Quadruple Aim Performance Process: Transforming Performance Improvement
Barclay P. Butler, Ph.D., MBA
November 27, 2018
Speaker Introduction

Barclay P. Butler, Ph. D., MBA

Assistant Director for Health Care Administration
Defense Health Agency

Dr. Butler has over 35 years of experience as a military and civilian healthcare leader supporting the delivery of healthcare services improving military readiness, improving the quality and experience of care, and reducing costs, all while delivering improved value.
Disclosures

• Presenter has no interest to disclose.
The Defense Health Agency’s (DHA) Assistant Director for Health Care Administration (AD HCA) will discuss the DHA’s refreshed strategy and Quadruple Aim Performance Plan (QPP) process that the DHA is using to standardize performance across the Military Health System (MHS). The DHA recently updated its strategy to better reflect its key priorities and align more closely with the Quadruple Aim of Improved Readiness, Better Health, Better Care, at Lower Cost. The QPP encompasses multiple components of the DHA strategy and allows innovative problem solving to align military medical treatment facilities (MTF) with the DHA’s Quadruple Aim strategy. Beginning with Phase 1 MTFs in FY19, each MTF transitioning to DHA will be required to submit a QPP Plan to the DHA to set priorities and improvement targets for the coming year. Topics covered in this session will include the DHA’s strategy and key priorities, the process of developing and executing QPP business plans, guidance and training on the QPP, the critical initiatives that have been targeted for improvement, and the benefits of this new framework. The session will also include a discussion of how the QPP framework provides a systemic approach to problem solving and how the framework will be operationalized across the MHS.
At the conclusion of this activity, the participant will be able to:

1. Describe the DHA’s strategy and how it aligns to the Quadruple Aim of Improved Readiness, Better Health, Better Care, at Lower Cost

2. Understand the Quadruple Aim Performance Plan (QPP) process and how it will standardize performance improvement across the MHS enterprise

3. Discuss how QPP supports the DHA’s efforts to become a High Reliability Organization and improve patient safety and quality of care

4. Use the Health System Optimization (HSO) framework to apply a systematic approach to problem-solving
DHA Vision, Mission, and Strategic Roadmap

**VISION:** Unified and Ready...

**MISSION:** As a Combat Support Agency, the Defense Health Agency leads the MHS integration of readiness and health to deliver Quadruple Aim: increased readiness, better health, better care, and lower cost.

**Medically Ready Force...Ready Medical Force**
Background

NDAA FY17, Section 702 (e)(1) (Public Law 114-328) requires that DHA act as the single agency responsible for the administration of all MTFs

- **Current State:**
  - MTFs create business or performance plans using Service-specific guidance
  - Creates pockets of success, but also creates potential for conflicts in priorities across MTFs from different Services within the same market
  - MTFs do not operate together as an integrated system of readiness and health

- **Challenge:**
  - Reengineer the development process for Market performance plans
  - Achieve system wide Quadruple Aim performance improvement
  - Promote an integrated system (of systems) for readiness and health

- **Goal:**
  - Promote an integrated system (of systems) for readiness and health
  - Optimize operational coherence of over 40 functional capabilities
  - Achieve system wide Quadruple Aim performance improvement
  - Reengineer the development process for Market performance plans
  - Single management structure of military health system
The transition plan implementation framework provides the roadmap for the DHA to execute the management and administration of the MTFs to achieve an Integrated System of Readiness and Health.
The transition plan is founded on the implementation of enterprise functional capabilities (common function or product line that supports the efficient and effective delivery of military healthcare) overseen by the DHA.

### Functional Capabilities (FCs)

The DHA initiated the enterprise management of the Quadruple Aim Performance Planning (QPP) functional capability on OCT 1 2018.

