



# How does the U. S. Army Medical Department implement CPGs?

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# VA/DoD Clinical Practice Guidelines

- Partnered with VA in 1998
- Placed priority on standardization of care to achieve greater consistency, quality and cost-effectiveness of health care
- Then partnered with RAND to develop implementation process across the AMEDD drawing upon theory, published literature and field experience
- Implementation manual (“RAND”) developed and then adapted for use across VA and DoD



# Implementing Change

- **Largely effective**
    - Educational outreach (for prescribing)
    - Reminders
    - Multi-faceted interventions
    - Interactive educational meetings
  - **Variable effectiveness**
    - Audit and feedback
    - Opinion leaders
    - Local consensus processes
    - Patient mediated interventions
  - **Largely ineffective strategies**
    - Distribution of written educational materials
    - Didactic educational sessions
  - **No evidence**
    - Interventions to improve MD-RN collaboration
- Bero et al. (1998). BMJ, 317, 465-468.



# RAND Implementation Project

- **Projects**
  - **FY99-00: Low Back Pain, Diabetes, Asthma**
- **Options:**
  - **Centralize the corporate and MTF Support functions at the MEDCOM level**
  - **Share the implementation functions between MEDCOM and the Regional Medical Commands with the corporate functions located at MEDCOM and MTF support functions located in the RMCs**
  - **Hybrid Option in which the Central option would be adopted for CONUS and the shared option adopted for OCONUS**

Vernez, G., Farley, D. O., Cretin, S., Nicholas, W., Dolter, K. J., Lovell, M., & Schmith, J. (2000). Proposed managerial structure to support Army-wide implementation of 4 clinical practice guidelines.

