

INFORMATION PAPER

11 September 2014

SUBJECT: Military Health System (MHS) Population Health & Evidence Based Practice Programs

1. Purpose: To provide Former Army Medicine Senior Strategic Leaders information about MHS and Army Medicine efforts in Population Health and Evidence Based Practices

2. Facts:

a. The Military Health System (MHS) and Army Medicine track clinical quality performance of ambulatory care teams through the use of HEDIS measures. The technical specifications (i.e. medical coding) of the HEDIS measure set is programmed into the MHS Population Health Portal (MHSPHP), an application hosted on CarePoint 3G.

HEDIS measures are owned and managed by the National Committee of Quality Assurance (NCQA). By monitoring HEDIS measures, the MHS compares our clinical quality performance to commercial health plans from across the U.S.

Both the historical PBAM (Performance Based Adjustment Model) and current IRIS (Integrated Resourcing & Incentive System) pay for performance models have used a set of the HEDIS measures in their reports since the early 2007 timeframe. As a result, Army MTFs have been incentivized to improve their clinical measures performance since they receive bonus funding based on IRIS reports using HEDIS benchmarks. IRIS uses the same HEDIS reports published by the data source system, the MHSPHP. Rather conclusively, the HEDIS set tracked by IRIS resulted in a remarkable, steady upward trend in Army performance over the years.

Currently, the IRIS model uses Overweight & Obesity reports published by PASBA. Description: Bonus of \$1 per Enrollee, 24 months and older, that had a Healthy Weight (\$.50 within 2% Healthy Weight) measured in a Primary Care Clinic within the prior 12 months using CDC standards.

The MHSPHP now hosts a set of Overweight and Obesity measure reports. They are relatively new and considered immature (teams are learning how to use the data set). These reports are not considered HEDIS measures since the technical specifications for data coding capture are not yet programmed. The MHSPHP application leadership and team are working to expand the Overweight & Obesity data set for use by our clinical teams.

b. Army Medicine actively supports and promotes the use of evidence-based practice by our primary care teams. The Army Medicine Evidence Based Practice (EBP) program office is the lead DoD proponent for the development and dissemination of the VA/DoD Clinical Practice Guidelines (CPGs) used by ambulatory care teams across the MHS and VA health systems. There are currently 24 VA/DoD guidelines in use across Army, Navy, Air Force and VA primary care settings.

CPGs translate research findings into everyday use application by promoting the right care at the right time to the right patient at the right resource utilization. The use of clinical guidelines supports clinical quality Improvement activities that are process-oriented and outcomes-focused.

The VA/DoD Clinical Practice Guideline for the Management of Obesity and Overweight was revised and published in July 2014. This CPG describes the critical decision points for practitioners through the use of comprehensive evidence based recommendations regarding weight management. The guideline is intended to improve patient outcomes and local management of patients who are obese or overweight.

You can access CPG supporting documents at: <http://www.healthquality.va.gov/guidelines/CD/obesity/>

The executive summary of the Obesity & Overweight CPG states: Weight loss treatment for overweight and obesity can be effectively delivered through an inter-disciplinary approach in a primary care setting. Comprehensive lifestyle intervention alone and comprehensive lifestyle intervention with adjunctive pharmacotherapy or bariatric surgery are effective for many. Though providing these interventions will require upfront resources from health-care systems, they have the potential to reduce lifetime medical costs. Through effective management, morbidity from obesity-associated chronic health conditions can be reduced and military readiness improved.

A filmed broadcast of the 2014 Management of Obesity and Overweight CPG was produced in mid-September. This production highlights the Champions responsible for writing this CPG and they provide instruction on key research recommendations for care and treatment of overweight and obese patients enrolled to primary care clinics. We anticipate the CPG broadcast for Management of Overweight and Obesity will be available for on-demand viewing and CME/CEU credits in NOV 2014.

Army Medicine's Evidence Based Practice (EBP) program office is responsible for producing the VA/DoD CPG toolkits. CPG Toolkit items are produced and disseminated across DoD and includes Mobile Apps for use on smartphones and tablets. The Army Medicine program office also manages a web site of resource materials for the 24 VA/DoD Clinical Practice Guidelines. A major component of our Army Quality Management Office web site (<https://www.qmo.amedd.army.mil>) is the VA/DoD Clinical Practice Guideline Toolkit Shopping Cart. MTFs from across DoD have access to view and mail order the over 150 CPG toolkit items that support implementation of key treatment recommendations from the various guidelines for use in the clinical setting. These educational tools are designed to provide practitioner, patient or system support to primary care settings. There is no cost to the MTFs to order and receive CPG toolkit items via mail.

The Army Medicine EBP program office also collaborates with the Tri-Service Work Flow (TSWF) group to integrate key recommendations from CPGs into AHLTA (current DoD electronic health record) used across the MHS. These TSWF Alternate Input Management forms place the CPGs at the point of care. These CPG documentation tools were accessed more than 23 million times in the last year via AHLTA to assist with the integration of evidence into practice.

c. The Army Medicine EBP program office also provided key attachments below for reference.



National Trends
Population Health



VA DOD Obesity
Guideline

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