

Headquarters U.S. Air Force

Integrity - Service - Excellence

Performance Improvement Board Operations and P2R2 Access Metrics



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19 August 2003

Block 9

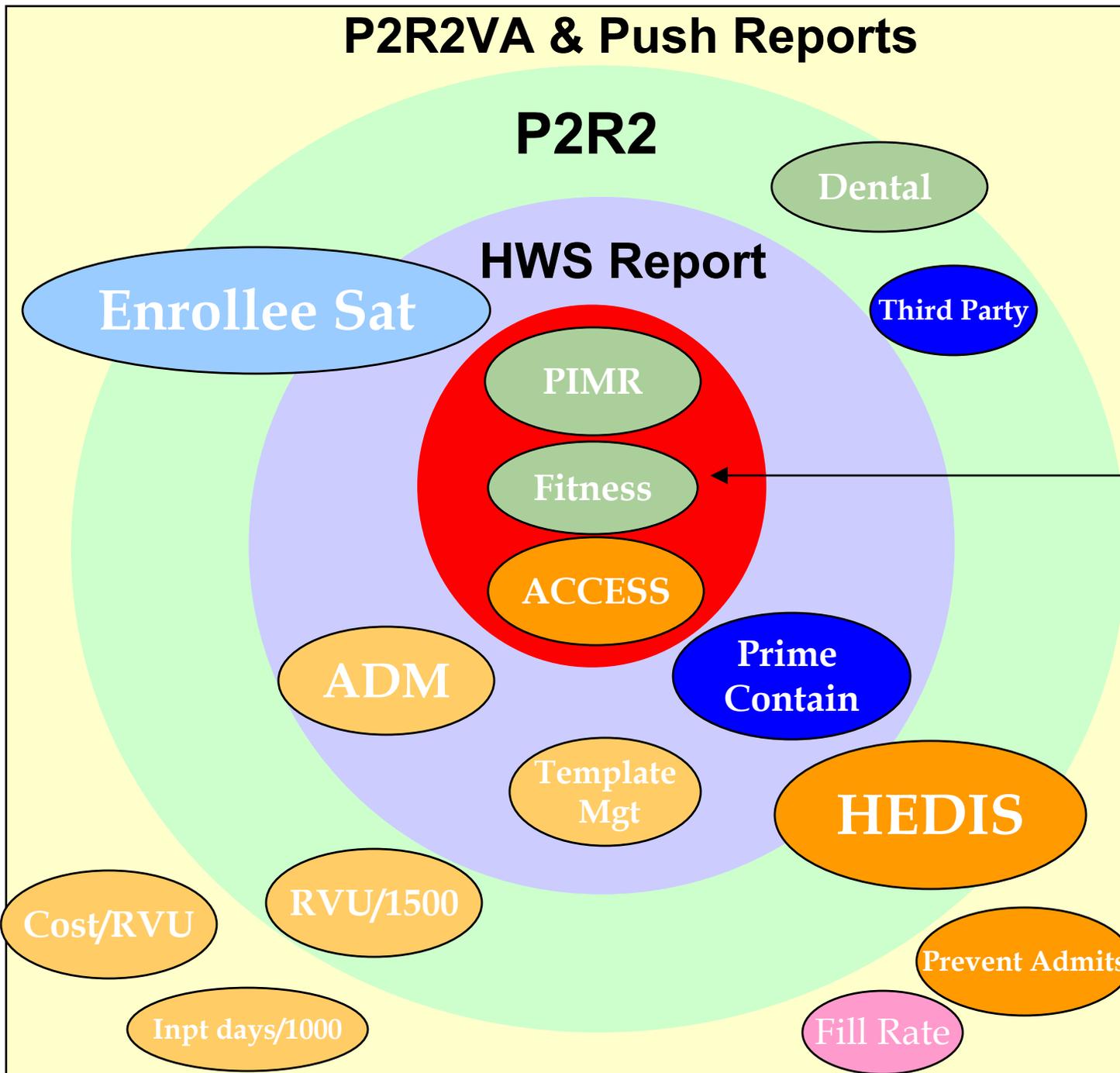
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Overview

- **Describe the Air Staff Performance Improvement Board (PIB) processes**
- **Detailed description of the P2R2's Access To Care (ATC) Acute and Routine Metrics**
- **New Provider Template Availability Metric—Live on P2R2 Sept 2003**



