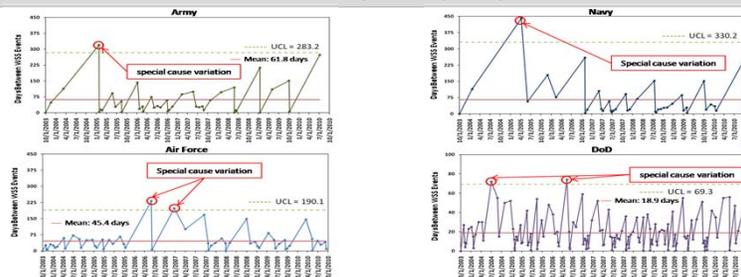
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Wrong Site Surgery



There is room for improvement with the goal of lengthening the time between events.



WSS Event Date	11/18/2003	3/10/2004	1/24/2005	1/27/2005	2/11/2005	5/4/2009	10/2/2009	10/7/2009	7/7/2010	Min	Max	Mean	Std Dev	UCL
Days Between Army WSS Event	48	113	320	3	15	110	151	5	273	Army	0.5	320	61.8	73.8
Navy WSS Event Date	1/23/2004	4/7/2005	6/3/2005	11/29/2005	2/13/2006	1/7/2010	1/21/2010	9/13/2010	9/23/2010	Navy	2	440	65.4	88.3
Days Between Navy WSS Event	114	440	57	179	76	35	14	235	10					
Air Force WSS Event Date	10/28/2003	11/8/2003	11/10/2003	12/11/2003	1/5/2004	6/29/2010	7/28/2010	9/6/2010	9/15/2010	Air Force	0.5	232	45.4	48.2
Days Between Air Force WSS Event	27	9	4	31	25	47	29	40	9					
DoD WSS Event Date	10/28/2003	11/8/2003	11/10/2003	11/18/2003	12/11/2003	9/6/2010	9/13/2010	9/15/2010	9/23/2010	DoD	0.5	74	18.9	16.8
Days Between DoD WSS Event	27	9	4	8	23	40	7	2	8					

About the Measure

What are we measuring? WSS should never occur! We are measuring the time between incidents of wrong site surgeries/procedures (WSS) in the Direct Care setting from reports from the Patient Safety Reporting System (PSR) and Root Cause Analysis (RCA) databases.

Why is it important? All of graphs are T-Charts. T-Charts measure time between incidents, while frequency charts display counts. Therefore, the higher the line/peaks, the longer the time between incidents, which is better. Additionally with a T-Chart, identification of trends are easier and statistically relevant, whereas frequency graphs are dependent on counts, which are highly variable. For the T-Charts, the red circles indicate one aspect of special cause variation, where the time between incidents is statistically significant meaning the DoD was performing at an extraordinarily high level to achieve such a large time between incidents. Identification of goals and benchmarks are easier with the T-Chart UCL. Any point or line above the UCL indicates exceptional performance and is part of the special cause variation. With frequency graphs, the maximum count is often used (or a percentage of it), which may lead to unreasonable goals. Following simple criteria for special cause variation, it is easier to identify trends in a T-Chart. Furthermore, changes in process improvements are better gauged with a T-Chart.

What does our performance tell us? There is room for improvement as WSS continues to happen too frequently.

Executive Sponsor: Status Thresholds: PSP, PSPCC

Measure Advocate: LTC Donald Robinson

Monitoring: Quarterly

Data Source: PSR, RCA Database

Other Reporting: 2012: 0 WSS Events, 2013: 0 WSS Events, 2014: 0 WSS Events

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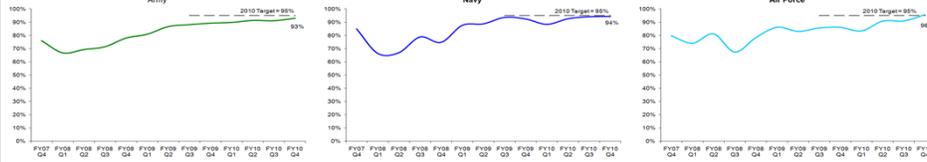
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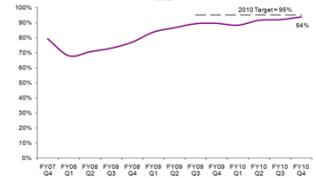
Antibiotic Received Within 1 Hour Prior to Surgical Incision



MHS has shown consistent improvement for two years.



