The Quadruple Aim: Working Together, Achieving Success

Impacting Per Member Per Month (PMPM) Through Strong Clinical Management

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Naval Hospital Bremerton, Washington
**Title:** Process Improvement Success Stories Impacting Per Member Per Month (PMPM) Through Strong Clinical Management

**Abstract:**
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Naval Hospital Bremerton (NHB)

- 40 bed family medicine teaching hospital
- 36,000 enrollees
- 1300 staff members
- Madigan Army Medical Center (MAMC) 40 miles south
- Average day:
  - 1,200 medical outpatient visits
  - 9 surgery cases
  - 2 babies delivered
  - Average Daily Census: 17 patients
Impacting Per Member Per Month
The Quadruple Aim

- Readiness
- Per Capita Cost
  - Emergency Room/Urgent Care usage
  - Specialty Care utilization
- Population Health
  - HEDIS metrics
- Experience of Care
  - Access to care
  - Staff/patient satisfaction
  - Provider continuity
Impacting Per Member Per Month
Key Ingredients

- Good Staff Morale
- Focus on Quality/Process Improvement Versus Solely RVU Production
- Enroll to Capability and Capacity
- Strong Referral and Right of First Refusal Program
- Minimize Emergency Room/Urgent Care Usage
- Patient Satisfaction
Impacting Per Member Per Month

Key Ingredients

- Good Staff Morale
- Focus on Quality/Process Improvement Versus Solely RVU Production
- Enroll to Capability and Capacity
- Strong Referral and Right of First Refusal Program
- Minimize Emergency Room/Urgent Care Usage
- Patient Satisfaction
Organizational Commitment
Mar 08 – Oct 10
(Source: Defense Equal Opportunity Climate Survey)
Trust in Organization
Mar 08 – Oct 10
(Source: Defense Equal Opportunity Climate Survey)
Impacting Per Member Per Month
Key Ingredients

- Good Staff Morale
- **Focus on Quality/Process Improvement Versus Solely RVU Production**
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- Strong Referral and Right of First Refusal Program
- Minimize Emergency Room/Urgent Care Usage
- Patient Satisfaction
Quality of Care: HEDIS Metrics (Cervical, Colorectal, Breast Health)

HEDIS Cancer Screening
Numbers to Green, (HEDIS-90)
NHB FY09 thru FY10
(Source: Population Health Navigator)

Cervical (Age: 21-64)
Breast Health (Age: 52-69)
Colorectal (Age: 51-75)
Impacting Per Member Per Month

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- Minimize Emergency Room/Urgent Care Usage
- Patient Satisfaction
OB/GYN Usage NHB Multi-Service Market
Direct Care versus Network Care
FY08 thru FY10
(Source: Compendium Report December 2010)
Impacting Per Member Per Month

Key Ingredients

- Good Staff Morale
- Focus on Quality/Process Improvement Versus Solely RVU Production
- Enroll to Capability and Capacity
- Strong Referral and Right of First Refusal Program
- Minimize Emergency Room/Urgent Care Usage
- Patient Satisfaction
Emergency Room and Urgent care Usage

Monthly Average of ER Visits (NHB+Civilian) and Civilian Urgent Care Visits
FY08 thru FY10
(per 100 Enrollees)
(Source: M2 Data)
Impacting Per Member Per Month
Key Ingredients

- Good Staff Morale
- Focus on Quality/Process Improvement Versus Solely RVU Production
- Enroll to Capability and Capacity
- Strong Referral and Right of First Refusal Program
- Minimize Emergency Room/Urgent Care Usage
- Patient Satisfaction
  - Access/provider continuity
% Satisfied with Care Provided at Primary and Specialty Care Clinics

NHB FY08 thru FY10

Source: ICE (average monthly responses > 75)
Acute Primary Care Visits
% Met Access to Care Standards
NHB FY08 thru FY10
(Source: MHS Insight)
Impacting Per Member Per Month Patient Satisfaction

PCM Continuity
NHB Family Medicine Clinic
June 10 – Nov 10
(Source: TRICARE Operations Center)
Improving tenants of the Quadruple Aim will help minimize PMPM costs

- Per Capital Cost
  - Emergency Room/Urgent care usage
  - Specialty care

- Population Health
  - HEDIS metrics

- Experience of Care
  - Access to care
  - Staff/patient satisfaction
  - Provider continuity
Thank you!
Per Capita Cost: Quality versus Quantity

Focus on:
- Enrolling to capacity and capability
- Quality and access to care
- Continuous Process Improvement

Minimize:
- Primary Care usage
- ER/Urgent Care usage
- Hospitalizations

Vice:
- Relative Value Units (RVUs)

Decrease:
- PMPM cost
Job Satisfaction
Mar 08 – Oct 10
(Source: Defense Equal Opportunity Climate Survey)
Per Capita Cost