<table>
<thead>
<tr>
<th>FC #</th>
<th>FC Name</th>
<th>DAD</th>
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<tbody>
<tr>
<td>1</td>
<td>Decision Making Architecture (Governance)</td>
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<td>2</td>
<td>Regional Model</td>
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<td>3</td>
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<td>Special Staff</td>
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<td>4</td>
<td>DHA MILPER Management</td>
<td>DAD Admin and Management</td>
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<td>5</td>
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<td>6</td>
<td>DHA &amp; Regional Staffing (Manpower)</td>
<td>DAD Admin and Management</td>
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<tr>
<td>7</td>
<td>Acquisition EA</td>
<td>DAD Contracting</td>
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<tr>
<td>8</td>
<td>QPP</td>
<td>DAD Strategy and Innovation</td>
</tr>
<tr>
<td>19</td>
<td>Pharmacy EA</td>
<td>DAD HCO</td>
</tr>
<tr>
<td>21</td>
<td>MHS GENESIS Transition and Sustainment &amp; OCHRO</td>
<td>DAD HCO</td>
</tr>
<tr>
<td>22</td>
<td>Prioritization Procedural Instructions</td>
<td>Special Staff</td>
</tr>
<tr>
<td>23-25</td>
<td>Clinical Quality Management</td>
<td>DAD MA</td>
</tr>
<tr>
<td>26</td>
<td>Clinical Operations (Clinical Communities)</td>
<td>DAD MA</td>
</tr>
<tr>
<td>27-28</td>
<td>Health IT</td>
<td>DAD IO</td>
</tr>
<tr>
<td>29</td>
<td>IG</td>
<td>Special Staff</td>
</tr>
<tr>
<td>30</td>
<td>Legal Services and Support</td>
<td>Special Staff</td>
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<td>31</td>
<td>Mission Assurance</td>
<td>DAD Admin and Management</td>
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<tr>
<td>32</td>
<td>Analytics</td>
<td>DAD Strategy and Innovation</td>
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<td>EO/EEO</td>
<td>DAD Admin and Management</td>
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<td>SHARP/SAPR</td>
<td>DAD Admin and Management</td>
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<td>Clinical Laboratories</td>
<td>DAD HCO</td>
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<td>Privacy</td>
<td>DAD HCO</td>
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<td>37</td>
<td>Graduate Medical Education</td>
<td>DAD MA</td>
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<td>38</td>
<td>AD-CSA (CSA, ASBP, DODMERB, AFMES)</td>
<td>AD CSA</td>
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<tr>
<td>39</td>
<td>Virtual Health</td>
<td>DAD HCO</td>
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<td>40</td>
<td>Small Business Programs</td>
<td>DAD Contracting</td>
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<tr>
<td>41</td>
<td>Chaplaincy</td>
<td>TBD</td>
</tr>
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**“Medically Ready Force...Ready Medical Force”**
Quadruple Aim Performance Process (QPP)

What is the QPP?

The QPP is more than a plan. It is the process by which “we” engage the entire military health system to achieve breakthrough performance in pursuit of the Quadruple Aim (Improved Readiness, Better Health, Better Care, and Lower Cost).

What is the purpose of the QPP?

• Align Market and Military Treatment Facility (MTF) activities with the Military Health System (MHS) Quadruple Aim vision,
• Enhance our integrated system of readiness and health,
• Promote system learning and continuous improvement,
• Support a smooth transition of administration and management of MTFs to the Defense Health Agency (DHA) and,
• Enable enhanced enterprise performance, balanced across the Quadruple Aim framework – Improved Readiness, Better Health, Better Care, and Lower Cost.
Currently, the majority of MTFs create business or performance plans using Service-specific guidance, which has resulted in a decentralized performance management system with varied performance improvement initiatives and limited learning across the MHS. To reform this current state, the DHA will use the QPP to translate strategy to action by aligning effort, standardizing performance improvement initiatives, and building and sustaining an integrated system of readiness and health.

<table>
<thead>
<tr>
<th>Current State</th>
<th>Future State</th>
<th>Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competing Guidance</td>
<td>Single Guidance</td>
<td>Implement a standard approach to change and a standard set of DHA strategic priorities across the enterprise</td>
</tr>
<tr>
<td>Resource Driven</td>
<td>Strategy Driven</td>
<td>Achieve efficiencies by using DHA strategic priorities to drive resource decisions</td>
</tr>
<tr>
<td>MTF Mission (Moving Target)</td>
<td>MTF Mission (Fixed)</td>
<td>Align projects and initiatives with DHA strategic priorities (Quadruple Aim)</td>
</tr>
<tr>
<td>Solution Focused</td>
<td>Problem Focused</td>
<td>Understand the root cause of the problem to identify the most effective solution</td>
</tr>
<tr>
<td>Decentralized Performance Management</td>
<td>Centralized Performance Management</td>
<td>Enable enterprise transparency and accountability through a unified portfolio of system-wide efforts</td>
</tr>
<tr>
<td>Top-Down Direction</td>
<td>Bottom-Up Learning</td>
<td>Leverage system-wide knowledge at MTF and Market levels to inform strategic goals and priorities</td>
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</tbody>
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“Medically Ready Force...Ready Medical Force”
QPP Value Stream: Moving From Planning to a Continuous Cycle of Improvement and Learning

1. Establish Strategy
2. Create Guidance
3. Develop and Deliver Training
4. Develop Market Plans
5. Approve Plans
6. Resource the Plans
7. Execute the Plans
8. Assess Results

“Medically Ready Force...Ready Medical Force”
Why is QPP Needed?

