THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAR - 4 2009

The Honorable Carl Levin
Chairman, Committee on Armed Services
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

I am pleased to provide you with the Department of Defense (DoD) report on the ongoing patient satisfaction surveys in DoD military treatment facilities in response to the requirements outlined in Section 713 of the National Defense Authorization Act for Fiscal Year 2008, Public Law 110-181.

This report reflects that the Department's TRICARE Management Activity (TMA) as well as the Services' Surgeons General (SG) each has patient satisfaction survey programs to fit our respective needs. The SG surveys are focused on outpatient care in their respective military treatment facilities (MTF). TMA surveys a wider spectrum; across the Services, across venues (MTF and civilian facilities), outpatients and inpatients and across the entire population (users and non users) and based on civilian benchmarks. TMA and SGs have collaborated on performance metrics and have created common questions to be used on each of our surveys. This collaboration will begin to bridge the disparate surveys with select common measures, while maintaining the autonomy to continue collecting data pertinent to each Service or TMA.

Thank you for your continued support of the Military Health System.

S.V
We now have
joint metrics

Sincerely,

Ward

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAR - 4 2009

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

I am pleased to provide you with the Department of Defense (DoD) report on the ongoing patient satisfaction surveys in DoD military treatment facilities in response to the requirements outlined in Section 713 of the National Defense Authorization Act for Fiscal Year 2008, Public Law 110-181.

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Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAR - 4 2009

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Thank you for your continued support of the Military Health System.

Sir joint metrics!

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John M. McHugh
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAR - 4 2009

The Honorable Susan Davis
Chairman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

I am pleased to provide you with the Department of Defense (DoD) report on the ongoing patient satisfaction surveys in DoD military treatment facilities in response to the requirements outlined in Section 713 of the National Defense Authorization Act for Fiscal Year 2008, Public Law 110-181.

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Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Joe Wilson
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

The Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

MAR - 4 2009

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Sincerely,

Sir
progress: joint metrics!
V/R, Ward

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAR - 4 2009

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAR - 4 2009

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Sir
Progress: joint metrics!
V/R Ward

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable C. W. Bill Young
Ranking Member

Report to Congress

The Ongoing Department Of Defense Outpatient and Inpatient Satisfaction Surveys in Military Treatment Facilities

Required by: National Defense Authorization Act for FY 2008 (Section 713)

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Executive Summary

Legislative Requirement: This report responds to Section 713 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008, Public law 110-181. This legislation requires a report on the ongoing patient satisfaction surveys taking place in Department of Defense inpatient and outpatient settings at military treatment facilities.

Specifically, Section 713 requires the Department to provide:

(1) The types of survey questions asked.
(2) How frequently the surveying is conducted.
(3) How often the results are analyzed and reported back to the treatment facilities.
(4) To whom survey feedback is made available.
(5) How best practices are incorporated for quality improvement.
(6) An analysis of the effect of inpatient and outpatient surveys on quality improvement and a comparison of patient satisfaction survey programs with patient satisfaction survey programs used by other public and private health care systems and organizations.

The legislation also stipulates that the Secretary shall use information in the report as the basis for a plan for improvements in patient satisfaction surveys used to assess health care at military treatment facilities in order to ensure the provision of high quality health care and hospital services in such facilities.

Summary of Report: The Office of the Assistant Secretary of Defense, Health Affairs of the TRICARE Management Activity (ASD(HA)/TMA) as well as the Services Surgeons General (SG) each has patient satisfaction survey programs to fit the needs of their leadership.

(1) Types of survey questions asked: Each SG surveys patients who have received outpatient care in that Service's respective military treatment facilities (MTFs): the Army uses the AMEDD Provider Level Satisfaction Survey (APLSS), the Navy (Bureau of Medicine or BUMED) uses the Navy Medicine Patient Satisfaction Survey (PSS) and the Air Force uses the Service Delivery Assessment (SDA). The ASD(HA)/TMA similarly surveys MTF patients, as well as those receiving care in civilian doctors' offices, using the TRICARE Outpatient Satisfaction Survey (TROSS). The Service surveys are designed to identify issues and opportunities for improvement at the local MTF level. ASD(HA)/TMA surveys are designed to identify issues and opportunities for improvement at the system-wide, or entire Military Health System (MHS) enterprise level, are usually based on, and, where possible, benchmarked to, comparable civilian surveys of systems of care, and also designed to monitor across the direct (MTF) and purchased (civilian) care venues used by our over nine million beneficiaries.

In addition, ASD(HA)/TMA surveys patients after receiving inpatient care. ASD(HA)/TMA's TRICARE Inpatient Satisfaction Survey (TRISS) annually fields a survey of military beneficiaries who have been discharged from a military or civilian hospital. This survey is a census sample (i.e. 100 per cent) of all military patients discharged from either military or civilian hospitals between the months of July through September of each year. In addition to

these outpatient and inpatient surveys, ASD(HA)/TMA also fields a quarterly population-based mail survey sent to adult MHS beneficiaries, as well as an annual child survey sent to the parents of sampled children, called the Health Care Survey of DoD Beneficiaries (HCSDB). This survey, like the other MHS enterprise-wide ASD(HA)/TMA surveys, asks questions related to satisfaction, access, use of preventive services, etc. Also, each quarter the HCSDB includes supplemental questions pertaining to a specific issue of interest, such as colorectal cancer screening, adult and childhood obesity, child safety, access to network providers or the pharmacy benefit, availability of mental health and emotional counseling, reserve component access, and many others.

The three key ASD(HA)/TMA surveys noted (outpatient, inpatient and population), and two of the three Service outpatient surveys are licensed by the Department of Defense Washington Headquarters Service and carry specified Report Control Symbols. The three ASD(HA)/TMA surveys also employ the same survey question sets used by many commercial, federal and state health programs seeking National Committee for Quality Assurance (NCQA) or other accreditation—the Agency for Healthcare Research and Quality's (AHRQ) Consumer Assessment of Healthcare Providers and System (CAHPS). This allows the Department to compare its results to civilian plans captured in the National CAHPS Data Base (NCDB). These survey results are consistent with similar measures used by civilian healthcare monitoring agencies such as the NCQA.

The Army SG and ASD(HA)/TMA also specifically survey wounded warriors to identify issues with healthcare access and satisfaction, and experience with non-medical support services (e.g. pay, lodging, transportation, Disability Evaluation System). As in the case of outpatient surveys, the Army Surgeon General wounded warrior survey focuses only on Service member care and support services at Army MTFs, or managed by Army medical support activities. The ASD(HA)/TMA survey is fielded to samples of Service members from all Military Services, and is used to provide analytic support to each of the Services SG staffs.

(2) How frequently the surveying is conducted. The surveys conducted by ASD(HA)/TMA and the Services SGs vary in the frequency of fielding, survey mode, target population, and response rates. The Services and ASD(HA)/TMA field their outpatient surveys on a continuing basis. The ASD(HA)/TMA surveys outpatient users monthly and reports on a monthly basis covering direct (MTF-based) and purchased (civilian based) care, as well as across Military Services and TRICARE Regions, while the Services tend to survey on a daily or weekly basis, at greater numbers per MTF.

(3) How often the results are analyzed and reported back to the treatment facilities. Most Service and ASD(HA)/TMA survey results are analyzed with the same frequency as the survey fielding (i.e. survey monthly, analyzed and reported monthly). All survey results are made available to the treatment facilities, usually through Internet-based reports accessible with passwords authorized on a hierarchical basis. For example, MTF staff may examine results on themselves, but masked from others, and MTF commander may see results for the MTF overall and lower, but only see aggregated results above the MTF, while staff in the Offices of the Surgeons General of a Service may access reports of all that Service's MTFs

(4) To whom survey feedback is provided. While ASD(HA)/TMA surveys results are analyzed and available at the MTF level, they typically report aggregate results at the Service, enrollment category (e.g. MTF or civilian enrolled or not enrolled), and TRICARE Region levels. The aggregated reporting makes these surveys especially useful for reporting enterprise-wide performance (across Services), across MTF and private sector sources of care, across TRICARE Regions and for trending for changes over time. Results of the ASD(HA)/TMA surveys are posted to web-reports, and available to all Service representatives as desired, from any level in the MHS (i.e. MTF, Intermediate Command, or Office of the Surgeon General), and also reported in summary briefings on a routine basis, to senior MHS leaders and routinely for MHS strategic metrics. The monthly TROSS and Ill or Injured surveys are reported on a monthly basis (web and briefings), the HCSDB quarterly with each survey, and the annual TROSS reported once each year. The Service SG surveys are reported at frequent intervals at the MTF, intermediate command, and Service medical headquarters levels. Reporting may be daily, weekly or monthly, depending on the Service and survey. Service surveys are focused on the performance of individual providers or clinics within MTFs, as well as to report on the performance of the MTF, with reporting further aggregated up to the intermediate command and for the Service.

(5) How best practices are incorporated for quality improvement. The Services and ASD(HA)/TMA incorporate survey to measure a number of key domains such as satisfaction with care or specific providers, or access to health care services when and where needed. Senior leadership within the ASD(HA)/TMA and SGs Offices rely on survey-based data to supplement other measurement systems for monitoring performance, tracking change over time, and most recently, for evaluating the potential of future pay-for-performance efforts. The ASD(HA)/TMA and SGs have collaborated for many years on integrating common performance metrics with enterprise-wide goals and objectives. Key measures have been collected on a monthly or quarterly basis, reviewed by the senior medical oversight bodies, and reported to senior Departmental offices such as the Under Secretary of Defense (Personnel and Readiness) (USD)(P&R). A reduced set of these metrics, combined with others, are further reported to senior Departmental leaders above the USD (P&R). Many of the enterprise-wide health care metrics are based on, and consistent with, similar measures used by civilian healthcare monitoring agencies such as the NCQA.

In addition to collaborating on common performance metrics, ASD(HA)/TMA and the service SGs have also moved toward creating common questions on each of the four outpatient surveys as well as aligning questions between the ASD(HA)/TMA Ill or Injured survey and the Army Warrior Transition Unit survey. ASD(HA)/TMA and the Services developed and agreed to use in FY 2009, a small set of common questions and responses in each of our respective surveys. This will begin an attempt to "bridge" the disparate surveys with select common measures, while maintaining the autonomy to continue collecting data pertinent to each Service or ASD(HA)/TMA.

(6) An analysis of the effect of inpatient and outpatient surveys on quality improvement and comparison with public and private survey programs used by other health care systems and organizations. The ASD(HA)/TMA and Services have, individually or collectively, used survey results in a manner consistent with the civilian industry. The ASD(HA)/TMA inpatient,

outpatient and population-based surveys are based on, and benchmarked to, the CAHPS program, which is used by Medicare, Medicaid and commercial plans. CAHPS results are incorporated into performance-monitoring and improvement reporting agencies such as the National Committee on Quality Assurance (NCQA) for health plan accreditation and the Health Plan Employer Data and Information Set (HEDIS), for measuring performance in terms of care and services and reportedly used by more than 90 percent of the U.S. health plans. The SG outpatient surveys have been based on those surveys used internally by specific plans, such as Kaiser Permanente, Aetna, Blue Cross and the Studer Group.