Period	Army		Navy		Air Force		MHS	
	Number of surgical patients with antibiotics initiated within 1 hour of surgical incision	All selected surgical patients with no evidence of prior infection	Number of surgical patients with antibiotics initiated within 1 hour of surgical incision	All selected surgical patients with no evidence of prior infection	Number of surgical patients with antibiotics initiated within 1 hour of surgical incision	All selected surgical patients with no evidence of prior infection	Number of surgical patients with antibiotics initiated within 1 hour of surgical incision	All selected surgical patients with no evidence of prior infection
FY09 Q2	667	770	396	446	235	283	1,296	1,099
FY09 Q3	689	782	384	410	202	236	1,275	1,428
FY09 Q4	662	742	338	344	203	236	1,183	1,322
FY10 Q1	677	754	351	397	201	241	1,229	1,302
FY10 Q2	746	817	377	407	276	304	1,399	1,528
FY10 Q3	725	796	419	465	260	286	1,404	1,527
FY10 Q4	669	720	302	320	238	249	1,209	1,289



About the Measure

What are we measuring? We are measuring the percentage of surgical patients who received prophylactic antibiotics within 1 hour prior to surgical incision. The measure is included in the Joint Commission (TJC) National Hospital Quality Measure sets. Studies show a strong association of reduced incidence of post-operative infection with administration of antibiotics within the one hour prior to surgery; however, after the incision is closed, prolonged administration of prophylaxis with antibiotics may increase the risk of infections at no additional benefit to the patient. Our overall measure rate includes our performance for colon surgery, hip and knee arthroplasty, abdominal and vaginal hysterectomy, cardiac surgery (including coronary artery bypass grafts (CABG)) and vascular surgery.

Why is it important? This measure educates providers about evidence based practice, improves the quality of surgical procedures, and is part of TJC accreditation process requirements. We can reduce the risk of wound infection after surgery by providing the right medicines at the right time on the day of surgery. If we are able to demonstrate that we are achieving very high levels of adherence with best clinical practices, we will earn beneficiary trust, and more people will wish to come to our hospitals for their care.

What does our performance tell us? All Services are showing an upward trend. Army is showing the most consistent performance improvement and Navy had the most improvement since the last reporting (5% increase).

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate: Dr. John Kugler TMA-OCMO; (703) 681-0064

Monitoring: Quarterly

Data Source: Inpatient Chart Extractions

Other Reporting: Joint Commission

Status Thresholds:

- Green: ≥ 95%
- Yellow: 90% - 94%
- Red: < 90%

Targets:

- 2011: 100%
- 2012: 100%
- 2014: 100%

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Percentage of Medical Boards Completed Within 30 Days - DAR



Overall performance is below our target and we continue to see variation across the Services.



Component	Indicator	Army										Navy										Air Force									
		FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1									
Active	Mean Days Processing	39	37	38	43	43	63	61	61	75	57	51	55	66	38	43	43	37	32	29	35										
	Cases < 30 Days	1,401	1,407	1,338	999	878	684	348	234	214	248	153	148	165	109	351	276	194	257	534	639										
	Total Cases	2,501	2,396	2,249	1,817	1,505	1,183	940	637	890	991	613	530	591	453	746	725	472	525	862	953										
Reserve	Mean Days Processing	46	46	46	42	50	56	63	72	68	67	68	62	66	103	45	32	41	48	38	32										
	Cases < 30 Days	273	323	249	249	207	137	140	20	10	14	6	12	9	7	1	50	38	21	61	82										
	Total Cases	665	622	489	470	420	323	334	78	68	79	43	48	52	35	137	131	85	54	143	155										
Total	Mean Days Processing	40	39	39	43	45	46	63	62	61	74	58	52	56	66	48	43	41	37	34	30										
	Cases < 30 Days	1,674	1,790	1,587	1,248	1,085	821	488	254	224	262	159	160	174	116	352	326	232	278	595	721										
	Total Cases	3,166	2,988	2,738	2,287	1,925	1,506	1,274	915	958	1,070	656	578	643	488	883	856	557	579	1,005	1,108										

About the Measure

What are we measuring? We are measuring percentage of MEB cases completed in less than 30 days. Case processing begins when a provider dictates a Clinical Narrative Summary (NARSUM) and ends when the case file is received by the PEB. New requirements policy (effective in Oct 08) for an impartial medical provider and official rebuttal of the MEB findings may affect processing timelines.

Why is it important? Our goal is to improve the quality and efficiency of the disability evaluation process. Although the process begins well before the NARSUM is dictated and continues well after the MEB report is completed, this part of the process is largely under the control of military health care system and has established targets. If we optimize this part of the process we will avoid some delays that contribute to dissatisfaction and rework.

What does our performance tell us? Overall MEB rate decreased by 19% from last FY10 quarter. All three Services are showing decreased performance, with Army showing the most (decreased 21%).

