The Military Health System in 2011

The Military Health System recognizes the need for flexibility in a healthcare environment that is constantly changing. MHS has adopted the Quadruple Aim to meet the challenges they are facing to foster readiness, improve population health, enhance the experience of care, and responsibly manage costs. The coming year will see more research into PTS and TBI, prosthetics, burn treatments and burn healing techniques, vision and eye care, and hearing. MHS plans to dramatically increase enrollment in patient centered medical home practices, which will reduce healthcare costs while improving both population health and patient experience. Beneficiaries will be encouraged to select the most cost-effective pharmacy option for their needs. A working group will explore options and opportunities to redesign future TRICARE contracts.

It is an exciting time to be leading the Military Health System (MHS). Never before has our healthcare mission been more vital or our contributions more significant.

The MHS has faced a number of challenges over the last several years. The wars in Afghanistan and Iraq have required a larger active force and substantial contribution in reserve forces while the consequences of battlefield injury and combat exposure have increased the demand for healthcare. Our beneficiary population has increased by nearly a million just this decade, benefits have expanded, existing users are consuming more services, and overall healthcare costs have risen.

To fulfill our global mission and meet the healthcare needs of our 9.7 million beneficiaries, we have adopted the Quadruple Aim as our enduring construct for care. With the Quadruple Aim, the MHS will foster readiness, improve population health, enhance the experience of care, and responsibly manage costs.

Overview

While our current system has proven to be an effective means for delivering healthcare at the home front and on the battlefield, we understand that as our needs develop and change, so should we. We are using the Quadruple Aim to navigate a constantly evolving healthcare environment and serve our growing beneficiary community.

The MHS Quadruple Aim seeks to enhance health outcomes by encouraging healthy behaviors; ensure satisfaction with accessible, high quality and patient centered care; achieve maximum force readiness at all times; and manage per capita health costs. We believe in the value of viewing health costs through the consideration of total cost of care over time, and not simply on the cost of individual healthcare services.

As we move forward, we will continue to provide the highest level of care to our wounded warriors and other beneficiaries. To do this, we are advancing several areas of care, including our patient centered medical home, a concept which is redesigning the delivery of healthcare in the MHS. We are also focusing on continuity of care by advancing and expanding our Electronic Health Record (EHR) system and providing enhanced pharmacy benefits.

Caring for Our Wounded Warriors

We understand the sacrifice our servicemembers and their families make for our country, which is why we are dedicated to providing both short and long term care.

Each year, we devote more than $1 billion in research funding to programs in information technology and medical training, military infectious diseases, combat casualty care, military operational medicine, clinical and rehabilitation medicine, radiobiology, and breast and prostate cancer.

There are more than 40 DoD biomedical laboratories and research centers located across the globe, each seeking new ways to treat combat wounds, fight infectious disease, and contribute to the readiness of our servicemembers.

Survival rates for Operation Iraqi Freedom and Operation Enduring Freedom have been the
highest in US military history, due in large part to innovations and training techniques. For example, a 2005 study conducted by the US Army Institute of Surgical Research led to the development of a standard combat application tourniquet for use in the field. Since the primary cause of combat death is blood loss, this improvement of an old technique leads to higher survival rates from wounds that would have been fatal in the past.

During the past ten years, we’ve seen a dramatic rise in traumatic brain injury (TBI) and post traumatic stress (PTS). We are constantly enhancing our programs to address these issues.

We know that mild TBI is not always immediately apparent following a blow to the head. New policies require servicemembers who sustain any head injuries, and even those who were near a blast but presenting no symptoms, to be thoroughly evaluated before they can return to their unit. The increased focus on TBI has resulted in more servicemembers reporting head injuries and receiving the care they need.

Through initiatives like the “Real Warriors Campaign,” launched by the Defense Center of Excellence (DCoE), we’re working to combat the stigma associated with seeking behavioral healthcare treatment. We are committed to building resilience, facilitating recovery, and supporting reintegration of returning servicemembers and veterans.

As evidence that stigma is decreasing, there are over 179,000 mental health services being provided each week in the MHS. Through a combination of increased staff at military facilities, expanded civilian networks, opportunities for web-based video counseling like the TRICARE Assistance Program, and awareness campaigns like Real Warriors, usage volume is up significantly from last year.

The DCoE continues to lead the way in educating servicemembers and their families on the importance of early intervention for psychological health concerns, including PTS. At all levels, we are emphasizing the message that treatment works, and the earlier the intervention, the better chance for a successful outcome for servicemembers. In addition, the services are partnering with the Department of Veterans Affairs to provide increased access to care.

Even with all our progress, we certainly still have a long way to go. Our focus for 2011 will be on continuing to treat post traumatic stress and traumatic brain injury; enhance prosthetic research; conduct more research into the treatment of burns and burn healing techniques; and improve vision, eye care research, and hearing through our new Vision Center of Excellence and new Hearing Center of Excellence.