Report

Section 713 Requirements

Purpose: This report responds to Section 713 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008. Specifically, this Section requires a report on the ongoing patient satisfaction surveys taking place in Department of Defense inpatient and outpatient settings at military treatment facilities. It also specified that the Secretary of Defense shall use information in the report as the basis for a plan for improvements in patient satisfaction surveys used to assess health care at military treatment facilities (MTFs) to ensure the provision of high quality health care and hospital services.

Objectives: The intent of this report is to present the results of the Department's critical analysis of its patient satisfaction surveys, at the Departmental level, as well as the Service Component level; to compare and contrast these survey efforts; and to identify and reflect how these surveys are used to improve the performance of the Military Health System (MHS) delivery and quality of health care services. This report will document what surveys are in use today throughout the Department as well as compare their uses to non-DoD surveys in the private sector.

Requirement 1. The Types of Survey Questions Asked

The Office of the Assistant Secretary of Defense, Health Affairs of the TRICARE Management Activity (ASD(HA)/TMA) and the Services Surgeons General (SG) each have patient satisfaction survey programs to varying degrees. Each SG surveys patients who have received outpatient care in its military treatment facilities (MTFs); ASD(HA)/TMA similarly surveys MTF patients, as well as those receiving care in civilian doctors' offices. In addition, ASD(HA)/TMA surveys patients after receiving inpatient care. ASD(HA)/TMA also fields a routine population-based_survey of all eligible beneficiaries whether or not they have used the MHS (but not if deployed) with respect to satisfaction, access, preventive care, health status, etc. Finally, both the Army SG and ASD(HA)/TMA also specifically survey wounded warriors to identify issues with healthcare access and satisfaction, and experience with non-medical support services (e.g. pay, lodging, transportation, Disability Evaluation System). The Army wounded warrior survey is fielded to all Service members in Army MTFs assigned to Warrior Transition Units while the ASD(HA)/TMA survey is fielded to 100% of all Service members returning from operational deployment as aeromedical evacuation patients and a sample of others. Table 1 reflects these surveys routinely sent to MHS patients treated in MTFs. The table also highlights the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys developed by the Agency for Healthcare Research and Quality (AHRQ) that ASD(HA)/TMA uses to benchmark its equivalent outpatient, inpatient and population-based surveys.

Table 1 – MHS Health Care Surveys in Military Treatment Facilities

	ASD(HA)/ TMA	Civilian National Counterpart (e.g. CAHPS*)	Army SG	Navy SG	Air Force SG
Outpatient	X	X	X	X	X
Inpatient	X	X			
Wounded Warrior	X		X		
Population 1997-1998	X	X			

*Consumer Assessment of Healthcare Providers and Systems

ASD(HA)/TMA TRICARE OUTPATIENT SATISFACTION SURVEY (TROSS)

Survey Purpose and Use: The purpose of this outpatient visit event-based survey is to monitor and report on MHS enterprise-wide performance. The TROSS, and its predecessor, the Customer Satisfaction Survey, has been continuously fielded since 1998, and, since inception, has been designed to support an MHS enterprise-wide program with transparency and comparability to other Federal, State and commercial health care plans. Reviewed and licensed by the Washington Headquarters Service (WHS), the focus of this survey instrument is to compare performance of the entire MHS, and to distinguish performance at various sub-levels. The approximately 50-question TROSS instrument is designed to help evaluate across the entire enterprise to provide senior leaders information such as system-wide measures of self-reported access and satisfaction to integrate with other non-survey, administrative data sources. Several measures from the TROSS are included in the monthly updates to the Balanced Score Card. The earlier version, the Customer Satisfaction Survey (CSS), was developed by a nationally recognized surveyor, with questions predicated on the surveyor's question sets, and readily benchmarked to its extensive data base. Recognizing the limitations of even a nationally recognized survey vendor, the ASD(HA)/TMA designed the TROSS instrument in conjunction with the evolving CAHPS Clinician & Group Satisfaction (C&GS) survey developed and sponsored by the Agency for Healthcare Research and Quality (AHRQ). In April 2007, the AHRQ released the new CAHPS Clinician & Group Survey, which asks patients about their experiences with doctors and medical groups across the U.S. healthcare system, within the federal government such as in Medicare and Medicaid programs, but also within private health care systems. The following web site presents this survey capability in greater detail, accessed 4 Sept 2008: (https://www.cahps.ahrq.gov/content/ncbd/CG/NCBD_CG_Intro.asp?p=105&s=57)

The TROSS examines a number of key domains of care or the care process, to include:

- Patient satisfaction with providers and care;
- Access, particularly in reference to urgent and routine appointments, health care, and via telephone;
- Provider communication;

- Ancillary services, particularly in reference to follow-up results and medications,
- Staff courtesy and helpfulness; and
- Health care satisfaction in behavioral health.

ASD(HA)/TMA TRICARE INPATIENT SATISFACTION SURVEY (TRISS)

Survey Purpose and Use

The purpose of this hospital inpatient stay event-based survey is to monitor and report on the experience and satisfaction of all beneficiary categories having been admitted to MTF and civilian hospitals. As with the TROSS, the TRISS is designed to compare across all Services, and across venues (i.e., direct care versus purchased care.) Separate but comparable surveys are used for inpatient surgical, medical and obstetrical care. Reviewed and licensed by the WHS, the survey is based on the AHRQ's Hospital - CAHPS (H-CAHPS) survey instrument, so that results may be benchmarked to civilian hospitals reporting similar measures, and trended over time. Twenty-two TRISS questions come from H-CAHPS, while sixty questions are DoD specific. The survey covers:

- Satisfaction in reference to: overall satisfaction, inpatient care, and whether they would recommend the care to family or friends.
- Nursing care in reference to: care, respect, listening, explanations, and help.
- Physician care in reference to: care, respect, listening, and explanations.
- Staff Support.
- Communication in reference to: nurses, doctors, medications.
- Responsiveness of staff.
- Pain control.
- Hospital environment in reference to: cleanliness and quietness.
- Post discharge in reference to: written directions for post-discharge care.

ASD(HA)/TMA HEALTH CARE SURVEY OF DOD BENEFICIARIES (HCSDB)

Survey Purpose and Use

The Health Care Survey of DoD Beneficiaries (HCSDB) is the primary tool with which the TRICARE Management Activity (TMA) of the Assistant Secretary of Defense (Health Affairs) monitors the opinions and experiences of military health system (MHS) beneficiaries. Reviewed and licensed by the WHS, the HCSDB is a worldwide survey of beneficiaries eligible for health care coverage through the MHS. Fielded quarterly since 1995, it serves to quantify beneficiary satisfaction with aspects of their health care and plan, and tracks performance in these measures against civilian benchmark from the National CAHPS Data Base (NCDB) as well as over time. The HCSDB has a core set of about 60 questions, and supplemented each quarter with between 15-30 additional questions targeted to specific issues of interest such as use of preventive services (e.g. colorectal cancer screening, smoking cessation counseling or children's safety equipment), risky behaviors (e.g. smokeless tobacco, dietary supplements, presence of overweight and obesity, etc.), access to care, comparative analyses of sub-populations (e.g.

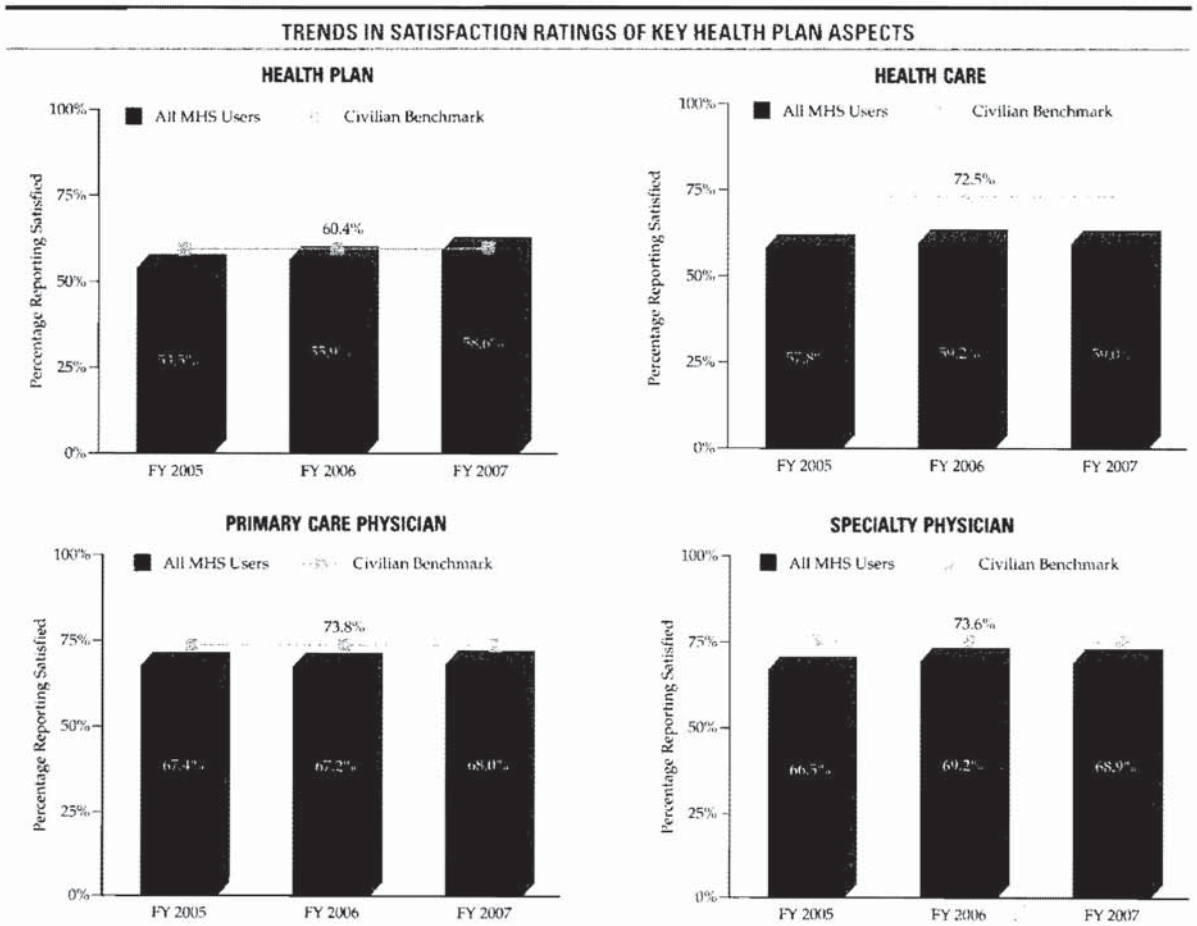
Reserve Component and Active Component) and access to or use of specific health care benefits (e.g. pharmacy, family counseling, etc.).