Executive Sponsor: CPSC

Working Group: Disability Advisory Council

Measure Advocate: Kathie McCracken HA-C&PP; 703-681-1716

Monitoring: Monthly

Data Source: Data call to Services

Other Reporting: DES Report to USD(P&R)

Status Thresholds:

- Green: ≥ 60% MEB Completed in 30 Days or Less
- Red: < 60% MEB Completed in 30 Days or Less

Targets:

- 2011: 60%
- 2012: TBD
- 2014: TBD

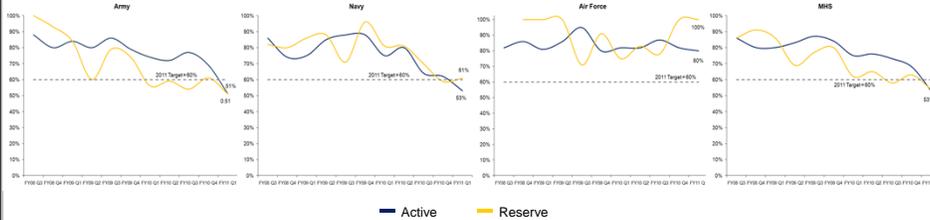
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Percentage of Medical Boards Completed Within 30 Days - IDES



Since the pilot program started, overall rate for MHS has decreased as the number of total cases increased.



Component	Indicator	Army									Navy									Air Force								
		FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1						
Active	Mean Days Processing	17	19	25	26	23	30	41	14	14	21	21	30	33	43	15	25	26	18	17	20	26						
	Cases < 30 Days	166	285	339	365	579	755	433	202	367	317	273	316	338	283	19	39	41	94	74	61	44						
	Total Cases	193	359	461	509	753	1,089	852	230	418	421	343	491	527	534	20	49	50	114	85	74	55						
Reserve	Mean Days Processing	27	25	34	39	43	35	40	20	9	18	20	26	28	32	26	23	17	18	20	8	10						
	Cases < 30 Days	45	69	50	69	67	97	81	10	22	17	22	19	16	14	5	10	6	10	7	12	7						
	Total Cases	57	93	89	116	123	159	160	14	23	21	27	27	23	7	11	8	12	9	12	7							
Total	Mean Days Processing	19	20	26	28	26	31	41	14	14	21	21	30	33	43	18	25	25	18	17	18	24						
	Cases < 30 Days	211	354	389	434	646	852	514	212	389	334	295	335	344	297	24	49	47	104	81	73	51						
	Total Cases	250	452	550	625	876	1,248	1,012	244	441	442	370	518	554	557	27	60	58	126	94	86	62						

About the Measure

What are we measuring? We are measuring percentage of MEB cases completed in less than 30 days. Case processing begins when a provider dictates the Clinical Narrative Summary (NARSUM) and ends when the board has made a final decision. New requirements policy (effective in Oct 08) for impartial medical provider review and official rebuttal of MEB findings may change processing timelines.

Why is it important? Our goal is to improve the quality and efficiency of the disability evaluation process. Although the process begins well before the NARSUM is dictated and continues well after the MEB report is completed. This part of the process is largely under the control of the military health care system and has established targets. If we optimize this part of the process we will avoid some delays that contribute to dissatisfaction and rework.

What does our performance tell us? Both the Active and Reserve Component performances have dipped below our desired level of performance. We are approximately 6-7 percentage points below our new FY2010 target for the Active and Reserve Components. We have realized a steady downward trend in performance since 3rd quarter, FY09, which may be linked to expansion of the IDES expansion. Roll out of the new process across the MHS continues.

Executive Sponsor: CPSC

Working Group: Disability Advisory Council

Measure Advocate: Kathie McCracken
HA-C&PP: 703-681-1716

Monitoring: Monthly

Data Source: Data call to Services

Other Reporting: DES Report to USD(P/R)

Status Thresholds:

- Green: ≥ 60% MEB Completed in 30 Days or Less
- Red: < 60% MEB Completed in 30 Days or Less

Targets:

- 2011: 60%
- 2012: TBD
- 2014: TBD

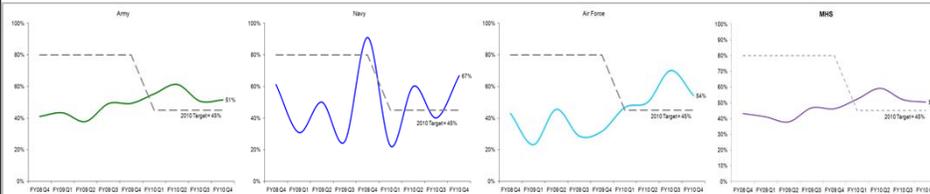
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Favorable Medical Evaluation Board Experience Rating



We have ended FY2010 at 51%, 6 percentage points above our goal.



