

PRIMARY CARE ADVISOR

AT THE DECKPLATE

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Access to Care

FY 07 Project

The Primary Care Action Teams (PCATs), in an effort to share best business practices and promote networking, will be working on one component of the FY 08 Access to Care (ATC) initiatives. There are essentially four initiatives with an entry and an advanced level. In FY 08, each command will pick at least two of these eight initiatives in the ATC portion of the Business Plan. This will allow commands to start working on this requirement in advance.

Access to Care

Based on a poll of the PCATs, the PCAB selected ATC #3, which is "Increase access and appointment availability".

ATC #3 is composed of the following elements:

- Increase available primary care appointments (appts)
- Decrease primary care "Unused/Unbooked" appts
- Decrease primary care "MTF Book Only" appts
- Decrease facility cancel rate
- Decrease patient cancel rate
- Decrease leave without being seen rate
- Increase provider schedules (primary/specialty) open 45 days in advance
- Decrease NED Discrepancies

For additional information regarding the ATC initiatives of the Business Plan or current PCAB progress on this project, please contact CDR Peggy Sleichter or your local PCAT representative. ❖

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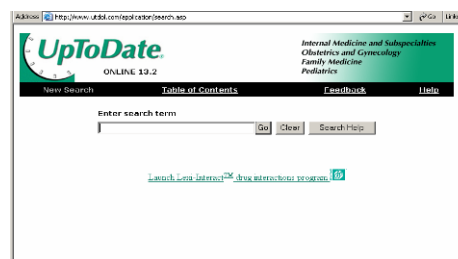
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Medical Informatics for Evidence-Based Practice

Up to Date now available Navy-wide!

Jane A. Pellegrino, NMC Portsmouth
Member, Navy Medical Informatics Action Team (NMIAT)

UpToDate is an on-line, evidence-based, clinical information resource designed to provide concise answers to clinical questions at the point of care. *UpToDate* is organized by topic reviews. Reviews are written by subject matter experts to efficiently deliver current information on the diagnosis, therapy and management of medical and surgical conditions to health care providers during patient encounters.



The Evidence-Based Healthcare Advisory Board (EBHAB) and the NMIAT are excited to announce that BUMED has funded a subscription for *UpToDate* for all of Navy Medicine through the Telelibrary Project. If working at a Navy Medicine facility, users are able to access *UpToDate* directly at <http://www.uptdol.com> without requiring a login! If Navy Medicine users are working from home or on other Navy networks, *UpToDate* will soon be available through Navy Medicine Online [<https://navymedicine.med.navy.mil>].

For those requiring clinical information in the operation setting where connectivity is an issue, *UpToDate* is also available on CD-ROM. The BUMED contract with *UpToDate* provides for the distribution of CD-ROMs to Navy and Marine medical personnel who are deployed or attached to operational commands. Fleet and Marine medical personnel should be receiving CDs of *UpToDate* within the next month. Please direct any questions regarding *UpToDate* to Frank Becker of the Telelibrary Project at fjbecker@us.med.navy.mil, or (310) 319-1229, or contact your local Navy medical library. ❖

DHCS AS A NEXT GENERATION HEALTHCARE DELIVERY MODEL

Navy Medicine will begin an aggressive approach to caring for those returning from deployment by opening 13 Deployment Health Clinics (DHC). These clinics are intended to be a medical safety net for those returning from war and other contingencies.

Primary to the mission of the clinics is the Post Deployment Health Re-Assessment (PDHRA). This electronic form (DD 2900) is intended to be done 90-180 days following deployment. The PDHRA process is not complete without an encounter with a primary care provider.

Rather than just an academic review, this new process will leverage the expertise of medical providers to ascertain that our returning sailors and Marines get expeditious care. This is the key to the safety net aspect of the process. Medical providers will ensure that the early detection, intervention, referral and follow up care will address medical and mental health needs.

While the Line Commanders are responsible for the compliance of their service members, DHCs were designed to meet the special screening, treatment, and referral needs of this population. It is fully expected that organic medical assets will be involved in the process and that the DHC is available to ensure a quality and fitting process. For this reason, DHC staff are expected to communicate often with Line Commanders and their organic medical staff.

The team design is a multidisciplinary approach with a focus on primary care and mental health. Many public health and military systems have found great success in co-location of these two disciplines and DHCs are modeled after this approach.

It is anticipated that the DHC at each location will adapt to the realities of its specific population. The common thread that holds the various implementations together is using the PDHRA as the portal of entry into the military healthcare system. For that reason, DoD is very interested in the timely submission of the DD 2900 electronically. In this way, surveillance of emerging deployment related issues can be tracked for all services.