This survey routinely covers:

- Satisfaction with Care;
- Satisfaction with Plan;
- Access to Care;
- Rating of Providers;
- Customer Service;
- Preventive Health; and
- Healthy Behavior;

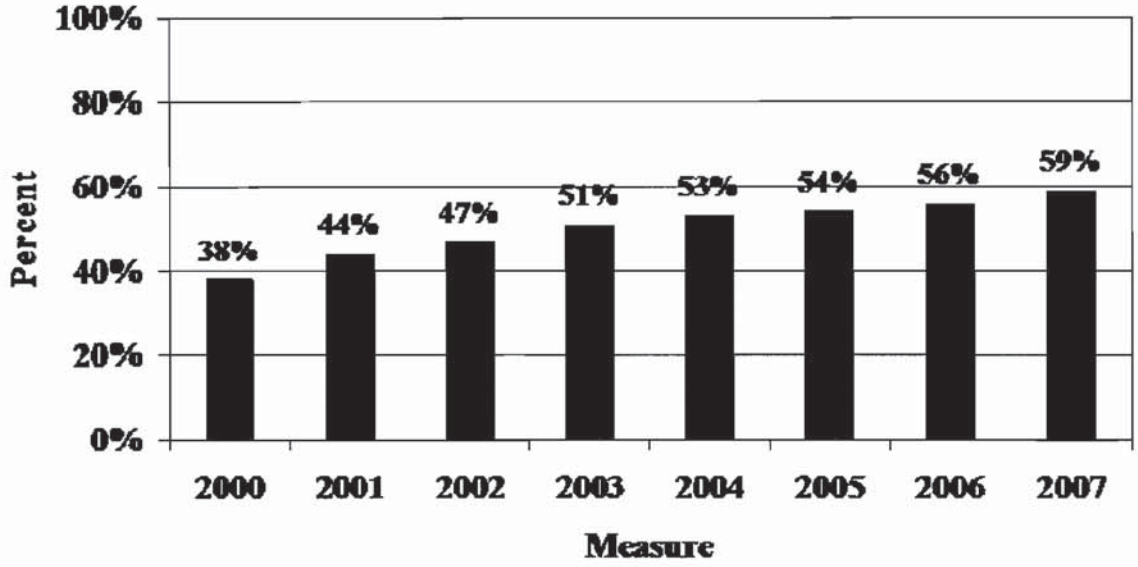
An example of results provided from this survey are shown in Figure 1 below, trended over 3 years, while Figures 2 and 3 present the results of two continuously monitored HCSDB measures over the past eight years, satisfaction with the Health Plan, and with Health Care.

Figure 1. HCSDB Three-Year Trends for Self-Reported Assessments of Health Plan, Care, Personal Physician and Specialty Physician.



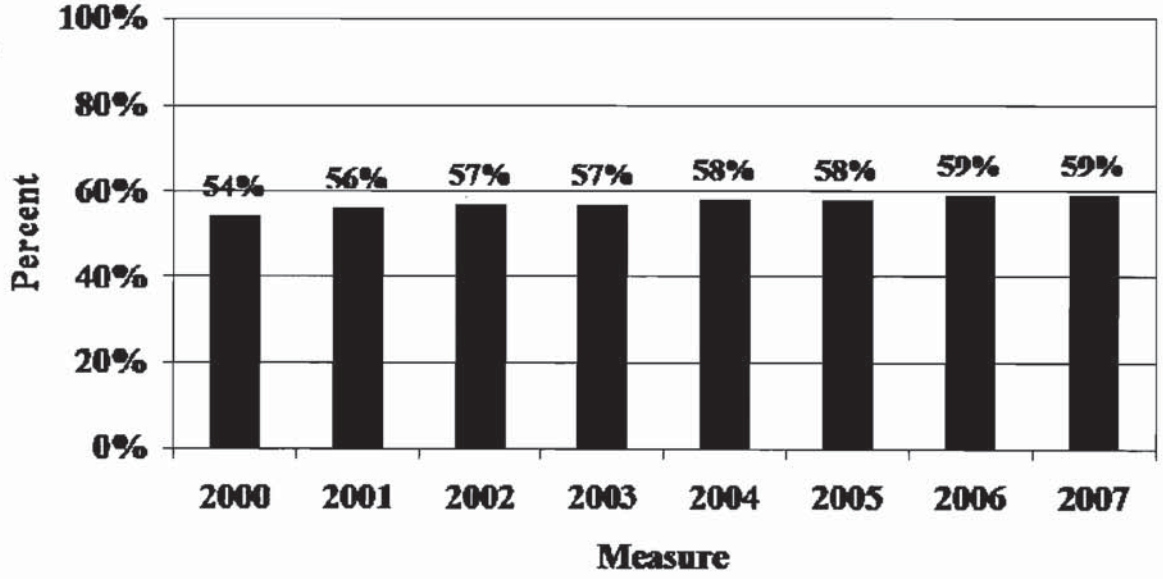
Note: DoD data were derived from the FYs 2005–2007 Health Care Survey of DoD Beneficiaries (HCSDB) as of 11/27/07 and adjusted for age and health status. Ratings are on a 0–10 scale, with "Satisfied" defined as a rating of 8 or better. Civilian benchmark is obtained from the National CAHPS Benchmarking Database. "All MHS Users" applies to survey respondents in the 50 United States. See Appendix (Methods and Data Sources) for more detailed discussion of the HCSDB methodology.

Figure 2. Eight Year Health Plan Ratings: TRICARE Users.



Note: Above graph represents the proportion of Prime enrollees and Standard/Extra users rating plan 8 or above on a 0 to 10 scale. Source: Health Care Survey of DoD Beneficiaries. Rates are unadjusted. Survey years prior to 2006 are calendar years, 2006 and 2007 are fiscal years.

Figure 3. Eight Year Health Care Ratings: TRICARE Users



ASD(HA)/TMA TELEPHONE SURVEY OF ILL OR INJURED SERVICE MEMBERS POST-OPERATIONAL DEPLOYMENT

Survey Purpose and Use

This survey responds to Secretary of Defense direction to establish a mechanism to identify global issues, sufficient in cumulative detail to drill down and identify specific MTF issues to provide actionable information to the Services to resolve shortcomings related to Service members recuperating from wounds, illness or injury following return from Operational deployment. Actions stemming from this survey information should promote Service member recovery, recuperation, and reintegration. The survey was initially developed in February 2007 through ASD(HA)/TMA and Service collaboration in the Military Health System Survey Work Group (MHS SWG) to identify Service member's concerns about their Medical Hold or Holdover experiences, stemming from media articles. While all members supported development of the Tri-Service ASD(HA)/TMA Ill or Injured survey, the Army went further by incorporating some of the original survey questions into its own Medical Hold and Holdover survey.

Fielded since May 2007 to ill, injured or wounded Service members returning from operational theater, the monthly Ill or Injured telephone survey includes issue domains such as:

- Aspects of medical hold and holdover, to include Warrior Transition Units (WTUs) such as health care, lodging, basic needs, managing duties or personal affairs, Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB), and support to family member or attendants.
- Outpatient care such as health care, medical claims, personal doctor, specialty doctor, etting urgent care, getting an appointment, getting treatment or counseling for personal or family problems, transportation for medical care, pay, personnel orders, support for family or friends.
- Health status such as current health, mental health, health compared to before deployment.
- And, most recently, aspects of transitional or cooperative care between the Department of Defense and Veteran's Health Administration facilities.

ARMY SURGEON GENERAL'S AMEDD PROVIDER LEVEL SATISFACTION SURVEY (APLSS)

Survey Purpose and Use:

The purpose of the APLSS outpatient visit event-based survey is to improve MTF quality and access as well as to provide feedback to senior Army leaders. The APLSS is a tri-mode survey, relying on mail notification and responses from beneficiaries by return mail or internet (22 questions) and by calling a toll-free telephone number and responding using an Interactive voice Response (IVR) capability (9 questions). APLSS surveys are mailed to a sample of Army patients throughout the world to ask how Army providers and facilities are meeting the needs of

the patients they serve, related to a single outpatient appointment. The survey sample is developed the same day as the outpatient visit using encounter information from the MHS Armed Forces Health Longitudinal Technology Application (AHLTA), and surveys are mailed out within 48 to 72 hours of the visit. Fielded since Oct 2002, this survey has covered the following domain issues:

- Satisfaction – provider, encounter;
- Access – telephone, appointment, coordination;
- Facility – convenience, cleanliness; and
- Ancillary – Pharmacy, Laboratory, Radiology

ARMY SURGEON GENERAL'S WARRIOR TRANSITION UNIT (WTU) PROGRAM SURVEY

Survey Purpose and Use:

The purpose of this survey is to assess the performance of the WTUs, providers, case managers, platoon Sergeants, Physical Evaluation Board Liasion Officers, and other aspects of medical care and personal needs. The Army Surgeon General's WTU survey began between August and September 2006 to assess wounded warrior satisfaction and access in Medical Hold and Hold Over units. Originally fielded with fifteen questions, it was expanded to assess more medical and support functions in June 2007, reaching its current forty-five questions. The survey measures key domains such as:

- Case managers- appropriate time, listening, understanding the problem, explanations;
- Medical Care: able to see doctor, meeting mental/emotional needs;
- Platoon Sergeants;
- The disability evaluation process;
- Access;
- Durable medical equipment;
- Pain management and personal needs with respect to quarters; and
- Finances and transport.

NAVY SURGEON GENERAL'S NAVY MEDICINE PATIENT SATISFACTION SURVEY (PSS)

Survey Purpose and Use:

The purpose of the Bureau of Medicine (BUMED) outpatient visit event-based survey is to improve both patient care and provider performance. Both a long version of 25 questions and a short version of 9 questions exist. The initial, limited launch of the survey was between March and September 2007 to 14 MTFs. It reached full deployment in October 2007, and covers the following domain areas:

- Satisfaction – provider, encounter;
- Encounter – time spent with patient, understanding of problem, explanation, pain management;
- Healthcare safety;
- Listening;
- Courtesy and respect;

- Access – telephone, appointment, coordination, wait time;
- Facility – convenience, cleanliness, coordination;
- Staff courtesy; and
- Ancillary – Pharmacy, Laboratory, Radiology.

AIR FORCE SURGEON GENERAL'S SERVICE DELIVERY ASSESSMENT (SDA)

Survey Purpose and Use:
The purpose of this outpatient visit event-based survey is to improve satisfaction with Air Force outpatient care. The SDA collects, aggregates and reports outpatient satisfaction feedback on medical services received within their MTF. Feedback is timely, quantitative and qualitative based on a six to eight question survey as defined by the Air Force Surgeon General (AF/SG), Major Command (MAJCOM) and MTF. Feedback includes free text comments from patients. It is designed to be a quick turnaround questionnaire with three distinct sources for its eight questions. Each of three levels develops and includes in the centrally managed survey its own questions: (1) each MTF may incorporate three questions for surveying its own patients, (2) while its intermediate headquarters may incorporate a single question for all patients of MTFs within its command authority, and (3) the SGs office may incorporate four questions for inclusion in all surveys of MTF beneficiaries. Since its inception in January 2005, this telephone survey has covered a number of issue areas:

- Air Force Medical Service (AFMS) Satisfaction - addressing health concerns, courtesy and respect;
- AFMS Access - ease of making appointment, 1st call resolution; and
- MTF & MAJCOM Satisfaction - ancillary services, waiting time, provider, facility.

