



ARMY MEDICINE
Serving To Heal...Honored To Serve

Healthcare Effectiveness Data Information Set (HEDIS®) Methods and Approaches

Office of Evidence-Based Practice
Quality Management Division
US Army Medical Command
Fort Sam Houston, Texas 78234
April 2014

WORK IN PROGRESS



Objectives

- Define HEDIS®
- Describe what successful Military Treatment Facilities have done to achieve the HEDIS® 90th percentile targets
- Discuss the roles of interdisciplinary staff in achieving best practices
- Describe methods and approaches used in monitoring diabetes, asthma and wellness screenings
- Utilize tools and resources available at the online HEDIS® Best Practice Tool Kit



So, How are We doing?



- Great variability across Army Medicine
 - Empanelment
 - Access
 - Provider utilization (Underutilization of physician extenders)
 - Template management
 - Clinic management
- Moving from a volume-based payment model to a value-based payment model requires we encourage systems thinking and align clinical and operational resources to improve outcomes and efficiencies
- Today's leaders must implement strategies to:
 - Improve cost management and efficiency
 - Increase clinical integration and expand coordinated care
 - Improve quality and patient safety
 - Integrate information systems
 - Foster innovation and change management
 - Increase patient engagement



HEDIS®

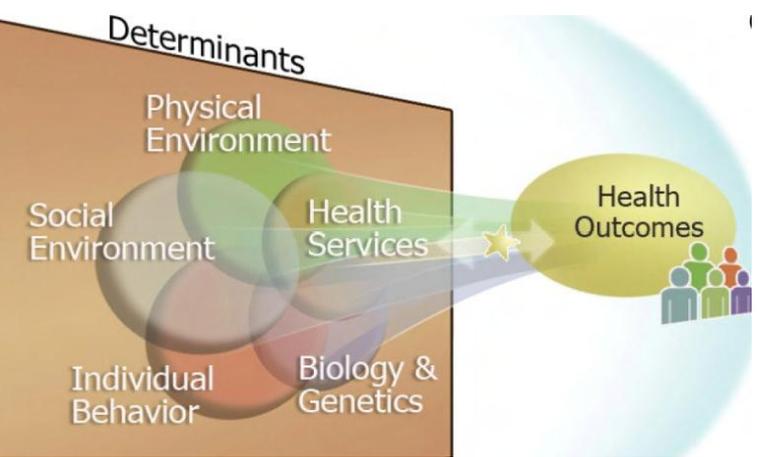


- **HEDIS®** = Healthcare Effectiveness Data Information Set
- Set of precisely defined measures using **standardized methodologies** applied to a broad range of health conditions
- Data submitted by commercial U.S. health care plans
- DoD does not submit data for inclusion in NCQA public reports
- Reports are used to measure quality **performance**
- Presented in percentages and percentiles that are published annually; administered by the National Committee of Quality Assurance (NCQA)

www.NCQA.org



Population Health: CarePoint 3G MHSPHP Database



- Embedded in concepts of comprehensive care and PCMH; “know your empanelment”
- MHSPHP = patient registry for Pop Health management activities; 1.4M Army benes
- Transforms data into actionable information

- Driver of clinical management activities; hosts daily reports
- Determinant of PI initiatives for the practice (HEDIS®)
- Database is expanding in scope of automated reports

