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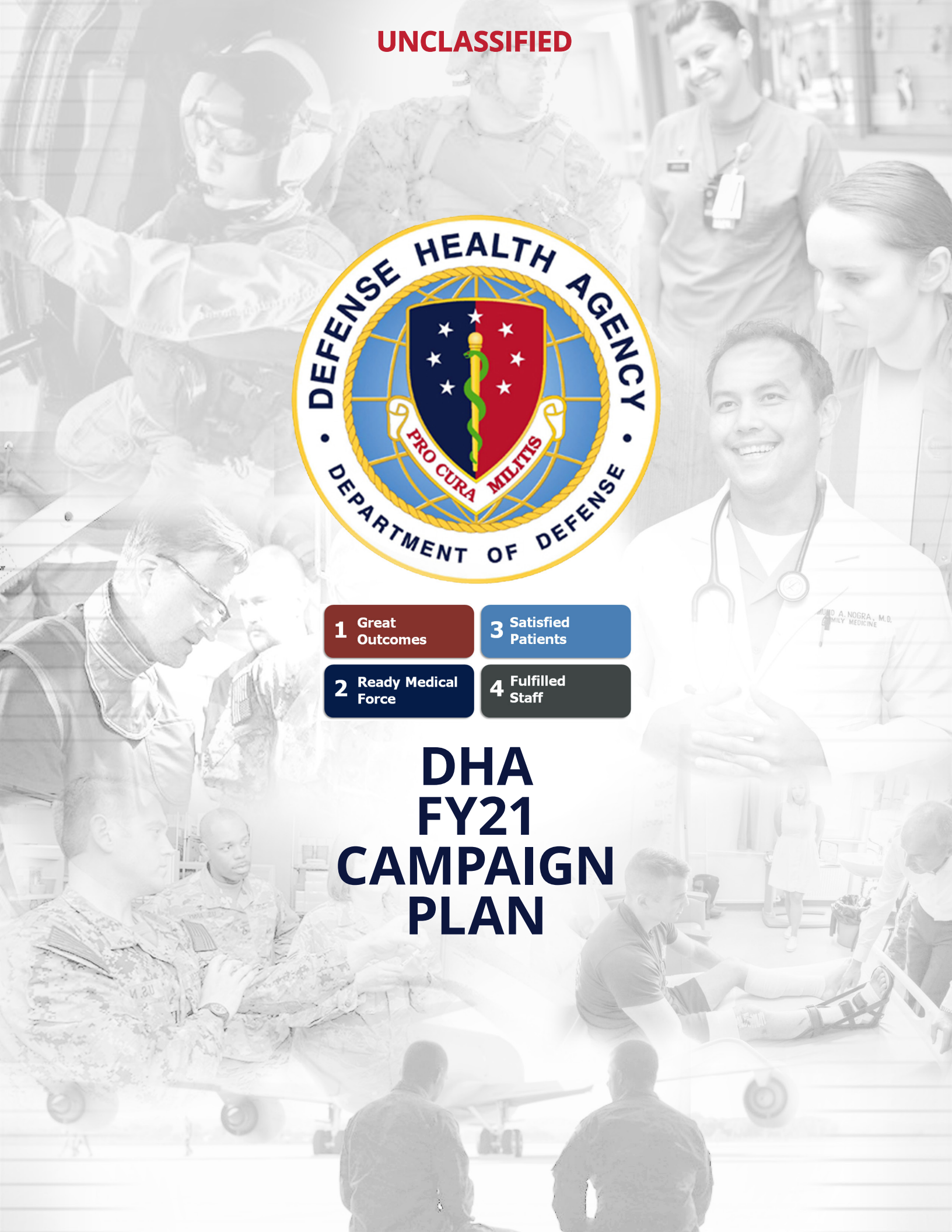

1 Great Outcomes

3 Satisfied Patients

2 Ready Medical Force

4 Fulfilled Staff

DHA FY21 CAMPAIGN PLAN

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A Message From DHA Leadership

The DHA Campaign Plan described in the following pages takes the words and sentiments we express everyday about the four critical priorities: Great Outcomes, Ready Medical Force, Satisfied Patients, and Fulfilled Staff, and turns them into an actionable plan. This is the FY21 plan to put strategy into action.

