

HEALTHeFORCES™

A new standard in military medicine.

A Walter Reed Army Medical Center/North Atlantic Regional Medical Command/Tricare Northeast Initiative in support of Army, Navy and Air Force Healthcare.

There's a revolution going on in military medicine...
A 60 second promotional video

HealtheForces
A 9 minute informational video

www.HEALTHeFORCES.org



Kevin C. Kilcy, Major General
*MC Commanding General,
North Atlantic Regional Medical Command
and Walter Reed Army Medical Center*

HEALTH FORCES

Americans should be able to count on
receiving care that meets their needs
and is based on the best scientific knowledge
Crossing the Quality Chasm 2001

HEALTH^eFORCES[™] Mission

- Improve quality of care
- Enhance the patient-provider partnership
- Use information technology to:
 - Capture the patient's perspective on the status and treatment of their condition
 - Measure compliance with evidence - based medicine and guidelines



HEALTH FORCES

A new approach to providing comprehensive care

- Connects patients and providers seamlessly
- Closes the gap between the care a patient should receive versus the care they do receive.
- Combines traditional “hands-on” medicine with the forefront of information technology
- Incorporates scientifically based, nationally recognized guidelines for each patients condition
- A new standard for military medicine in healthcare

HEALTHeFORCES[™] National Recognition

Joint Commission on Accreditation of Healthcare Organizations Certification (JCAHO)

- **Walter Reed Army Medical Center in conjunction with the HEALTHeFORCES[™] Program is the FIRST DOD/VA facility to be awarded disease-specific certification for SIX programs:**
 - **FOUR Disease-specific Care Certifications:**
(Pediatric Asthma, Congestive Heart Failure, Diabetes Mellitus, Chronic Obstructive Pulmonary Disease)
 - **TWO Preventive Health Services Certifications:**
(Cardiovascular Risk Reduction, Women's Health)

HEALTHeFORCES National Awards

- **TETHIE “Best of Show” from The Emerging Technologies and Healthcare Innovations Congress (TETHIC).**
- **TETHIE “Most Innovative Technology in the Hospital Community” from The Emerging Technologies and Healthcare Innovations Congress (TETHIC).**
- **Finalist for the "The Grace Hopper, 2003 U.S. Government Technology Leadership Award"**
- **More to be announced in early 2004**

HEALTHeFORCES™



2.

Patient's vital signs are taken and their learning needs are electronically captured in accordance with JCAHO standards.



1.

Patient is greeted by clinical staff who accesses the HEALTHeFORCES/ Integrated Clinical Database.



5.

Patient visits Exit Nurse who reinforces education and coordinates referrals. After which, the patient completes an automated Satisfaction Survey.



4.

During the patient encounter, the provider utilizes the HEALTHeCARD to access National Practice Guidelines and patient education materials. The Patient and provider utilize the Action Form as a collaborative tool to develop a treatment plan and necessary referrals.

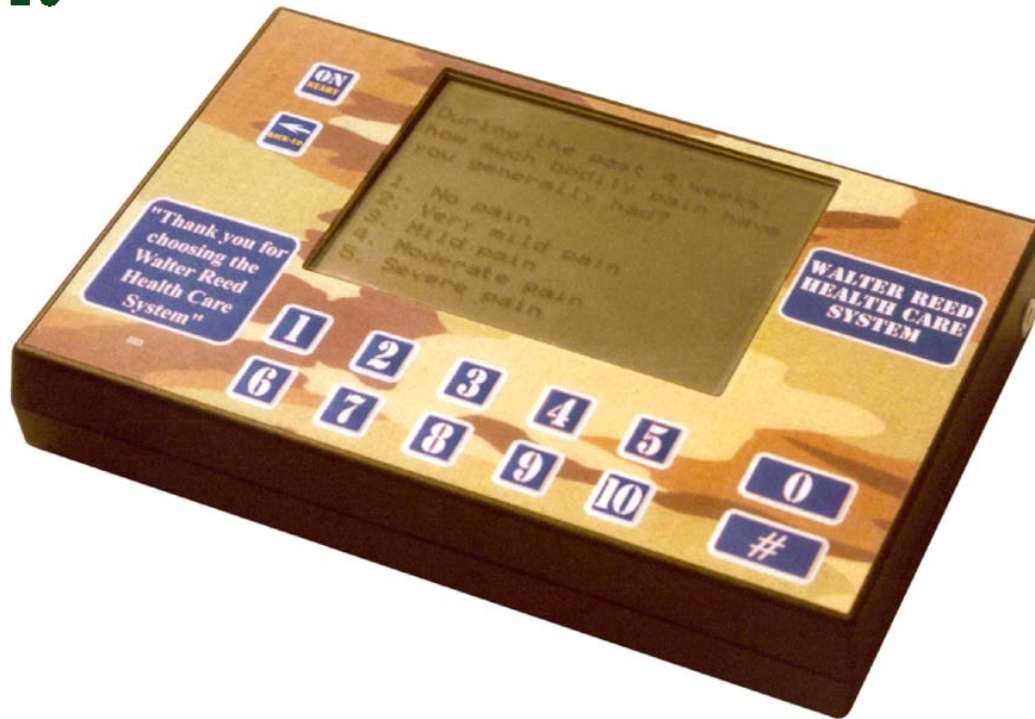
3.