Improving Health while Enhancing the Patient Experience

Every week TRICARE delivers 2,300 babies, receives 21,800 inpatient admissions, and 1.6 million outpatient visits. We care about every single patient in our system and are focused on providing the best possible experience. We’ve added more participating providers in communities distant from military clinics and hospitals and we’ve enhanced tools like TRICARE Online (TOL) which helps patients manage their own healthcare. TOL
Our goal is to enroll 2.5 million beneficiaries in medical home practices by the end of 2012.

Our aggressive focus on prevention starts with screening for cancer, diabetes, and asthma. It extends to our award-winning wellness programs on healthy lifestyles, tobacco use, and alcohol abuse. We are also incentivizing prevention in the third generation of TRICARE contracts.

We understand the importance of good communication between a patient and provider, which is why we’ve embraced the concept of the patient centered medical home (PCMH). PCMH improves the patient/provider partnership with an enhanced care team to provide preventive services, early identification, care to effectively manage chronic conditions, and alternatives for after-hours access, including secure email messaging.

The medical home focuses on seven basic principles: improved access to care, team-based healthcare delivery, population health, patient centered care, refocused medical training, patient and physician feedback, and advanced health information technology. Each part of the medical home contributes to an overall improvement in performance levels in our quality metrics. Specifically, we’ve seen improved access in receiving timely care and primary care manager continuity. Early results are promising, with provider continuity increasing from 35% to over 70% in just a few months in medical home practices. Our goal is to enroll 2.5 million beneficiaries in medical home practices by the end of 2012.

We’re also decreasing unnecessary emergency room utilization to provide the appropriate level of care to our beneficiaries while responsibly managing costs. With over 655,000 beneficiaries enrolled in medical home practices, the data indicates we’re already seeing positive results. As more beneficiaries enroll in the medical home, we expect to achieve our goals of improving population health and the patient experience while decreasing overall healthcare costs.

Enhanced Pharmacy Options

Convenient pharmacy options are essential in providing necessary healthcare to our beneficiaries. TRICARE offers three pharmacy options to the millions who use our pharmacy benefit annually—through our TRICARE Home Delivery mail order program, in military facilities, and at over 60,000 retail pharmacies in communities around the nation.

TRICARE’s convenient Pharmacy Home Delivery option allows patients to receive their prescription medications through the mail. This program provides prescriptions safely, conveniently, and at a significant savings to both the patient and the government. We see great progress as enrollment to home delivery has increased dramatically. In addition, home delivery now offers easier enrollment, reminder messages, and a choice of automatic refills.

In 2009, TRICARE was granted authority to implement federal pricing at retail pharmacies, which offers substantial federal discounts. Under this program, anticipated savings for 2011 should exceed $400 million.

We’re constantly monitoring our pharmacy benefit to improve patient safety, cost manage-
ment, and convenience. This year we also began offering immunizations in 47,000 pharmacies across the country with no co-pay or cost shares for all plans. Our pharmacy data transaction service centralizes data for all TRICARE providers for effective patient management. It ensures patient safety by preventing adverse drug interactions and over-medicating for wounded warriors.

In 2011, we will build on our success by helping beneficiaries understand the pharmacy choices available to them and by encouraging the most cost-effective venues.

Transforming Electronic Health Records

For more than two decades, the DoD has been at our nation’s forefront in the development of information systems to be on the cutting edge of healthcare. We are transforming DoD EHR systems by creating a more intuitive and interoperable clinical platform and infrastructure to provide better care for our beneficiaries and a more efficient workflow for our providers.

The MHS is stabilizing the EHR and improving its availability, speed, and user interface. We are moving forward to provide an integrated set of clinical applications featuring the current longitudinal view of our servicemembers’ health records. In addition, we are aligning our Virtual Lifetime Electronic Record (VLER) initiatives to share Health Insurance Portability and Accountability Act (HIPAA) compliant access to our beneficiaries’ records with private sector partners and the Department of Veterans Affairs (VA). These initiatives will improve patient safety, reduce medical errors, and improve patient outcomes.

Designing the Way Ahead

The future of military healthcare marches on in an ever-changing landscape.

We’ve established a work group to shape the fourth generation (T-4) of TRICARE contracts. To explore that landscape, the T-4 work group is charged with evaluating options and opportunities for the design of future TRICARE contracts.

Key areas for evaluation include leveraging federal partnerships and national health reform, exploring alternate healthcare delivery and finance models, addressing adoption of best practices and services for diverse populations, meaningful use of health information technology, and shaping the scope of the benefit while making it easier to use.

As their work proceeds, the T-4 work group will explore historical and future MHS perspectives, analyze transformation studies such as findings of the Task Force on the Future of Military Healthcare, and examine how the TRICARE program operates globally within a framework of legal, acquisition, and financial considerations.

The MHS Mission Continues

On and off the battlefield, in times of peace and war, the MHS goal is to deliver the highest standard of care. As our system runs more effectively, so will our military. Whether this is done by treating the wounded, teaching the world’s future doctors, researching new ways to treat old diseases, or discovering innovative ways to prevent the spread of new ones, the MHS is a leader within the global medical community. Our mission is to provide the best healthcare possible to our beneficiaries who so richly deserve it. USM