When we establish the measures and targets we expect to reach in 2021, we are telling ourselves and everyone affected by our Military Health System (MHS) – This is what matters the most to us. Hold us to our promises. Judge us by our outcomes.

Our frequent reference to a "patient-centered approach" means the goals we set for our system are through the eyes of our patients. For example, a measure of "Patient's Perception of General Health" focuses our lens on the individual in front of us, and the numerous health care and supporting activities we must synchronize to positively affect each individual entrusted to our care.

This Campaign Plan sets our four critical priorities for Fiscal Year 2021 (FY21)

Our values as a MHS are fortified by our commitment to high reliability. Our MHS may be in the midst of important and needed organizational change, but our culture and our commitment as a military medical team remain steadfast. We are focused on always improving our system of care, striving to engage and integrate with our service partners, and developing a system that provides high quality care to all that come for services provided by DHA.

We are grateful for the shared opportunity to work together with you in the coming year on behalf of those we serve.

Director
LTG Ronald Place

Senior Enlisted Leader
CSM Michael Gragg

The Military Health System (MHS)

The MHS enables the National Defense Strategy by providing a Medically Ready Force, a Ready Medical Force, and improving the health of all those entrusted to its care. The MHS is responsible for providing health services through both direct care and Private Sector Care to approximately 9.6 million beneficiaries, composed of uniformed service members, military retirees, and family members.

DHA plays a critical role in executing and delivering the highest quality of health care to MHS beneficiaries through support to the Service Military Departments. DHA's key combat support responsibility is to provide a Medically Ready Force – by ensuring uniformed service members are healthy and safe from potential health threats.

DHA also supports a Ready Medical Force – supporting health care professionals who care for operational forces in the field through training and education and providing the clinical settings in which they build their skills for deployment to ensure great outcomes for all beneficiaries.

As the health care delivery arm of the MHS, DHA is crucial to supporting DoD's integrated system of readiness and health. DHA manages a global health care network of military and civilian medical professionals and more than 400 military hospitals and clinics around the world.