COMMAND	ERMC	JTF	NRMC	PRMC	SRMC	WRMC
Total Enrolled	73,671	76,251	293,536	89,160	473,069	373,649
AMM Acute Phase Treatment Score (>=84 Days)	60.61%	76.57%	63.68%	63.52%	60.36%	67.67%
AMM Continuation Phase Treatment Score (>=180 Days)	35.67%	54.70%	42.35%	39.85%	38.19%	43.19%
Asthmatics Total Score	95.95%	95.84%	96.02%	96.05%	95.42%	94.91%
Asthmatics 5 to 11 Score	96.92%	97.10%	96.95%	96.23%	97.02%	95.62%
Asthmatics 12 to 18 Score	94.26%	94.57%	95.95%	95.15%	96.11%	95.71%
Asthmatics 19 to 50 Score	95.68%	96.68%	95.58%	95.46%	94.83%	94.69%
Asthmatics 51 to 64 Score	100.0%	93.98%	95.78%	100.0%	93.39%	93.88%
Breast Cancer Screening Score	60.21%	71.85%	75.05%	72.86%	77.28%	74.98%
Breast Cancer Screening 42 to 51 Score	59.24%	70.92%	73.50%	71.47%	75.26%	72.39%
Breast Cancer Screening 52 to 69 Score	68.44%	72.85%	76.88%	75.33%	79.22%	77.49%
Cervical Cancer Screening Score	88.18%	79.73%	84.87%	87.70%	83.70%	85.18%
Children with Pharyngitis with Appropriate Testing Score	81.55%	85.28%	82.80%	76.67%	87.82%	65.02%
Children with URI Appr Trmnt Score	95.59%	91.25%	87.08%	96.30%	86.61%	90.00%
Chlamydia Screening Score	62.92%	47.20%	58.23%	72.19%	59.71%	62.04%
Chlamydia Screening 16 to 20 Score	49.50%	37.89%	44.00%	63.76%	47.23%	49.66%
Chlamydia Screening 21 to 24 Score	68.11%	63.11%	67.84%	76.61%	68.49%	68.28%
Cholesterol Mgmt LDL Screening Score	85.00%	84.72%	82.10%	82.05%	84.42%	80.37%
Cholesterol Mgmt LDL Control Score	42.50%	64.41%	52.22%	53.21%	55.06%	54.56%
Colon Cancer Screening Score	74.29%	66.77%	74.62%	73.27%	78.33%	77.05%
Diabetes A1C Screening Score	89.18%	89.21%	89.54%	88.20%	90.67%	89.99%
Diabetes A1C <7 Good Control - No Comorbidities Score	51.78%	52.54%	51.96%	52.68%	52.01%	51.83%
Diabetics A1C <8 Control Score	70.88%	70.52%	67.42%	68.71%	67.41%	68.81%
Diabetes A1C <=9 Control Score	79.12%	78.68%	76.22%	75.50%	76.40%	77.95%
Diabetes LDL Screening Score	84.28%	84.56%	86.05%	85.29%	87.57%	86.78%
Diabetes LDL Control Score	35.57%	54.10%	46.83%	50.26%	50.94%	51.91%
Low Back Pain Imaging Studies Score	79.80%	76.26%	72.61%	82.66%	70.19%	72.36%
Mental Health Follow Up after 30 Days Score	95.05%	77.59%	84.34%	92.97%	84.62%	85.42%
Well Child Six Visits Score	82.30%	82.51%	82.35%	83.55%	78.84%	78.45%



Overarching Success Factors



- Command/Leadership Support and Priority
- Teamwork
 - Primary Care
 - Nursing Staff
 - Managed Care
 - Analysts
- Ownership of Data
- Outreach
- Link patient who has an appointment to wellness needs
- Controlling Enrollment
- Persistence!





Everyone Plays a Role!

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The HEDIS[®] Stool





Command Support



- Commander support of quality performance efforts:
 - Prioritizes staff efforts
 - Directs cooperation and teamwork
 - Determines TRICARE Plus enrollment criteria
 - Prioritizes keeping enrollment current
 - Encourages a “can-do” attitude
 - Demands progress reports
 - Recognizes accomplishments and improvement
 - Authorizes investment and spending
 - Allocates PBAM awards





Nursing Support

- Nursing contributions to best practices
 - Identify ways to improve use of evidence-based practices in their clinics
 - Conduct outreach efforts
 - Identify needed screenings
 - Order labs and screenings in AHLTA
 - Have AHLTA signing authority for documentation issues
- Support team work between appointment clerks
 - Assist in booking future screening appointments
 - Look at patients with upcoming appointments– what screenings do they need?





Provider Contributions



- Own your panel and your panel's data
- Document what you need to have the test/visit "count"
- Choose correct codes in AHLTA
- Work with coders to ensure all work is captured and counted
- Educate and counsel patients about the benefits of preventive care interventions and the importance of good control of chronic conditions such as asthma, diabetes, hypertension



Support and Administrative Staff

- **Administrative Staff (Population Health)**
 - Oversee outreach (bringing patients in) and inreach (touching patients already scheduled)
 - Own, manage and distribute Action Lists; (dependent on MTF resources)
 - Work with other providers and nurses to address data quality concerns. When possible, give feedback about “missed opportunities”
- **Managed Care**
 - Work to get out-of-area beneficiaries to update their place of enrollment
 - Compile lists of beneficiaries who are mis-enrolled to your facility
 - Review local rules for TRICARE Plus program enrollment
 - Remove beneficiaries who don’t meet criteria from the program