These clinics are one more example of military medicine going to extraordinary lengths to support the war fighter and to make sure that no symptom they might have goes untreated.

There are two great Post Deployment Websites at:

- <http://www.pdhealth.mil/>
- <http://www.nehc.med.navy.mil/pdhra> ❖

Advisory Boards & POCs

AHLTA Clinical Advisory Board (ACAB) – CDR David Shapiro: djshapiro@us.med.navy.mil

Behavioral Health Advisory Board (BHAB) – LCDR Barry Adams: bdadams@us.med.navy.mil

Breast Health Initiative Advisory Board (BHIAB) – CDR Peggy Sleichter: pmsleichter@us.med.navy.mil

Evidenced Based Healthcare Advisory Board (EBHAB) – LCDR Annette Von Thun: amvonthun@us.med.navy.mil

Oral Health Advisory Board (OHAB) – CDR Kenneth Green: kpgreen@us.med.navy.mil

Perinatal Advisory Board (PAB) – CDR Casey Brennan: jcbrennan@us.med.navy.mil

Pharmacy Advisory Board – CAPT David Price: deprice@us.med.navy.mil

Primary Care Advisory Board (PCAB) – CDR Peggy Sleichter: pmsleichter@us.med.navy.mil

CALENDAR OF EVENTS

- **DIABETES ACTION TEAM TRAINING**
FEBRUARY 6 (SEE PAGE 4 FOR DETAILS!)
- **TOBACCO CESSATION ACTION TEAM**
FEBRUARY 8-9 @ NH JACKSONVILLE
- **ASTHMA ACTION TEAM**
FEBRUARY 12-13 @ NMC SAN DIEGO
- **DIABETES ACTION TEAM**
FEBRUARY 14-15 @ NMC SAN DIEGO
- **EVIDENCE-BASED HEALTHCARE ADVISORY BOARD (EBHAB)**
FEBRUARY 21-22 @ NMC SAN DIEGO
- **PRIMARY CARE ADVISORY BOARD**
FEBRUARY 21-23 @ NH PENSACOLA
- **AHLTA CLINICAL ADVISORY BOARD**
MARCH 6 @ BUMED

DISCLAIMER: DUE TO THE CONTINUING RESOLUTION, MEETING DATES ARE TENTATIVE.

Asthma Action Plans: Do they really work?

CDR Rees L. Lee, MC, USN, NMC Portsmouth
Member, BUMED Asthma Action Team

You are not surprised that the last patient of the day is another asthmatic. It seemed that at least one of your rooms had been taken up throughout the day by someone getting albuterol. Diagnosing another asthma exacerbation isn't hard: Acute onset of coughing, wheeze and chest tightness associated with upper respiratory symptoms. This young man now has loud expiratory wheezing. You ask the nurse to give some albuterol. The man protests: "That ain't going to work, doc." He had been using Albuterol exactly as prescribed: 2 puffs every 4 hours. It never seemed to break the chest tightness so your patient is understandably skeptical. The nurse gives him 4 puffs of albuterol (via Aerochamber) every 20 minutes for the next hour with dramatic results. "Doc, I feel great but I could have done this at home."

The **Asthma Action Plan** has been a mainstay of asthma treatment for decades. It is a written plan of actions to be taken at home by the patient when early symptoms of an asthma exacerbation occur. Not only does it provide a focus for patient education but also acts to empower the patient to take control of his or her disease through appropriate use of rescue medications. It is recommended for all asthma patients by the NHLBI and DOD guidelines. But **do Asthma Action Plans really work? The short answer is a resounding YES!** A written plan provided to the patient should be considered a vital element in the treatment of asthma: as important as any medication. A review of 36 clinical trials examining the issue of asthma self-management showed clearly that patients given a written plan as part of their overall asthma education had a substantial reduction in the relative risk of hospitalizations (RR 0.64) with similar reductions in ER visits (RR 0.82), acute care visits (RR 0.68), missed work/school days (RR 0.79) and nocturnal symptoms (RR 0.67).

The key elements of an action plan include: 1) when to begin rescue treatments, 2) how to give these treatments, 3) the duration of rescue treatments and 4) when to stop self-management and seek medical attention. How each of these elements is addressed varies depending on the patient population and the preferences of the provider.