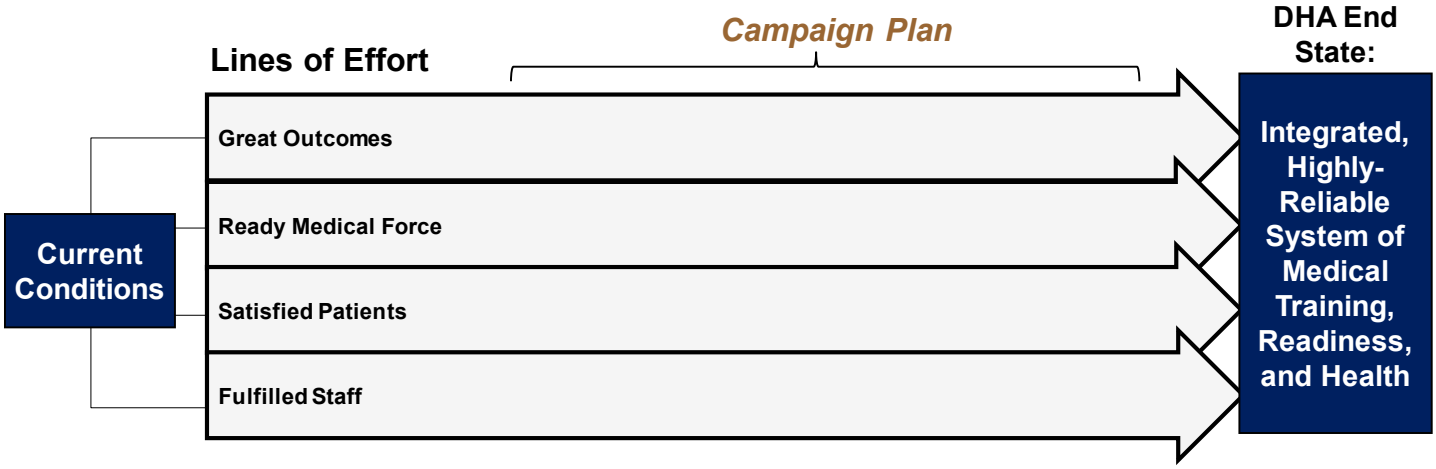
DHA Campaign Plan Lines of Effort

Great Outcomes, Ready Medical Force, Satisfied Patients, and Fulfilled Staff are the four priorities that DHA must execute in FY21. All efforts at the Headquarters (HQ), Market, and Military Treatment Facility (MTF) must demonstrate a direct alignment to one or more of the four DHA priorities and produce measurable progress within the next year.

The DHA Campaign Plan describes the process by which DHA will operationalize and monitor execution at the HQ, Market, and MTF level to achieve success.

In FY21, each of the four DHA priorities will be supported by a cross-functional body of work, defined as a Line of Effort (LOE). LOEs contain the Campaign Plan Projects and Key Performance Indicators (KPIs) that will drive progress on a priority. LOEs incorporate input from the Markets and MTFs via the Quadruple Aim Performance Process (QPP) to ensure QPP initiatives address a performance gap that maps to a priority.

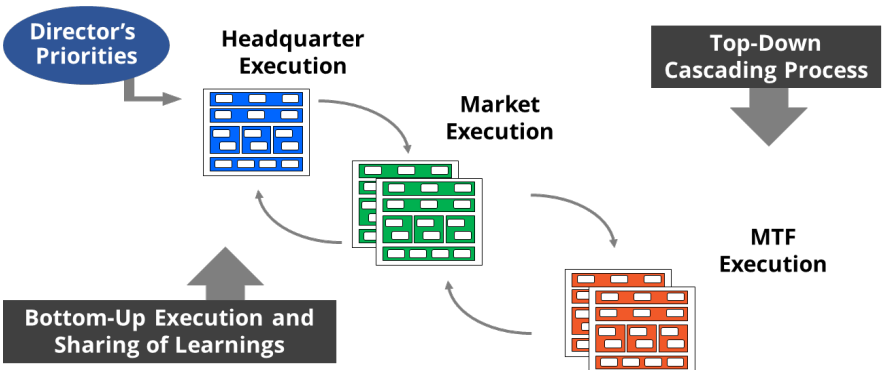
DHA's Mission: "We support the National Defense Strategy and Service Military Departments by leading the Military Health System as an integrated, highly-reliable system of medical training, readiness, and health."



DHA's Vision: "Unified, Reliable, and Ready..."

DHA Campaign Plan LOE Execution

The Campaign Plan will be executed through selected Campaign Plan Projects that DHA has identified as key enterprise efforts that will drive progress in FY21. Each project is aligned to a LOE and measured by specific KPIs to actively monitor Agency performance. For a complete list of FY21 Campaign Plan Projects, click **here.**



Campaign Plan Projects are generated through DHA Deputy Assistant Directors (DADs), Market, and MTF leadership Executive Planning Sessions (EPS) to focus our efforts on this year's projects.

Annual Campaign Plan Projects drive performance across the organization, linking the Director's priorities to the daily work done by each of you. In support of the Markets and MTFs, the FY21 Campaign Plan Projects include Market submissions from last year's QPP cycle that DHA leadership identified as addressing enterprise-wide performance gaps.

Managing the execution of these projects is critical to successful FY21 performance. An example of how the Markets contribute to the FY21 Campaign Plan Project portfolio is the creation of the Integrated Referral Management and Appointing Center (IRMAC) project.

The IRMAC project focuses on improving access to care, enhancing the patient experience, and optimizing direct care capacity. The project was identified during last year's QPP cycle from Markets and MTFs, due to the numerous submissions concerning gaps in access to care across the MHS.