- **Goal:** max use of direct care system
- **Requirements:**
  - Enroll to capacity and capability
  - Good access to care
  - Strong referral and right of first refusal (ROFR) program
    - 2 Lean Six Sigma (LSS) projects enhanced referral process
  - Strong relationship between NHB, Triwest, and network providers
Experience of Care: Staff/Patient Satisfaction

Satisfied MTF Staff

Satisfied MTF Patient

Max use of MTF

Decrease PMPM cost
Impacting Per Member Per Month
Staff Morale

Leadership Cohesion
Mar 08 – Oct 10
(Source: Defense Equal Opportunity Climate Survey)

2008 MAR  2008 OCT  2009 OCT  2010 OCT

Leadership Cohesion

NHB  Navy
Impacting Per Member Per Month Key Ingredients

- **↓PMPM**
- **↓Hospitalizations**
- Minimize Emergency Room & Urgent Care Usage
- Strong Referral & Right of First Refusal Program
- Focus on Patient Satisfaction (i.e. Access/Provider Continuity)
- Enroll to Capability and Capacity
- Focus on Quality of Care/Process Improvement Versus Solely RVU Production
- Staff Morale
2011 MHS Conference

Impacting Per Member Per Month
Key Ingredients

- ↓PMPM
- ↓Hospitalizations
- Minimize Emergency Room & Urgent Care Usage
- Strong Referral & Right of First Refusal Program
- Focus on Patient Satisfaction (i.e. Access/Provider Continuity)
- Enroll to Capability and Capacity
- Focus on Quality of Care/Process Improvement Versus Solely RVU Production
- Staff Morale
Impacting Per Member Per Month
Key Ingredients

↓PMPM

↓Hospitalizations

Minimize Emergency Room & Urgent Care Usage

Strong Referral & Right of First Refusal Program

Focus on Patient Satisfaction (i.e. Access/Provider Continuity)

Enroll to Capability and Capacity

Focus on Quality of Care/Process Improvement Versus Solely RVU Production

Staff Morale
Impacting Per Member Per Month
Key Ingredients

- Hospitalizations
- Minimize Emergency Room & Urgent Care Usage
- Strong Referral & Right of First Refusal Program
- Focus on Patient Satisfaction (i.e. Access/Provider Continuity)
- Enroll to Capability and Capacity
- Focus on Quality of Care/Process Improvement Versus Solely RVU Production
- Staff Morale
Impacting Per Member Per Month
Key Ingredients

- ↓ PMPM
- ↓ Hospitalizations
- Minimize Emergency Room & Urgent Care Usage
- Strong Referral & Right of First Refusal Program
- Focus on Patient Satisfaction (i.e. Access/Provider Continuity)
- Enroll to Capability and Capacity
- Focus on Quality of Care/Process Improvement Versus Solely RVU Production
- Staff Morale
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Key Ingredients

- **↓PMPM**
- **↓Hospitalizations**
- Minimize Emergency Room & Urgent Care Usage
- Strong Referral & Right of First Refusal Program
- Focus on Patient Satisfaction (i.e. Access/Provider Continuity)
- Enroll to Capability and Capacity
- Focus on Quality of Care/Process Improvement Versus Solely RVU Production
- Staff Morale
Impacting Per Member Per Month
Key Ingredients

- ↓ PMPM
- ↓ Hospitalizations
- ↓ Primary Care/ED & Urgent Care Usage
- Strong Referral & Right of First Refusal Program
- Focus on Patient Satisfaction (i.e. Access/Provider Continuity)
- Enroll to Capability and Capacity
- Culture of Continuous Process Improvement Focus on Quality of Care Vice Solely RVU Production
- Staff Morale
Impacting Per Member Per Month
Key Ingredients

↓PMPM

↓ Hospitalizations

Minimize ER & Urgent Care Usage

Strong Referral & Right of First Refusal Program

Focus on Patient Satisfaction
Enroll to Capability and Capacity

Focus on Quality of Care/Process Improvement Versus Solely RVU Production

Staff Morale
Monthly Average of ER Visits (NHB+Civilian) and Civilian Urgent Care Visits
FY08 thru FY10
(per 100 Enrollees)
(Source: M2 Data)
% Compliance with High Level Disinfection Process of Vaginal Ultrasound Probes
NHB Dec 09 thru May 10

- Family Medicine Clinic: Baseline 100%, Post-Improvement 100%, Highest Achieved 100%
- OB/GYN Clinic: Baseline 65%, Post-Improvement 62.5%
- Clinic: Baseline 100%, Post-Improvement 90%
- Branch Health Clinic Bangor: Baseline 50%, Post-Improvement 45%
- Emergency Department: Baseline 90%, Post-Improvement 90%
- Radiology Department: Baseline 90%, Post-Improvement 90%
- Overall: Baseline 94%, Post-Improvement 96%