

Health Policy Research Strengths Military Oversight



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**THE SOCIETY OF FEDERAL HEALTH PROFESSIONALS (AMSUS)
2023 ANNUAL MEETING**

**CLEARED
For Open Publication**

Jan 31, 2023

10
Department of Defense
OFFICE OF PREPUBLICATION AND SECURITY REVIEW

**SLIDES ONLY
NO SCRIPT PROVIDED**

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Bryce Slinger has no relevant financial or non-financial interests to disclose. The views and opinions expressed herein are his alone and do not necessarily represent the United States Government, the Department of Defense, or the Assistant Secretary of Defense for Health Affairs.

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Commercial support was not received for this activity.

Outcomes



1. Understand how policy research strengthens oversight of large, complex federal healthcare programs.
2. Recognize the relationship between policy research and strategy.
3. Appreciate the utility of health services research in recent policy and oversight studies in the Military Health System.

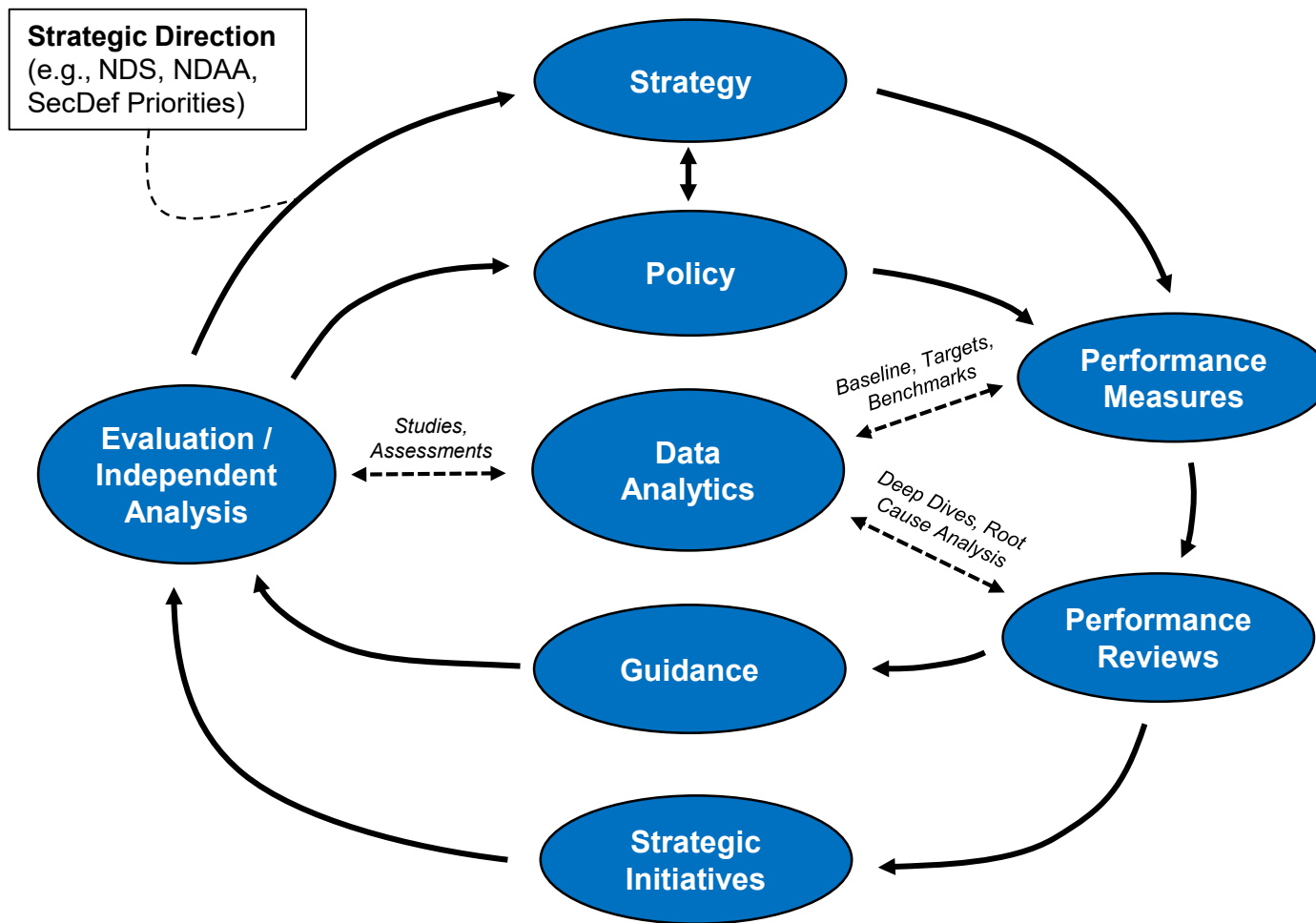
Defining Key Terms



- **Policy** is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions. Policy decisions are frequently reflected in resource allocations. Health can be influenced by policies in many different sectors.¹
- **Policy research** is concerned with mapping alternative approaches and with specifying potential differences in the intention, effect, and cost of various programs. Policy research is less abstract and more closely tied to particular actions to be undertaken or avoided.²
- The **Military Health System (MHS)** is a federated system of uniformed, civilian and contract personnel and additional civilian partners at all levels of the Department of Defense and beyond – from senior officials in the Office of the Secretary of Defense to doctors and other health care providers in nearly every community across the nation.³ The MHS is overseen by the Assistant Secretary of Defense for Health Affairs.