As a focus for FY21, the IRMAC Campaign Plan Project directs progress towards how the DHA will monitor performance utilizing the following Operational KPIs:

- Per Member Per Month (Direct Care/Private Sector Care)
- Recapture: KSA Private Sector Care Leakage (% by Specialty)

These Operational KPIs support LOE 1: Great Outcomes, LOE 2: Ready Medical Force, and LOE 3: Satisfied Patients. As demonstrated by the IRMAC Campaign Plan Project, it is critical that everyone understands how his/her role in executing these annual projects has long-lasting effects for the enterprise at large.

FY21 LOE 1 Strategic and Operational KPIs

DHA will measure FY21 progress by using KPIs. A KPI is a performance measure that supports an LOE and defines success given current operating conditions. Strategic KPIs are managed at the HQ-level by the Corporate Executive Board (Deputy Director and the Assistant Directors). Operational KPIs are managed by the Executive Steering Committee (Deputy Assistant Directors) and measure specific efforts that will drive completion of the strategic KPIs. Markets will work closely with HQ leadership to develop a set of tactical KPIs that will measure specific execution efforts at the Market and MTFs. To support continuous enterprise improvement, DHA will store the latest version of the KPIs, associated thresholds, and additional guidance **here** as a living document.

LOE 1 Definition: Our most important outcome is a Medically Ready Force.

As of 10 November 2020

Line of Effort #1 (Great Outcomes): Strategic and Operational KPIs

How would you define success for this LOE by the end of FY21? How would you know we'd accomplished it?

Current Conditions → **LOE 1 Strategic Question: Are we focused on the right outcomes to maximize value?** → **DHA End State: Integrated, Highly-Reliable System of Medical Training, Readiness, and Health**

	Readiness	Health		Care				
CEB Review (Strategic Priority KPIs)	% of Service Members Not Medically Ready Due to Duty Limiting Conditions	HRQOL: Patient's Perception of General Health		PSI-90	Exceptional Care: Healthcare Accreditation Surveys With No Follow-Up Survey			
Strategic KPI Definitions	**% of Service Members Not Medically Ready Due to Duty Limiting Conditions:** TBD	**HRQOL:** The Health Related Quality of Life questions (4) are on the Health Care Survey of DoD Beneficiaries. The question we're currently using asks "Would you say that in general your health is excellent, very good, good, fair or poor". Respondents are considered in "good" health if they indicate "good", "very good" or "excellent" on this question. Benchmarks are from the Healthy People 2020 goals.		**PSI-90:** Composite measure, is a subset of the AHRQ Patient Safety Indicators that utilizes ICD-10 data intended to reflect the safety climate of a hospital in the adult population. The measures highlight safety-related adverse events occurring in hospitals following operations, procedures, and childbirth. It is intended to assist health providers in identifying potential in-hospital patient safety problems allowing targeted quality improvement efforts. **Exceptional Care:** The measure tracks MTF accreditation surveys that require a follow-on survey prior to award of full accreditation.				
ESC Review (Operational KPIs)	% of Profiles (for ADSMs) ≥ 180 Days	In General, How Would I Rate My General Health?	% Active Duty Influenza Immunizations Completed	Near Miss to Harm Ratio	% Completion of Standardized Surgical Universal Protocol (UP) Policy and Checklists in the MHS Direct Care System	% Implementation of PPH Bundle	PMPM: •Cost Per Beneficiary for HMO •Cost Per Beneficiary for Medicare •Cost Per Beneficiary for PPO	Average Empanelment In DC Primary Care
Operational KPI Definitions	**% of Profiles (for ADSMs) ≥ 180 Days:** The proposed measure includes the percentage of Active Duty profiles over 180 days. These profiles reflect conditions or circumstances that limit duty days and deployability for an extended period.	**In General, How Would I Rate My General Health?:** The JOES Survey focuses on patient experience in the MHS. This measure reflects the percentage of respondents who indicated their health was very good or excellent on this question. **% Active Duty Influenza Immunizations Completed:** Measure assesses the percentage of Active Duty Service Members who are up to date with influenza vaccines.		**Near Miss to Harm Ratio:** Measure assesses the ratio of: 1/ Numerator equals: Voluntarily reported information in the Joint Patient Safety Reporting System (JPSR) noting nearly avoided patient harms so that information gained from the near miss reports can be used to decrease the likelihood of a near miss or harm actually occurring in the future. 2/ Denominator reflects actual patient harms reported in JPSR. The information gained provides insight on MHS culture, leadership engagement and continuous process improvement. Improvement in the measure would be reflective of decrease in the number of harms and increase in the number of near misses (near miss reporting). **% Completion of Standardized Surgical Universal Protocol (UP) Policy and Checklists in the MHS Direct Care System:** Measure assesses the progress in development and deployment of a standardized universal protocol and safe surgery checklist across the MHS. **% Implementation of PPH Bundle:** Measure assesses the percentage of implementation of the Post Partum Hemorrhage Bundle designed to prevent maternal morbidity and mortality in the MHS.		**Per Member Per Month:** PMPM calculates the total costs associated with a MTF and its empaneled enrollees, in either direct or purchased care, which is calculated by inpatient and outpatient unit costs times utilization plus purchased care expenditures divided by the number of covered lives (empanelment adjusted by acuity). The measure is normalized allowing comparison of MTFs and measures the percent increase or decrease in PMPM against the MTF's own performance. (HA Dashboard Metric): Note: Three views: Cost per Beneficiary for HMO (Prime - methodology available; Cost per Beneficiary for Medicare (MERHCF - methodology expected from HA end of Sep); Cost per Beneficiary for PPO (Select - methodology expected from HA end of Sep). **Average Empanelment in DC Primary Care:** The measure assesses the total number of empaneled Prime and Plus beneficiaries divided by the number of primary care manager full-time equivalents, adjusted for approved leadership roles and inpatient deductions compared to the minimum average standard of 1,100 to 1 and standard processes identified in the DHA-PI 6025.11 on empanelment capacity. The measure assesses whether the MTF is reaching minimum empanelment standards to realize a return on resources and support a Ready Medical Force.	