Support and Administrative Staff

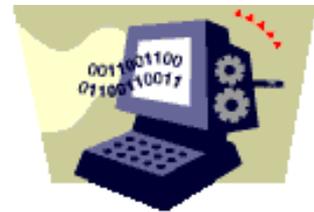


- **Front Desk Clerks and Support Staff**

- Verify/Correct patients' address and phone number
- Inreach: cross-check patients with upcoming appointments with Action Lists- flag for nurses
- Outreach : assist with letters and phone calls
- Check Interactive DEERS when a patient checks in
- Add external data to CHCS

- **Coders**

- Know the MHSPHP coding rules
- Monitor for adherence
- Update coding templates with new code sets
- Assist PCMs by identifying encounters that are short of HEDIS[®] compliance due to documentation issues
- Look for “quick wins” by correcting coding errors





Success Factors



Own Your Data

- It's your data...
 - Successful MTFs seek ways to improve their data and make it more reflective of their true populations
 - Provide routine reports to nurses, PCMs and support staff, to show progress
 - Get/train an analyst with Access/Excel skills, CHCS access and HIPAA training
 - Designate staff who will use the C3G MHSPHP huddle tool on a daily basis



Inreach



- Don't miss an opportunity when the patient is in the building! Take care of as many screenings/tests as possible when that patient is on site.
- Know who is coming in for appointments--not just PC appointments, but specialty visits too
- If nothing else, schedule them for any remaining screenings before they leave



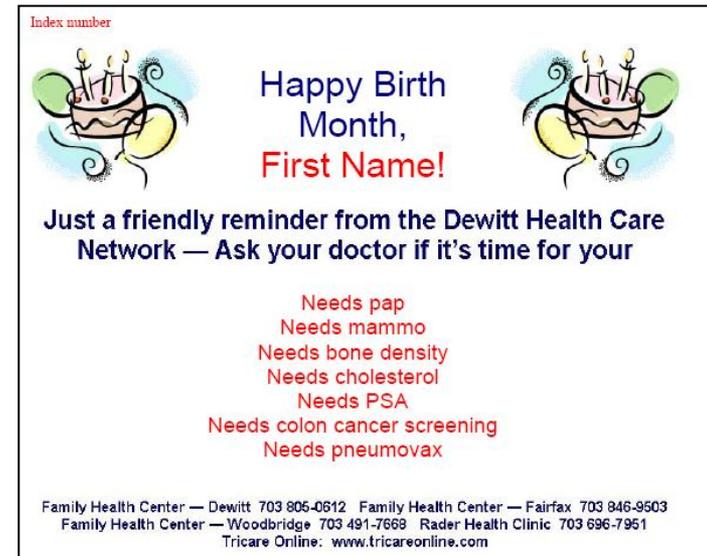
Are there ways for the MTF staff to assist in patients with scheduling screenings that must take place at a network facility?

Then monitor and track.



Mail Outreach

- Birth month cards
 - General reminders about all HEDIS[®] screenings
- Personalized letters
 - State exact screenings the patient needs
 - Include postage paid return card to indicate change of address or exclusion criteria
 - **Give corrected address postcards to Managed Care**





Mail Outreach (cont)

- Let Microsoft do the work!
 - Download Action Lists into Access/Excel
 - Mail merge Excel lists into Word
- Populate with patient-specific data
- Does someone have a letter folding machine for use

 **DEPARTMENT OF THE ARMY**
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
SECURITY HEALTHCARE NETWORK
9501 FARRELL ROAD, COMMAND SUITE
FORT BELVOIR, VIRGINIA 22060-5901

REPLY TO
ATTENTION OF

21 August 2008


First Name Last Name
Street address
City, State Zip

Dear Ms. Last Name,

The Dwell Health Care Network is writing to let you know that our records suggest that you are due for a pap smear and a mammogram. According to our records:

Your last pap smear was on: Last pap exam date
Your last mammogram was on: Last mammo exam date

Pap smears are a vital tool in preventing cervical cancer. It is important to get a pap smear at least every three years, and most clinicians recommend pap smears at least every two years.

Mammograms help screen for breast cancer. Most national organizations including the American Cancer Society, recommend getting a mammogram yearly from the age of 40 onward. You should at the least get a mammogram every other year from the age of 40 to 50, and all national organizations agree that women should get yearly mammograms after the age of 50. Early screening saves lives!