Value = \( \frac{\text{Readiness} + \text{Health} + \text{Care}}{\text{Cost}} \)

**Better Care**

Providing a care experience that is patient and family centered, compassionate, convenient, equitable, safe, and always of the highest quality.

**Better Health**

Reducing the generators of ill health by encouraging healthy behaviors and decreasing the likelihood of illness through focused prevention and the development of increased resilience.

**Increased Readiness**

Ensuring that the total military force is medically ready to deploy and that the medical force is ready to deliver health care anytime, anywhere, in support of the full range of military operations, including humanitarian missions.

**Lower Cost**

Creating value by focusing on quality, eliminating waste, and reducing unwarranted variation; considering the total cost of care over time, not solely the cost of an individual health care activity.

“Medically Ready Force...Ready Medical Force”
DHA - Health System Optimization

Structure
- MTF Board
- MKT Board
- Resource Management Steering Committee (RMSC)
- Resourcing Decision Board (RDB)
- Requirements and Resourcing Council (SRRC)
- DHA Review and Analysis (R&A)

Discover
Why are we discussing this?

Scope
What problem are we trying to solve?

Diagnose
What's causing the problem; what are potential solutions?

Implement
How are we going to roll out the selected solution?

Monitor
What are we learning?

Quadruple Aim Performance Process (QPP)

Process
- DHA Review and Analysis (R&A)
- Requirements and Resourcing Council (SRRC)
- Resource Management Steering Committee (RMSC)
- MKT Board
- MTF Board

Outcome
- Improved Readiness
- Better Health
- Better Care
- Lower Cost
DHA - Health System Optimization

Quadruple Aim Performance Process (QPP)

Initiation Phase (FY19)
Aug-Aug

Planning Phase (FY20)
Oct-Jul

Execution Phase (FY20)
Aug-Aug

Execution Phase (FY20)
Aug-Aug

Enterprise
Strategy Development
Aug
Service Review/Input
Aug/Sept
DHA/QPP Guidance
Sept

Clinical Communities
Clinical Communities Guidance
Oct

Market
Market QPP Guidance
Oct

MTF

Outcome
Improved Readiness + Better Health + Better Care + Lower Cost
DHA - Health System Optimization

Structure

- MTF Board
- MKT Board
- Resource Management Steering Committee (RMSC)
- Resourcing Decision Board (RDB)
- Requirements and Resourcing Council (SRRC)
- DHA Review and Analysis (R&A)
- MTB Board
- MKT Board

Quadruple Aim Performance Process (QPP)

Discover
Why are we discussing this?

Scope
What problem are we trying to solve?

Diagnose
What's causing the problem, what are potential solutions?

Implement
How are we going to roll out the selected solution?

Monitor
What are we learning?

Outcome

Improved Readiness + Better Health + Better Care + Lower Cost
The QPPs are a “living document” with the intent to make adjustments and course corrections as new information is uncovered

- MTFs will be dialoging with their assigned DHA POC exchanging relevant information to ensure projects are tracking as expected
- Collaborative exchanges will enable DHA to make refinements to processes during this learning process

- tIMO and DHA will provide on-site visits to MTFs to assist with improving gaps in performance and achieving project milestones

- DHA will gather shared learnings to:
  - Celebrate MTF successes
  - Disseminate “Best Practices”
  - Enhance procedures/instructions
  - Look for partnering opportunities
## FY19 Plan Reviews and Cadence

### SMMAC Review & Analysis

**Quarterly**

**Membership**
- PDASD, OASD, DASD, ASD (HA), USD (P&R)
- DHA Dir
- SGs
- Chairperson for Oversight Councils (MROC, RMOC, HSOC, HIOC)

**Content – MHS Level Policy and Oversight Focus**

Oversight Council Chairperson (MROC, RMOC, HSOC, HIOC) presents findings by exception:
- Identification and analysis of measures with sub-optimal performance
- Recommendations for closing Gaps in performance, to include:
  - Additional resources, if necessary
  - Support for new or existing strategic initiatives
  - Additional studies to determine root causes of performance gap and identify industry or government best practices