FY21 LOE 2 Strategic and Operational KPIs

LOE 2 Definition: Our MTFs sustain team-based currency and proficiency enabling a Ready Medical Force.

As of 10 November 2020

Line of Effort #2 (Ready Medical Force): Strategic and Operational KPIs

How would you define success for this LOE by the end of FY21? How would you know we'd accomplished it?

Current Conditions

LOE 2 Strategic Question: How do we ensure medical readiness sustainment platforms are supporting both the Service/CCMD expeditionary medical skill sustainment requirements?

DHA End State: Integrated, Highly-Reliable System of Medical Training, Readiness, and Health

CEB Review (Strategic Priority KPIs)

- **% of Non-CCCT Individual Specialties with Developed KSAs**
- **% of CCCT Personnel By Individual Specialty Achieving KSA Threshold**
- **% HQ, Market and MTF/DTF Reporting in DRRS-S**
- **% in Reduction for Contingency Materiel Assemblage Variance**

Strategic KPI Definitions

% of Non-CCCT Individual Specialties With Developed KSAs: TBD

% of Non-CCCT Individual Specialties With Developed KSAs: TBD

% of CCCT Personnel By Individual Specialty Achieving KSA Threshold: KSA scores, assessed against clinical community-determined thresholds, link clinical currency from MTFs and partnerships to medical force readiness. Thresholds and dashboards have been established for six specialties, and are being developed for the remaining ten specialties, expected to be completed in March 2021. KSA data can additionally be displayed for work done on MHS beneficiaries in Purchased Care, providing additional data in support of recapture of high readiness value cases.

% HQ, Market and MTF/DTF Reporting in DRRS-S: 100% of the MTFs reporting in the Defense Readiness Reporting System provides a means to manage and project out current and future requirements of individual MTFs, as well as the war-time support mission of expansion capabilities within the MHS. Detailing current capabilities and gaps within the MHS and its subordinate components to execute the National Military Strategy consistent with DoD priorities and planning direction provided in the Secretary's Guidance for Employment of Force, Unified Command Plan, and the Joint Strategic Campaign Plan.

