

HEALTH ANALYSIS

Event Summary: Health Analysis Department, AMSUS 2014

In case you missed us, we wanted to provide you a snapshot of the presentation and posters we contributed to the December 2014 Association of Military Surgeons of the United States of America (AMSUS). If you have any questions or would like more detailed information, please contact us: health-analysis@nmcphc.med.navy.mil.



Photo: Sgt Earnest J. Barnes

The \$5M Sleep Study Solution (Presentation - Friday, December 5th at 2 p.m. in room 150)

We developed the Sleep Study Referral Tool to improve the sleep study referral process at Naval Medical Center Portsmouth (NMCP). Since implementation, referrals are more selective, positive diagnoses increased from 30% to 60%, and the percentage of active duty Sailors and Marines receiving direct care rose from 50% to 100% all at \$400K monthly cost reduction at NMCP alone.



Photo: Chief Warrant Officer 4 Seth Rossman

Marine Centered Medical Home Emergency Department Utilization: Direct and Purchased Care, CY2012-2103 (Poster)

We examined emergency department (ED) use before and after Marine Centered Medical Home (MCMH) program implementation. The observed rate of ED use is lower for active duty Marine MCMH enrollees when compared to non-MCMH enrollees and operational forces. However, there was no statistical significance between groups.



Photo: Chief Warrant Officer 4 Seth Rossman

Measuring Tobacco Cessation Efforts across Military Services (Poster)

We developed three metrics to examine tobacco screening, diagnosis, and intervention across military treatment facilities (MTF). All metrics demonstrated an increase in clinical care performance and standardization. Additionally, these metrics help identify tobacco users, provide insight into motivation for quitting, and target the best intervention methods.





Photo: James Gathany

Hepatitis B Vaccinations in Newborns at Navy MTFs (Poster)

We examined the trends in administering and coding hepatitis B vaccinations in newborns at Navy MTFs during FY2012. The analysis revealed a gap. In 13% of cases where parents did not refuse the vaccination, babies either did not receive it or there was no record of it happening. Additionally, in 3.5% of all cases, parents refused the vaccination. This highlights an opportunity to improve coding or treatment practices, and provides a metric to monitor vaccinations in the future.

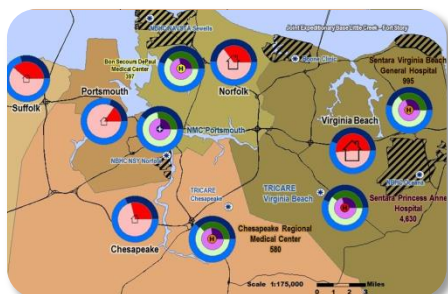


Photo: Andrew Furne

Geographic Information Systems Analysis of U.S. Fleet Forces Emergency Department Utilization (Poster)

We used geographic information systems (GIS) to analyze Operational Forces ED use in Hampton Roads, VA. We found that distance matters. Personnel living more than 8 miles from Naval Medical Center Portsmouth were more likely to use purchased care despite 60% of ED visits being non-emergent.



Photo: Mass Communication Specialist 3rd Class Andrew Schneider

Military and DoD Beneficiary Cesarean Section Rates due to Dystocia in Low-Risk Nulliparous Women (Poster)

We examined the percentage of C-sections performed at Navy and Army MTFs and civilian facilities from FY2010 to 2013. We focused on women who were low-risk, had never given birth before, and were experiencing slow or difficult labor or delivery. We identified 1,984 cases at Navy MTFs and 2,555 cases at Army MTFs; these accounted for about half of the C-sections performed. Purchased care C-section rates were higher when compared to direct care rates.



Photo: U.S. Navy, Douglas H. Stutz

Case Management Workload Coding Compliance across Navy Medicine (Poster)

We created metrics to allow BUMED leadership to target education efforts for healthcare coding compliance. Our analysis focused on Navy Medicine case management (CM) workload trends. We conducted quarterly analyses to track compliance by both case and non-case managers. Coding education efforts produced marked improvement in compliance rates from FY2013 to FY2014.