Many providers like to use home **peak flow meters** in conjunction with a written plan. Is this necessary? The short answer: No. Peak flow meter-based action plans do not improve outcomes over a symptom-based action plan. In fact, in children and adolescents, there is a recent systematic review which suggests that symptom-based action plans result in fewer acute care visits for asthma exacerbations than those which incorporate a peak flow meter. This finding may reinforce the observation

that peak flow meters are notoriously insensitive to changes in pulmonary function. Furthermore, proper peak flow technique is vital to an accurate reading. In adults, there is no difference between peak flow-based action plans and symptom-based action plans. **Bottomline: Asthma education, to include a written action plan, significantly reduces hospitalizations, ER and acute care visits and should be given to all patients.**

The BUMED Asthma Action Team has already developed numerous resources (including asthma action plans) to assist hospitals and clinics in accomplishing this task, and are in the process of migrating their Disease Management Toolbox to a new site (for improved accessibility!). The old site is still available at: <https://dataquality.med.navy.mil/community/Clinical/Disease+Management/default.aspx>. The DOD/VA Asthma CPG Toolkit (<https://www.qmo.amedd.army.mil/asthma/asthfr.htm>) also has excellent resources. For ideas and/or assistance in further developing your asthma program, contact any of the members of the BUMED Asthma Action Team.❖

References:

- FitzGerald JM, Gibson PG. **Asthma exacerbations. 4: Prevention.** *Thorax* 61:992-999, 2006.
- Bhogal S, Zerneq R, Ducharme FM. **Written action plans for asthma in children.** *Cochrane Database of Systematic Reviews*, 4, 2006.
- Gibson PG, Powell H, Coughlan J, Wilson AJ, Abramson M, Haywood P, Bauman A, Hensley MJ, Walters EH. **Self-management education and regular practitioner review for adults with asthma.** *Cochrane Database of Systematic Reviews*, 4, 2006.

AAT Members

Co-Chairs

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LCDR Ron Gimbel, MSC, USUHS, Bethesda
CDR Andrew Johnson, MC, NMC Portsmouth
Dr. Amy Lugo, PharmD, NNMC Bethesda
CDR John Manning, NH Camp Lejeune
HM1 Mark G. Meyers, NSHS, San Diego
LCDR Allison Minarcik, MC, NMC San Diego
LCDR Annette Von Thun, MC, BUMED❖

TOBACCO CORNER...

What is the TCAT?

Navy Medicine is continuing to make great strides in addressing the issues of tobacco use in the Navy. Recently BUMED created the multidisciplinary Tobacco Cessation Action Team (TCAT) which is chartered to:

- Address the clinical issues that impact the treatment of tobacco use which is now defined as a chronic relapsing condition
- Draft a system-wide disease/condition management policy covering tobacco cessation in medical and dental care setting
- Create a tobacco cessation “toolbox” for Navy Medicine healthcare teams
- Recommend, create, and evaluate tobacco cessation educational materials for the Navy and Marine Corps
- Increase the message of tobacco use prevention

The TCAT will help promote evidence-based healthcare strategies and develop mechanisms to allow patients who decide to quit their tobacco use to gain ready access to tobacco cessation products based on their needs and desires. Captain Larry Williams, a long-time proponent of tobacco cessation in the dental community, was selected as the Clinical Champion. Thus, the focus of the TCAT will be to help all members of Navy Medicine’s healthcare team address tobacco issues at all levels of care thus improving the health and readiness of the Navy and Marine Corps.❖

DAT Webcast Training:

Disease Management: Reengineering Your Clinical Practice for Success

The Diabetes Action Team (DAT) announces the first in a series of webcasts to be presented on February 6th. CDR Maureen Padden, MC will be kicking off this lecture series with a presentation entitled, “Disease Management: Reengineering Your Clinical Practice for Success?”. The training will be offered several times throughout the course of the day (to allow access by all commands throughout Navy Medicine), archived for future access, and will provide CME/CEU credit. Details (for audio, web link and times) will be forthcoming, but SAVE THE DATE!!! ❖

AHLTA UPDATE!