1. Associate Director for Policy and Strategy. "Definition of Policy." U.S. Centers for Disease Control and Prevention (May 2015). Published By: Department of Health and Human Services.
2. Etzioni, Amitai. "Policy Research." *The American Sociologist*, Vol. 6, Supplementary Issue (June 1971), pp. 8-12 (5 pages) Published By: American Sociological Association
3. Assistant Secretary of Defense for Health Affairs. "Terms of Reference for a Zero-Based Review of Manpower Requirements Associated with HQ Medical Readiness Functions." Office of the Secretary of Defense (Nov. 2021). Published By: Department of Defense.

Strategy and Oversight



Policy Research Challenges



- Transitioning to the new electronic health record required retooling of data sets and introduced risk to **data quality**. Understanding the new data and how it differs from past data sets can be a significant challenge.¹
- Health policy research may require a trade off **between accuracy and precision** (e.g., number of unadjusted encounters vs. relative value units). Externalities and endogeneity between independent variables complicate econometric analyses of healthcare policy evaluations.²
- Conducting **qualitative research** with surveys or large focus groups requires approvals from higher authorities, up to the Executive Office of the President.³ Timelines for approval can be a rate limiting step.

1. Harris, C., et al. "Electronic Health Records: DOD Has Made Progress in Implementing a New System, but Challenges Persist (GAO-21-571)." U.S. Government Accountability Office (Sept. 2021). Published by: 117th United States Congress.
2. Green, T. and A. Venkataramani. "Trade-offs and Policy Options – Using Insights from Economics to Inform Public Health Policy." *The New England Journal of Medicine*, 386:5 (Feb. 3, 2022). Published by: Massachusetts Medical Society.
3. Under Secretary of Defense for Personnel and Readiness. "DoD Surveys." Department of Defense Instruction 1100.13 (Mar. 31, 2017). Published by: U.S. Department of Defense.