Annual comprehensive Quality of Life Surveys are electronically administered via hand held devices or web-based browser. Survey responses are automatically incorporated into a computer-generated Action Form.



Survey Technology

- **Allows patients to share their concerns and health status**
- **Allows patients to receive education and feedback on their disease specific condition**
- **Survey asks exactly how their illness affects the patient's life**
- **Survey responses focus the patient plan of care**
- **Surveys and HealthCards spell-out how to get the best care possible**



Surveys

During their visit, the patient gives direct feedback via handheld device. Their responses are stored and used to help develop a treatment plan. Patients also complete an automated Satisfaction Survey at the conclusion of their visit.

Point of View (POV) Patient Survey

Diabetes Patient Survey provides multiple cues for self-care:

- Importance of Diabetic Foot Care Education

- Diabetic Foot Exam
- Diabetic Eye Exam
- Recommended Blood Tests
- Other Health Activities

• Survey results print out immediately ensuring:

1) partnership between patient and healthcare team

2) review of importance of self management

3) improved patient-provider communication

How would you rate the information your doctor or nurse gave you about: Having your eyes checked?

Answer

- Excellent
- Very Good
- Good
- Fair
- Poor
- I do not remember receiving any information

How would you rate the information your doctor or nurse gave you about: How to check feet and choose proper shoes?

Answer

- Excellent
- Very Good
- Good
- Fair
- Poor
- I do not remember receiving any information

HEALTHeFORCES Score Cards

- **HealthCards allow physicians to maintain a checklist for the treatment of each patient.**
- **Data is automatically populated from a variety of sources and patient surveys.**
- **Patient data is instantly updated, always available, and the patient is comprehensively treated.**
- **Shows what the healthcare team needs to be doing for the patient, and what the patient needs to do for themselves.**

Name/Address	FMP/SSN Cmd	Enrollment	Age/DOB/Sex	Phone Numbers	Other
DANIELSON, MELIORA N 686 TREYMOUR WAY GROVELAND, FL 34736	30/163-86-9466	Enrollment: TRICARE PRIME (CHAMPUS) PCM: Clinic:	Age: 54 DOB: 21 Nov 48 Sex: F	(h): 727-265-5446 (w): 813-515-1364	Rank:

Allergies
No allergy information recorded in CHCS

Summary
[DD 2766](#)
[Prevention](#)
[Summary](#)
[Health Survey](#)

HEALTHeFORCES
[Vital Signs](#)
[Contact Info](#)
[Imported Files](#)
[HEALTHeCARDs](#)
[Surveys](#)
[HEALTHeNOTEs](#)
[Admin Alerts](#)
[P2P Notes](#)
[Framingham](#)
[D/C Summary](#)
[LD/OB Summary](#)
[MATS](#)
[CHCS Access](#)
[Generate H&P](#)

Help
[Web Help](#)
Call:
(202)782-0324

Diabetes HEALTHeCARD

Score	Edit	Question	Info	Response	Date Completed
x		Patient Lipid profile completed in less than 12 months?		No	
x		Patient with a low-density lipoprotein (LDL) < 101 mg/dl?		Unknown	
x		Has patient had at least one A1C within 12 months?		No	
x		Patient A1C level < 7.1%?		Unknown	
✓		Patient assessed for nephropathy? ▪ Spot Urine Protein		Yes	
				15mg/dL	1/16/2002
x	Edit	Patient with blood pressure < 130/80 mm Hg?		No (128/88)	11/06/2003
x	Edit	Dilated fundus exam done within the last 12 months?		Unknown	
x	Edit	Patient received a well-documented foot exam to include a risk assessment in the past 12 months?		Unknown	
✓	Edit	Self-management education to include nutritional counseling?		Init class	11/6/2003

WRHCS Diabetes Institute Database

Go to: [WRHCS Diabetes Institute Database](#)

Links to Educational Websites

http://www.gmo.amedd.army.mil/general%20documents/2003_0427_MTF_Champion_Manual.doc

Diabetes: DOD/VA Clinical Practice Guidelines

Name/Address	FMP/SSN	Enrollment	Age/DOB/Sex	Phone Numbers	Other
KING, BRIAR F 7 LECIL RD SANTA FE, NM 87503	20/855-46-6851	Enrollment: DIRECT CARE ONLY PCM: Clinic:	Age: 85 DOB: 25 Nov 17 Sex: M	(h): 505-328-0561 (w): 505-581-4982	Rank: N08