If you can answer no to all the questions below, you may schedule your mammogram directly by calling 703-805-9014.

Can you feel any lumps or masses in your breasts?
Was your last mammogram abnormal?
Do you have any nipple discharge that has not been evaluated by a doctor?
Is this a short term follow-up of a previous abnormal mammogram?
Have you ever been diagnosed with breast cancer?

If you answered yes to **any** of the questions above, or have any questions about your self breast exam, we recommend that you schedule a clinical breast exam with a provider, who will then order the best test(s) for you. You may call to schedule a well woman exam at the following phone numbers:

Assigned clinic
Assigned clinic appt number

OR

Women's Health Clinic
(703) 805-9181/9182

OR

Book your appointment online at: www.tricareonline.com



**Secure Messaging technology and capability is now here!
How are your patients and care teams using this tool?**



Phone Outreach

- Call patients, remind them of needed screenings
- Leave messages, encourage patients to call back
 - Be sure to note why you called so you're prepared when they call back
- Note wrong phone numbers- flag for update at next appointment
- Note beneficiaries who live out of area
 - Refer them to the DEERS website
 - Give their info to Managed Care
 - Remind them to get screened at their current location (until they change their enrollment- they're still your patient!)



**Many MTFs is using AudioCare Communicator to contact patients.
Record PCMs voice on the automated messages!**

**Patient can now push a 1 or button and the line is transferred central
Appointments for them to be scheduled right then!**



Scheduling and Templates

- **How far in advance can patients schedule?**

- Scenario:

Pt: “I got a letter in the mail saying I’m due for a colon cancer screening. I’d like to schedule my colonoscopy around Christmas, when my mom will be here to watch the kids.”

Clinic: “Sorry, we’re only taking appointments through the end of November. Please call back.”

- After all of the effort to write and mail the outreach letter, the patients responds (hooray!), but she can’t book 5 weeks ahead. Will she call back?
- How can the team be more patient-centered?



Navy Best Practice

- At Naval Health Clinic Charleston, the utilization of a CHCS Ad-Hoc Report called the Prospective Appointment Tool is being used
- NHC Charleston instituted a 'No-Show Process Improvement Team'
 - Decreased no-shows to 3.7%
 - Optimized the use of the AudioCare system
 - Marketed effects on access to care with no-shows
 - Increased accountability of Active Duty to make appt



Controlling Enrollment



- Partner with Managed Care
 - Identify deceased enrollees
 - Identify enrollees with out-of-area addresses
 - Managed Care works to manage TRICARE Plus enrollment
- Review TRICARE Plus Enrollment
 - Listed on all MHSPHP patient lists, but no longer in HEDIS[®] monthly reports
 - It's a Commander's Program. Commanders can dictate enrollment criteria
 - Consider disenrolling Patients who aren't using services or who live outside the service area (they still have access to ED and pharmacy)



Controlling Enrollment (cont)

- Run a CHCS ad-hoc to identify beneficiaries with addresses outside of your PSA and record their addresses
- Run a CHCS ad-hoc to identify beneficiaries who have not used MTF services in 18-24 months
- To update DEERS profile:

<https://www.dmdc.osd.mil/appj/bwe/indexAction.do>

The screenshot shows the TRICARE Beneficiary Web Enrollment (BWE) interface. At the top, there is a navigation bar with 'Home', 'Log Off', and 'Help' links. Below this, the user's name 'Sara Bentley' is displayed. A 'Please Note' section contains a warning about address updates for family member enrollment. A table below shows enrollment details for Sara Bentley as a Sponsor, who is Not Eligible. A legend at the bottom provides icons for various actions: Create New Enrollment, Request Enrollment Card, Disenroll, Change Primary Care Manager, Cancel Pending Enrollment, Cancel Pending Pcm Changes, and Edit/Update Address.

Name	Relation	Enrolled	Selected Plan	Primary Care
Sara Bentley	Sponsor	Not Eligible		

 **Who at your facility is best to confirm a beneficiary's address? Designate as responsibility to Appointment Clerks? Front desk staff?**



Tricare Update Helped

- MCSC assist MTFs in fixing mis-enrolled beneficiaries
- Contractors contacted Prime beneficiaries who exceed the drive time and/or mileage limits particular to each MTF and re-enrolled them elsewhere
- Addressed the problem of: “This beneficiary on my MHSPHP List doesn’t live here? What do I do?”