Focused Perspectives

SORTS
Classified HSq

Wing/CC Push Report

BSC Perspectives

- Customer
- Financial
- Readiness
- Quality
- Efficiency
- Learning & Growth



Hollywood Squares PIB Timeline

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August					
Mon	Tue	Wed	Thu	Fri	Sat/Sun
July 28	29	30	31	August 1	2
				P2R2 updated	3
4	5	6	7	8	9
					10
MAJCOMs and MTF's review P2R2 and formulate action plans					
11	12	13	14	15	16
PIB AO Slides Due COB	MAJCOM Action Plans Lessons Learned Due COB	MAJCOM PIB Agenda posted to P2R2 PIB AO Meeting 10:30 EST			17
18	19	20	21	22	23
		MAJCOM PIB Meeting 12:00 EST	FINAL Slide Corrections Due 10:30 EST		24
25	26	27	28	29	30
	HWS PIB Meeting 13:00 EST				31

Monthly PIB Timeline

- **First Day**
 - P2R2 Updated
- **First/Second Week**
 - MTF/MAJCOM work on Action Plans and Lessons Learned
- **Monday before PIB Posting**
 - Analysts Comments - Due
- **Tuesday before PIB Posting**
 - Action Plans/Lessons Learned - Due
- **Second Wednesday**
 - MAJCOM/HWS PIB Agenda posted to P2R2
- **Thursday Following PIB Posting**
 - PIB AO Meeting
- **Third Wednesday**
 - MAJCOM PIB Meeting
- **Third Thursday (10:30 EST)**
 - Final PIB Changes/Corrections Due
- **Fourth Tuesday**
 - Hollywood Squares PIB Meeting

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Next Meetings

- **AO Group Teleconference Next Month:**
6 Aug 03 (1st Wednesday)
- **MAJCOM PIB Agenda posted 1 week before meeting:**
13 Aug 03 (2nd Wednesday)
- **MAJCOM PIB Date Next Month:**
20 Aug 03 (3rd Wednesday)
- **HWS PIB Date Next Month:**
26 Aug 03 (4th Tuesday)
- **Feedback to: P2R2 “Contact Us” button.**
URL address <https://p2r2.hq.af.mil>



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Proposed Future Agenda's HWS PIB

	May	June	July	Aug	Sep	Oct	Nov
1	PIMR						
2	ADM						
3	Access to Care - Routine						
4	Prime Containment						
5	Fitness						
6	X	X	Enrollee Satisfaction	X	X	Enrollee Satisfaction	HEDIS Diabetes LDL <i>Scheduled to be turned off</i>
7	HEDIS Breast	HEDIS Child Immun	HEDIS HgBA1C	HEDIS Diabetes Retinal	HEDIS Asthma	HEDIS Breast	HEDIS Diabetes Retinal
8	Dental	TPC	Access to Care Acute	HEDIS Child Immun	Template Management <i>Tentative</i>	Dental	HEDIS Diabetes HgB A1C



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Access to Routine/Acute Care Metric Business Process Measured

- Primary: How well do we meet our enrollee's need for acute and routine services in Primary Care clinics?
- Secondary: Indirect measure of appointing actions by appointing staff as defined in the *Commander's Guide to Access Success* (Appendices H & R) and the AF HSI Checklist
 1. Are appointing personnel determining the category of care the patient needs/requests?
 2. How accurately are appointing personnel doing #1.
 3. Fact: Garbage in, garbage out



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The Law: 1-7-28

- Must meet congressionally mandated standards for acute and routine health care services

32 Code of Federal Regulations (CFR) Part 199	Urgent care	Routine care	Specialty/Referral	Wellness/Preventive
Appointment wait time	Within 24 hours	Within 7 days	Within 4 weeks/28 days	Within 4 weeks/28 days

Are we meeting our enrollees' access needs?



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Calculation Definition

Data Source: ATC/CHCS

The proportion of routine¹ (acute) appointment searches⁵ that resulted in the selection of **any appointment type** that met the Routine (Acute) Access to Care Standard² of 7 days (24 hours) for Routine (Acute) appointments for TRICARE Prime enrollees⁶.

Σ “kept⁴” routine appointment searches meeting access standards

Σ “kept” routine appointment searches - refused appointments

Numerator: Sum of all Routine¹ ATC searches⁵ performed, that resulted in the selection of ANY appointment type that MET Routine ATC standard² for TRICARE Prime Enrollees⁶ in Primary Care clinics³

Denominator: Sum of all Routine ATC search attempts that either met or did not meet Routine ATC standards for TRICARE Prime enrollees in Primary Care clinics, minus any recorded refused appointments (offered within standard, but declined due to patient preference).