Requirement 2. Frequency of Conducting Surveys

The surveys conducted by ASD(HA)/TMA and the Services SGs vary in the frequency of fielding, survey mode, target population, and response rates. The following listing provides the unique attributes to each survey's fielding operations.

A. The **ASD(HA)/TMA TRICARE Outpatient Satisfaction Survey (TROSS)** is fielded monthly, so that each year a sample of 500,000 MHS users of outpatient health care services are surveyed by either mail (450,000) or telephone (50,000). The overall response rate is 30 percent.

B. The **ASD(HA)/TMA TRICARE Inpatient Satisfaction Survey (TRISS)** is fielded annually by mail to beneficiaries with an inpatient stay from July to September each year. Surveys are mailed annually to a sample of 45,000 beneficiaries, and, on a quarterly basis, surveys are fielded by telephone to ensure 600 completed surveys. Combined, the TRISS has a response rate of 39 percent.

C. The **ASD(HA)/TMA Health Care Survey of DoD Beneficiaries (HCSDB)** is fielded quarterly by mail, and sent to a sample of 50,000 eligible adult beneficiaries per quarter, or 200,000 per year. Annually a child survey is sent to 30,000 parents of children. The overall response rate is approximately 25 percent.

D. The **ASD(HA)/TMA Telephone Survey of Ill or Injured Service Members Post-Operational Deployment** is fielded monthly by telephone to a census sample (all) of aeromedically evacuated wounded, ill or injured service members returning from operational deployment. Approximately 1,000 surveys per month are attempted, with a raw response rate of about 25 percent and an adjusted response rate of 45 percent of eligible Service members (i.e. those that have not returned to operational deployment, are not still in a hospital, or cannot be reached telephonically). The number of sampled Service members is increasing as the survey is extended to follow-up on prior evacuees, and to include random samples of those who have been referred to the Veteran's Health Administration for care, or who have been referred for care based on completed post deployment health assessments or reassessments. The sample will increase to about 7,000 surveys per month by the end of calendar year 2008 or early 2009.

E. The **Army Surgeon General's AMEDD Provider level Satisfaction Survey (APLSS)** is fielded daily by mail, internet, and interactive voice response (IVR), to approximately 3.1 million outpatient users of Army MTFs each year, with a 35 percent return. The survey is fielded with an end-quota sample desired of 200 responses per designated provider, per year; as such, surveys are sent until that number of responses is achieved.

F. The **Army Surgeon General's Warrior Transition Unit (WTU) Program Survey** is fielded monthly by mail, with an internet response option. Telephone follow-up is conducted. Sample size is approximately 1,000 per month, with sampling based on the service members' anniversary dates (e.g. 30 days after arrival to a Warrior Transition Unit located in MTFs, or Community-Based Healthcare Organization (CBHCO)- which comprise about are geographically based), and followed up on the 120th, 280th and 410th days post arrival). Response rate is approximately 20-25 percent.

G. The **Navy Surgeon General's Navy Medicine Patient Satisfaction Survey (PSS)** is fielded daily by mail, and sent to a sample of 300,000 Navy MTF outpatient users each year. Beneficiary responses may be through one of three modes: by return mail, by interactive voice mail, and by internet. The target for this quota survey is 20 percent response rate or a minimum 500,000 responses, with targets of approximately 200 completed surveys per designated provider per year, if possible.

H. The **Air Force Surgeon General's Service Delivery Assessment (SDA)** is telephonically fielded daily to a sample of beneficiaries using all Air Force MTFs. With between 215,000 and 273,000 completes in a year, approximately 2.1 million

telephone calls are attempted resulting in an approximate raw average 20 percent return rate of eligible users with an adjusted rate response rate of 95% (completed surveys of those actually reached by phone). Calls are made until a pre-determined, statistically significant threshold of responses per MTF is achieved.

Requirement 3. Frequency of Analyzing and Reporting MTF Survey Results

The Services and ASD(HA)/TMA rely on the results of our respective surveys to measure a number of key domains such as satisfaction with care, the provider, or access. ASD(HA)/TMA survey strategy allows for developing a coherent, efficient and effective Military Health System (MHS) enterprise-wide patient survey program.

A. The **ASD(HA)/TMA TRICARE Outpatient Satisfaction Survey (TROSS)** results are reported to senior MHS and service leaders on a monthly basis at the aggregate level, and quarterly at the MTF level, while the quarterly telephone survey is reported on a quarterly basis. Depending on the issue of concern, TROSS results are provided to MTFs, TRICARE Regional Offices (TROs), Surgeon Generals (SGs), Health Affairs/TRICARE Management Activity (HA/TMA), and the Office of the Secretary of Defense (Personnel and Readiness) (OSD [P&R]). Results are disseminated to Service, TRO, and MTF level at the quarterly MHS Survey Work Group and via a password protected web site. Members of each Service, at various levels designated by the Service SGs staff, are granted password-based hierarchical access to these monthly results (e.g. MTF staff have a password permitting them to examine their own MTF results, but not other individual MTFs), while Intermediate Command staff have access to all MTFs within their respective commands and Service. A few metrics are produced from TROSS results, and are included in the MHS Balanced Scorecard metrics monthly as well as reported in the Annual Defense Review.

B. The **ASD(HA)/TMA TRICARE Inpatient Satisfaction Survey (TRISS)** results are reported quarterly for the phone survey, while the mail survey results are reported annually to senior MHS and Service leadership. Analysis covers direct care, particularly in reference to: services, MTFs, and US and overseas services. Analysis also covers purchased care, particularly in reference to: regions and US and overseas services. Results are posted to the secure TRISS web site, available to the Services, MTFs and others requesting password access.

C. The **ASD(HA)/TMA Health Care Survey of DoD Beneficiaries (HCSDB)** results are reported quarterly for all levels of analyses except MTFs, and annually for all levels, including MTFs on the HCSDB public website. The Services, MTFs and TRICARE Regional Offices are routinely provided summary reports with notes or linkages back to the public reports web site. Summary Issue Briefs and key senior leadership metrics are provided quarterly after each survey to focus on specific access or satisfaction issues of relevance to the user audience,

and also made available in greater detail on the TRICARE web site. The *TRICARE Consumer Report* is posted on the web site at the MTF-level annually as well. Examples of information available in this report include: data on the extent to which beneficiaries are satisfied with their care; have access to care; and use preventive care services. In addition, beneficiaries can take advantage of the websites' reporting capacity to analyze results by enrollment group and beneficiary status, and beyond that, by age, type of primary care manager, and catchment area. Beneficiaries can also compare TRICARE results to similar items in civilian health care from the National CAHPS Benchmark Database.

D. The **ASD(HA)/TMA Telephone Survey of Ill or Injured Service Members Post-Operational Deployment** results are reported monthly via data sets, briefings, and web reports to senior HA, DoD leadership and SGs. Direct care is analyzed particularly in reference to Services and MTFs. Purchased care is analyzed particularly in reference to regions. The ASD(HA)/TMA sends extensive briefing results each month to the SGs, Joint Surgeon, and other senior Departmental leaders, and the Deputy Assistant Secretary for Deployment Health sends summary level results each month via the Deployment Health Report.

E. The **Army Surgeon General's AMEDD Provider level Satisfaction Survey (APLSS)** focuses on key domains of satisfaction, access, facility and ancillary services, the APLSS survey is continuously fielded on a daily basis, and reported daily and bi-weekly via web-based reporting hierarchically accessible to staff and leaders at the MTF, Regional Medical Commands and higher headquarters levels. Survey feedback including bi-weekly reports are provided to each Provider, Clinic, MTF, Regional Medical Commands (RMCs), and MEDCOM-Level. Data from the APLSS are incorporated into a formal business plan directed toward achieving strategic initiatives, reported in the AMEDD Balanced Scorecard, and have been examined in a pilot Provider Scorecard program as well as used in Lean Six Sigma quality improvements at a major Army hospital and installation.

F. The **Army Surgeon General's Warrior Transition Unit (WTU) Program Survey** results are routinely reported to senior leaders in the Office of the Surgeon General and to senior Army non-medical leaders. Results have been periodically briefed within the USD (Personnel and Readiness). Results are reported monthly to the Secretary of the Army. To stay aware of potential concerns and problems in WTUs, the Army monitors performance measures using over 18 internal and external means.

G. The **Navy Surgeon General's Navy Medicine Patient Satisfaction Survey (PSS)** results are available in real time via a secure website accessible by relevant MTF, intermediate command and higher headquarters staff, with detailed reports provided on a bi-weekly basis to senior MHS and Service leadership. Analysis covers the provider, clinic, MTF, RMC, and BUMED. Additionally, in support of Navy Medicine's Strategic Goals, survey results identified as Quality of Care metrics are also reported through the MHS Insight display tool. MHS Insight

monitors MTF performance with respect to Navy Medicine Strategic Goals, and is available to Navy Medicine leadership.

F. The **Air Force Surgeon General's Service Delivery Assessment (SDA)** telephone survey is fielded daily and reported both weekly and cumulatively on a monthly basis through an open web-based portal. The reports are centrally produced, and are electronically sent to individuals as subscribed. The SDA is part of the Air Force's Decision Support Branch (DSB) efforts to improve efficiency and incorporate best practices, using centralized, Web-based informatics tools including a balanced scorecard for monthly progress reports with breakouts by commands and MTFs. A weekly report is disseminated to every facility's staff and to Air Force Medical Service (AFMS) leaders. Weekly and monthly reports are also made available to senior MHS and Service leadership. Analyses are made available to MTFs, MAJCOM, and the (AF/SG).

Requirement 4. Availability of MTF Survey Results

Senior leadership within the ASD(HA)/TMA and SGs Offices rely on survey-based data to supplement other measurement systems for monitoring performance, tracking change over time, and most recently, for evaluating the potential of future pay-for-performance efforts. The ASD(HA)/TMA and Surgeons General have collaborated for many years on integrating common performance metrics with enterprise-wide goals and objectives. Key measures have been collected on a monthly or quarterly basis, reviewed by the senior medical oversight bodies, and reported to senior Departmental offices such as the Under Secretary of Defense (Personnel and Readiness) USD(P&R). A reduced set of these metrics, combined with others, are further reported to senior Departmental leaders above the USD(P&R). Many of the enterprise-wide health care metrics are based on, and consistent with, similar measures used by civilian healthcare monitoring agencies such as the National Committee for Quality Assurance (NCQA). The three key ASD(HA)/TMA surveys noted (outpatient, inpatient and population) use the same survey question sets used by many commercial, federal and state health programs seeking NCQA or other accreditation—the Agency for Healthcare Research and Quality's (AHRQ) Consumer Assessment of Healthcare Providers and System (CAHPS). This allows the Department to compare its results to civilian plans captured in the National CAHPS Data Base (NCDB).