% in Reduction for Contingency Materiel Assemblage Variance: The DHA will provide analytical support to the Military Departments in their management of medical assemblage allowance standards for their respective operational medical platforms in order to promote materiel commonality and improve the interoperability, interchangeability, and sustainability of medical capabilities provided to Combatant Commanders. The target of 50% represents the medical surgical and equipment items placed within a Service operational support assemblage, where two or more services are utilizing the same National Stock Number.

ESC Review (Operational KPIs)

- METC Graduation Rate
- # of MTFs Implementing Expeditionary Scope of Practice (ESP) for Enlisted Medical Personnel
- GME % Programs With Continued Accreditation
- Expand Number of Identified MTFs That Are Trauma Center Eligible
- Recapture KSA Purchased Care Leakage
- % of Completed MHS KSA Procedures By MTF

Operational KPI Definitions

METC Graduation Rate: % METC Graduation Rates compared to Service Component requirements. Metric depicts student throughput and service requirements for each medical program. Initial KPI measures depict how well the Medical Education & Training Campus (METC) meets Service annual requirements in primary tracing programs [Army-MOS (Department of Combat Medic Training), Navy-NEC (Hospital Corpsmen Basic), Air Force-AFSC (Aerospace Medical Service Apprentice)].

# of MTFs implementing Expeditionary Scope of Practice (ESP) for Enlisted Medical Personnel: TBD

GME % Programs with Continued Accreditation: Measure assesses the percent of continued accreditation of GME programs.

Expand Number of Identified MTFs that are Trauma Center Eligible: TBD

Recapture KSA Purchased Care Leakage: Measures number of referrals generated by the MTF/Market which are deferred to the network divided by the total number of referrals generated by the MTF/Market. Data are available with a 2-day delay and by product line. The measure assesses leakage on capacity and capability.

% of Completed MHS KSA Procedures By MTF: The identification of all procedure groups within the MHS by MTF, that includes those performed by Purchased Care mapping of surgical procedure groups performed within the MHS, by MTF, that includes the procedure groups within Purchased Care and MILCIV Partnerships. This offers the ability to determine/measure the total number of case types and determine how many Providers by Specialty type the MHS can sustain adequate skills sustainment for; the specific case types to recapture; and the delta reveals what case types will need to be sought after in a MILCIV Partnership.

FY21 LOE 3 Strategic and Operational KPIs

LOE 3 Definition: Our patients feel fortunate for MHS care that helps them achieve their goals.

As of 10 November 2020

Line of Effort #3 (Satisfied Patients): Strategic and Operational KPIs

How would you define success for this LOE by the end of FY21? How would you know we'd accomplished it?

Current Conditions → **LOE 3 Strategic Question: Are we improving in the eyes of our patients?** → **DHA End State: Integrated, Highly-Reliable System of Medical Training, Readiness, and Health**