Allergies
No allergy information recorded in CHCS

Summary
[DD 2766](#)
[Prevention](#) ✓
[Summary](#)

HEALTHeFORCES
[Vital Signs](#)
[Contact Info](#)
[Imported Files](#)
[HEALTHeCARDS](#)
[Surveys](#)
[HEALTHeNOTES](#)
[Admin Alerts](#)
[P2P Notes](#)
[Framingham](#)
[D/C Summary](#)
[CHCS Access](#)
[Research Studies](#)
[Generate H&P](#)
[Help](#)

Visits
[Appointments](#)
[Admissions](#)
[CHCS Telcons](#)
[HeF Telcons](#)

Results
[Labs](#)
Diabetes Labs
[Radiology](#)

Childhood Asthma HEALTHeCARD

[Edit](#)

Score	Question	Info	Response
x	Has a pre-treatment asthma severity level been established?		Unknown
x	If a persistent asthmatic, is a controller medication prescribed?	?	Unknown
x	Has a written action plan been documented in the last 6 months?	?	Unknown
x	Has the patient been instructed in Peak Flow measuring? (age > 6)	?	Unknown

More Info...

Download the [Peak Flow instruction sheet](#) as a printable patient education sheet

Also download [How to Use Your Inhaler](#)

Both in Adobe Acrobat format (.pdf)

x	Has spirometry been measured in the last 12 months? (age > 6)	?	Unknown
x	Have the number of unscheduled medical visits for asthma in the last 3 months been quantified?		Unknown
x	Have the number of school/work days missed because of asthma been quantified?		Unknown
x	Did the patient receive an influenza immunization for the most recent flu season?		Unknown
x	Has the patient had formal asthma education (disease, medications, spacers, etc.)?	?	Unknown
x	Have triggers been identified?	?	Unknown

Links to Educational Websites

http://www.lungusa.org	The American Lung Association
http://www.medscape.com	Medscape from WebMD
http://www.aaaai.org	American Academy of Allergy, Asthma and Immunology

HOW TO USE YOUR PEAK FLOW METER

A peak flow meter helps you check how well your asthma is controlled. Peak flow meters are most helpful for people with moderate or severe asthma.

This guide will tell you (1) how to find your personal best peak flow number, (2) how to use your personal best number to set your peak flow zones, (3) how to take your peak flow, and (4) when to take your peak flow to check your asthma each day.

Starting Out: Find Your Personal Best Peak Flow Number

To find your personal best peak flow number, take your peak flow each day for 2 to 3 weeks. Your asthma should be under good control during this time. Take your peak flow as close to the times listed below as you can. (These times for taking your peak flow are only for finding your personal best peak flow. To check your asthma

each day, you will take your peak flow in the morning. This is discussed on the next page.)

- Between noon and 2:00 p.m. each day.
- Each time you take your quick-relief medicine to relieve symptoms. (Measure your peak flow after you take your medicine.)

- Any other time your doctor suggests.

Write down the number you get for each peak flow reading. The highest peak flow number you had during the 2 to 3 weeks is your personal best.

Your personal best can change over time. Ask your doctor when to check for a new personal best.

Your Peak Flow Zones

Your peak flow zones are based on your personal best peak flow number. The zones will help you check your asthma and take the right actions to keep it controlled. The colors used with each zone come from the traffic light.



Green Zone (80 to 100 percent of your personal best) signals **good control**. Take your usual daily long-term-control medicines, if you take any. Keep taking these medicines even when you are in the yellow or red zones.



Yellow Zone (50 to 79 percent of your personal best) signals **caution: your asthma is getting worse**. Add quick-relief medicines. You might need to increase other asthma medicines as directed by your doctor.



Red Zone (below 50 percent of your personal best) signals **medical alert!** Add or increase quick-relief medicines and call your doctor now.

Ask your doctor to write an action plan for you that tells you:

- The peak flow numbers for your green, yellow, and red zones. Mark the zones on your peak flow meter with colored tape or a marker.
- The medicines you should take while in each peak flow zone.

Peak Flow Instruction Sheet

How To Use Your Metered-Dose Inhaler The Right Way

How to Use Your Inhaler Instruction Sheet

Using an inhaler seems simple, but most patients do not use it the right way. When you use your inhaler the wrong way, less medicine gets to your lungs. (Your doctor may give you other types of inhalers.)

For the next 2 weeks, read these steps aloud as you do them or ask someone to read them to you. Ask your doctor or nurse to check how well you are using your inhaler.

Use your inhaler in one of the three ways pictured below (A or B are best, but C can be used if you have trouble with A and B).