A. The **ASD(HA)/TMA TRICARE Outpatient Satisfaction Survey (TROSS)**, the **ASD(HA)/TMA TRICARE Inpatient Satisfaction Survey (TRISS)**, and the **ASD(HA)/TMA Health Care Survey of DoD Beneficiaries (HCSDB)** results are made available to the MTFs, TRICARE Regional Offices, and senior MHS and Service leadership, including SGs, HA/TMA, and OSD(P&R).

B. The **ASD(HA)/TMA Telephone Survey of Ill or Injured Service Members Post-Operational Deployment** results are made available to the Deputy Secretary of Defense and the Assistant Secretary of Defense, Health Affairs; HA/TMA; Deployment Health; OSD(P&R); and Surgeon General.

C. The **Army Surgeon General's AMEDD Provider level Satisfaction Survey (APLSS)** is reported daily and bi-weekly via web-based reporting hierarchically accessible to staff and leaders at the MTF, Regional Medical Commands (RMCs) and higher headquarters levels. Survey feedback, including bi-weekly reports, are provided to each Provider, Clinic, MTF, RMC, and Medical Command (MEDCOM)-Level. Leadership at the MTFs provides survey feedback to all departments. Data from the APLSS are incorporated into formal business planning directed toward achieving strategic initiatives. The Army Office of the Surgeon General (OTSG) have an AMEDD Business Plan goal of increasing overall satisfaction and phone service by 2 percent for FY08.

D. The **Army Surgeon General's Warrior Transition Unit (WTU) Program Survey** results are made available to case managers, providers, Cadre, MTFs, RMC, MEDCOM, and the Secretary of the Army.

E. The **Navy Surgeon General's Navy Medicine Patient Satisfaction Survey (PSS)** results are made available to providers, Clinic and MTF Commanders, key staff, RMC, and Bureau of Medicine (BUMED).

F. The **Air Force Surgeon General's Service Delivery Assessment (SDA)** results are made available to the MTFs, MAJCOM, and AF/SG. The AF/SG reviews customer satisfaction metrics monthly with the MAJCOM SGs during the SG Executive Global Look (EGL) briefs. The SDA provides quick feedback to clinic staff and to AFMS leaders. Weekly reports allow Air Force clinic officials to quickly take corrective actions where improvements are needed. The SDA is part of Air Force metrics available through monthly progress reports on the website. The online tools are available to MTF leadership, physicians. Users may look at the data across facility and product lines, from headquarters' composite views to physician and patient-level data.

Requirement 5. Incorporating Best Practices for Quality Improvement at MTFs

The ASD(HA)/TMA and Services Surgeons General Strategic Planning in Managing the MHS Survey-based information is integrated with other sources of information about the MHS system performance through metrics in a Balanced Scorecard or Values Dashboard approach. The Scorecard/Dashboard is used to assess MHS system performance with respect to pre-defined metrics that are designed to monitor specific goals and objectives stated in the strategic planning process. These goals and objectives include attention to quality improvement, specifically with respect to structure, process and outcome. Key elements are routinely monitored by the senior leaders and staff of the ASD(HA)/TMA and Offices of the Surgeons General. Selected measures are routinely provided to, and reviewed, by other non - medical DoD leaders. For example, the critical quality of care domain of access to care (process) is routinely monitored, and, most recently, a common survey question has been devised for use by all Service and ASD(HA)/TMA surveys. Provider communications or pain management are other key quality of care components used by the various ASD(HA)/TMA and Service surveys. Behavioral health and preventive services quality of care measures have included for several years survey-based self-reported measures of smoking (behavioral health), smoking cessation counseling (medical preventive services intervention), and changes over time (outcome). Similarly, ASD(HA)/TMA surveys assess availability and use of other preventive services such as colorectal cancer screening, influenza vaccinations, and mammography.

The MHS Strategic Plan defines the fundamental purpose of the MHS, our mission, and is further refined by the image and aspiration of the future MHS in the context of the MHS vision statement. It further describes how the MHS leadership employ the Strategic Plan to manage the enterprise, to include discussing MHS core values and guiding principles which drive individual and collective behavior. The Strategic Plan articulates and defines value for those we serve by defining the value propositions for our stakeholders and customers, as well as our people, and specifies key MHS mission elements and MHS Strategic Goals reflected in an MHS Strategy map and Balanced Scorecard or Dashboard.

As shown in Figure 1, MHS metrics are integrally tied to the strategic vision and supporting goals and objectives. They must be disseminated to the local MTF level and reflective of individual MTF Business planning and associated performance metrics. The MHS senior leadership has identified four strategic objectives, or mission elements, that are then supported by a large number of metrics reflecting desired and actual measures of performance. MHS surveys support over a dozen of the metrics. The four mission element and some of the survey results supporting them are:

- **Casualty Care and Humanitarian Assistance:** Maintain an agile, fully deployable medical force and a health care delivery system so that we can provide state-of-the-art health services anywhere, any time. Use this medical capability to treat casualties and restore function and to support humanitarian assistance and disaster relief, building bridges to peace around the world. The ASD(HA)/TMA Survey of Ill or Injured Service Members Post Operational

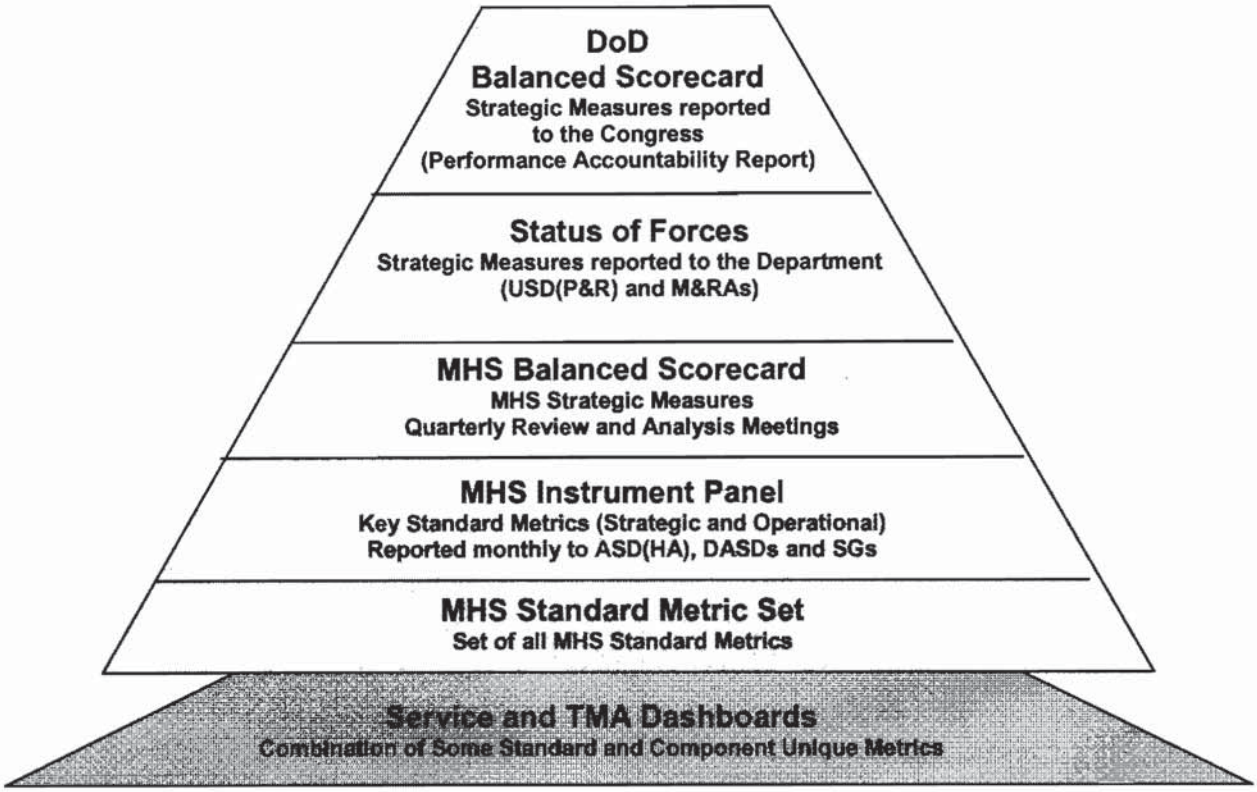
Deployment provides input to three metrics: Experience with the Medical Evaluation Board, the Physical Evaluation Board, and transition support for care in the Veteran's Health Administration facilities.

- **Healthy, Fit and Protected Force:** We help the Services' commanders create and sustain the most healthy and medically prepared fighting force anywhere.

- **Healthy and Resilient Individuals, Families and Communities:** The MHS provides long-term health coaching and health care for 9.2 million DoD beneficiaries. Our goal is a sustained partnership that promotes health and creates the resilience to recover quickly from illness, injury or disease. The ASD(HA)/TMA HCSDB survey provides input to six key metrics supporting this mission element: two measure supporting healthy communities (self-reported tobacco use rates, and influenza immunization rates), one measure of access (the rate of those reporting not having problems "getting needed care"), and three measures of beneficiary satisfaction and perception of MHS quality (provider communications, and ratings of overall satisfaction with health care and the health plan). Most of these measures rely on common CAHPS survey questions used by Medicare, Medicaid and commercial plans. Additionally. The TROSS supports two measures used in the Balanced Scorecard: satisfaction with the direct care encounter and satisfaction with access by a telephone appointment.

- **Education, Research and Performance Improvement:** Sustaining our mission success relies on our ability to adapt and grow in the face of a rapidly changing health and national security environment. To do this we must be a learning organization that values both personal and professional growth and supports innovation.

Figure 1: Alignment of MHS Metrics Programs



ASD(HA)/TMA and Service Survey Collaboration:
In addition to collaborating on common performance metrics, ASD(HA)/TMA and the Service SGs have also moved toward creating common questions on each of the four outpatient surveys as well as aligning questions between the Health Affairs/TRICARE Management Activity ASD(HA)/TMA Ill or Injured survey and the Army Warrior Transition Unit survey. ASD(HA)/TMA and the Services developed and agreed to use in FY 2009, a small set of common questions and responses in each of our respective surveys. This will begin an attempt to "bridge" the disparate surveys with select common measures, while maintaining the autonomy to continue collecting data pertinent to each Service or ASD(HA)/TMA.

ASD(HA)/TMA has provided periodic assessments of the key drivers of satisfaction ratings in its various surveys. These results have been disseminated to the Services, TRICARE Regional Offices, and, on occasion, via newsletter disseminated by ASD(HA)/TMA's Customer Communications and Services department. These periodic assessments of the key drivers of satisfaction ratings are developed, and disseminated to communicate which questions have the most impact on member satisfaction. Additionally, ASD(HA)/TMA has disseminated the results of research related to these drivers of satisfaction (published journal articles and AHRQ'S Consumer Assessment of Healthcare Providers and Systems (CAHPS) website) offering substantive action that can be taken at the provider and clinic level of patient care.