Detail on Top 2 Ratings (4 or 5 on 1-5 Scale)

Period	Army			Navy			Air Force			Marines			MHS		
	N	Total	Percent	N	Total	Percent	N	Total	Percent	N	Total	Percent	N	Total	Percent
FY09 Q3	117	270	43.2%	4	13	30.8%	9	39	23.1%	56	33	48.5%	146	355	41.1%
FY09 Q2	65	172	37.8%	3	6	50.0%	10	22	45.5%	4	16	25.0%	82	216	38.0%
FY09 Q3	88	179	49.2%	5	12	25.0%	4	14	28.6%	10	19	52.6%	105	224	46.9%
FY09 Q4	72	148	49.3%	10	11	90.9%	6	19	31.6%	7	29	24.1%	95	205	46.3%
FY10 Q1	62	112	55.4%	2	9	22.2%	7	15	46.7%	14	26	53.9%	85	162	52.5%
FY10 Q2	141	230	61.3%	6	10	60.0%	11	22	50.0%	8	18	44.4%	166	289	57.3%
FY10 Q3	108	213	50.7%	2	5	40.0%	14	20	70.0%	12	23	52.2%	136	261	52.1%
FY10 Q4	121	235	51.5%	2	3	66.7%	13	24	54.2%	14	35	40.0%	150	297	50.5%

About the Measure

What are we measuring? This measure comes from a monthly telephonic survey that began in May 2007. It initially surveyed 100% of all Service members returning from operational deployment via aeromedical evacuation, but was expanded in Q3 FY08 to include 100% follow-up of all aerovac patients and 100% of referrals to the VA resulting in a claim. It expanded again in Q4 FY08 to a substantial sample (nearing 100%) of Service members who completed a PCHA or PDHRA one year prior and were recommended for referral to the PEB. It does not measure all Service members undergoing MEB/PEB. The survey uses a 5-point scale to assess patients' self-reported experience with the medical and physical evaluation board process with a 25% yield and 41% adjusted response rate of eligibles. The question is: "Please think about your Medical Evaluation Board (MEB) experience. Using a scale of 1 to 5, with 1 being 'Poor' and 5 being 'Outstanding', how would you rate your experience with the MEB process?"

Why is it important? Our goal is to improve the disability evaluation process. This measure provides direct feedback from Wounded Warriors on their initial satisfaction with the medical board portion of the process. Many things can influence satisfaction but, we believe some of the factors that positively influence satisfaction include having an individualized care plan, open communication, and efficient administrative processes (access, referrals, MEB timeliness). These factors are all addressed in the DES reengineering initiative. Other than the war itself, there is no more important mission than caring for these service members.

What does our performance tell us? Since the last report on FY10 Q2, we have experienced a 10% decrease in satisfaction rating and have achieved our FY2010 goal. We will continue to monitor for additional improvement to see if it correlates to expansion of DES improvement initiatives beyond the pilots.

Executive Sponsor: CPSC

Working Group: Tri-Service Survey Work Group

Measure Advocate: Dr. Rich Bannick
TMA-HPA&E: (703) 681-3636

Monitoring: Monthly

Data Source: Service Member Survey

Other Reporting: None

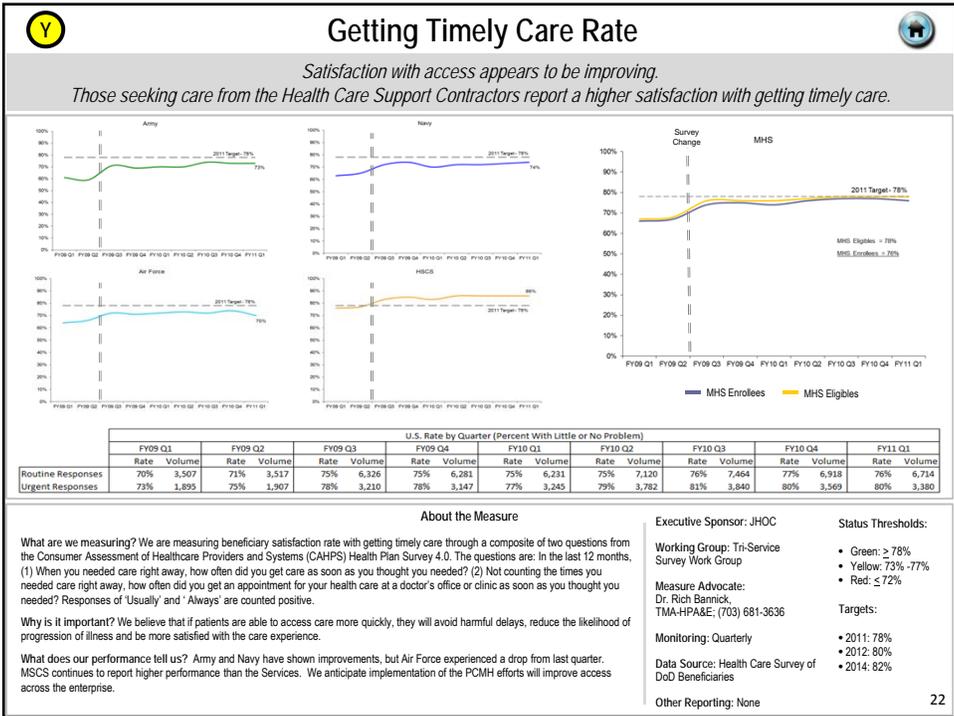
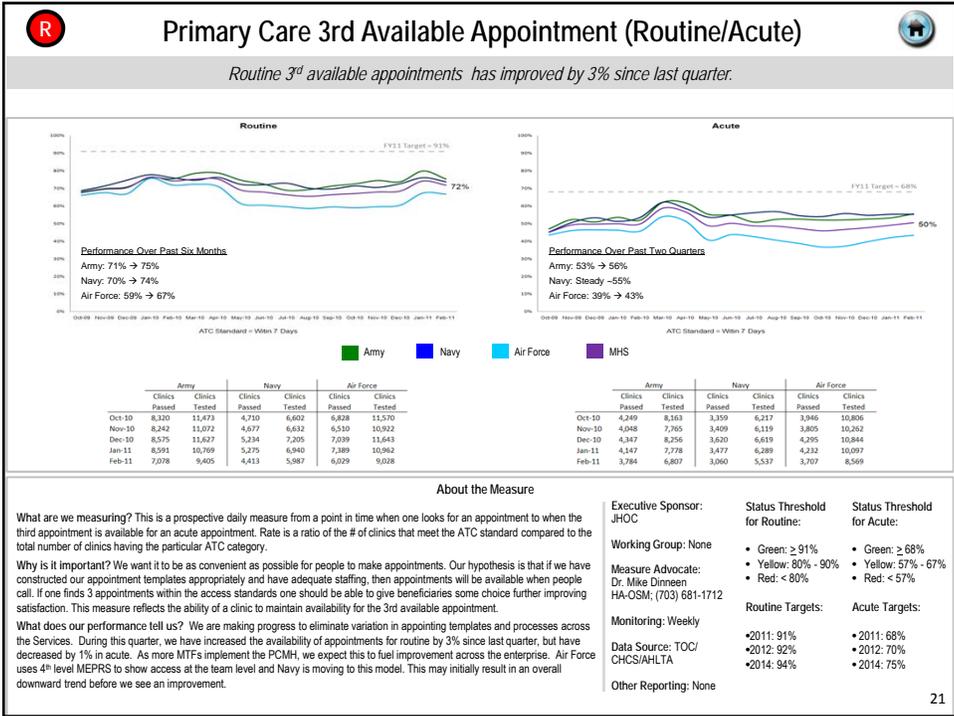
Status Thresholds:

- Green: ≥ 45%
- Yellow: 40% - 44%
- Red: < 40%

Targets:

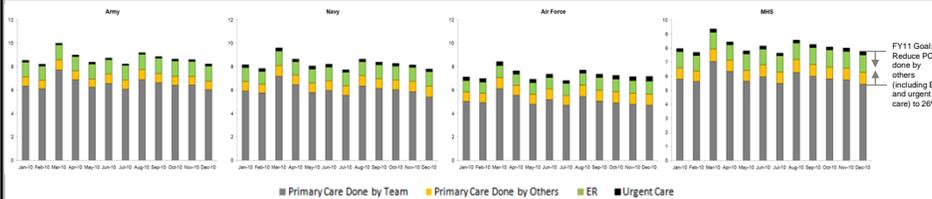
- 2011: 65%
- 2012: 70%
- 2014: 75%

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Potential Recapturable Primary Care Workload for MTF Enrollees

For the most recent quarter MTF enrollees are receiving on average 30% of their primary care from other venues.



Period	Army				Navy				Air Force				MHS			
	Primary Care (Others)	ER Cre	Urgent Care	Total	Primary Care (Others)	ER Cre	Urgent Care	Total	Primary Care (Others)	ER Cre	Urgent Care	Total	Primary Care (Others)	ER Cre	Urgent Care	Total
Jan-10	9%	15%	2%	26%	10%	14%	3%	27%	11%	13%	5%	29%	10%	14%	3%	27%
Feb-10	9%	15%	2%	25%	10%	14%	3%	27%	12%	13%	5%	30%	10%	14%	3%	27%
Mar-10	9%	13%	2%	23%	10%	13%	3%	25%	11%	12%	4%	28%	10%	13%	3%	25%
Apr-10	0%	13%	2%	23%	9%	13%	3%	25%	11%	12%	4%	27%	10%	13%	3%	25%
May-10	9%	15%	2%	26%	10%	15%	3%	28%	12%	14%	4%	31%	10%	15%	3%	28%
Jun-10	9%	14%	2%	25%	10%	14%	3%	27%	12%	13%	4%	30%	10%	14%	3%	27%
Jul-10	10%	15%	2%	26%	10%	15%	3%	28%	12%	15%	4%	31%	11%	15%	3%	28%
Aug-10	10%	14%	2%	25%	10%	13%	3%	27%	13%	13%	4%	29%	11%	14%	2%	27%
Sep-10	9%	15%	2%	25%	10%	14%	3%	27%	13%	14%	4%	32%	10%	14%	3%	28%
Oct-10	9%	15%	2%	26%	10%	14%	3%	27%	13%	15%	4%	32%	10%	15%	3%	28%
Nov-10	8%	15%	2%	25%	11%	14%	3%	28%	13%	15%	5%	33%	10%	15%	3%	28%
Dec-10	9%	16%	2%	27%	12%	16%	3%	31%	13%	15%	6%	34%	11%	16%	4%	30%