Steps for Using Your Inhaler

- | | |
|-------------------|--|
| Getting ready | 1. Take off the cap and shake the inhaler.
2. Breathe out all the way.
3. Hold your inhaler the way your doctor said (A, B, or C below). |
| Breathe in slowly | 4. As you start breathing in slowly through your mouth, press down on the inhaler one time. (If you use a holding chamber, first press down on the inhaler. Within 5 seconds, begin to breathe in slowly.)
5. Keep breathing in slowly , as deeply as you can. |
| Hold your breath | 6. Hold your breath as you count to 10 slowly, if you can.
7. For inhaled quick-relief medicine (beta ₂ -agonists), wait about 1 minute between puffs. There is no need to wait between puffs for other medicines. |

A. Hold inhaler 1 to 2 inches in front of your mouth (about the width of two fingers).



B. Use a spacer/holding chamber. These come in many shapes and can be useful to any patient.



C. Put the inhaler in your mouth. Do not use for steroids.



Clean Your Inhaler as Needed

Look at the hole where the medicine sprays out from your inhaler. If you see "powder" in or around the hole, clean the inhaler. Remove the metal canister from the L-shaped plastic mouthpiece. Rinse only the mouthpiece and cap in warm water. Let them dry overnight. In the morning, put the canister back inside. Put the cap on.

Know When To Replace Your Inhaler

For medicines you take each day (an example):

Say your new canister has 200 puffs (number of puffs is listed on canister) and you are told to take 8 puffs per day.

8 puffs per day $\overline{25 \text{ days}}$ 200 puffs in canister

So this canister will last 25 days. If you started using this inhaler on May 1, replace it on or before May 25.

You can write the date on your canister.

For quick-relief medicine take as needed and count each puff.

Do not put your canister in water to see if it is empty. This does not work.

Targets healthy lifestyles and enables us to exceed the national standards of care for the following chronic conditions:

- **Diabetes**
- **Hepatitis C**
- **Breast Cancer**
- **Women's Health**
- **Pediatric Asthma**
- **Congestive Heart Failure (CHF)**
- **Cardiovascular Risk Reduction (CVRR)**
- **Chronic Obstructive Pulmonary Disease (COPD)**

DIABETES MANAGEMENT PROGRAM -BENCHMARKS-

**HEALTHeFORCES program
has significantly higher
performance on benchmarks
of Diabetes care.**

	Our Program	Benchmark *
HbA1c Testing	98.5%	82.58%
Poor HbA1c control (>9.6%)	9.6%	33.92%
Eye exams	79.8%	51.71%
LDL-cholesterol screening	91.9%	85.14%
LDL-C level <130 mg/dl	89.1%	54.82%
Monitoring Nephropathy	95.0%	51.82%

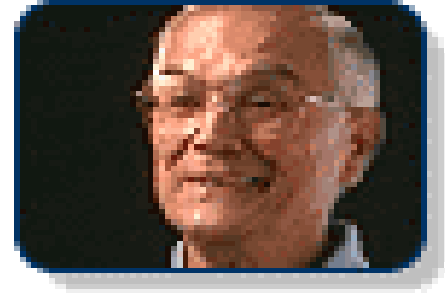
SOURCE: *
NCQA – State of Health Care
Quality Report (SOHC) 2003:
Comprehensive Diabetes Care;
2002 Commercial Health
care plan means
(<http://www.ncqa.org>)

Benefits of Compliance

- **It is estimated that for every 1% reduction in blood sugar levels (A1c blood tests), the risk of developing blindness, kidney failure or requiring leg amputation drops by 40%¹.**
- **Patients with diabetes who maintain near normal blood sugar for life can gain an average of 5 extra years of life, 8 years of sight and 6 years free from kidney disease².**

Benefits of Compliance (Cont.)

- **Reduction of HbA1c levels from 10% to 9% for patients with diabetes was shown to produce a cost savings of \$1,205 per patient. For patients with diabetes, heart disease, and hypertension, this same reduction saved \$4,116 per patient³.**
- **An annual eye exam for diabetes patients results in a cost savings of \$2,162 per year of sight gained³.**
- **Medical costs increase 12% if the HbA1c level increases from 9% to 10%⁴.**



John Lopez

Patient (*Lieutenant Retired, U.S. Army*)

HealtheForces is a good program because you receive the support of the doctors, but you are forced to take care of and improve yourself... In 1962, I was a Ranger Training Advisor for a Vietnamese Infantry Battalion. In 1966, I was an Executive Officer of an Infantry Battalion highly engaged in combat... HealtheForces has enabled me to care for myself with the attention that I used to employ in caring for my troops... I studied the medicines I took and became an expert on my condition, for myself... I have not gone to the emergency room for several years.

Caring for the American People

- **Active collaboration with the U.S. Public Health Service/ Indian Health Service**
- **West Virginia Primary Care Association**
- **More than a dozen requests per month for collaboration with civilian healthcare organizations**