[Categorical Listing] [Numerical Listing]

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

Jan 08 1998

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

SUBJECT: Policy for Improving Access and Quality in the Military Health System

Recent media criticisms of military medicine renewed congressional interest in the quality of care provided to our beneficiaries. Please review the following 13 issues and provide this office with either a summary of how you resolved each issue or a plan for resolution by 20 January 1998.

Phase out accessions and deployment of general medical officers (GMO) over the next 3-4 years. This action will involve major restructuring of our graduate education system and how we deliver care to our personnel in field situations. An action of this type will require immediate in-depth discussion and innovative planning. **Establish "Centers of Excellence [sic] to provide improved patient outcomes for complicated surgical procedures.** Your direct involvement is required to make these changes successful.

Immediately resolve all malpractice and adverse action cases pending and file complete reports to the National Practitioner Data Bank (NPDB) where required. We need to eliminate the public misperception that the military health system hides problems and fails to protect the community. A complete revision of our reporting procedures will be done and may incorporate recommendations from the DoD Inspector General Audit Report and Office of the General Council. Standard of Care determinations will be reviewed by an external agency to improve our credibility.

All military providers must have a valid, unrestricted and current license. Providers who hold special Oklahoma licenses must remain under complete supervision until fully licensed. Providers who have "federal, no-fee, inactive" or any other restricted licenses will take all necessary steps and obtain a valid, unrestricted and current license immediately. The litmus test for a valid license is the ability to practice in their jurisdiction tomorrow, without other action. A complete review of licenser status by each Service and a plan for correction is required.

Provide Service input for the Annual Quality Management Report. Tracking our successes and failures is key to early identification of problems. We all benefit by sharing ideas. Congress felt this report

provided valuable oversight for the MHS and should be continued. Requests for information have been sent to the field. I would like you to put a very high priority on accurate and timely completion of these requests for information.

Fully implement TRICARE by assigning all enrollees a primary care manager or team. This includes our active duty enrollees. Additionally we must have a plan for efficiently processing consults and every effort must be made to promulgate advances in automation technology to improve providers access to patient records, lab and X-ray data.

Generate a public report card at each facility sharing information concerning of our Military Health System. The report card should include at least: access times for major service areas, patient satisfaction results, Joint Commission summary Grid Score data as well as grid elements scores for credentialling, planning and providing care, assessing competence, infection control, nursing, patient education and patient rights. Each facility should have a web site and post pertinent documents and information there.

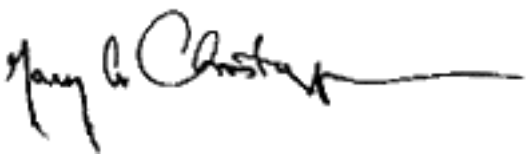
Establish a health care council at each facility. Hospital commanders must chair these meetings and assure they are made up of community wide representation. Priority will be placed on enlisted issues and concerns. These councils should be directly involved in any major policy decision affecting the MTF.

Implement a directory of providers in an MTF specific patient information handbook that will be updated annually. Handbooks should include at least: provider name, clinic assigned and phone number, institutions where the provider received training, board certification status, primary state of licensure, time on active duty, assignment/work history, hometown and any special interests the provider may wish to share with the public. These handbooks will better partner our beneficiaries with their providers. Network providers should be encouraged to participate.

Place greater emphasis on the best clinical practices identified through our National Quality Management Program. These reports provide us with superb information and we must assure every provider is fully aware of these reports. Education and discussion is a must. **Place greater emphasis on direct use of clinical guidelines wherever appropriate.** Additionally, a method for collecting information on all guidelines currently being used in the MHS. Close collaboration with local VA and other civilian health groups as well as our support contractors is required.

Honestly evaluate our weaknesses and immediately improve them. Work to improve our patient satisfaction through communication and education. We must support our providers by giving them automation tools, guidelines and educational support so they can produce the best outcomes possible for their patients.

Further detailed guidance will be forth coming but I ask your close personal attention to ensure that your initial plan addressing these issues is completed and returned to my office by January 20, 1998.



for

Edward D. Martin, M.D.
Acting Assistant Secretary of Defense

HA Policy 98-010

The point of contact for this policy is COL Christine Miller, (703) 695-6800.

[Top]
Last update: 1/4/1999