



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

24 Jan 01

MEMORANDUM FOR SEE DISTRIBUTION

FROM: AFMOA/SGZP

110 Luke Avenue, Room 405  
Bolling AFB, DC 20332-7050

SUBJECT: Public Health's Role in Population Health Improvement (PHI)

These are exciting times! The Air Force Medical Service is undergoing tremendous change, moving from episodic medical care to prevention-based health care. The primary objective of these changes is to optimize the health of our enrolled population. As part of this new approach, Public Health (PH) has been asked to tackle dynamic and challenging roles that will transform many of the ways we currently do business.

Lt Gen Paul K. Carlton in his memo dated 5 Apr 00, *Population Health Improvement—Priority Areas*, directed all AF MTFs to "...utilize the public health office as the installation epidemiologist." The AF Public Health leadership has been talking about embracing epidemiology for quite some time. We certainly have a significant epidemiology role in a contingency environment and many of our officers are already deeply involved with providing epidemiological consultation for various military organizations. Now it's time for us to step forward and provide this expertise to assist clinicians and other decision makers at the MTF level. Our critical knowledge and skills in epidemiology will be essential in working with primary care teams, health care integrators, group practice managers, and others to help ensure the success of MTF population health improvement efforts. The PH Corporate Board (PHCB) met in Jul 00 and decided this was the right decision for PH and the AF Medical Service. They established an Integrated Product Team (IPT) that has been hard at work developing an implementation plan and building an education strategy. Over the next few months you will see the results of their herculean efforts. Some of the things you can expect to see include:

a. Brig Gen Murray, AFMOA/CC, sent your MTF commanders a memo (attached) that enlists their support for your involvement in PHI. It requests a PH officer or senior 4E be appointed to the MTF Population Health Management Team and that the selected individual be sent to the Epidemiology of Population Health (EPH) course as soon as possible. We have asked that PHOs be given priority for this course, and are working to open up opportunities for appropriate PH technicians to attend as well.

b. An implementation manual for helping you get started is in final draft and should be forwarded to you very soon. This document will give you an overall perspective of the role of PH in PHI. While it will paint an ambitious picture, we don't expect you to try to swallow this entire elephant all at once. We will do our best to break it up into bite-sized pieces. Specific achievable objectives and timelines for implementation will be established. Your feedback will be an essential tool in making this work.

c. To take on this new role we must re-engineer the current PH mission and associated tasks. The PHCB has chartered several IPTs that are aggressively working on this along with key functional specialties. Specifically, we aim to concentrate on our core competencies, eliminate low or non-value added tasks, transfer tasks that may be more efficiently accomplished by others, and re-prioritize

prioritize remaining programs. You will be hearing much more on this as these teams build their transition plans and gain approval for implementation.

d. We have dedicated a significant portion of the agenda for the Mar 01 Team Aerospace Operational Solutions (TAOS) course to this subject. All PH attendees who have not already completed the EPH course will be required to attend one day of intensive education during TAOS. In addition, this will be a primary area of discussion during our break-out sessions.

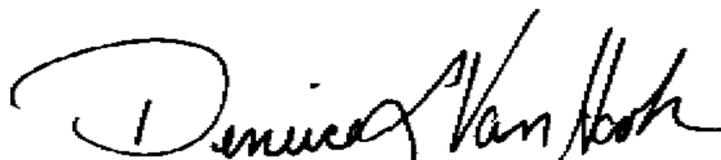
e. I will engage with the Health Services Inspectors to ensure they are aware of the need for some additional flexibility during this transition to a new role for PH offices.

This mission shift for public health will be a gradual process. We have a lot to learn but we must begin slowly and increase our scope as our knowledge and skill levels rise and our workload is redistributed. However, we don't need to wait to get started. I encourage you to start now to familiarize yourself with this new role. The following are a few actions you will want to begin:

- Take an active role as a member of your MTF population health management team and look for opportunities to contribute.
- Request attendance at the EPH course as soon as possible.
- Acquaint yourself with PHI and Primary Care Optimization.
- Start to familiarize yourself with population health data sets provided to your MTF by the Population Health Support Office
- Work to enhance your existing disease and injury surveillance programs.
- Take a good look at your current work practices and start to seek efficiency opportunities now.

Most of this mission shift will initially involve the active duty PH offices, but we anticipate this will eventually impact our partners in the Air Reserve Component. No doubt you will have questions or concerns. I ask that you first address them with your MAJCOM; however, please feel free to contact me or Lt Col Fred Kelsey, DSN 297-4286 or (202) 767-4286; email: [deneice.vanhook@usafsg.bolling.af.mil](mailto:deneice.vanhook@usafsg.bolling.af.mil) or [fred.kelsey@usafsg.bolling.af.mil](mailto:fred.kelsey@usafsg.bolling.af.mil).