Recent Study: Mil-Civ Partnerships

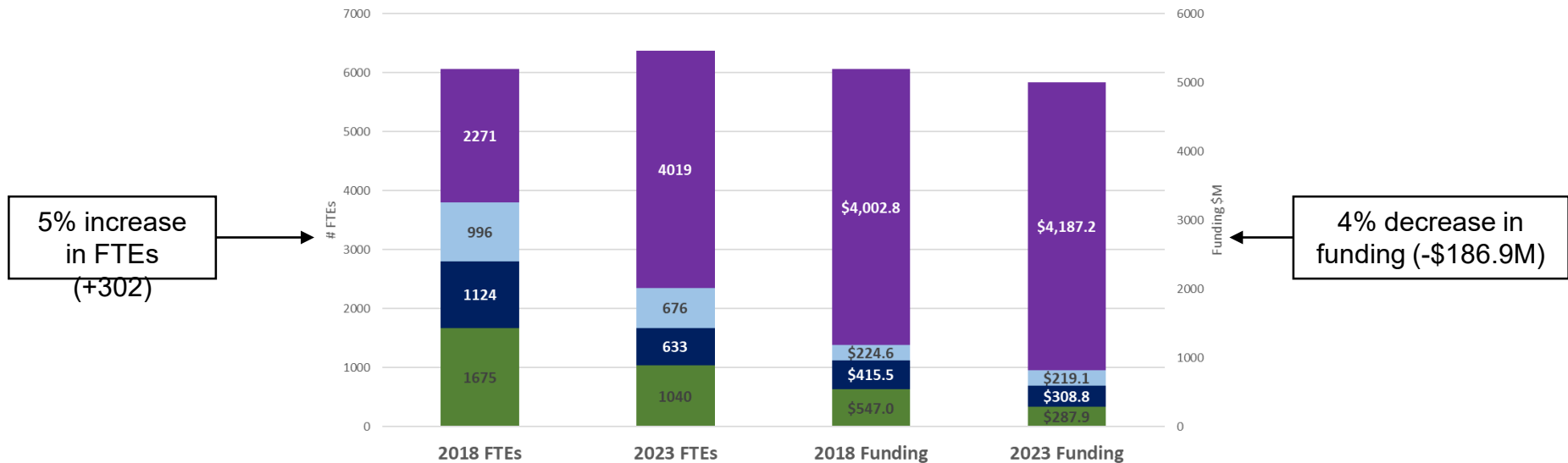


- Reviewed military-civilian partnerships in response to NDAA FY21 §757.
- Developed 3 categories to standardize **partnership type**.
- Assembled database of trauma centers to estimate prevalence of military-civilian partnerships for medical skills sustainment in the United States.
- Site visits to collected qualitative information from embedded participants and health center executives.
- Derived approximately **28 discrete data points** that help elucidate the relative success of a program.
- Quantified variability in program structure, graduate medical education, level of personnel integration, and instances of combined programs.
- Noted that **Multimodal program evaluation** strengthened the catalog, and the catalog provides tested models to establish future partnerships.

Recent Study: Medical HQ



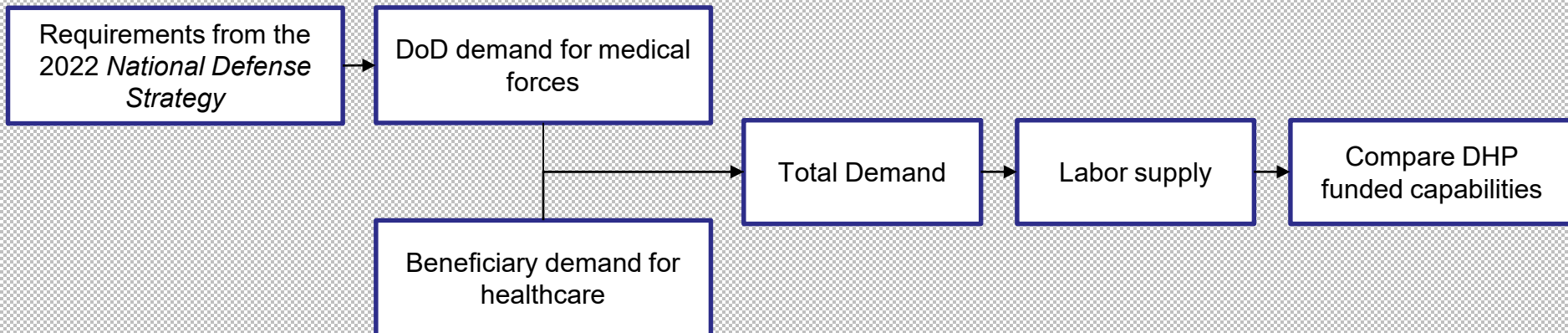
- The MHS is undergoing a **horizontal merger** (hospitals merging with hospitals) and **vertical integration** (hospitals buying private practice organizations). There are very few modern examples of government programs as large and complex as the MHS merging and integrating.
- Since the MHS manages both revenue and operating costs, expect to see a small decreases in **overall expenses** in the long-term.
- Mergers do **improve quality** with more effective clinical operations, efficient knowledge sharing, and common technology and analytics.



On-going Study: Future Strategies



- Determine Military Health System **requirements** by cataloging, characterizing, aligning, and prioritizing validated requirements based on the *National Defense Strategy* yardsticks.
- Deliberate **hub-and-spoke** delivery model anchored by academic medical centers (hub) with specialists using telehealth and mentoring to treat patients in smaller or rural locations (spokes) and assist primary care clinicians.
- Use evaluation criteria to identify, assess, and **measure risk** to the Department and the Joint Force.
- Estimate **total costs** to the system for the next Future Years Defense Program to turn policy research into a tangible plan.





Thank you!

For questions or concerns with the information presented, please contact Bryce Slinger at bryce.j.slinger.civ@health.mil