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The Measures

**BLUF: Re-engineer command/clinic processes
to make rendering quality care easier**



Breast Cancer Screening

% of women continuously enrolled in TRICARE Prime, age 52-74, who had a mammogram in the previous 27 months

- Review your mammography scheduling practice
 - Enable patients to self-refer
 - Insufficient evidence to require clinical breast exam first
<http://www.uspreventiveservicestaskforce.org>
 - Does the network require an MD's signature on the referral?
Observe protocols.
- Enrollees with a documented history of bilateral mastectomy will appear in the QuickLook sheet with a date for the clinical preventive service set to "MASTECT"



Mammograms



Navy Best Practice: The “Mammo While You Wait” program at Naval Medical Center San Diego



Ft. Campbell implemented a self-referral program for mammograms, allowing patients to schedule directly without a PCM visit first



Ft. Hood has nonclinical staff enter orders for mammogram, signed by a privileged provider (pharmacist) and used facility approved protocols that include education for patient notification letters. 15 women were identified with breast cancer as a result of this screening initiative!



**To enter exclusion criteria, create a noncount telcon in AHLTA:
Hx of bilateral mastectomy: v45.71 3 (DOD Extender code- military specific).**



Cervical Cancer Screening

% of women continuously enrolled in TRICARE Prime, age 24-64 yrs who had either:

- Cervical cancer screening in the past three years.
- Cervical cancer screening and human papillomavirus (HPV) co-testing* in the past five years, where the woman was age 30 or greater at the time of the co-test.

- Care team to identify patients with upcoming appointment who need a pap smear, so PCMs can then complete them during a regularly-scheduled well woman visit
- Be sure to code correctly:
 - **Use HCPC Q0091:** Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
 - If the pap smear was completed and a specimen was collected, document this, so coders can code it as a completed pap smear. Documenting that one was ordered, does not state that one took place during the visit.



Cervical Cancer Screening

- Watch for updated procedural codes. Do these codes need to be updated in your local AHLTA system?
- Enrollees with a documented history of hysterectomy and no residual cervix appear in the QuickLook sheet with a date for the clinical preventive service set to “HYSTER.”
- Don’t miss opportunities! Complete a pap smear during urine pregnancy tests, UTI, and Chlamydia screening visits



To enter exclusion criteria, create a noncount telcon in AHLTA:

Hx Hysterectomy: V88.01 (Acquired absence of both cervix and uterus)



Chlamydia Screening



% of women continuously enrolled in TRICARE Prime age 16-24 that are sexually active and have had Chlamydia screening in the past 12 months

- Women are identified as sexually active by using encounter/claims data and pharmacy data. Although two methods are used to identify the eligible population, a woman only needs to be identified by one method.
- MHSPHP patient list limited to display Active Duty women only. Related to sensitivity issues of outreach to teenage cohort.
- MHSPHP aggregate reports include all HEDIS[®] eligible patients
- Patient lists are not updated nightly with Direct Care testing. No option for exclusions available to date.



Colorectal Cancer Screening

% of adults enrolled in TRICARE Prime, age 51-75, who had appropriate colorectal cancer screening

- **Screening intervals vary according to the method of screening**
- **3 screening options:**
 - Fecal Occult Blood Test (FOBT) – every year
 - Flexible Sigmoidoscopy – every 5 years
 - Colonoscopy – every 10 years
- **Virtual Colonoscopy (VC):**
 - MHSPHP identifies patients who had a VC
 - VCs *are not* HEDIS[®]-compliant. Listed for informational and customer-service purposes only.
- **Enrollees with a documented history of total colectomy or colorectal cancer appear in the QuickLook prevalence report with a date for the colonoscopy set to TOTAL COLECT**



Asthma Control

% of enrollees continuously enrolled in TRICARE Prime, age 5–64, with persistent asthma, who are prescribed medications considered acceptable as a primary therapy for the long-term control of asthma

- Study and understand the measure specifications/reports
- Educate providers on the difference between a formal diagnosis of asthma and asthma-like symptoms; Reactive Airway Disease. If they're not formally diagnosing as asthma, don't code the diagnosis, just document the patient's symptoms.
 - 519.9: Unspecified disease of the respiratory system (RAD)
 - 493: Asthma



Diabetes Measures

- Interdisciplinary teams are best practices
- Implement Standing Orders and eye exams and diabetes lab sets to ensure all labs are completed
- Prevent patients who do not have diabetes from appearing on your MHSPHP
 - Improper coding will contaminate the list
 - Providers and coders can work together to correctly code
- Work with entire care team:

Do they know the HEDIS[®] measures?