Many providers have noted that the current version of AHLTA’s clinical encounter template management is cumbersome. A major improvement with the upcoming release of Build 841 (Template Management Module) should greatly improve this process. The new version of this module will allow providers to easily build or modify an entire SOAP MEDCIN template including the construction of order sets without having a patient encounter open. “How To’s” explaining how to use this functionality with screen shots, along with other great resources, are posted on the USAFP web site: www.usafp.org. See the 841 section for more details.❖

THE “DID YA KNOW” SECTION

- ❖ Kudos to the NH Bremerton! Their Diabetes Partnership program Hits Navy Medicine Magazine
- ❖ Did you know there are AHLTA resources centrally available at the USAFP website? Check it out at: www.usafp.org!
- ❖ Did you know you can sign up for this newsletter electronically at our listserv? Mail to: pcat@cim.usuhs.mil. ❖

PCAB Board

Co-Chairs

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CDR LeFavour, MSC, NHCNE
LCDR Bowes, MC, NH Jacksonville
CDR Kass, MC, USUHS
LCDR Taylor, NC, NH Bremerton
LT Kelly, MSC, NH Lemoore

Vacancies! (See notice on page 5)

PCAT Sites

NH Bremerton, NH Jacksonville, NH Pensacola,
NMC San Diego, NH Oak Harbor, NH Twenty
Nine Palms, NH Yokosuka, NH Camp Pendleton,
NH Camp Lejeune and NH Lemoore❖

EBHAB & PCAB SEEKING NEW MEMBERSHIP

BUMED is seeking representatives from the [Internal Medicine](#) and [Family Medicine](#) communities to fill two recent vacancies on the **Evidence-Based Healthcare Advisory Board (EBHAB)**.

The EBHAB has traditionally been the advocate for the advancement and training of evidence-based health care in the primary care arena. The Board has recently expanded its membership to include other clinical disciplines to broaden its interdisciplinary breadth in addressing evidence-based and quality health care issues. MORE BELOW

The key mission elements of this multi-disciplinary BUMED-chartered Advisory Board include:

- Communicate key messages as a voice of evidence-based health care for Navy Medicine to clinicians, administrators and patients.
- Advise BUMED and Navy Medicine Regional leadership on direction setting and prioritization of opportunities in clinical performance improvement, disease management, and evidence-based health care.
- Influence the training of clinical and administrative staffs in quality health care through various vehicles including graduate medical education, nursing education, continuing education, and other opportunities.

BUMED funds the EBHAB to meet quarterly (2-3 days) at various locales with interval telephonic meetings. There is typically minimal workload required between meetings. Membership is open to all CONUS IM and FM physicians with a background and interest in advancing evidence-based health care. Membership is for a 24-month period. Individuals should send their **CV and a statement of interest** addressing their experience with relevant evidence-based healthcare activities (including multidisciplinary groups, clinical practice guidelines, disease management programs, academic teaching and research, process improvement, critical reviews of evidence, etc.). **Command acknowledgement** (i.e., informal email) of your availability and interest is sought.

If you'd like to make a difference and have some impact upon Navy Medicine, please consider applying! Submissions should be forwarded by **COB January 19th** to **LCDR Annette M. Von Thun**, EBHAB Chair, BUMED Clinical Operations via email: amvonthun@us.med.navy.mil. Contact LCDR Von Thun if you'd like more information regarding the EBHAB and its activities. ❖

BUMED is seeking representation to serve on the **Primary Care Advisory Board (PCAB)**. We are interested in recruiting MOTIVATED clinical staff members who predominantly serve in the outpatient setting and who are interested in contributing to the improvement of Primary Care. Vacancies are available for **primary care providers** (MDs, NPs and PAs) and for **staff members** who are responsible for clinic, template, and/or access management (MSC, NC, GS).

The PCAB has been an advocate for the primary care arena. **The key mission elements of this multi-disciplinary BUMED-chartered Advisory Board include:**

- Promote, solicit, evaluate and maintain a central repository of best practices in primary care from across Navy Medicine.
- Establish a network of local Primary Care Action Teams to improve communication, resolve or minimize barriers to efficient care, and identify best business practices.
- Publish opinion papers on key clinical and business issues in primary care.
- Liaise with other Navy Medicine Clinical Advisory Boards on issues affecting primary care.

BUMED funds the PCAB to meet quarterly (2-3 days) at various locales with interval telephonic meetings. There is typically minimal workload required between meetings. Membership is open to all CONUS personnel (GS/AD), with the interest in advocating primary care issues and working towards potential solutions while promoting network collaboration. Membership is for a 24-month period. Individuals should send their **CV and a statement of interest** addressing their relevant outpatient primary care experience. **Command acknowledgement** (i.e., informal email) of your availability and interest is requested.

If you'd like to make a difference and have some impact upon Navy Medicine, please consider applying! Submissions should be forwarded by **COB January 17th** to **CDR Peggy Sleichter**, PCAB Chair, BUMED Clinical Operations via email: pmsleichter@us.med.navy.mil. Contact CDR Sleichter or any of the PCAB members if you'd like more information regarding the PCAB and its activities. ❖