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Definition of Superscripts

Note 1, Routine Service:

Is designated for patients who require/need an office visit with a PCM for a new health care problem that is not considered urgent, and that is neither specialty nor wellness. Routine searches are normally performed if the patient answers "No" to needing an appointment within 24 hours. The patient feels or has been instructed by his/her provider that waiting seven days is acceptable. Patients may be routed through Nurse Triage, if available, before the routine appointment is booked. The Nurse Triage can offer other appropriate alternatives such as self-care.



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Definition of Superscripts–Continued

Note 2, Routine ATC Standard:

The Access to Care standard for routine appointments is met if appointments are available within 7 days of the routine appointment request/search or the order entry of a 48/72 hour priority referral/consult request or wait list request originated with a routine appointment search. The clerk will perform a Routine ATC search for needed routine services. For routine services, the appointment must be booked within 7 days, to the minute, to meet the Routine ATC standard.



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Definition of Superscripts–Continued

Note 3, Primary Care is defined as those visits attributed to MEPRS:

BGA (Family Practice)

BHA (Primary Care)

BDAA/BDAO/BDAR/BDB/BDC (Pediatrics)

BJA (Flight Medicine)

BAA (General Internal Medicine)

Note 4, Reports “Kept” appointments (not booked appointments):

Those appointment searches, booked using the Routine Access to Care Category in the CHCS appointing system, in which the patient actually saw the provider (both count and Non-Count appointment slots). This includes pending appointments, in which the appointment status is unresolved by the clinic at the time the report is run.

Additionally, the metric includes 48 and 72-hour referral/consult requests, as well as wait list requests, that resulted in an appointment.



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Definition of Superscripts–Continued

Note 5, Searches included in these actions:

- Referrals/Consults: Appointments booked and kept within 7 days of 48 and 72 hour priority referral/consult requests to the clinic that is providing the referred care in CHCS.
- Waitlist Requests: Appointments booked and kept within 7 days of waitlist requests that were originally created with a Routine ATC Category/CHCS Search option to the clinic wait listed.
- Ambulatory Procedures Requests (APR): Includes ambulatory procedure requests or Ambulatory Procedure Visits (APV)'s if the time from the order entry date to the requested date of the procedure is greater than 24 hours but less than or equal to 7 days/one week
- All searches made with appointment status of Clinic Cancellation.

Excluded are:

Appointment status codes of No Show, Left Without Being Seen (LWOBS), Walk-in, Sick Call, Patient Cancellations from both the numerator and the denominator and those appointment records not having an ATC search associated with them.



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Definition of Superscripts–Continued

- **Note 6, Definition of TRICARE Prime Enrollees:**
 - All enrolled members seen at a given AF MTF, whose status is documented with the following Alternate Care Values:
 - “A” - TRICARE Prime (Active Duty)
 - “D” - TRICARE Senior Prime,
 - “E” - TRICARE Prime (Non-Active Duty),
 - “G” - TRICARE Plus with Standard CHAMPUS
 - “L” - TRICARE Plus, Direct Care Only
 - “U” - USTF Enrolled
 - AD members who are not documented with Alternate Care Value (ACV) (“A”) within DEERS are not included.
 - They fall into the category of Direct Care Only and are visible within this category on the Access to Care “push report” available on the P2R2/VA website



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Performance Standards Thresholds

Performance Standards

≤ 85%

Sub-Standard

86% to 89%

Marginal

≥ 90%

Above Standard

- Why 90%?
- GAO/HEHS-99-168. “In June 1998, DoD established a goal that at least 98% of acute and routine primary-care appointments for Prime enrollees should be scheduled within the ...standards. In March 1999, DoD lowered its 98% goal to...90% because most of the MTFs failed to meet the 98% goal...Lowering the target to 90% provides more opportunity for MTFs to achieve DoD’s established goal.”



