



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS UNITED STATES AIR FORCE  
WASHINGTON DC

MAY 18 2007

MEMORANDUM FOR SEE DISTRIBUTION

FROM: AFMOA/CC  
110 Luke Avenue, Room 405  
Bolling AFB, DC 20332-7050

SUBJECT: Support for Public Health Activities in Population Health During Primary Care Optimization  
(PCO) Staff Assistance Visits (SAVs)

As you know, public health offices are embracing new roles and responsibilities in support of population health improvement (PHI). Using the attached guidelines, I am requesting your PCO SAV teams provide assistance, as needed, to ensure public health's involvement in PHI/PCO.

Since November 2000, we've sent several memos regarding public health's contribution to PHI. These included: (1) request for your support in implementing public health's PHI plan, (2) specific guidance for public health offices regarding their role in PHI and (3) objectives for prioritizing public health's mission to help enhance the overall success of primary care optimization. It is now time for us to determine if our public health offices and their medical treatment facility leadership are embracing public health's role and are progressing satisfactorily. With your help, we hope to target and fix limiting factors and identify best practices to be shared Air Force wide. Your SAV should be less focused on compliance and more structured to provide guidance and recommendations for ensuring public health's capabilities are being fully utilized to make population health and primary care optimization a more robust component of health care at each MTF.

I appreciate your help. Upon completion of your SAVs, please bring any public health issues or concerns to the attention of your MAJCOM Public Health Officer. My POCs are Col Deneice Van Hook and Lt Col Fred Kelsey, DSN 297-4286; email: Deneice.Vanhook@usafsg.bolling.af.mil or Fred.Kelsey@usafsg.bolling.af.mil.

A handwritten signature in black ink, appearing to read "Gary H. Murray".

GARY H. MURRAY, Brig Gen, USAF, DC  
Commander  
Air Force Medical Operations Agency  
Office of the Surgeon General

Attachment:  
SAV Guidelines for Public Health

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SAV Guidelines for Public Health (PH) Activities  
During Primary Care Optimization (PCO) Staff Assistance Visits (SAVs)  
*(current a/o 10 Apr 01)*

1. The PH office staff had a basic understanding of Population Health Improvement concepts (including PCO), and were familiar with their roles in PH/PCO (i.e., AFMOA/CC memo, 20 Nov 00, AFMOA/SGZP memo, 24 Jan 01)
2. At least one member of the PH office had completed, or has requested to attend, the Epidemiology of Population Health Course (B3OZYEPH-000), USAFSAM. (Course information available at <http://wwwsam.brooks.af.mil/web/eh/index.html>)
3. The PH Officer, or senior 4EO enlisted manager when no officer is assigned, was assigned in writing to, and was an actively participating member of, the MTF's Population Health Management Office/Function and Population Health Working Group. (Reference Tab 6, para 2, "Jump Start Manual", available at <http://wwwsam.brooks.af.mil/web/eh/index.html>)
4. There was evidence that collaborative relationships exist between the PH office and the Health Care Integrator (HCI), Group Practice Manager (GPM), and MTF PCO Champion.
5. The PH office received (or has unrestricted access to) the MTF's HEDIS data CD ROM provided periodically by the Population Health Support Office (PHSO), and
  - 5.1. The PH office used the PHSO CD ROM dataset to determine the demographic breakout of their beneficiary population (i.e., at least age, gender and beneficiary category) by Primary Care Manager (PCM) teams, and provides this information to the HCI and MTF population health management forums.
  - 5.2. The PH office used the PHSO CD ROM dataset (and other data systems as necessary) to: characterize the MTF's experience with the delivery of clinical preventive services [e.g., cervical cancer screening, childhood immunizations, breast cancer screening, prenatal care in the 1<sup>st</sup> trimester and Individual Medical Readiness requirements (as PIMR becomes available)]; stratify the information by PCM teams; and provide the information to the HCI and MTF population health management forums.
6. The PH office obtained and analyzed population health management performance measures for immunizations in active duty and two-year olds, stratified this information by PCM teams and provided it to the HCI and MTF population health management forums.
7. The PH office was conducting disease non-battle injury (DNBI) surveillance for infectious diseases, and was making plans for expanding this surveillance to include a broader mix of diseases and conditions (including injuries) by NLT 1 Dec 01.
8. The PH office provided quality information to the MTF and there was evidence that the MTF's population health management forum and concerned parties utilized this information (e.g., HCIs, GPMs, PCMs, etc).