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

Margaret A. Hawthorne
LTC(P), AN
Quality Management
Chief, Evidence-Based Practice
Fort Sam Houston, Texas 78234
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

• **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

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

- Evidence-based Guideline
- Supporting Tool Kit
- Metrics

Regional Kickoff Conference/Satellite Broadcast

MTF Teams formed

Prework

MTF Plan

Implementation activities

Documented results

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

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, dieticians, 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

* Where to obtain and reorder CPG Toolkits & materials.

www.OQP.med.va.gov/cpg/cpg.htm

* Where to obtain and reorder CPG Toolkits & materials.
Aggregate Army Metrics, Trended Diabetes Mellitus Portal, NQMP and HEDIS Data

Aggregated Army Metrics

Trended CVD and DM Portal

NQMP and HEDIS Data
Military Healthcare System
Population Health Portal

https://pophealth.afms.mil/tsphp/login/login.cfm
Contact Information

• **Practice Guideline Coordinators:**
  – LTC(P) Margaret A. Hawthorne, Chief—Evidence-Based Practice
  – Angela Klar – Diabetes, Asthma, Cardiovascular Disease

• **Address:** USAMEDCOM Quality Management, 2050 Worth Road, Suite 26, Fort Sam Houston, TX 78234-6026

• **Phone:** (210) 221-6527, DSN 471

• **Facsimile:** (210) 221-8478, DSN 471

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