CEB Review (Strategic Priority KPIs)	★ **Net Promoter Score: % Satisfaction with Health Plan (Health Care Survey of DoD Beneficiaries)**	**% of CSART Issues Closed**
Strategic KPI Definitions	**Net Promoter Score:** Calculated as the difference between the percentage of Promoters (9 and 10) and Detractors (1 and 2) on the question "Overall, how satisfied are you with your health plan?" This is from the Health Care Survey of DoD Beneficiaries (a survey that is sent to a sample of all eligible beneficiaries; it's not "event based").	**% of CSART Issues Closed:** The Combat Support Agency Review Team (CSART) Assessment assesses the DHA to evaluate its ability to support the operating forces. The CSART concluded that the Agency's combat support roles have not been sufficiently developed or matured to make such a determination.
ESC Review (Operational KPIs)	★ **Recommend Facility to a TRICARE Eligible Family Member/Friend (#24 JOES-C Survey)** **Overall Experience with Pharmacy (#20 JOES-Survey) (Direct Care Only)** ★ **Recommend Hospital (Inpatient Satisfaction) – (TRISS)** Outpatient / Inpatient	**% of Data Utilization in Joint Health/Surveillance IT Systems By Global MTFs and Combatant Commands to Make Informative and Timely Decisions**
Operational KPI Definitions	**Recommend Facility to a TRICARE Eligible Family Member/Friend:** Recommend Facility is calculated as the proportion of respondents who indicated 4 or 5 (somewhat agree or strongly agree) on the question "I would recommend this facility to a TRICARE eligible family member or friend," divided by everyone who answered the question (1-5). This is from the Joint Outpatient Experience Survey (JOES), a daily event-based patient experience survey. **Overall Experience with Pharmacy (#20 JOES-Survey):** Outpatient experience with Pharmacy is calculated as the proportion of respondents who indicated 4 or 5 (very good or excellent) on the question "Overall Experience with Pharmacy," divided by everyone who answered the question (1-5). This is from the Joint Outpatient Experience Survey (JOES), a daily event-based experience survey. **Recommend Hospital (Inpatient Satisfaction) – (TRISS):** Recommend Hospital is calculated as the proportion of respondents who indicated 4 (Definitely Yes) on the question "Would you recommend this hospital to your friends and family?" divided by everyone who answered the question (1-4). This is from the TRICARE Inpatient Satisfaction Survey (TRISS), a bi-weekly (results quarterly) event-based inpatient experience survey.	**% of Data Utilization in Joint Health/Surveillance IT Systems By Global MTFs and Combatant Commands to Make Informative and Timely Decisions:** TBD

★ Survey data available for both direct and Purchased Care

FY21 LOE 4 Strategic and Operational KPIs

LOE 4 Definition: Our staff feel joy and purpose working in the MHS.

As of 10 November 2020

Line of Effort #4 (Fulfilled Staff): Strategic and Operational KPIs

How would you define success for this LOE by the end of FY21? How would you know we'd accomplished it?

Current Conditions → **LOE 4 Strategic Question: Is the DHA a desired place to work?** → **DHA End State: Integrated, Highly-Reliable System of Medical Training, Readiness, and Health**

CEB Review (Strategic Priority KPIs)

- **Best Places to Work in the Federal Government Ranking**
- **Staff Engagement: # of Annual Organizational Changes That Resulted From Employee Engagements**

Strategic KPI Definitions

Best Places to Work in the Federal Government Ranking: Consists of yearly response by DHA civilian employees to 3 questions on the FEVS: #1) I recommend my organization as a good place to work; #2) Considering everything, how satisfied are you with your job? #3) Considering everything, how satisfied are you with your organization? DHA has improved each year since 2015 but ranks in the bottom 20% of Federal organizations participating in the FEVS (for 2019 336 of 420).

Staff Engagement: # of Annual Organizational Changes That Resulted From Employee Engagements: Increased employee engagement leads to better performance and outcomes. Leaders emphasize improving employee engagement and commit to the idea that the DHA will work better with an engaged workforce, good leaders and the processes, structures and information to make informed decisions.

ESC Review (Operational KPIs)

- **FEVS Survey (% Response Rate)**
- **DEOCS (DEOMI Organizational Climate Survey): Participation Rate**
- **Patient Safety Culture Data**
- **Staff Burnout/ Turnover: % of Over-time Authorized****
- **Staff Burnout/ Turnover: % of Comp- time Authorized****
- **Recognizing Contributions: Civilian Awards Processed Within the Performance Year**
- **Staff Burnout/ Turnover: % of Lost Leave EOY (HQs and Market)****
- **Managing Performance and Development: Documenting Plans and Appraisals**

Operational KPI Definitions

FEVS Survey (% Response Rate): Federal Employee Viewpoint Survey (FEVS) is an annual civilian employee survey administered by the Office of Personnel Management to full-time and part-time permanent, nonseasonal employees in the federal government in agencies that accept an invitation to participate int he survey. The survey measures employees' perceptions of whether, and to what extent, conditions characteristic of successful organizations are present in their agencies and serves as a tool for employees to share their perceptions in many critical areas including their work experiences, their agency, and leadership. Results of participant responses to the survey are to be provided to leadership throughout the survey period to monitor progress and encourage additional participation. 2019 was DHA's best year with 38.5% participation; The 2020 target is 40% participation.