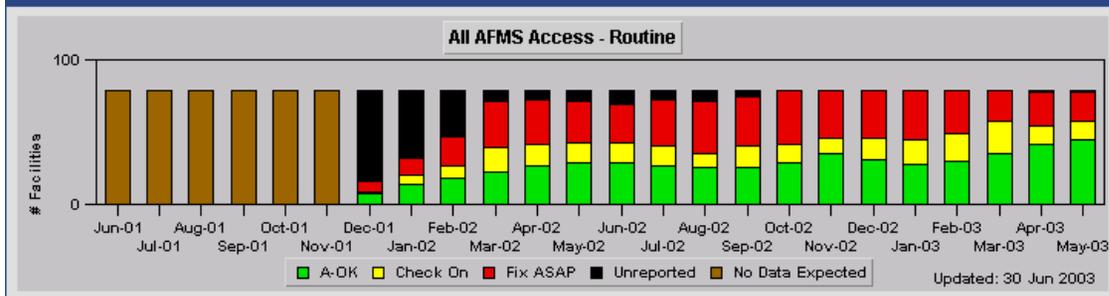
Access to Care - Routine

Functional Owner: Maj Marissa Koch

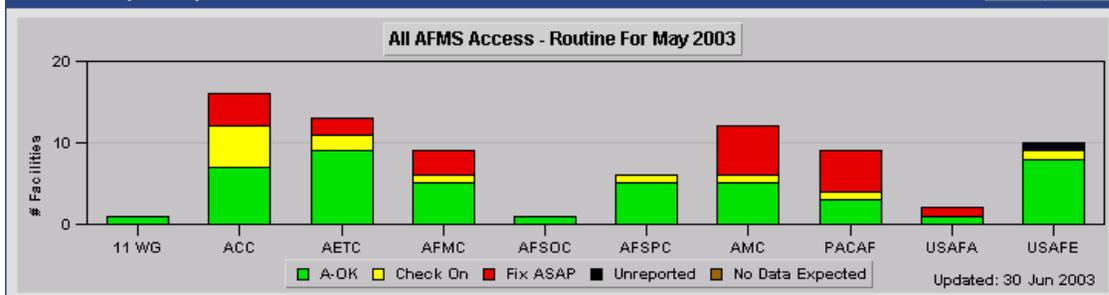
Data Consultant: Ms. Sandy Johnson

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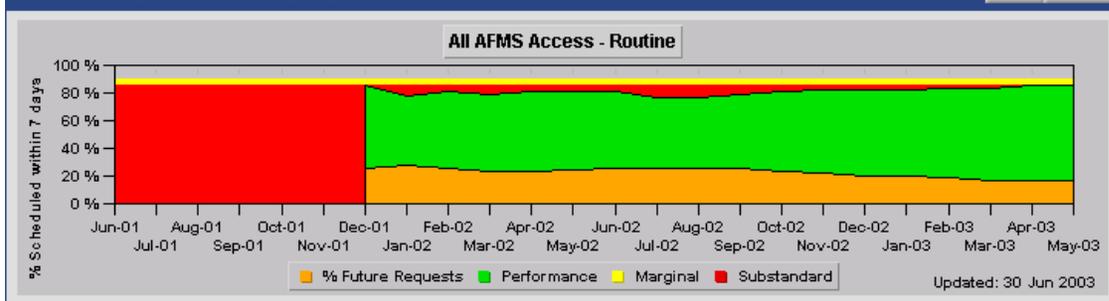
Leadership Trend / Access - Routine



Leadership Snapshot / Access - Routine



Performance Trend / Access - Routine



Performance Thresholds: Sub Standard <85%; Marginal >=85% & <90%; Goal >=90%.

Analyst's Comments

- **Bravos for significant improvement since April: Holloman (15%); Randolph (11%); Luke (10%); Robins (12%); Grand Forks (32%); Scott (18%); Kadena (10%); Elmendorf (30%); Lakenheath (14%)**
- **Customer Service Tip: Book the appointment with the first call: Don't tell the patient to call back to make an appointment just to make the metric look better**
- **Per SG Policy (28 March 2001): MTFs will have 30 days of rolling templates/schedules available for booking**



Access to Care - Routine

Most Improved and Bottom Performers

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Functional Owner: Maj Marissa Koch; Data Consultant: Ms. Sandy Johnson

Most Improved 5 (Dec 2002 - May 2003)

MTF	MAJCOM	Dec	May	Δ	Commander	Lessons Learned
MINOT	ACC	39.1	88.1	49.0	Col Lawrence Riddles	
OFFUTT	ACC	55.1	88.8	33.7	Col Alan Newton	
DYESS	ACC	73.2	98.1	24.9	Col Schuyler Geller	
LAKENHEATH	USAFE	68.5	92.1	23.6	Col Stephen McGuire	
KIRTLAND	AFMC	43.3	65.8	22.5	Col Stuart Cowles	

Bottom 5 (May 2003)

MTF	MAJCOM	Repeat	Mar	Apr	May	Commander	Action Plans
PETERSON	USAFA	1	86.2	74.8	49.0	Col Douglas Robb	
ANDREWS	AMC	6	44.5	61.0	53.7	Col William Germann	
TINKER	AFMC		75.0	73.9	58.0	Col Andrew Montiero	
MCCHORD	AMC	2	66.7	61.2	61.4	Col Steven Regner	
MOUNTAIN HOME	ACC		72.7	78.3	61.7	Col Helen Horn-Kingery	

Performance Thresholds: Sub Standard <85%; Marginal >=85% & <90%; Goal >=90%.