### DHA Reviews

**Quarterly**

**Membership**
- DHA Director, DHA Dep Dir
- AD HCA, AD CSA, AD Management /CAE, DADs
- DSGs
- tIMO Director

**Content – Market Level Execution Focus**

DHA will review the following at the Market Level:
- Readiness: (Readiness Demand Signal - projected vs actual);
- Resources/Workload (Statement of Operations - Direct/Purchased Care workload and budget - planned vs execution);
- Performance Measures and Project Execution: Briefed by exception highlighting successes/potential opportunities for enterprise-spread
- Other (additional topics requiring HQ visibility/support)

### Market Reviews

**Monthly**

**Membership**
- tIMO Director
- MTF Commanders

**Content – MTF Level Execution Focus**

Monthly: Market Director will review MTF performance measures on an **exception only** basis including, but not limited to: readiness, budget and workload, QPP performance and performance measures, and any additional topics requiring tIMO visibility/support.

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**Information & Decisions**

*Information and outputs from each meeting will inform higher level meetings*

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"Medically Ready Force...Ready Medical Force"
<table>
<thead>
<tr>
<th>Quad Aim</th>
<th>Critical Initiatives (CI)</th>
<th>Working Definition of FY 19 Critical Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readiness</td>
<td>Deployability (Medically Ready Force)</td>
<td>Anything that contributes to the <strong>deployability of the active, reserve or guard force</strong>, including care, screening, prevention, or improvements to access for uniformed personnel. This is done in support of Service requirements (readiness demand signal)</td>
</tr>
<tr>
<td></td>
<td>Improve Medical Force Readiness (Ready Medical Force)</td>
<td>All activities that ensure the <strong>medical force is ready to deploy anywhere, anytime in support of the full range of military operations</strong>. It includes efforts to increase readiness related clinical knowledge skills and abilities, but also making sure that the entire team is available for platform specific training, that the facility can support planned and emergent requests for personnel (eg RFFs), etc. (readiness demand signal)</td>
</tr>
<tr>
<td>Better Health</td>
<td>Encourage Healthy Behaviors (Health)</td>
<td>About 50% of health outcomes are related to behaviors. As we shift from healthcare to health we intend to help patients achieve better health by making the healthy choice the <strong>easy choice</strong>. This is particularly important with regard to nutrition, activity, tobacco use, substance abuse, and self-management of chronic illness. (health demand signal)</td>
</tr>
<tr>
<td>Better Care</td>
<td>Optimize &amp; Standardize Access (Access)</td>
<td>Patients should not have to wait for help when they need our help. This initiative is about reducing waiting time for appointments, but it is also about creating alternatives that get help to people without a visit to a hospital or clinic. It is also about reducing time that people have to wait for answers (e.g. lab results) (health demand signal)</td>
</tr>
<tr>
<td></td>
<td>Improve Condition Based Quality Care (Quality)</td>
<td>Our clinical communities are developing pathways of care that will specify the best known way to deliver care for common conditions like low back pain and normal childbirth. While piloting these efforts, we will implement evidence based care and <strong>make the right choice the easy choice for the health team</strong> in common conditions (diabetes, low back pain screening, pharyngitis, etc) (health demand signal)</td>
</tr>
<tr>
<td></td>
<td>Achieve Zero Patient Harm (Safety)</td>
<td><strong>We will achieve zero harm by identifying zero events</strong> (wrong site surgery, post operative infection, etc) <strong>and preventing them with always events</strong> (checklists, care bundles, etc.) This will require changing the culture, lots of training and rigorous process management. (health demand signal)</td>
</tr>
<tr>
<td>Lower Cost</td>
<td>Improve Effectiveness &amp; Efficiency of DC Platform</td>
<td><strong>Increasing productivity will be accomplished by eliminating the wasteful processes that prevent our team from performing at full capacity.</strong> We will work smarter, not harder and apply the principles of high reliability to eliminate wasteful procedures, re-work and wasted capacity. (efficiency of output)</td>
</tr>
</tbody>
</table>
FY19 MHS Performance Dashboards

MHS Core Dashboard

- Initial measures approved Dec 2014
- Reviewed by work groups, components, and Integration Board
- Represents core measures aligned to the Quadruple Aim and as a result of the MHS Review and includes the measures from the three dashboards displayed to the right