Thank you for your ongoing efforts as we navigate these challenging waters. I'm sure there will be some awesome "white water" along the way but I know you are up to the task and I look forward to working through these with you!



DENEICE L. VAN HOOK, Colonel, USAF, BSC  
Chief, Operational Prevention Division  
Air Force Medical Operations Agency  
Office of the Surgeon General

Attachment:  
SGZ/CC Memorandum, 20 Nov 00

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

NOV 20 2000

**MEMORANDUM FOR SEE DISTRIBUTION**

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

**SUBJECT: Public Health's (PH) Role in Population Health Improvement (PHI)**

Lt Gen Paul K. Carlton sent a memo dated 5 Apr 00, *Population Health Improvement—Priority Areas*, that directed (in the attachment) all AF MTFs to “utilize the public health office as installation epidemiologist.” Since that memo was distributed, an integrated product team—commissioned by Col Van Hook, Associate BSC Chief for PH—developed the Public Health role and a plan for smooth and effective implementation. Now, your support is key to ensuring the PH team’s critical contribution to your PHI efforts are realized.

Concurrent to this letter, your public health offices will receive detailed guidance to help them effectively launch their new population health mission. Their responsibilities will focus on expanded surveillance and analysis, data management and collaboration with group practice managers and health care integrators to support individual health readiness, illness and injury prevention, demand forecasting, condition management and community outreach. I need your support to ensure that a PH officer or senior 4E is a member of the MTF’s Population Health Management Function (or equivalent) and that they attend the Epidemiology of Population Health course (USAFSAM) at the earliest opportunity.

I realize your PH staff are extremely busy. This new PHI role necessitates re-engineering of the current PH mission and associated tasks. Specifically, the aim is to eliminate low or non-value added tasks, transfer those better accomplished by others and re-prioritize remaining tasks. We are encouraging PH offices to seek efficiency opportunities now. While additional guidance will soon follow under separate cover, I request your support for the PH transformation in advance.

Please support your public health office as they embrace these new roles and responsibilities in support of PHI. For now, this involves active duty PH offices only. In our effort to maximize the health of our enrolled population, we must fully utilize the capabilities and talents of all our medical personnel. As the installation epidemiologist, PH is a key contributor. Thank you for your continued support in this important endeavor. My POCs are Col Deneice Van Hook and Lt Col Fred Kelsey, DSN 297-4286; email [deneice.vanhook@usafsg.bolling.af.mil](mailto:deneice.vanhook@usafsg.bolling.af.mil) or [fred.kelsey@usafsg.bolling.af.mil](mailto:fred.kelsey@usafsg.bolling.af.mil).



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

Attachment:  
HQ USAF/SG Memorandum, <sup>5</sup> 3 Apr 00

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

**APR 5 2000**

MEMORANDUM FOR SEE DISTRIBUTION LIST

FROM: HQ USAF/SG  
110 Luke Avenue, Room 400  
Bolling AFB, DC 20332-7050

SUBJECT: Population Health Improvement-Priority Areas (SG Policy Letter #00-002)

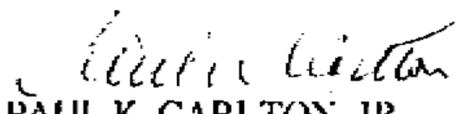
This letter supercedes letter dated 2 Mar 00, same subject.

The Air Force Medical Service (AFMS) continues to operationalize the Population-Based Health Plan, issued Jan 99. The AFMS Council identified two priority areas:

- a. reengineer primary care services, referenced as "Primary Care Optimization" (PCO)
- b. recapture care from the private sector.

Achievement of these initiatives is critical to the continued success of the AFMS. Their importance cannot be overemphasized.

Desired end states and starting point tasks for each priority area are contained in the attachments to this letter. A detailed AFMS PCO implementation guide will be provided to the field by 1 July 00. Collaboration and cooperation among MTFs, MAJCOMs, AFMOA and Air Staff agencies are critical to our success. My point of contact is Col Jim Fraser, AFMOA/SGOZ, DSN 240-8308, e-mail [james.fraser@ophsa.brooks.af.mil](mailto:james.fraser@ophsa.brooks.af.mil), 8213 14<sup>th</sup> Street, Bldg 915, Brooks AFB, TX 78235-5249.