- ✓ Educate all staff about HEDIS[®] goals. HEDIS[®] LDL is < 100
- ✓ HEDIS is only a performance measure; patient co-morbidities will dictate appropriate control



- ✓ Tests are pulled by test name and/or CPT codes by MHSPHP
- ✓ If MTF changes name, please verify data reaches MHSPHP



To correctly code gestational diabetes, use 648.8, **NOT** 648.0

Pre-diabetes 790.29, impaired fasting glucose 790.21,
and glucose intolerance 271.9



Diabetes A1c Screening



% of patients enrolled to TRICARE Prime with Type 1 or Type 2 diabetes, age 18-75, with at least one A1c test during the past year

- Where are your patients with diabetes receiving care?
- A1C Screens completed in the network appear in MHSPHP, but not lab *values*
- What kinds of diabetes management is offered?
- Use MHSPHP lists to reach out to patients who will need a screening in the upcoming 1-2 months
- Use a standard order template so a patient is sure to get all labs, foot exam and eye exam



Watch for patients with diabetes who are re-captured from the Network and seen at MTF. Ensures their labs will be completed on-site and lab values will be seen in the MHSPHP and gives providers opportunities to educate and manage these patients



Diabetes A1c Control

% of patients enrolled to TRICARE Prime with Type 1 or Type 2 diabetes, age 18-75, with most recent A1c value < 9.0% or no A1c test during the past year

- Network labs appear as null values in the Pop Health Portal. This translates to failing performance.
- Some MTFs ask patients with diabetes who see network providers to come to the MTF to complete their labs
 - Lab results should be sent to the MTF and the network provider
- Network lab results should be documented in the historical procedure section of AHLTA for a more complete patient record. Can also note in MHSPHP.
- Control = or < 9 is being measured and rewarded with PBAM



Diabetes Educator at Ft. Eustis distributes all of the glucometers from her office. This ensures patients receive a lesson in properly using the device.



Diabetes LDL < 100 mg/DI

Percent of patients enrolled to TRICARE Prime with Type 1 or Type 2 diabetes, age 18-75, with most recent LDL-C value < 100 mg/dl

- Develop Interdisciplinary teams to better manage patients
 - Clinical Pharmacists
 - Diabetes Educators (Nurses, Dieticians)
 - Diabetes Case Managers
- Teams work together to get patients' LDL in control
 - Pharmacist runs Lipid Clinic
- Diabetes Educator/Diabetes Case Manager to recommend med changes to PCM
- Enrollees with no test on record will be assumed to be above 100 mg/dl in MHSPHP reports



Ft. Campbell's clinical pharmacist works closely with patients with diabetes to monitor and alter their medications. This removes unwanted variance that can occur when different providers change the patient's medication.



Well Child Visit First 15 Months of Life

% of children continuously enrolled to MTF or Network Prime PCM who reached the age of 15 months during the measurement period and had expected number of Well-Child visits during the first 15 months of life

- Numerator includes the number of children who received 6 or more well-child visits (Primary Provider) during the first 15 months of life
- HEDIS[®] does not have any criteria for *when* the encounters occurred. Considered a 'use of services' measure.
- Children in the HEDIS[®] metric are currently 15-27 months old (turned 15 months old in the last year), so patients on MHSPHP list are not part of metric reports
- AMEDD is using benchmark for > or = 6 visits
- Measure is now be ii PBAM reports using MHSPHP aggregate counts (@19K children across Army)



Well-child visits is now a maturing measure and presents opportunity for improvement . Examine work processes in clinic to improve scheduling and capture of visit documentation.