About the Measure

What are we measuring? We are measuring the amount of workload for MTF Prime enrollees that could be prevented or redirected to the enrollment site, including a) primary care delivered at any site other than the enrollment site, both direct care (DC) and purchased care (PC); b) Urgent care workload for DC and PC; and c) ER workload for DC and PC. This methodology purposely over-estimates the workload that could be returned to the primary care setting or prevented. In addition, experts from Kaiser Permanente reported that efforts to identify only inappropriate workload to an ER were unsuccessful; they advised that we count all ER workload and simply try to reduce the total over time.

Why is it important? The MHS has embraced the Patient Centered Medical Home (PCMH) as the delivery model for primary care. The goal of this model is for enrolled patients to receive the majority of their care from their primary care manager or team. Measuring the amount of primary care that is delivered outside of the enrollment site will enable MTFs to make practice adjustments to increase continuity for enrollees.

What does our performance tell us? Over the past year, 30% of primary care for MTF enrollees was done in places other than their enrollment MTF. As more MTFs implement the medical home model, we believe it will have a positive impact on this measure.

Executive Sponsor: JHOC

Working Group: N/A

Monitoring: Monthly

Data Source: M2

Other Reporting: None

Status Thresholds:

- Green: $\leq 26\%$
- Yellow: 27%-28%
- Red: $> 29\%$

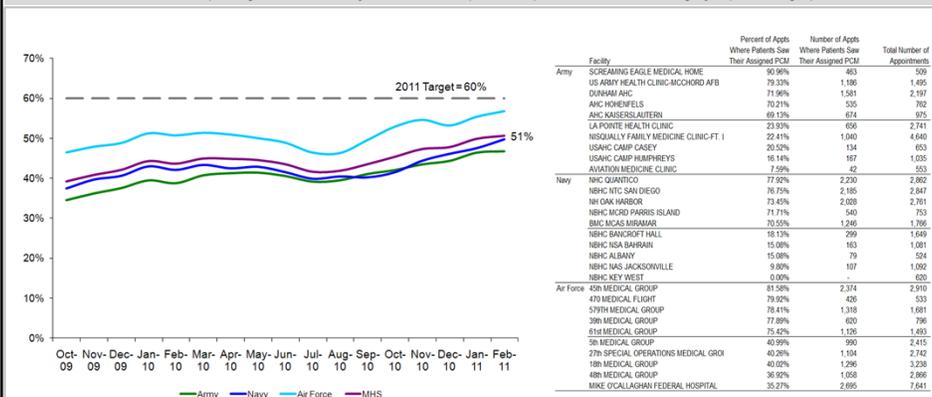
Targets:

- 2011: 26%
- 2012: 24%
- 2014: 22%

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Percentage of Visits Where MTF Enrollees See Their PCM

Since the last reporting, PCM continuity maintained its positive upward trend, increasing by 6 percentage points.



About the Measure

What are we measuring? We are measuring the percentage of visits that MTF prime enrollees see their primary care manager (PCM). Numerator is # of appointments where patients saw their assigned PCM and denominator is Total number of appointments. Note: This measure no longer filters out visits where the patient's PCM is not in clinic.

Why is it important? We believe PCM continuity improves patient-provider communication and trust, which leads to more activated patients and a positive impact on every aspect of the Quadruple Aim. Our hypothesis is that this rate will be positively influenced as MHS continues to implement the medical home model.

What does our performance tell us? Starting in 2010 July, PCM continuity has increased, with the MHS as a whole reaching 51%, its highest rate in 2 years.

Executive Sponsor: JHOC

Working Group: None

Measure Advocate: TBD

Monitoring: TBD

Data Source: CHCS

Other Reporting: None

Status Thresholds:

- Green: $\geq 60\%$
- Yellow: 40%-59%
- Red: $\leq 39\%$

Targets:

- 2011: 60%
- 2012: 65%
- 2014: 70%

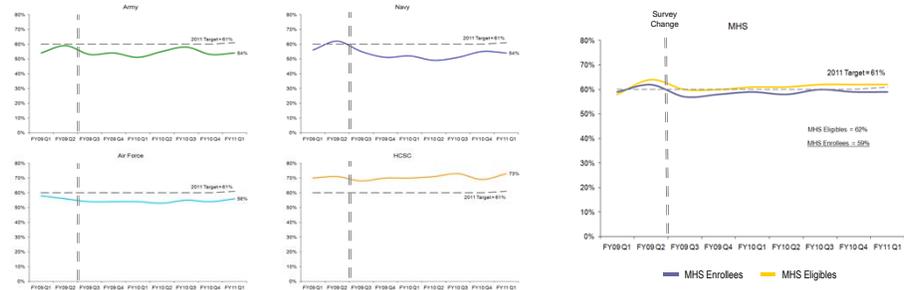
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Satisfaction with Health Care



Satisfaction in the private sector continues to be higher than that in the direct care system.



