

Transparency Initiative
May 2016

MILITARY HEALTH SYSTEM
Frequently Asked Questions (FAQ)



Frequently Asked Questions

QUESTIONS AND ANSWERS

1. How does the Military Health System compare/benchmark its performance against civilian organizations?

- The MHS participates in, and shares data with, a number of independent, external quality management reporting systems. The MHS benchmarks its performance against leading civilian institutions, and measures itself against its own performance improvement over time. These efforts include the following:
 - 1) The Joint Commission (TJC) (formerly known as the Joint Commission on the Accreditation of Healthcare Organizations) inspects and accredits all hospitals in our system in the same way it inspects and accredits virtually all civilian hospitals in the United States. TJC also accredits Army and Navy ambulatory care clinics. Military hospitals also submit specific quality measures, known as ORYX measures, to the Joint Commission. Our ORYX measures, by medical facility, are publicly available at The Joint Commission website: www.qualitycheck.org
 - 2) The Accreditation Association for Ambulatory Health Care (AAAHC) accredits all Air Force clinics/ambulatory care sites. The Air Force is moving from AAAHC to TJC accreditation over the next several years.
 - 3) The National Committee on Quality Assurance (NCQA) accredits the MHS' Patient-Centered Medical Homes. Over 70% of DoD medical homes received the highest NCQA recognition possible, signifying the ability to meet standardized criteria across six domains: access to care; effective population management tools; tools to effectively manage care; self-care support resources; care coordination processes; and effective processes for continuously measuring and improving care.
 - 4) DoD also works with NCQA and reports on specific Healthcare Effectiveness Data and Information Set (HEDIS) Measures. These 17 HEDIS Measures are collected in all military treatment facilities and generally reflect performance in outpatient screening, disease prevention screening, and health promotion.
 - a. These measures are set by the National Committee for Quality Assurance (NCQA) – an independent, non-profit organization responsible for setting the

measures across the country. Over 90 percent of health plans in the United States participate in collecting and sharing this information. The MHS has identified 17 measures from the HEDIS® data set for which it collects and reports its performance.

- b. While the national average for these measures is found at the 50th percentile, the MHS aspires to, and has set, a self-imposed, higher standard of performance for its system of care. Our benchmark goal is to exceed the 90th percentile of all health plans (in other words, to be in the top 10% in the country) for each measure.
 - c. The Services are responsible for implementing improvement plans for those indicators where we are below either national averages or our own benchmarks. MHS leadership monitors performance, shares best practices and is committed to continuous improvement over time.
- 5) DoD participates in the Center for Medicare and Medicaid Services (CMS) Partnership for Patients -- a public-private partnership working to improve the quality, safety and affordability of health care for all Americans.
 - 6) For obstetrical and newborn care, DoD shares its performance and outcome data with the National Perinatal Information Center (NPIC), comparing our performance against high-volume civilian perinatal institutions in the US.
 - a. The National Perinatal Information Center/Quality Analytic Services (NPIC/QAS) is a private, non-profit group that analyzes member submitted measures of perinatal quality and outcomes. All 52 MTFs that provide perinatal services participate in NPIC. There is no national or professional organizational supported national standard for many perinatal (mother and infant) metrics so the DoD uses the NPIC benchmarks for performance to monitor its performance on 15 different perinatal measures against more than 84 self-selected hospitals in the United States.
 - b. Fifty-two (52) DoD hospitals participate in NPIC– 21 Army hospitals, 17 Navy, 12 Air Force and 2 DHA (Walter Reed National Military Medical Center and Fort Belvoir Community Hospital).

- c. Overall, DoD hospitals are in-line with national averages on the majority of NPIC metrics. Individual facilities should be prepared to answer questions on variation in performance for the stated benchmarks.
- 7) DoD participates in the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP) evaluating for surgical care in hospitals and medical centers.
- a. NSQIP is a highly regarded, national, outcome-based, risk-adjusted program to measure and improve the quality of surgical care. Participation in NSQIP allows DoD to compare its performance on surgical-specific mortality (death rate) and morbidity (complication rate) against more than 550 leading hospitals in the United States.
 - b. For DoD, NSQIP is structured as a shared resource program between the Defense Health Agency (DHA) and the Services. DHA funds the ACS membership fees and training for the Surgical Clinical Reviewers. The Services fund the personnel required for data collection -- primarily consisting of a surgeon champion and a surgical clinical reviewer, and the travel for champions and reviewers to attend the annual NSQIP conference.
 - c. Originally, seventeen (17) DoD hospitals participated in NSQIP. DHA is now expanding NSQIP participation to other medical facilities performing surgical procedures.

2. Can you characterize the performance of military medicine compared to civilian health care organizations?

- DoD has set the standards and changed how health care is delivered in this country in many medical disciplines. In particular, our lessons learned and performance in trauma care, prosthetics, traumatic brain injury, aeromedical evacuation and other combat-medicine related disciplines are being reported on, and adopted by, civilian organizations throughout the United States and the world.
- In many areas, our quality and safety outcomes mirror the mainstream of American medicine. We are performing well, and show continuous improvement in both process and outcomes measures.
- However, in some areas, there are opportunities for substantive improvement. Where this is the case, the Services and the Defense Health Agency are responsible for implementing performance improvement strategies.

- Cultivating a culture that promotes and rewards reporting of both actual events that result in harm, as well as near misses and other events from which the Department can improve is critical to our success and path toward greater improvement.

3. Is there a plan to share more information than is currently presented?

- Yes. The Department will continue to add measures to their public site after ensuring the process for data collection is accurate and timely.
- If beneficiaries have questions or suggestions on measures that are currently reported, or that they would like to see reported, they can provide those suggestions through the data transparency portal at www.health.mil

4. Can I call an MTF to ask about their quality and safety data and what it means?

- Yes. We recommend patients talk to their primary care provider about the reported data, but any MTF staff member should be able to help you with information or point you in the right direction.

5. Can I get information about the quality performance of my individual provider?

- At this time, our information is only collected – and reported at – the facility level.
- In the coming year, we will be exploring means to display provider-specific data in appropriate areas of clinical care.

6. Why are there both good and poor performing facilities within the same service? Why are there facilities that go back and forth between well-performing and poor-performing?

- Healthcare is a complex undertaking, and in some cases one event or case can cause a facility to performing above national averages or below national averages.
- For each measure, we attempt to describe what the measure means, why the measure is important, and what you can do to help.
- Medical facilities around the country – whether military or civilian – are working to improve patient care. Transparency helps to shine a light on where we are performing well, and where we need to improve.