Other Healthcare Measures

BLUF: Re-engineer command/clinic processes
to make rendering quality care easier



Pneumovax

- Vaccine
- Minimizes severity of pneumonia in immunized patients
- Administered to beneficiaries age 65+
- MEDCOM began Pneumovax campaign in September 2006
- Literature indicates Pneumococcal immunizations are have one of the greatest return on investment of preventive efforts
 - *Low cost, high reward*
- Minimizing pneumonia benefits:
 - Patients: Fewer or shorter admissions
 - Health Care System: Minimized treatment costs



Pneumovax – Lessons Learned

- Allow patients to walk-in for the vaccine
- Outreach: Call or send letters to unvaccinated patients
 - Invite them to come for the vaccine
 - Allow them to respond with vaccination date (then transcribe into AHLTA)
- Make the vaccine convenient; locate it near Primary Care
- Issue standing orders
- Encourage Nurses to own this measure
- Move vaccinations from eImmune and paper records to the Immunization Module of AHLTA
- Target TRICARE Plus enrollment



Newer Measures (Immature)

- **Antidepressant Medication Management**
 - Effective Acute Phase Treatment
 - Effective Continuation Phase Treatment
- **Cholesterol Management / Patients with CVD Conditions**
 - % cardiac pts enrolled to MTFs who received LDL-C screening
 - %cardiac pts enrolled to MTFs who's LDL-C is controlled (<100 mg/dL)
- **Mental Health Follow-up After Hospitalization**
 - Strictly an aggregate measure and does not include an Action or Prevalence List. Inpatient data is too old to provide useful list of patients.
- **Low Back Pain Imaging**
 - Metric measures pts with NEW low back pain diagnosis who did NOT get radiographic imaging.
 - Goal of metric is to encourage NO imaging in first month of diagnosis



HEDIS[®] Best Practices Tool Kit

Link:

<https://www.QMO.amedd.army.mil>



HEDIS[®] Tool Kit

- Access by clicking “Pop Health/HEDIS” from the QMO main menu
- On the HEDIS[®] best practice home page, click menu on the top left hand side and select any topic of interest
 - **Basics**
 - Information on the MHSPHP Care Point, Command Management System
 - **Outreach**
 - Sample Patient letters, phone scripts, Audiocare and postcards
 - **Enrollment**
 - DEERS information, Enrollment Policies, sample change of enrollment letters, CHCS queries



HEDIS[®] Tool Kit

– AHLTA

- Information on Bidirectional Health Information Exchange, creating registries

– Measure Specific

- Look for updates on High Utilizers, Asthma, Diabetes, Cancer Screening Metrics, Well Child Visits

– Coding

- Portal inclusion/exclusion codes, coding tip sheets

– Personnel

- Job descriptions

– Medical Management



Periodic updates are added to the online tool kit, so keep checking back



Evidence-Based Practice Web Pages on QMO

U.S. ARMY MEDICAL DEPARTMENT
Office Of Quality Management

Patient Safety

- Clinical Practice Guidelines
- Pop Health/HEDIS
- Patient Safety
- The Joint Commission
- Medical Management
- Risk Management
- Credentialing
- Policies
- Corporate Quality
- Resources
- Musculoskeletal Tools
- FAQs
- Contact Us
- QMO Home

Welcome

Welcome to the Office of Quality Management web site.

We are continually assembling information which can be accessed from the menu bar on the left and the tabs on top of each information panel. We have large quantities of information

to publish, and desire to make this your source

Click on the Shopping Cart to visit our on-line shopping system available to Army, Air Force and Navy facilities to replenish supplies of the Clinical Practice Guideline Tool Kits.

Order refill items for multiple CPGs at one time. Check your order status on-line.

Click here to email any questions pertaining to the CPG Shopping Cart including: changes to your account questions about

<https://www.QMO.amedd.army.mil>



HEDIS Toolkit Web Pages on QMO



- Basics ▶
- Outreach ▶
- Enrollment ▶
- Data Management ▶
- AHLTA ▶
- Measure Specific ▶
- Coding ▶
- Personnel ▶
- Medical Mgmt. ▶
- CPG Home Page
- QMO Home Page

Methods and Approaches to Improving Clinical Measures

Welcome Clinical Measures Legacy MHSPHP Training CarePoint 3G Training MHSPHP Metrics

Welcome to the Population Health Management Home Page

The menu on the left posts materials for the HEDIS Toolkit. There are reference materials used by local MTFs, such as samples of work practices to assist in effective use of standardized clinical quality measures (HEDIS) and initiatives in population health management. This collection of materials is not intended to be considered guidance or policy for primary care teams.

Reference and resource materials are being replaced periodically, so check back here for updates.

We welcome your comments on how to improve the information posted; please submit your feedback to our Web Master.

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Click on the Shopping Cart to visit our on-line shopping system available to Army, Air Force and Navy facilities to replenish supplies of the Clinical Practice Guideline Tool Kits.

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Discussion Time