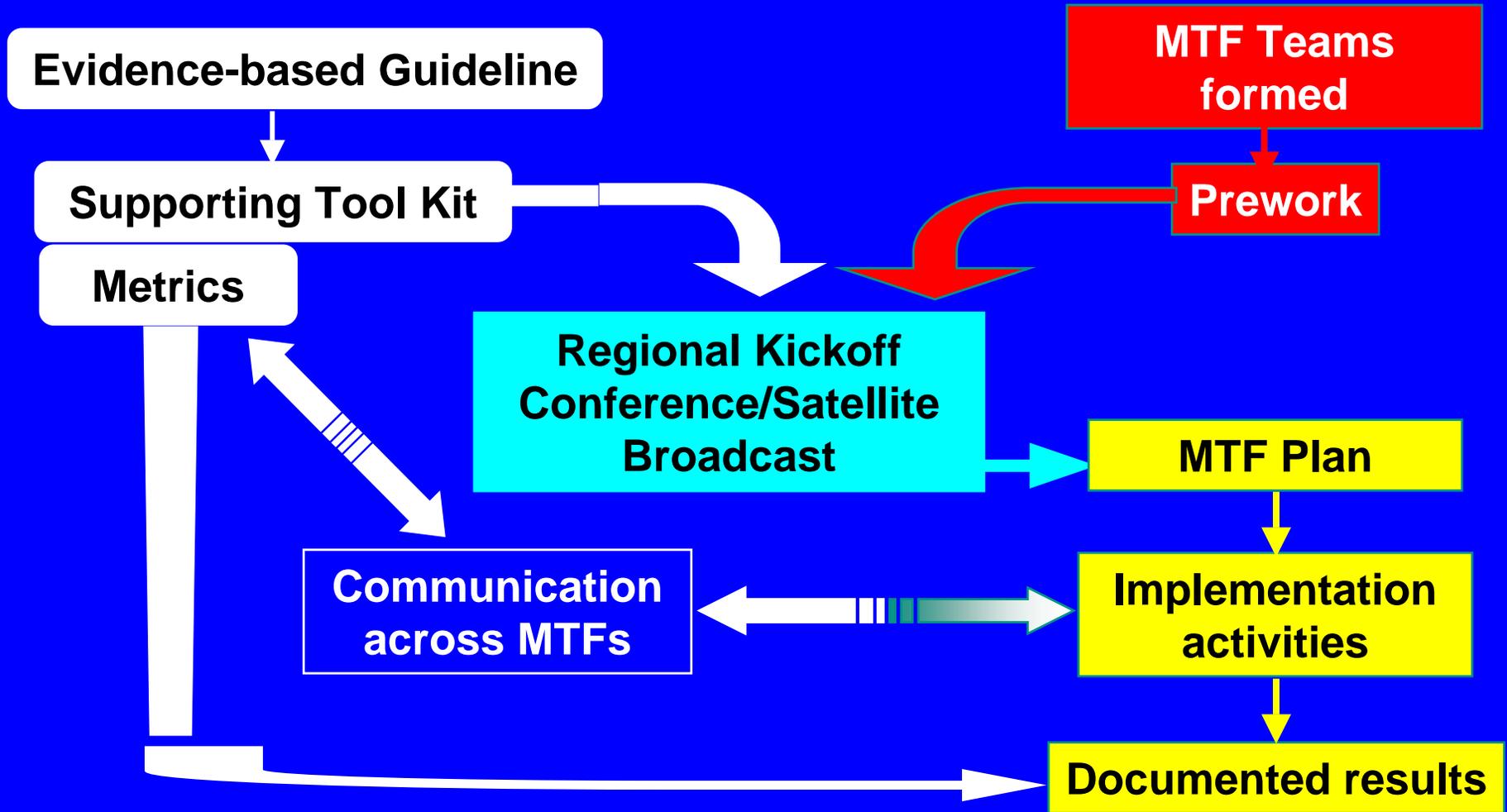


# Implementing The Guidelines

- **Command support is crucial**
- **Use the Plan Do Study Act Cycle**
  - **Identify a Champion**
  - **Form multi-disciplinary teams**
  - **Identify gaps**
  - **Develop Action Plans**
  - **Educate staff**
  - **Pilot implementation**



# Overview of Implementation Approach





# Overview of current AMEDD Implementation Approach

## MEDCOM

- Guideline adapted
- Toolkit developed
- CPG launch
- Metrics monitored
- Site assistance visits

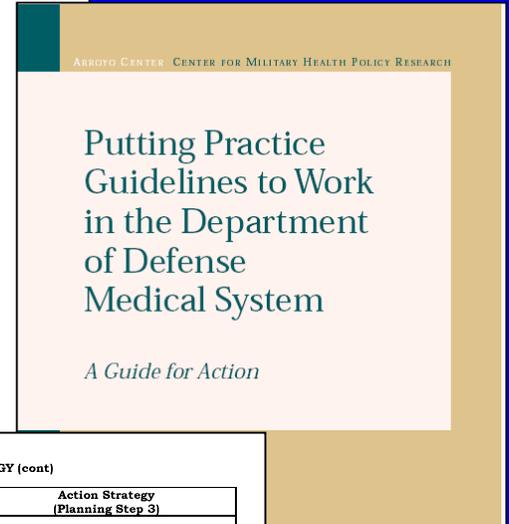
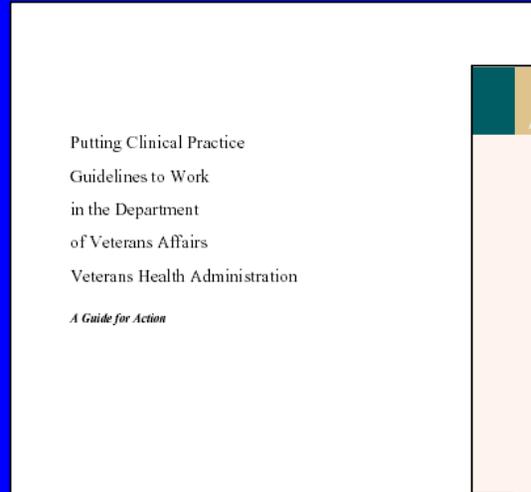
## Military Treatment Facilities