Members of each Service, at various levels designated by the Service SG staff, are granted password-based hierarchical access to these results (e.g. MTF staff have a password permitting

them to examine their own MTF results, but not other individual MTFs), while Intermediate Command staff have access to all MTFs within their respective commands and Service.

a. Data are reported by Direct and Purchased care, and publicly disseminated.
b. Results from surveys are compared to CAHPS national benchmarks. HCSDB and TRISS currently have comparable CAHPS benchmarks. Benchmarks for TROSS will be available in Spring, 2009.
c. Information from the CAHPS Improvement Guide is incorporated in recommendations at the Service or TRICARE Regional Offices (TRO) level, such as initiatives to improve customer satisfaction, or provider sensitivity.

ASD(HA)/TMA has previously used an award incentives program for the Service and MTFs receiving the highest overall rating of satisfaction. The inpatient satisfaction awards, for example, have been based on the computation of an overall score using all composites of care (categories of care e.g., overall satisfaction, pain management, patient safety etc.) for the product lines of medical, surgical and obstetrical care. Further, by way of developing analytic tools for assessing the results of our surveys, in June 2006 two MTFs from each Service were selected as test sites by ASD(HA)/TMA to receive the eToolKit for the Inpatient Obstetrics service in an effort to improve scores in this area and to use the eToolKit product to implement best practices at DoD treatment facilities. The MTFs selected to participate in this effort were chosen based on their patient satisfaction ranking. The ranking represented patients' responses averaged over a three year period. MTFs were offered training in the eToolKit in order to implement use of the product. This effort typifies those to not only collect data about satisfaction but also to export access to supportive analytic tools as well as to disseminate information about, and recognition of, high achievers as a means of extending best practices.

ASD(HA)/TMA TRICARE OUTPATIENT SATISFACTION SURVEY (TROSS)

Best practices are incorporated for quality improvement through periodic assessments of the key drivers of satisfaction ratings for TROSS, which have, in turn, been disseminated to TRICARE Regional contractors and Service survey staff in order to communicate which questions have the most impact on member satisfaction. Information from the CAHPS Improvement Guide produced by the Department of Health and Human Services' AHRQ is incorporated in recommendations at the Service or TRO level, such as initiatives to improve customer services or provider sensitivity and communications with patients. The TROSS has served for several years as the underpinning of annual public presentations of awards for outstanding customer satisfaction at the annual MHS Conference.

ASD(HA)/TMA TRICARE INPATIENT SATISFACTION SURVEY (TRISS)

Best practices are incorporated for quality improvement through working with the Services to identify outstanding MTFs to disseminate best practices and incentivizing high achieving MTFs through awards recognition programs. Information from the CAHPS Improvement Guide has been included in recommendations to the Services or TRICARE Regional Offices to support positive actions at the provider and clinic levels.

ASD(HA)/TMA HEALTH CARE SURVEY OF DOD BENEFICIARIES (HCSDB)

Best practices are incorporated for quality improvement through: periodic assessments of the key drivers of satisfaction ratings for HCSDB, which have, in turn, been disseminated to TRICARE Regional contractors and Service survey staff in order to communicate which questions have the most impact on member satisfaction. Information from the CAHPS Improvement Guide produced by the Department of Health and Human Services' AHRQ is incorporated in recommendations at the Service or TRO level, such as initiatives to improve customer services or provider sensitivity and communications with patients.

ASD(HA)/TMA TELEPHONE SURVEY OF ILL OR INJURED SERVICE MEMBERS POST-OPERATIONAL DEPLOYMENT

Best practices are incorporated for quality improvement through collaboration with the Services in developing the DoD Survey of Ill or Injured Service Members Post Operational Deployment in an ASD(HA)/TMA Tri - Service forum. Monthly survey results are reported in several venues to ensure the Services have clear understanding of the recurring issues as well as any changes in trends over time. Select metrics are reported monthly in HA-SG metrics for monitoring satisfaction with the Disability Evaluation System (medical and physical evaluation boards). Results are reported at the DoD, Service, intermediate command and MTF level for Service focused action. Results have been provided in, and reviewed by, ASD(HA)/TMA and Service representatives in the MHS Survey work group. The Army and ASD(HA)/TMA survey leads have identified consistency in results for domains that are commonly surveyed.

ARMY SURGEON GENERAL'S AMEDD PROVIDER LEVEL SATISFACTION SURVEY (APLSS)

Best practices are incorporated for quality improvement through several means, including

- Supporting business planning and strategic initiatives, including the Army Surgeon General directed 2% increase in satisfaction and phone service.
- Residency Directors are using results of the APLSS as part of their training/evaluation process.
- Clinic Commanders are using results of the APLSS to identify and recognize the very top performer; and to identify and counsel/mentor Providers needing improvement.
- MTFs are using results of the APLSS in the evaluation process for renewal of Contract Provider services.
- RMC Commanders are beginning to adopt APLSS results as their exclusive Patient Satisfaction metric for Review & Analysis.
- MTFs are using APLSS results to identify performance improvement initiatives.
- Balanced Score Card.
- CMS - Provider Scorecard Pilot.
- Lean Six Sigma - Fort Hood Lean Six Sigma Project.

ARMY SURGEON GENERAL'S WARRIOR TRANSITION UNIT (WTU) PROGRAM SURVEY

The purpose of the Army WTU survey is to assess the performance of the WTUs, providers, case managers, platoon Sergeants, PEBLOs, and other aspects of medical care and personal needs. Results of the WTU surveys are used to provide direct feedback to MTF and higher authorities, to modify practices, processes, or staffing and resources as necessary to support the transitional health care of these Service members.

NAVY SURGEON GENERAL'S NAVY MEDICINE PATIENT SATISFACTION SURVEY (PSS)

Quality improvement best practices are achieved through reporting in the BUMED Quarterly Corporate Review to reinforce Command commitment to quality customer services. Regional Commanders assess MTF performance and areas of concern, and are tasked to develop strategies for improvement. Clinic and Provider top performers are reported weekly to the Navy Medicine Executive Board, through which reports are disseminated to MTFs. The FY 2010-2012 Business Planning process will require MTFs to develop Access to Care Action Plans to achieve targeted satisfaction goals. BUMED reports that, since the inception of Navy Medicine's (NAVMED) PSS in March 2007, visibility and use of PSS data throughout the enterprise has significantly increased. PSS results for the top performing MTFs, clinics and providers are reported weekly to senior leadership increasing visibility of best practice for discussion and decision-making. Provider level questions regarding listening to concerns, explaining treatment plans and satisfaction with case management services allows clinic managers to identify top performers and opportunities for improvement.

BUMED reports that PSS results are used as metrics for measuring enterprise performance in the achievement of the NAVMED Quality of Care and Family Centered Care Strategic Goal. MTF specific PSS Access results are used to determine if the MTF is required to submit a quality improvement Access to Care Action Plan in its annual Business Plan and PSS results are used to monitor plan execution and in the achievement of targeted satisfaction goals. At the present time Navy Medicine has not done a comparison between civilian survey programs and PSS, as this program is HA directed.

Navy Medicine is committed to providing the highest quality healthcare to all its beneficiaries. The NAVMED PSS allows assessing patient satisfaction with the delivery of Navy healthcare services and to identify best practices and shortfalls requiring quality improvement.

AIR FORCE SURGEON GENERAL'S SERVICE DELIVERY ASSESSMENT (SDA)

Best practices are disseminated for implementation through monthly Executive Global Look (EGL) briefings targeting clinical quality improvement and process improvement across the AFMS. The information is analyzed and discussed by the Surgeon General, the Air Force Medical Operations Agency and the MAJCOM Surgeons, leading to policy changes and disseminated best practices to the MTFs. Examples of types of best practices include improving access to care by matching templates to forecasted demand, tailoring appointment operator

staffing to meet periods of high call volume, streamlining clinic processes, marketing on-line appointment booking, and customer service scripting for front desk personnel.

- Specific MTF examples provided by the AF/SG of process improvements driven by SDA results include:

    - Sheppard AFB used SDA to look at customer satisfaction data in late 2006 and early 2007. Pharmacy satisfaction numbers were starting to drop drastically with a 65% approval rating due to the length of time it was taking to get prescriptions. An Air Force Smart Operations 21 team was gathered in April 2007 and tackled the problem. Wait times were cut from an average of 45 minutes to 15 minutes. SDA results also bore this out as the satisfaction rating began climbing; Sheppard is currently sitting at about 95% satisfaction for pharmacy.

    - Columbus AFB, Mississippi, in response to comments, adjusted their Thursday Training Closure plan. They are now open for limited business on Thursdays to accommodate acute needs without hindering training needs. As a result, complaints in this area have dropped to zero. They also improved performance in first call resolution by granting the appointment clerks' ability to modify templates to meet access needs when the Group Practice Manager is not available. In addition they developed simplified algorithms for clerks to use to decide whether to book appointments or input nursing telephone consults.

    - At Peterson AFB a process improvement team was chartered to address an SDA trend. Changes were made in the appointing process, the locally designed phone tree and customer service staff training. Changes from mid 2006 to September 2008 resulted in a 5-10% increase in satisfaction with the ease of making an appointment, >15% increase in the number of patients who report receiving information about how they would get test results, and 10% increase (80 to 90%) of patients able to make appointment with their first call.

    - At Mt. Home AFB the leadership reviews SDA data weekly. Based on the data reviewed, a process improvement team was formed to improve patient access through demand management. In doing so, they were able to mitigate appointment deficits, especially during peak demand times and staffing shortages and created methods to predict peak demands and compensate for deficits to provide adequate access availability.

    - Los Angeles AFB used six months of comments in a Staff Summary package to Air Force Space Command to justify scrapping the current phone system and to purchase a more user friendly telephone system for making appointments. They also used comments to gather information on their after-hours call system for customer service improvements; results helped identify need to create an on-call pamphlet to distribute to their patients. And finally they use the SDA reports t share positive feedback comments about staff members in order to recognize them for their outstanding contributions.

Requirement 6. Provide an analysis of the effect of inpatient and outpatient surveys on quality improvement and a comparison of patient satisfaction survey programs with patient satisfaction survey programs used by other public and private health care systems and organizations.

Civilian Industry Patient Survey Programs

Many health plans (Quigley, Scanlon, et al, 2008), accrediting bodies, and individual hospitals (Cohen, Restuccia, Schwartz, et al, 2008) rely on patient "satisfaction" surveys, such as CAHPS surveys, along with Healthcare Effectiveness Data and Information Set (HEDIS) measures to measure levels of satisfaction with the health plan, apply for NCQA Accreditation, and measure performance against desired objectives. Specifically, major U.S. health care accreditation bodies require patient satisfaction surveys as a condition of successful accreditation.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The CAHPS program is a public-private initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care. It is funded and administered by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS® 4.0 survey is included in the HEDIS, a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service (http://www.ncqa.org/tabid/59/Default.aspx, accessed 25 Aug 2008)). CAHPS® version 4.0 survey includes measures of members' satisfaction with their care in areas such as claims processing, customer service, and getting needed care quickly. The CAHPS portfolio of surveys covers the key health care industry settings, to include health plans, facilities (hospitals, hemodialysis centers, and nursing homes), providers and ambulatory care venues.