Critical Initiative Measures Dashboard

- Available 1 October 2018
- Utilized for development of QPPs
- Represents the current priority focus areas for the DHA, as identified by VADM Bono’s 7 Critical Initiatives for FY19

RMG Measures Dashboard

- Available 1 October 2018
- Requested by the RMG
- Enables the RMG insight into measures they have identified as key to enterprise performance

Transition Measures Dashboard

- Available 1 October 2018
- Developed in response to NDAA Section 702
- Provides leadership with insight into how the MHS is doing during the transition

Back-up slide 29 has a complete list of individual dashboard measures

Dashboards available on CarePoint: https://carepoint.health.mil
Current Priorities to enhance FY20 Process

- Define **Readiness Demand Signal** for a medically ready force and a ready medical force

- Develop **Competency Objectives/Training plan** aligned to QPP Guidance

- Define requirements and develop a **Tool** for the new streamlined plan template to include all parts of the process (demand, supply, gaps in performance, resourcing, improvement projects, and outcomes)

- Finalize Inputs/Outputs to future state **QPP Annual Cycle**

- Publish FY20 Guidance by end of Nov

“Medically Ready Force...Ready Medical Force”
## FY20 QPP Development Life Cycle

### Market Plans will feed POM submissions through the projection of 3 years of requirements.

**FY20 QPP Plans will feed FY22 POM submissions.**

### MARKET PLAN PRIORITY

**Initiate Planning Efforts for Phase 2 QPPs and Publish Guidance (Nov 18)**

- Finalization of the ‘what’ of each section of the plan template

### MARKET PLAN PRIORITY

**Phase 2 Training Plan Established (Nov 18)**

- Development of training for incoming Markets

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### FY20 QPP Development Life Cycle Table

<table>
<thead>
<tr>
<th>ACTION</th>
<th>FY18</th>
<th>FY19</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>CTR 4</td>
<td>CTR 1 (MAR)</td>
</tr>
<tr>
<td></td>
<td>Execute Phase 1 QPPs (Oct 2018)</td>
<td>Ongoing training for Phase 1 (Site Visits directed by AD HCA 14 Sep 18 Memo) (Oct 2018)</td>
</tr>
<tr>
<td></td>
<td><strong>QPP</strong></td>
<td><strong>Planning Phase</strong></td>
</tr>
<tr>
<td></td>
<td>Create structural Quadruple Aim Performance Planning Process framework</td>
<td>Establish a supportive QPP structure (Sep 2018)</td>
</tr>
<tr>
<td></td>
<td>Design QPP Lifecycle Phase 2-4 (show POM alignment) (Sep 2018)</td>
<td>Initiate Planning Efforts for Phase 2 QPPs and Publish Guidance (Nov 2018)</td>
</tr>
<tr>
<td></td>
<td>Quadruple Aim Performance Planning Tool Created (inputs/outputs/outcomes) (Dec 2018)</td>
<td>Phase 2 Market Plans Submitted to DHA (May 2019)</td>
</tr>
<tr>
<td></td>
<td>Implement QPP Lifecycle (Phase 1)</td>
<td>Phase 2 Markets Plans endorsed/resourced for execution (Sep 2019)</td>
</tr>
<tr>
<td></td>
<td>Implement QPP Lifecycle (Phase 2)</td>
<td></td>
</tr>
</tbody>
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**“Medically Ready Force...Ready Medical Force”**

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**DHA GOALS**

- DHA functions as an enabler for Markets/MTFs to achieve breakthrough performance through the Quadruple Aim (Measures in development - intent is to develop using HRO Maturity Measures)

**Proposed Measure of Success:**
1) HSQ Model/QPP Process Operational (yes/no)
2) % of Markets/MTFs trained
3) # of projects supported through (4) # of decisions documented at Quarterly Reviews (assess value added)
4) DHA (enterprise roll-up) rate of change on critical initiative measures

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What’s Required for a Successful Plan?