- Champion identified
- Action Team formed
- Gap Analysis
- Action Plan developed
- Implementation
- Metrics monitored



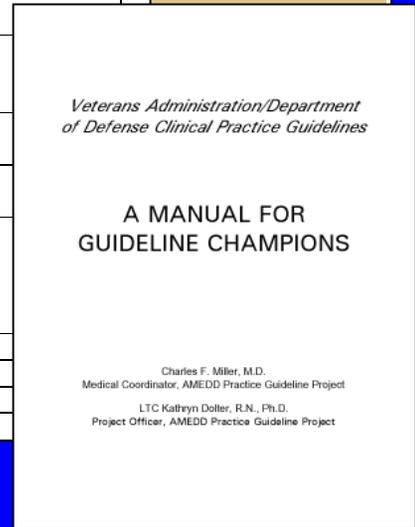
# Implementation References

Use the DoD/ RAND and VA Guideline Implementation Manuals and Team Worksheets to guide your CPG Implementation efforts.



**Worksheet 1. IMPLEMENTATION STRATEGY (cont)**

Key Guideline Element	Gaps in Current Practices (Planning Step 1)	Action Strategy (Planning Step 3)
Formulate an efficient and effective initial preoperative assessment.		
Initiate postoperative pain management in the preoperative period through appropriate patient assessment and education and the development of a collaborative pain management plan with the patient.		
Provide appropriate patient and family education in the preoperative, postoperative and discharge settings.		
Manage pain with multi-modal therapy, including both pharmacologic and non-pharmacologic modalities.		
Optimize the use of therapy to control symptoms: -- Systematically assess patient response to treatment at scheduled intervals postoperatively to include pain relief, side effects and impact on functional status -- Document -- Modify the plan as needed		
Reduce the incidence and severity of patients' postoperative pain		
Minimize postoperative complications and morbidity.		
Begin pain management discharge planning immediately after surgery.		



Materials are downloadable from the Army CPG website, <http://www.QMO.amedd.army.mil>



# Facility Implementation Team

- **Guideline Champion**
  - The person with clinical expertise in the guideline who acts as an advocate for implementation
  - Belief in the value of clinical practice guidelines
  - Of sufficient rank to facilitate authoritative action
- **Other team members**
  - Condition Specialists, Primary Care Providers, Nurse Practitioners, Physicians' Assistants
  - Nurses, Pharmacists, Physical Therapists, Dieticians
  - Administrative staff
  - Ancillary support staff
  - Quality Management staff
- **Group Facilitator, usually Quality Management Staff**



## I. ADOPTION

## II. IMPLEMENTATION

Establish  
Leadership Support

Form the Implementation  
Action Team

Develop / Modify  
Implementation Action Plan

Monitor  
Implementation Progress

Implement Small Scale  
Changes Using PDSA Cycle

Extend and  
Adapt Change

## III. INSTITUTIONALIZATION



# Guideline Implementation Checklist

- **Champion Designation**
- **Team Formation**
- **Action Plan Formulation/Implementation**
  - Educate the Healthcare Team
  - Change clinic processes
  - Pilot on a small-scale
  - Monitor metrics
  - Effect rapid-cycle change
- **Institutionalize into Facility Processes**
  - Educate
  - Implement
  - Monitor



# Working as a Team

- **Integrate CPGs into routine clinic processes done by all staff (primary care providers, ancillary personnel, pharmacy staff, dietitians, physical therapists, Health Promotion staff, etc)**
  - **Screening**
    - **Universal screens for tobacco use, pain, depression & post-deployment health concerns**
    - **Time-specific screens**
  - **Patient questionnaire administration**
  - **Patient education opportunities**
  - **Standing orders for guideline conditions**
  - **Follow-up care**