DEOCS (DEOMI Organizational Climate Survey): (Participation Rate): The KPI measures the response rate (Employees and military members who Participate in Survey/The Total number of employees and military members invited to take part in the survey) in the DEOMI Workforce Climate Survey. The DEOMI Workforce Climate Survey results will be a starting point to measure concerns DHA employees may have related to equal employment opportunities.

Patient Safety Culture Data: Measure provides insight on dimensions from the MHS Patient Safety Culture Survey.

Staff Burnout/ Turnover: % of Over-time Authorized: Per quarter, pull the number of hours worked by DHA employees and the number of those hours worked using overtime type labor hours. Provide the percentage based off calculations.

Staff Burnout/ Turnover: % of Comp-Time Authorized: Per quarter, pull the number of hours worked by DHA employees and the number of those hours worked using Comp time type labor hours. Provide the percentage based off calculations.

Staff Burnout/ Turnover: % of Lost Leave EOY (HQs and Market): This analysis would have to be run on a yearly basis, during 1st quarter of the calendar year. During the 1st quarter, pull the balance of leave hours per DHA employee for prior calendar year and the number of forfeited annual leave hours for the prior calendar year. Provide the percentage based off calculations.

Recognizing Contributions: Civilian Awards Processed Within the Performance Year: This measure informs how well DHA leaders are recognizing DHA employee achievements, contributions and performance.

Managing Performance and Development: Documenting Plans and Appraisals: This measure informs how well DHA leaders are recognizing DHA employee achievements, contributions and performance.

**KPI Recommended for 'Hold' Status Pending Further LOE 4 Discussions

DHA Campaign Plan Integration

The FY21 priorities remain: Great Outcomes, Ready Medical Force, Satisfied Patients, and Fulfilled Staff.

Successful execution of DHA priorities requires enterprise-wide integration of the QPP and FY21 Planning, Programming, Budgeting, and Execution (PPBE) cycle. We must ensure our time and resources are prioritized and dedicated to those efforts that are most important in support of our Warfighters and our patients.

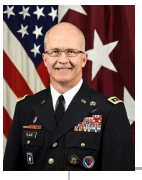
To maintain accountability, KPI performance will be monitored through periodic performance review sessions and managed at the MHS level, through Health Affairs. Within DHA, reviews will include HQ, Market, and MTFs.

DHA priorities are inclusive of Markets and MTFs. Our mission is supporting the Markets and the Service Military Departments. DHA's Campaign Plan Projects, Key Performance Indicators, and integrated processes represent our commitment to the successful FY21 execution of DHA's four priorities.

Appendix

DHA Points of Contact

As of 10 November 2020



Director, DHA
LTG Ronald Place

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Senior Enlisted Leader
CSM Michael Gragg

Deputy Director
Mr. Guy Kiyokawa

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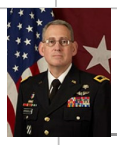
Health Care Administration
Dr. Brian Lein
(AD-HCA)



Assistant Director
Combat Support
BG George Appenzeller
(AD-CS)

Assistant Director
Management / CAE
Dr. Barclay Butler
(AD-M)

DAD Medical Affairs **Dr. Paul Cordts**

DAD Information Operations **Mr. Pat Flanders (J-6)**

DAD Financial Operations **Col Virgil Scott (J-8)**

DAD Healthcare Operations TRICARE **Mr. Christopher Priest**

DAD Combatant Command Operational Support **Mr. Don Dahlheimer**

DAD MEDLOG **Col Randall Ivall**

DAD Public Health **COL Melinda Cavicchia**

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DHA

Defense Health Agency