	FY09 Q2		FY09 Q3		FY09 Q4		FY10 Q1		FY10 Q2		FY10 Q3		FY10 Q4		FY11 Q1	
	Percent	Volume														
Army Prime Enrollees	59%	686	53%	1,158	54%	1,086	51%	1,230	55%	1,384	58%	1,433	53%	1,118	54%	1,269
Navy Prime Enrollees	62%	840	55%	1,431	51%	1,465	52%	1,486	49%	1,695	51%	1,744	55%	1,632	54%	1,631
Air Force Prime Enrollees	50%	1,692	54%	2,559	54%	2,447	54%	2,305	53%	2,969	55%	3,146	54%	2,818	56%	2,884
HCSC Prime Enrollees	71%	398	68%	718	70%	707	70%	657	71%	722	73%	782	69%	650	73%	583
MHS Enrollees	62%	3,294	57%	5,782	58%	5,570	59%	5,684	58%	6,614	60%	6,927	59%	6,340	59%	6,208
MHS Eligibles	64%	3,768	60%	7,823	60%	6,594	61%	6,596	61%	7,532	62%	7,990	62%	7,299	62%	7,109

About the Measure

What are we measuring? We are measuring beneficiary satisfaction with overall health care using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 4.0. Beneficiaries are asked: Using any number from 1 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months? Responses of 8, 9, or 10 indicate patient satisfaction. The benchmark comes from CAHPS average of 250 health plans. Why is it important? More satisfied beneficiaries are more likely to follow our advice regarding health choices and are more likely to come to our providers for health services. What does our performance tell us? First quarter in FY11 performance is relatively flat from the FY2010 with more improvement showing in HCSC.

Executive Sponsor: JHOC
Working Group: Tri-Service Survey Work Group
Measure Advocate: Dr. Rich Barnick, TMA-HPA&E, (703) 681-3636
Monitoring: Quarterly
Data Source: Health Care Survey of DoD Beneficiaries
Other Reporting: Status of Forces

Status Thresholds:

- Green: > 61%
- Yellow: 55% - 60%
- Red: ≤ 54%

Targets:

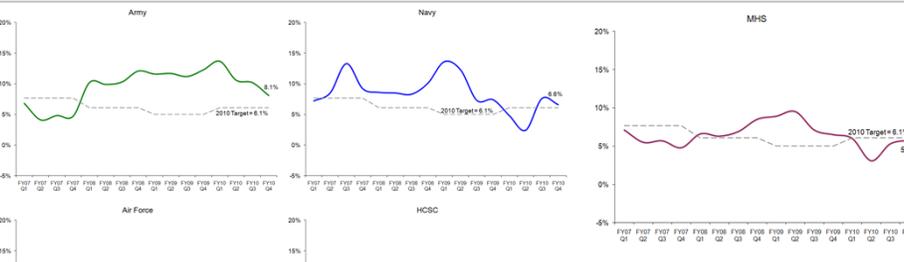
- 2011: 61%
- 2012: 62%
- 2014: 64%



Annual Cost Per Equivalent Life (PMPM)



The rate of increase is still below that of the Kaiser Family Foundation, but is on an upward trend from the last quarter.



Note: 4th quarter, FY10 data is preliminary.

	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Army	\$ 301	\$ 312	\$ 315	\$ 324	\$ 342	\$ 344	\$ 347	\$ 350
Navy	\$ 301	\$ 309	\$ 303	\$ 304	\$ 316	\$ 317	\$ 326	\$ 324
Air Force	\$ 295	\$ 277	\$ 274	\$ 274	\$ 288	\$ 294	\$ 294	\$ 299
HCSC	\$ 230	\$ 244	\$ 235	\$ 235	\$ 230	\$ 231	\$ 237	\$ 242
MHS	\$ 207	\$ 279	\$ 275	\$ 277	\$ 283	\$ 287	\$ 290	\$ 283

About the Measure

What are we measuring? The average percent Defense Health Program annual cost per equivalent life increase compared to average civilian sector premium increase. Why is it important? This metric looks at how well the Military Health System manages the care for those individuals who have chosen to enroll in a health maintenance organization-type of benefit. It is designed to capture aspects of three major management issues: (1) how efficiently the Military Treatment Facilities (MTF) provides care; (2) how efficiently the MTF manages the demand of its enrollees; and (3) how well the MTF determines which care should be produced inside the facility versus that purchased from a managed care support contractor. What does our performance tell us? OP&PS has considerably reduced the rate of increase for Managed Care enrollees and to a lesser extent MTF enrollees. However, Direct Care for Inpatient and Outpatient are still increasing significantly faster than PSC rates. Additionally, there has been a rise in outpatient utilization. The challenge for us as we begin to report FY11 data will be to lower costs since the FY11 target using the Kaiser Family Foundation rate and adjusted for our population is set at 3.1%.