# Indicators of Implementation



- **Identifiable Champion**
- **Use of tools (e. g., forms, exam room cards, pt education materials)**
- **Improvement in metrics**
  - **Process and Outcome metrics**
  - **Local and Central monitoring**
  - **Static and Real-time availability**



**What VA/DoD resources are available for the development and implementation of CPGs?**



# Web Resources



[www.QMO.amedd.army.mil](http://www.QMO.amedd.army.mil) \*

[www.OQP.med.va.gov/cpg/cpg.htm](http://www.OQP.med.va.gov/cpg/cpg.htm) \*

**U.S. Army MEDCOM Quality Management Office**

**Monday, April 28, 2003**

This site is brought to you by the Quality Management Office, MEDCOM, Headquarters.

We are continually assembling information which can be accessed from the menu bar on the left side of the page.

We have large quantities of information to publish, and desire to make this site your source for the latest information from our office.

**QM Conference Cancelled**

The Quality Management Conference scheduled for 2-6 June 2003 in conjunction with the AJGA Symposium regrettably will NOT be held. The conference to date has NOT been rescheduled. Thanks to all of you who have taken the time to provide feedback, ideas and develop educational programs in support of this office and conference. Again, thank you and we apologize for any inconvenience this may have caused.

**Quality Management Helpful Links**

- Tricare - Quality of Healthcare Report to Congress FY 2001
- National Quality Management Program Newsletters On-Line
- The National Forum for Health Care Quality Measurement and Reporting**
- The NQF is a private, non-profit public benefit corporation created in 1999 to develop and implement a national strategy for healthcare quality measurement and reporting.
- Go to web site...
- Web Links Disclaimer**
- Links to non-federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by the Army Medical Department (AMEDD) or the Department of Defense and none should be inferred. The AMEDD is not responsible for the content of the individual organization's web pages found via these links.
- Privacy & Security Notice

**On-Line Ordering System for Clinical Practice Guideline Tool Kit Supplies**

Visit our new on-line shopping system available to Army facilities to replenish supplies of the Clinical Practice Guideline Tool Kits. Order refill items for multiple CPGs at one time. Receive an email confirmation of your order with your order number and summary. Once your order is shipped you can track it right on our web site.

Click Here to Check It Out...

**The Surgeon General's Excalibur Award**

List of 2002 Winners and Award Program Introduction

- Policy Memorandums
- Evaluation Criteria
- Improvement Award Template
- Frequently Asked Questions

Please feel free to comment on the content and layout of this site. Our goal is to serve you, our customer, to the best of our ability. Please e-mail the webmaster with comments and ideas. Thank You!

**Clinical Practice Guidelines**

Office of Quality and Performance

CPG Home

- Contact
- FAQ
- Policy
- Presentations

**CARDIOVASCULAR**

- Chronic Heart Failure (CHF)
- Hypertension (HTN)
- Ischemic Heart Disease (IHD)
- Dyslipidemia (LDL/C)

**ENDOCRINE**

- Diabetes Mellitus (DM)

**EYE**

- Glaucoma

**GENITOURINARY TRACT**

- Benign Prostatic Hyperplasia (BPH)
- Dysuria
- Erectile Dysfunction (ED)
- Prostate Gland Removal (GPR)

**MENTAL HEALTH**

- Major Depressive Disorder (MDD)
- Psychosis (PSYCH)
- Substance Use Disorder (SUD)

**MUSCULOSKELETAL**

- Low Back Pain (LBP)

**OB/GYN**

- Uncomplicated Pregnancy (UP)

**PULMONARY**

- Asthma
- Tobacco Use Cessation (TUC)
- Chronic Obstructive Pulmonary Disease (COPD)