Provider organizations and health plans use CAHPS survey results to identify aspects of their performance that need improvement. Using data from the surveys, organizations can compare their own performance with that of competitors. They can also use the survey results within their own organizations to assess the performance of different products or of products in different markets.

The National CAHPS Benchmarking Database is an important resource for providers and plans because it enables them to assess their performance relative to local, regional, and national benchmarks. Another valuable resource is *The CAHPS Improvement Guide*, which is designed to help health plans and medical practices analyze their performance and identify practical strategies for improving patients' experiences with care.

National Committee for Quality Assurance (NCQA) Accreditation

The National Committee for Quality Assurance (NCQA) is a private, 501(c)(3) not-for-profit organization founded in 1990 dedicated to improving health care quality and promoting improvement throughout the health care system (http://www.ncqa.org/tabid/675/Default.aspx,

accessed 25 Aug 2008). NCQA has helped to build consensus around important health care quality issues by working with large employers, policymakers, doctors, patients and health plans to decide what is important, how to measure it, and how to promote improvement. NCQA's programs and services reflect an assessment and performance improvement strategy based on measurement, analysis, and improvement, with constant repetition of this cycle. They develop quality standards and performance measures for a broad range of health care entities and routinely require higher levels of performance as baseline standards are met. NCQA-accredited health plans today face more than 60 standards and are required to report on their performance in over 40 areas to attain accreditation. These standards are designed to promote the adoption of improvement strategies, enhance service and reduce costs.

NCQA offers six accreditation programs, five certification programs and five physician recognition programs (Table 2). These programs apply to organizations and individuals ranging from health plans including health maintenance organizations (HMOs) and preferred provider organizations (PPOs) to physician networks, medical groups, and even individual physicians. NCQA also offers programs designed for newer health plan options such as consumer-directed health plans. Information generated by these programs helps inform decisions and drive quality improvement.

NCQA Accreditation Standards:

- Require all plans to report on the quality of care through HEDIS® and CAHPS®.
- Require PPO plans to evaluate their disease management, wellness and complex case management programs.
- Establish common requirements for all plans, allowing consumers, employers and purchasers to compare performance across all plan types.
- Emphasize quality by increasing the value of HEDIS and CAHPS results in Accreditation. For 2008, NCQA has added four new HEDIS Effectiveness of Care measures to Accreditation scoring, increasing the weight of HEDIS and CAHPS results to almost 40 percent of scoring for all health plans.

Table 2. NCQA Programs.

Accreditation Programs	Certification Programs	Physician Recognition Programs
• Disease Management (DM) • Health Plan (HP) • Managed Behavioral Healthcare Organization (MBHO) • Managed Care Organization (MCO) • New Health Plan (NHP) • Preferred Provider Organization (PPO)	• Credentials Verification Organization (CVO) • Disease Management (DM) • Health Information Products (HIP) • Physician Organization Certification (POC) • Utilization Management (UM) and Credentialing (CR)	• Back Pain Recognition Program (BPRP) • Diabetes Physician Recognition Program (DPRP) • Heart/Stroke Recognition Program (HSRP) • Physician Practice Connections (PPC) • Physician Practice Connection -- Patient-Centered Medical Home (PPC-PCMH)

NCQA incorporates a number of survey-based Health Plan Employer Data and Information Set (HEDIS) measures, including surveys from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program. Specifically, it includes the CAHPS Health Plan Survey, 4.0H Adult Version, CAHPS Health Plan Survey 3.0H Child Version, Medical Assistance with Smoking Cessation, Flu Shots for Adults Ages 50-64, and Flu Shots for Older Adults and Pneumonia Vaccination Status for Older Adults while providing technical specifications, background information, and necessary protocols for administering the survey instruments and accompanying correspondence. Application of NCQA's mandated CAHPS survey-based results have been examined for strengths and weaknesses in supporting managed care improvement strategies (Scanlon, Darby, Rolph and Doty, 2001), for providing patient information on the quality of health care plans based on national rankings (Comarow, U.S. News and Report, 2007), or conversely, by successful ranked plans in marketing their organizations (Rubin, 2007), or for educating Federal employees trying to select a health plan from the Federal Employees Health Benefits (FEHB) plans (U.S. Office of Personnel Management).

HEDIS (Health Plan Employer Data and Information Set)- The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service (http://www.ncqa.org/tabid/59/Default.aspx, accessed 25 Aug 2008)). HEDIS consists of 71 measures across eight domains of care. Included in HEDIS is the CAHPS® 4.0 survey, which measures members' satisfaction with their care in areas such as claims processing, customer service, and getting needed care quickly.

Other Industry Private and Public Surveys Used in Measuring Patient Satisfaction

Other health plans use results of independent survey organizations to market their achievements to current and prospective members. Independent agencies, such as J.D. Power and Associates, the National Research Corporation, the U.S. News and World Report, and the Service Quality Measurement Group (SQM), conduct satisfaction surveys and compile and rank results for commercial health plans (Chambers, 2007; Rubin, 2007; Stuart, 2007; http://www.aetna.com/news/2007/0319a.htm, accessed March 2008).

URAC, originally "Utilization Review Accreditation Commission," conducts surveys as part of 16 accreditation and certification programs, including health plan standards, and case management. Hospitals, HMOs, PPOs, TPAs and provider groups can seek accreditation. Currently, URAC accredits 120 companies in case management and recently created a one-page survey instrument in response to requests from case management companies for a standard assessment tool that could be used to assess patient satisfaction for case management program participants (http://www.reuters.com/article/pressRelease/idUS130636+29-May-2008+PRN20080529, Accessed 25 August 2008). URAC offers the only independent accreditation program for the case management industry. The standardized assessment tool is expected to help guide quality and process improvement efforts required for URAC accreditation. It is expected to be released for voluntary industry use in 2008.

In 2007, J.D. Power and Associates utilized the 2007 National Health Insurance Plan Satisfaction Study to examine the member satisfaction performance of 49 large health plan companies in the in the West Region, of approximately 750,000 members across all commercial products, excluding Medicare and Medicaid (Rubin, 2007; Stuart, 2007). Additionally, the National Research Corporation (NRC) has been conducting the NRC Healthcare Market Guide®study since 1987 to rank health plans. Over 200,000 surveys were completed annually across the U.S. for the 2007-08 study (http://www.aetna.com/news/2007/0319a.htm, accessed March 2008).

Nationally recognized health plans often cite patient survey programs used internally, irrespective of those that might be externally-required for accreditation purposes. For example, Kaiser HMO in Portland, Oregon, uses the 8-question Art of Medicine survey to assess patient satisfaction with clinicians' communications skills and global visit satisfaction (Brown, Boles, Mullooly and Levinson, 1999; Hooker, Potts and Ray, 1997). Ten of twelve Kaiser Permanente Regions used the Art of Medicine survey in 1995-96.

Industry Best Practices: CAHPS-Based Improvement Strategies.

CAHPS has been the most widely used benchmarking and trending tool, used by health plans to improve the quality of the services provided to their consumers. In the working paper 'The Utility of CAHPS', authors led by Denise Quigley reported on survey results of the usefulness of CAHPS scores in quality improvement, benchmarking, and other actions used by health plans to improve consumer satisfaction. The results indicated several considerations to be made when using CAHPS as a problem identification tool. Most health plans (85 percent) reported that the specificity of the data prevented them from playing a more integral role in quality improvement initiatives. Additionally, health plans also noted a division between domains that they could control at the plan level, versus those domains that were only controllable at the clinic or hospital level. Health plans rated the following domains most useful in their efforts to improve customer satisfaction: customer service (89 percent), claims processing (59 percent), and access to care (59 percent). In another analysis done by Scanlon, DP et al (July 2001), a similar result was found, where health plans in the study indicated that only certain areas of CAHPS had actionable data. These results indicate improvement strategies should be directed towards domains related to plan administration when the improvement strategy is undertaken at the health plan level, and that additional data or drill down (i.e. process measures) may be required in order to identify a tailored improvement strategy for a specific issue that is affecting the scoring of the overall CAHPS domain.

Health Plan Level Strategy

CAHPS indicates there are Six Steps to Ongoing Going Quality Improvement *(CAHPS Case Study of Successful Intervention for Customer Service (WR-517-AHRQ, Quigley, DD et al, Aug 2007)).*

1. Use CAHPS data to flag problems and confirm findings with other plan data
    - Conducted member surveys to gather more info on plan's performance in customer service and related issues
    - Examined operational performance measures based on the monthly reports from the Member Services Department
    - Conducted employee exit interviews in 98 and 99 to identify staff issues
    - Compared self to other regional
2. Select performance measures, or develop new ones if needed.
    - Selected operational measures from monthly reports and tracked them. These included: speed to answer calls, "total service factor," call abandonment rate, employee turnover rate.
    - Changed the performance goal measure for service representatives from calls handled to available time to handle a call.
3. Set Goals for improvement and write an action plan
    - Set performance targets for customer service measure based on industry standards.
    - Set a goal to demonstrate customer service improvements in two consecutive quarters.
    - Expected that increased focus on customer service would lead to positive customer feedback.

- Director of Member Services Department developed plan to redesign career path incentives in order recruit and retain qualified service reps.

4. Implement the action plan
5. Assess progress and refine the intervention
    - Data indicated improvements to plan's performance in one quarter and decrease in next. Goals and performance measures had to be reassessed.
6. Monitor improvements to make sure they hold

Plan level improvement strategies have to take a multifaceted approach and be tailored to the intertwined issues that are the underlying factors behind a lower global measure of satisfaction (the CAHPS score). The CAHPS improvement guide provides a best practice summary of individual strategies to address CAHPS issues, and can aid plans with steps they should take towards improvement.

Examples of plan level improvement strategies:

- Care Choices reported improvement in customer satisfaction ratings after implementing a proactive telephone call to members (Care Choices, 2006).
- Patient and provider satisfaction surveys are used to assess the effectiveness of physician incentive plans (Bottles, Kent, Byrne, Jim, Suarez and Kim, 2003).
- Identifying patient satisfaction levels and rewarding provider performance based on improved satisfaction (Rowe, 2006; Lauer, 2006; Milstein et al., 2000; Galvin et al., 2005).

Clinic or Hospital Strategies

At the clinic or hospital level, strategies for improving communication with patients are focused on technology and interactive education.

- Studies found that interactive forms of communication with patients were more effective than direct communication (Trevena et al., 2006).
- Use of technology increases patient satisfaction with the provider, and decreases wait times and claims processing (Biermann et al., 2006; Gustafson et al., 2001; Helwig et al., 1999).
- Significant reductions were found in physician office and total health care claims after implementing an email communication system (Biermann et al 2006).
- Confidence in doctors was increased after a home-based computer system providing information, decision-making, and emotional support, was utilized among a group of breast cancer patients (Gustafson et al., 2001).
- After a pilot program was conducted implementing an Internet patient education system in a community-based family practice residency clinic, 94% of patients found the Internet information helpful and 90% were more satisfied with their visit than usual (Helwig et al., 1999).

Other improvement strategies involved staff of the medical facility taking part in the improvement process, either in group settings with patients or in training initiatives.