  
PAUL K. CARLTON, JR.  
Lieutenant General, USAF, MC, CFS  
Surgeon General

Attachments:

1. Desired End States
2. Starting Point Tasks
3. Metrics Calculations

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## DESIRED END STATES

Desired end states for primary care optimization:

- Each enrollee knows his/her provider by name and primary care team
- Each primary care team knows the health care needs of its enrollees
- Each primary care team provides evidence-based care
- Focus on initial performance measures

Clinical performance measures	Best business practice measures
Individual Medical Readiness (IMR)	Productivity
Childhood immunizations	Support staff/PCM
Breast cancer screening	Exam room/PCM
Cervical cancer screening	Customer satisfaction
Prenatal care in the 1 <sup>st</sup> trimester	Access to health services
	Pharmacy utilization (PM/PY)

Desired end states for recapturing care from the private sector:

- Maximum Prime enrollment
- Maximum recaptures of private sector care
- Efficient use of MTF resources matched to appropriate demand

## **STARTING POINT TASKS**

1. Primary care optimization is dependent upon successful performance of key tasks. The following are starting points:
  - a. Transition to PCM by name enrollment IAW current SG guidance (1500/PCM) (OPR: MTF)
  - b. Improve primary care team efficiency (OPR: MTF)
    - (1) Assign support staff to each PCM per current MAPPG
    - (2) Provide 2 exam rooms per PCM
    - (3) Reengineer space utilization to support primary care
  - c. Implement formal medical inprocessing for Prime enrollees (OPR: MTF)
  - d. Actively manage the appointment process to achieve TRICARE access standards (OPR: MTF)
  - e. Actively manage appointment templates to accommodate 25 visits/day per PCM and enhance access to appropriate levels of care (OPR: MTF)
  - f. Define and validate group practice management function (OPR: SGW/SGM)
  - g. Develop MTF specific PCO plans based upon initial PCO training (Quickstart) (OPR: MTF)
  - h. Provide follow-on staff assistance visits to MTFs within 18 months of initial training (OPR: MAJCOM/PHSO)
  - i. Clearly define and implement a formal Population Health Management Function at each MTF (OPR: MTF/MAJCOM/PHSO)
  - j. Implement expanded roles and responsibilities of the non-provider staff (OPR: MTF)
    - (1) Health Care Integrators (HCIs)
    - (2) Nurse Triage
    - (3) Enlisted staff using Extender protocols, i.e., patient history, performing assessments, and providing counseling, etc.
    - (4) Utilize the public health office as installation epidemiologist
    - (5) If appropriate
      - a. Nurse and Pharmacist Managed Clinics
      - b. Incorporate mental health in primary care activities
  - k. Develop an effective and efficient PCM team based Preventive Health Assessment (PHA) process (OPR: MTF)

## METRIC CALCULATIONS

**Note: HEDIS® measures may differ from established policy (i.e., TRICARE Prime benefit).**

**Individual medical readiness (IMR):** number of ADAF in compliance with all four areas/ADAF permanently assigned to base (excluding students)

a. Immunizations and TB testing

(1) Appropriately immunized for all servicemembers: Hepatitis A, Influenza, Tetanus, Polio, MMR

(2) Occupation-specific: Hepatitis B, Rabies, Anthrax

(3) Current TB Skin Test

b. Dental Class 1 or 2

c. Lab tests: DNA on file, G6PD, sickle cell screen, blood type, current HIV

d. Medical record review: no deployment-limiting profiles

e. PHA completion

**Childhood immunizations ( HEDIS®):** number of children with the following immunization history/Prime enrollees who had their 2nd birthday during the measurement period.

a. DtaP/DTP – four doses

b. Polio – three doses

c. MMR – one dose

d. Hib – two doses, with one falling between 12-24 months

e. Hep B – three doses, with one falling between 6-24 months

f. Varicella – one dose

**Breast cancer screening (HEDIS®):** number of women with a mammogram during the past two years/number of TRICARE Prime enrolled women aged 52-69

**Cervical cancer screening (HEDIS®):** number of women with a Pap test in the past 3 years/ # of TRICARE Prime enrolled women aged 21-64

**Prenatal care in the 1st trimester (HEDIS®):** number of women with a prenatal visit in the first trimester/# of TRICARE Prime enrolled women who delivered a live birth

**Best business practices:** 1500 enrollees/PCM, support staff/PCM and exam room/PCM are current AFMS metrics

**Customer satisfaction:** as measured by the Customer Satisfaction Survey (CSS) item for overall satisfaction with care

**Access to health services:** as measured by the CSS item for wait time for appointment

**Pharmacy utilization:** as measured by the average annual pharmacy cost per member per year

**Recapturing care from private sector:**

- a. A lower AHCC decreases the government liability under the Bid Price Adjustment (BPA) calculation. (OPR: SGMA/SGMC/PHSO/SGOI)
- b. A higher MTF actual utilization index decreases the government liability under the BPA calculation. (OPR: SGMA/SGMC/PHSO/SGOI)