SUBJECT: Population Health Improvement

1. PURPOSE: To provide information regarding improvement actions and available tools to enhance the population health of MEDCOM beneficiaries through the application of Healthcare Effectiveness Data and Information Set (HEDIS®) measures as performance indicators.

2. FACTS:

   a. The National Committee for Quality Assurance (NCQA) defines HEDIS® criteria that indicate individual health performance measures related to dimensions of care and service.

   b. Currently, the USAMEDCOM assesses compliance for 18 HEDIS® measures displayed in the Military Health System Population Health Portal (MHSPHP). The portal includes Acute Care Measures: Imaging Low Back Pain [LBP] Appropriate Testing for Children with Pharyngitis [CWP], and Appropriate Treatment for Children with Upper Respiratory Infection [URI]) and HEDIS® Measures: Antidepressant Medication Management [Acute and Continuation Phase], Breast, Cervical, and Colorectal Cancer Screening, Chlamydia Screening in Women [Total Screening, 16-20, 21-24], Comprehensive Diabetes Care [A1C Screening, A1C<7, A1C<8, A1C<=9], Follow Up After Hospitalization for Mental Illness [7 days, 30 days], and Well Child Visits Within 15 months [6 visits].

   c. As of MAY 17 data, the USAMEDCOM demonstrated superior performance in eight HEDIS® measures, improved performance in two HEDIS® measures, a flat trend in one HEDIS® measures, and a slight decline in one HEDIS® measures. There is an approximately 90 day delay with HEDIS® data updates.

   d. HEDIS® compliance > 75% has been directed by the MEDCOM Chief of Staff.

   e. HEDIS® measure targets are currently defined in the FY 18-22 Military Treatment Facility (MTF) Performance Plans.

   f. The MEDCOM Integrated Resourcing and Incentive System (IRIS) aligns funding and incentive mechanisms to enhance MTF value production as it relates to compliance with certain HEDIS® measures.

   g. The MEDCOM Clinical Performance Assurance Directorate (CPAD) sponsored two HEDIS® improvement summits: Low Back Pain (12-14 OCT 16) and Children with Pharyngitis (21-23 MAR 17). Summit participants identified baseline
leading practices and improvement opportunities. Solutions to improve HEDIS® measure compliance were defined and tools were developed.

h. The utilization of CarePoint® information portal Military Health System Population Health Portlets (MHSPHP) application at https://carepoint.health.mil/sites/mhsphp/SitePages/MainTabs.aspx affords the opportunity to apply specified health care data into actionable patient care plans to promote disease management, case management, and clinical preventive services based on the assessment of HEDIS® measures.

i. Veterans Administration/Department of Defense [VA/DoD] Clinical Practice Guidelines (CPG) support three HEDIS® measures: 1) Diabetes; 2) Low Back Pain; and 3) Hypertension.


3. PROCESS IMPROVEMENT OPPORTUNITY:

a. The HEDIS® improvement initiative is supported by collaborative leadership between the MEDCOM CPAD and MEDCOM Primary Care Service Line (PCSL) complimented by the empowerment of MTF clinical team members at the Army Medical Homes and Emergency Departments.

b. A Clinical Champion Leader and unit standard operating procedure (SOP) are recommended for each HEDIS® measure to foster teamwork and facilitate management of each performance measure.

c. MTF Population Health Registered Nurses (PH-RN) will assist each clinical area with the development and management of action lists and action plans to optimize a targeted approach for compliance improvement.

d. HEDIS® measure improvement tools can be accessed at the Quality Management Office (QMO) website at https://www.qmo.amedd.army.mil/ and the Army Medical Home Resource Center at https://mitc.amedd.army.mil/sites/Communities/APCMHRC/Pages/default.aspx Tools include: 1) HEDIS® Team Guide; 2) HEDIS® Team Guide Pediatric; 3) HEDIS® Team Guide Adult; 4) Low Back Pain (LBP) TIPS card; 5) LBP Coding Guide; 6) LBP Provider Report; 7) CY17 Clinician LBP Algorithm; and 8) LBP Provider Peer Review; 9) clinical policy examples; and 10) patient education references.

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