**OTHER**

- Post-Deployment Health Evaluation & Management
- Medically Unexplained Symptoms, Chronic Pain & Fatigue
- Post-Operative Pain
- Nitrosated, Chemical, and Radiation Induced Injuries
- Terrorism Pocket Guide - Non VA Ordering Information

**What's New!**

- Diabetes Mellitus (DM)
- Post-Operative Pain
- Chronic Obstructive Pulmonary Disease (COPD)
- Health Tips for CHF
- Chronic Heart Failure (CHF)
- Dyslipidemia (LDL/C)
- Erectile Dysfunction (ED)
- Low Back Pain (LBP)

**Clinical Practice Guidelines**

Implementation of evidence-based clinical practice guidelines is one strategy VHA has embraced to improve care by reducing variation in practice and streamlining "best practices". Guidelines, as general tools to improve the processes of care for patient subsets, serve to reduce errors, and provide consistent quality of care and utilization of resources throughout the system. Guidelines also are comprehensive for accountability and facilitate learning and the conduct of research. The guidelines on this site are those endorsed by VHA's National Clinical Practice Guidelines Council.

Clinical practice guidelines initially evolved in response to studies demonstrating significant variations in risk-adjusted practice patterns and costs. Researchers hypothesized that establishing criteria for the appropriate use of procedures and services might decrease inappropriate utilization and improve patient outcomes.

**VHA Guidelines**

VHA, in collaboration with the Department of Defense (DOD) and other leading professional organizations, has been developing clinical practice guidelines since the early 1980s. Guidelines for the Rehabilitation of Stroke and Amputation and the Care Guide for Ischemic Heart Disease were among the first distributed through VHA in 1986 and 1987. Since that time, numerous others, including guidelines on Diabetes Mellitus, COPD, Major Depressive Disorder, Psychosis, Tobacco Use Cessation, Hypertension, and more, have been developed and distributed for implementation throughout the system.

VHA defines Clinical Practice Guidelines as recommendations for the performance or execution of specific procedures or services for specific disease entities. These recommendations are derived through a rigorous methodological approach that includes a systematic review of the evidence to outline recommended practice. Guidelines are frequently approved in the form of an algorithm, which is a set of rules, in a flowchart format, for solving a problem in a finite number of steps. Clinical guidelines are used by many as a potential solution to inefficiency and inappropriate variation in care. However, it is acknowledged that the use of guidelines must always be applied in the context of a provider's clinical judgment for the care of a particular patient. For that reason, the guidelines may be viewed as an educational tool analogous to textbooks and journals, but in a more user-friendly format.

QOP Home Page / Search QOP / About QOP / Contact QOP Webmaster

November 22, 2002

VHA Home Page / Search / Site Map / Facilities Locator / Disclaimer

Privacy & Security Statement / Freedom of Information Act / Contact Us / Accessibility

\* Where to obtain and reorder CPG Toolkits & materials.



# Aggregate Army Metrics, Trended Diabetes Mellitus Portal, NQMP and HEDIS Data

The screenshot shows the U.S. Army MEDCOM Quality Management Office website. The main heading is "CLINICAL PRACTICE GUIDELINES". Below this, there are several sections:

- On-Line Ordering System for Clinical Practice Guideline Tool Kit Supplies:** A section for ordering supplies, with a "Shop For CPG Items Now" button.
- Clinical Practice Guidelines:** A section with a "Patient Care Team" logo and a "Guideline Toolkit" link.
- VA / DoD Guidelines and Tool Kits Available and Anticipated:** A section with a "Click here to view dates" link.
- CPG Metrics and Benchmarks:** A section with links for "FY04 Performance Plan between Deputy Secretary of Defense and Asst Secretary Defense (H4)", "Entire Performance Plan", "Summary Table", "2002 Health-Related Behavior Survey among Military Personnel", and "Healthy People 2010".
- Military Healthcare System Population Health Portal (MHS Portal):** A section with links for "Military Health System Portal", "Aggregated Army Data", "Trended Asthma Portal Data", and "Trended Diabetes Mellitus Portal Data".
- CPG Update:** A section with a link for "The Post Traumatic Stress Disorder Clinical Practice Guidelines - On-Line" and "View PTSD Page" and "View Guideline".
- Guideline Champion Information:** A section with links for "Manual for Facility Clinical Practice Guideline Champions", "Responsibilities of the National Clinical Practice Guideline Champion & Team Members", and "Rand Manual - 'Putting Practice Guidelines to Work in the Department of Defense Medical System' (2001) Guideline for Guidelines".
- Fort Benning CPG/CP Regulation:** A section with a "Thank you to Fort Benning for sharing their local CPG/CP Regulation" message and a "Click here to view document" link.
- June 2003 ...** A section with a "Click here to view dates" link.