- Staff created referral guidelines for clinical conditions, followed by systematic audits to monitor changes, can help reduce wait times in the referral process (Murray, 2002)
- Conducted patient surveys followed by face-to-face interviews, "patient audits," to monitor improvements. A service pledge to make at least three improvements, ranging from inexpensive short-term to long-term goals followed the survey results (Picker Institute Europe, May 2008).
- Steering groups consisting of staff and patients to improve communication based on concerns from the steering group and results from national patient satisfaction surveys (Picker Institute Europe, Oct 2007 & Jan 2004).
- Use patient feedback on national patient satisfaction surveys in staff training by creating a fictional account of a patient's experience based on many patient issues (Picker Institute Europe, May 2004).

Other Strategies include:

- Open access scheduling- Only schedule follow-up appointments to accommodate anyone who calls with a same day appointment (Kennedy, JG Oct 2003).
- Physician report cards that explain scoring measures clearly, define achievable benchmarks, and rank order physicians with their peers to stimulate improvement (Teleki S et. al. July 2007) .

Clinic level strategies that work are patient centered, incorporating patient panel views at each level, from data collection to the improvement process. Communicating with patients is key, and offering methods that incorporate technology or alternative means can improve satisfaction when tailored to the individual clinic or hospital.

MHS Best Practices

The ASD(HA)/TMA and Services have, individually or collectively, used survey results in a manner consistent with the civilian industry. All key outpatient, inpatient and population-based surveys deployed by the ASD(HA)/TMA are patterned after the following key principles:

i. Survey outcomes are reported by direct and purchased care, across military departments, across TRICARE Regions, and at the MTF level.
   a. Note, because of macro-focus at the system-level, surveys tend to "spread" across large geographic (e.g. a TRICARE Region) or organizational areas (e.g. the three Services), but they have less ability to "drill down" to lower levels (e.g. catchment areas, non-catchment areas, or zip codes) unless sample size is increased.
   b. As counterpoint, the Services often desire large numbers of surveys at MTF-level to identify local sources of positive or negative issues for taking action; this tends to minimize the "spread" of the survey (e.g. so it focuses only on Army MTFs) and tends to retarget more surveys for an increased "depth" (e.g. 200 surveys per provider per year at MTF X).

ii. They are designed specifically to trend results over time to identify long term changes. To accomplish trending, consistent questions, methodology and analytic rigor must be

accomplished with each survey. This is done by maintaining common core and unchanging question sets to ensure comparability over time that could be benchmarked to others over time and to provide reliability in measurement by using the same questions, responses, and process.

iii. Benchmarks are sought wherever possible to comparable institutions or health plans. Benchmarks provide external validation of results, offer an understood measure for comparison by public constituency, and extend the transparency of results. Transparency and external validation are achieved through the use of existing survey instruments, methodology, or question sets, as appropriate, that have already been developed by the civilian sector. This improves efficiency as survey development, reliability, and validity would be "on their dime" not on the Department's; and, it improves transparency as questions will not seen as biased in favor of the Department.

iv. Generalizability of results beyond specific MHS institutions, Services or at large is useful, and so ASD(HA)/TMA surveys usually seek out large, established data on civilian institutions.

ASD(HA)/TMA and Service efforts include:

- ASD(HA)/TMA and Army drivers of satisfaction analysis have been completed to identify tactics and strategies for improving patient satisfaction.
- Results are dispersed to the lowest level of relevant activity for performance feedback and to examine subgroups of interest (e.g. Active Duty only, TRO North only, beneficiaries over 65).
- ASD(HA)/TMA results are benchmarked to CAHPS National Benchmarks for external validation and continuity and to support comparison of the MHS enterprise-wide patient satisfaction survey programs with public and private patient satisfaction survey programs.
- HCSDB-derived preventive services and risky behavior results are presented routinely to the MHS Clinical Quality Forum where targeted clinical strategies are developed for joint action across Service lines, such as modifying smoking cessation programs to acknowledge smokeless tobacco products, or to promote beneficiary acceptance of fecal occult blood tests as an inexpensive means for colorectal cancer screening.
- ASD(HA)/TMA and Army WTU broad care satisfaction results have been compared to identify survey corroboration, and as a result, both surveys will soon incorporate common questions to facilitate common measurement.
- The Department has used the results of population survey estimates and other administrative data for modifying smoking cessation campaigns, to include: (1) parity pricing of tobacco products in military exchanges, (2) anti-tobacco marketing, (3) using a DoD advisory panel on best practices for assisting smoking cessation, and (4) a Quit Line demonstration project. From a clinical oversight perspective, survey data have been especially helpful at providing a consistent source of beneficiary self- reported healthy behaviors and utilization of preventive services. Compliance with cancer screening, influenza immunization, self report of tobacco use and body weight have been particularly helpful for the Office of

the Chief Medical Officer in providing oversight of performance improvement efforts in these areas. Supplemental survey questions and domains are developed with clinical input and are fielded to identify patterns of behavior that can then be targeted, or not, for population-based interventional strategies.

- The Services use their results to facilitate:
    i. Balanced Score Cards
    ii. CMS - Provider Scorecard Pilot
    iii. Lean Six Sigma - Fort Hood Lean Six Sigma Project.
    iv. Routine Corporate Reviews to reinforce Command commitment to quality customer service, and use of the PSS to assess performance.
    v. Comparison of patient satisfaction survey programs with patient satisfaction survey programs used by other public and private health care systems and organizations.
    vi. Navy Medicine benchmarks its encounter related questions to Blue Cross HMO, Kaiser HMO, and Aetna HMO, identified as having similar demographics in terms of age groups, and service areas. Navy Medicine uses PSS data to:
        1. Report to the NAVMED Executive Board on a weekly basis, the top 5 clinics and providers per MEPRS code. The result has been increased visibility and use of data for decision-making at the clinic level.
        2. Monitor MTF performance with respect to specific survey questions related to the NAVMED Quality of Care Strategic Goal, i.e., Satisfaction with Provider, Ease of Scheduling, Access Consideration for Schedule, and Safety of Services. These metrics will be included with others for determining future PPS payments.
        3. Improve Providers' performance with respect to listening to patients concerns, and explaining treatment follow-up plans.
        4. Maximize use of case managers for patients requiring more in-depth assistance.
        5. Identify opportunities to improve pharmacy wait times.
    vii. The Air Force has used its SDA for:
        1. Analysis of comments from weekly reports of five lowest scoring MTFs
        2. Discussions at Customer Service Task Force and MAJCOM meetings
        3. Two questions showed issues grouped into three categories, access, process and systems:
            a. Access issues related to no appointments or no appointments when customer wanted
            b. Process issues related to how the customer was able to get appointment, i.e., calling clinic, leaving messages, etc
            c. System issues had to do with busy signals, long hold times and dropped calls
            d.

4. Issues were referred from Major Commands (MAJCOMs) to MTFs to resolve - Follow up showed improvement with access and process issues - Systems issues at one MTF required a year to resolve as base communication involvement was needed.
5. MTFs have the ability to look at their facility and design up to three questions that they feel are important to customer satisfaction, patient safety and/or process improvement
6. the Air Force Customer Service Task Force (CSTF) was established to be the center of expertise and leadership for customer service initiatives in support of the AFMS's mission and vision with the following duties: to act as advisor to the AFMS SG on customer service, to facilitate initiatives to advance customer service culture throughout the AFMS, and to establish outcome-based metrics and thresholds to drive improvements in customer service and loyalty for both customer and staff.
7. Develop and collect field tools to facilitate improvement in customer service
8. Partnered in the past with Disney and Baptist Health, incorporating philosophies and initiatives from both
9. Currently in contact with the Studer Group, an outcome based health care consulting firm devoted to teaching evidence-based tools and processes that organizations can immediately use to create and sustain outcomes in service and operational excellence
10. Worked with CSTF to define and refine new survey questions. New questions were approved in September 2008 and should begin fielding in November. First results available December 2008.
11. New survey questions have been formulated to allow benchmarking the SDA against the Consumer Assessment of Healthcare Providers and Systems (CAHPS). This also enabled benchmarking with our sister services and ASD(HA)/TMA through use of common questions. First results should be available December 2008.
12. There are no enterprise-wide inpatient surveys due in part, to the small number of bedded facilities (15) across the AFMS (CONUS & OCONUS). Individual bedded MTFs may survey inpatient beneficiaries.

Appendix

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Abbreviations and Acronyms

AF/SG	Air Force Surgeon General
AFMS	Air Force Medical Service
AHLTA	Armed Forces Health Longitudinal Technology Application
AHRQ	Agency for Healthcare Research and Quality
AMEDD	Army Medical Department
APLSS	AMEDD Provider Level Satisfaction Survey
ASD(HA)/TMA	The Office of the Assistant Secretary of Defense, Health Affairs of the TRICARE Management Activity
BPRP	Back Pain Recognition Program
BUMED	Bureau of Medicine
C&GS	Clinician & Group Satisfaction
CAHPS	Consumer Assessment of Healthcare Providers and System
CBHCO	Community-Based Healthcare Organization
CONUS	Continental United States
CQIP	Center for Quality in Practice
CSS	Customer Satisfaction Survey
CSTF	Customer Service Task Force
CVO	Credentials Verification Organization
DM	Disease Management
DPRP	Diabetes Physician Recognition Program
DSB	Decision Support Branch
EGL	Executive Global Look
FEHB	Federal Employees Health Benefits
FY	Fiscal Year
HA	Health Affairs
HCSDB	Health Care Survey of DoD Beneficiaries
HEDIS	Healthcare Effectiveness Data & Information Set
HIP	Health Information Products
HMOs	Health Maintenance Organizations
HP	Health Plan
HSRP	Health/Stroke Recognition Program
IVR	Interactive Voice Response
MAJCOM	Major Command
MBHO	Managed Behavioral Healthcare Organization
MCO	Managed Care Organization
MEB	Medical Evaluation Board

MEPRS	Medical Expense Performance Reporting System
MHS	Military Health System
MHS SWG	Military Health System Survey Work Group
MTFs	Military Treatment Facilities
NAVMED	Navy Medicine
NCDB	National CAHPS Data Base
NCQA	National Committee for Quality Assurance
NDAA	National Defense Authorization Act
NHP	New Health Plan
NRC	National Research Corporation
OCONUS	Outside the Continental United States
OTSG	Office of the Surgeon General
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
PPC	Physician Practice Connections
PPC-PCMH	Physician Practice Connection—Patient-Centered Medical Home
PPOs	Preferred Provider Organizations
POC	Physician Organization Certification
PSS	Patient Satisfaction Survey
RMCs	Regional Medical Commands
SDA	Service Delivery Assessment
SG	Surgeons General
SQM	Service Quality Measurement Group
TRISS	TRICARE Inpatient Satisfaction Survey
TRO	TRICARE Regional Offices
TROSS	TRICARE Outpatient Satisfaction Survey
UM	Utilization Management and Credentialing (CR)
URAC	Utilization Review Accreditation Commission
USD(P&R)	Under Secretary of Defense (Personnel and Readiness)
WHS	Washington Headquarters Service
WTU	Warrior Transition Unit