“Medically Ready Force...Ready Medical Force”
QPP Learnings and Challenges

Cultural Shift to a Learning Organization; QPP More than a Plan

- Need Process for Addressing Issues
- Need to establish clear lines of Authority / Communication
- Access to SMEs to assist with questions and problems related to QPP development
- Competency Development Critical
  - Projects – development of A-3s that articulate the problem vice chasing a measure
  - Measures are for improvement not hitting a target
- Need to set clear Guidance early
- Tools and Templates needed to reduce the amount of unnecessary work

Challenges

- Confusion on QPP vs. Business Plan
- Overcome Variance in Boldness to Drive Command Mission
- Readiness Demand Highly Undefined
QPP Value: Tangible Desired Results

Focused Learning
(Critical Initiative Alignment)

<table>
<thead>
<tr>
<th>MTF</th>
<th>Absent but Needed</th>
<th>Existing but Needs Refinement</th>
<th>Needed and Meets Requirements</th>
<th>Not Needed</th>
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<tr>
<td>#1</td>
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<td>X</td>
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<td>E</td>
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</table>

A = Absent but Needed
E = Existing but Needs Refinement

- Links MTF performance improvement to DHA strategic priorities (Critical Initiatives)
- Provides local solutions that can be scaled to drive enterprise improvement

Clarity of Operations
(Mission Established)

- Explicit quantitative view of MTF vision
- Links inputs to outputs
- Can be considered profit/loss statement

Improved Outcomes
(ImpactQuad-Aim)

Strategy to Execution: This pipeline of continuous planning and execution is supported by a central program office at the DHA

“Medically Ready Force...Ready Medical Force”
VADM Bono identified her seven Critical Initiatives for FY19 (which will continue for FY20), which are comprised of:

- Deployability
- Improve Medical Force Readiness (Ready Medical Force)
- Encourage Healthy Behaviors (Health)
- Optimize & Standardize Access (Access)
- Improve Condition Based Quality Care (Quality)
- Achieve Zero Patient Harm (Safety)
- Improve Effectiveness & Efficiency of DC Platform
Summary

• Discussed strategic mission of DHA and its ties to Quadruple Aim improvements
• Examined QPP process’s role in MHS enterprise standardization
• Demonstrated QPP’s value in enabling DHA transformation into a High Reliability Organization
• Utilized the QPP approach in creating a routine problem-solving method
Back-Up Slides
MHS FY19 Core Measures

<table>
<thead>
<tr>
<th>Quad Aim</th>
<th>Measure Name</th>
<th>Status</th>
<th>MHS FY19 Core Measures</th>
<th>QPP Critical Initiatives</th>
<th>RMG</th>
<th>NDAA Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Readiness</td>
<td>Individual Medical Readiness (IRM)</td>
<td>Available</td>
<td>•</td>
<td>•</td>
<td>•</td>
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<td></td>
<td>Percent of Providers Meeting KSAs for General Surgery</td>
<td>Prototype Available</td>
<td>•</td>
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<td>•</td>
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<td>Percent of Providers Meeting KSAs for Orthopedic Surgery</td>
<td>Prototype Available</td>
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<td>Active Duty Non-Deployability</td>
<td>Prototype Approved</td>
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<td>•</td>
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<td>Capacity to provide health services for validated HPRF but non-conventional force requirements</td>
<td>In Development</td>
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<td>30-Day Next Available Future Appointments</td>
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<td>Per Member Per Month (PMPM)</td>
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<td>Active Duty Specialty Care Provider Efficiency</td>
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<td>Operating Room Utilization</td>
<td>Hold – Pending Brief to Mr. McCaffery</td>
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<td>Savings from Enterprise Shared Services and Reform Initiatives</td>
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<td>Average Daily Patient Load</td>
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<td>Intensive Care Unit Bed Days</td>
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29
The QPP Critical Initiative Dashboard displays measures mapped to seven Critical Initiatives identified by VADM Bono. It currently displays 13 of 30 measures, with 17 new measures to be added by 1 October 2018.

### Table

| Measure | Data As Of | Host Refresh | Red | Yellow | Green | Blue | Score | (Above) | (Target) | (Below) | Percentile | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| INR     | 6/2018     | 1/2018       | < 75% | > 75% | > 65% | > 95% | Red | Yellow | Green | Blue | Score | Percentile | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |

### Key

- Decrease in current value from prior
- Increase in current value from prior
- No change in current value from prior
- Trend: The number of data periods corresponding to the performance trend direction

**CLABSI-SIR** includes Ward SIR and new baseline data.

**Business Analytics** measures and CLABSI-SIR measure do not have a yellow threshold, only red, green or blue.

**URFOs** displayed as a total count of Non-Dental and Dental events.

**MHS Performance for** Diabetes A1C Testing, Low Back Pain, and Children with Pharyngitis **measures reflects Direct Care only (MCSC performance is reported separately); measure reported using treatment DMIS.**

Component, Command, MTF & Market detailed information available on [https://carepoint.health.mil](https://carepoint.health.mil) for each measure

Data as of 15 August 18