Executive Sponsor: CFOIC
Working Group: None
Measure Advocate: Dr. Bob Opsut, HA-HB&FP, (703) 681-1724
Monitoring: Monthly
Data Source: M2
Other Reporting: Services, Well Being of the Force

Status Thresholds:

- Green: < +6.1%
- Yellow: +6.1% - 8.1%
- Red: > +8.1%

Targets:

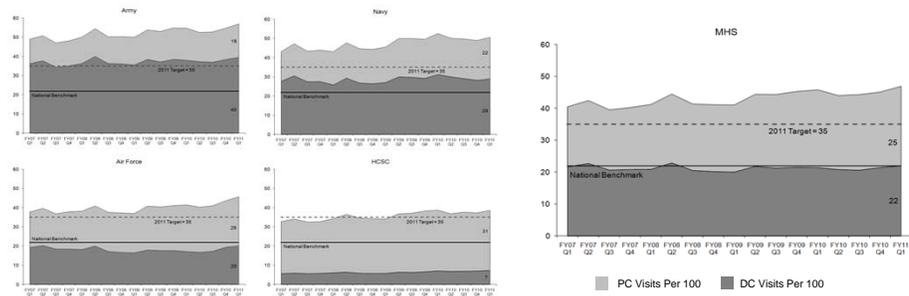
- 2011: 3.1%
- 2012: N/A
- 2014: N/A



Enrollee Utilization of Emergency Services



Utilization rate is more than 2 times the national benchmark for MHS beneficiaries.



	Army				Navy				Air Force				HCRS			
Top Five Diagnostic Categories	FY07-Q1	FY07-Q2	FY07-Q3	FY07-Q4	FY08-Q1	FY08-Q2	FY08-Q3	FY08-Q4	FY09-Q1	FY09-Q2	FY09-Q3	FY09-Q4	FY10-Q1	FY10-Q2	FY10-Q3	FY10-Q4
Diseases & Disorders of the Ear, Nose, Mouth, Throat	26.713	27.696	27.212	26.445	26.301	25.206	25.447	25.710	26.228	26.228	26.228	26.228	26.228	26.228	26.228	26.228
Diseases & Disorders of the Musculoskeletal System & Connective Tissue	21.118	21.357	22.684	23.396	23.885	23.716	23.030	23.564	24.461	24.461	24.461	24.461	24.461	24.461	24.461	24.461
Diseases & Disorders of the Skin, Subcutaneous Tissue & Nails	15.100	16.337	16.633	16.038	16.622	17.835	18.389	18.571	19.338	19.338	19.338	19.338	19.338	19.338	19.338	19.338
Diseases & Disorders of the Digestive System	15.855	15.242	15.973	16.229	16.397	16.911	16.926	16.461	16.922	17.077	17.077	17.077	17.077	17.077	17.077	17.077
Diseases & Disorders of the Respiratory System	14.491	15.123	15.126	14.422	15.392	15.392	14.925	14.925	15.328	15.328	15.328	15.328	15.328	15.328	15.328	15.328
Grand Total	92.287	100.625	104.689	106.326	108.763	122.909	121.741	124.911	128.339	133.675	132.138	132.646	143.337	152.696	150.851	149.106

About the Measure

What are we measuring? This measure is derived using E&M codes 99281 through 99285. Purchased care is limited to the non-institutional program indicator code and place of service being an emergency room or hospital outpatient treatment. Direct care parameters were limited to the MEPRS3 code BIA (emergency room). Enrollees were restricted to those in region's North, South, West and Alaska. The expected rate of utilization is based on the National Hospital Ambulatory Care Survey (2006) Emergency Department Utilization, adjusted for the MHS population constituting each Service.

Why is it important? Measuring emergency room utilization enables us to determine if our enrollees are appropriately using this service or is this being used as a fall back because of access issues. Since the MHS has embraced the Patient Centered Medical Home (PCMH) as the delivery model for primary care, our belief is this measure will improve as access improves.

What does our performance tell us? Utilization of ER services among TRICARE Prime enrollees is increasing over time. Prime enrollees are using these services 2 times more than the national utilization rate. Direct Care ER services may currently be an alternative to Primary Care and thus increasing the utilization rate.

Executive Sponsor: CPSC

Working Group: None

Measure Advocate:
Dr. Bob Opsut
HA-HB&FP; (703) 681-1724

Monitoring: Monthly

Data Source: M2

Other Reporting: None

Status Thresholds:

- Green: < 35 Visits Per 100
- Yellow: 35 - 40 Visits Per 100
- Red: ≥ 40 Visits Per 100

Targets:

- 2011: 35/100
- 2012: 30/100
- 2014: 25/100