**Aggregated Army Metrics**

**Trended CVD and DM Portal**

**NQMP and HEDIS Data**



# Military Healthcare System Population Health Portal



## MHS Population Health Portal






**Improve the Health Status of your Population with the . . .**  
 Air Force Population Health Portal  
 Naval Population Health Navigator  
 Army Population Health Information Connection  
 . . . the one tool for all Services, known as the MHS Portal.

A Tri-Service web-based tool which generates detailed "Action Lists" for Clinical Preventive Services, Disease and Condition Management at the Provider and Clinic level for your enrolled beneficiaries:

- Click through "Index Card" design
- Standardized tabular reports with Excel® spreadsheet options
- Detailed methodological guidelines with national benchmarks
- Service level headquarters accounts with aggregate reports available

**Demographic Tab:**  
 Population data stratified by preventive service, age, and gender

**Preventive Services Tab:**  
 Proactively monitor six preventive services through action lists  
 Track your success with national HEDIS® benchmarks  
 Childhood immunizations currently limited to Air Force MTFs and one Navy demonstration site

**Disease/Condition Management:**  
 Aggressively manage 10 diseases or conditions with action lists, prevalence reports and aggregate counts  
 Track your success with national HEDIS® benchmarks

**Request an account today at <https://pophealth.afms.mil/tsphp>**

The MHS Portal was developed to meet the Services' request for actionable information for Population Health and Medical Management. Chartered by the Population Health and Medical Management (PHMM) Division at TRICARE Management Activity in collaboration with the Population Health Support Division in San Antonio and our Service partners.

**PHMM Mission:**  
 Provides policies, instructions, programs, forum, and resources to measure, improve, and sustain the health status of the population.

**PHMM Vision:**  
 We are the definitive source for population health information to facilitate the transformation of the MHS from a reactive to proactive healthcare system.

**Population Health and Medical Management Division**  
 Office of the Chief Medical Officer, TRICARE Management Activity,  
 5111 Leesburg Pike, Suite 810, Falls Church, VA 22041  
 703 681.0064, DSN 761.0064, FAX 703 681.1242

**SERVICE RESOURCES**

<i>Air Force Population Health Portal</i> Lt Col Phillips, USAF, MC AF Population Health Support Division 210.532.4265 or DSN 240.4265 <a href="mailto:clm.phillips@brooks.af.mil">clm.phillips@brooks.af.mil</a>	<i>Naval Population Health Navigator</i> Mrs. Betty Rauschmeier BUMED-M3M2 202.762.3139 or DSN 762.3139 <a href="mailto:etarruschmeier@us.med.navy.mil">etarruschmeier@us.med.navy.mil</a>	<i>Army Population Health Information Connection</i> LTC(P) Margaret A. Hawthorne MEDCOM-MCHD-Q 210.221.8297 or DSN 471.8297 <a href="mailto:margaret.hawthorne@amedd.army.mil">margaret.hawthorne@amedd.army.mil</a>
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<https://pophealth.afms.mil/tsphp/login/login.cfm>



# Contact Information

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- **Web:** <http://www.QMO.amedd.army.mil>