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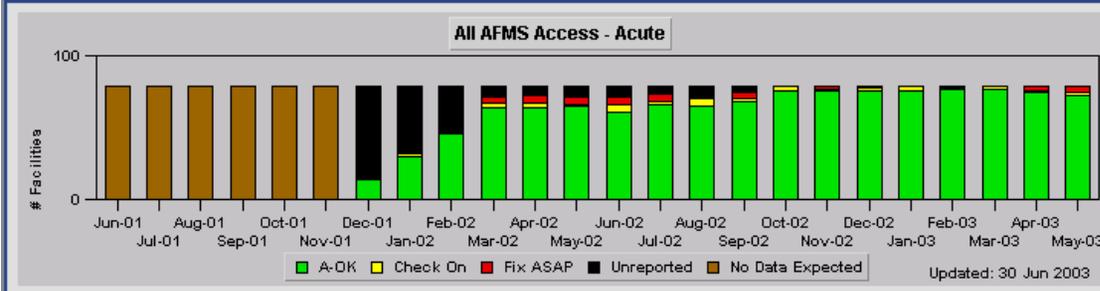
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Access to Care - Acute

Functional Owner: Maj Marissa Koch
Data Consultant: Ms. Sandy Johnson

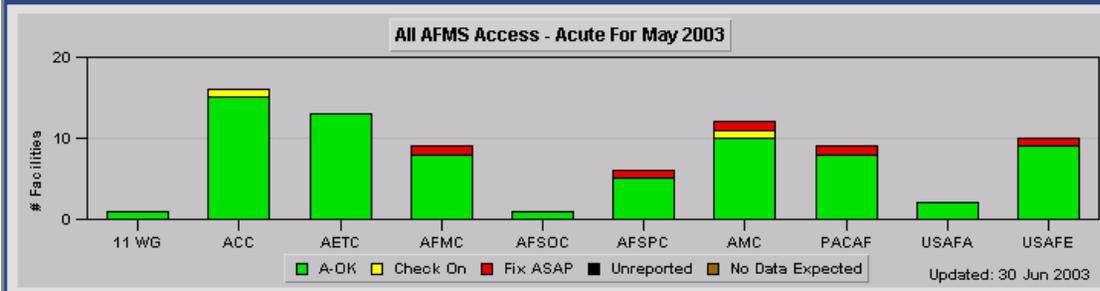
Leadership Trend / Access - Acute

DEFINE IMPROVE



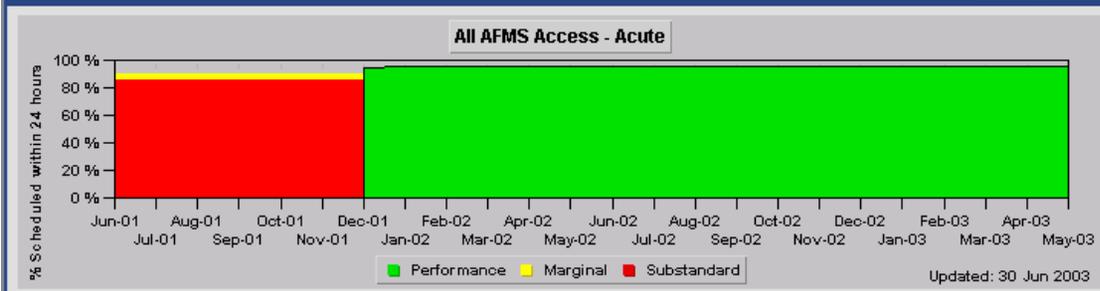
Leadership Snapshot / Access - Acute

DEFINE IMPROVE



Performance Trend / Access - Acute

DEFINE IMPROVE



Analyst's Comments

- Great Job! Keep up the super service to our beneficiaries
- Open schedules at least 24 hours ahead of the next day so that appointing agents have something to book when the patient calls
- Open Access: Do not tell the patient to call back if they want a "good backlog" appointment
 - Focus on customer-centric processes, not MTF centric ones

Performance Thresholds: Sub Standard <85%; Marginal >=85% & <90%; Goal >=90%.



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Access to Care - Acute

Most Improved and Bottom Performers

Functional Owner: Maj Marissa Koch; Data Consultant: Ms. Sandy Johnson

Most Improved 5 (Dec 2002 - May 2003)

MTF	MAJCOM	Dec	May	Δ	Commander	Lessons Learned
LOS ANGELES	AFSPC	91.7	98.5	6.8	No plans provided	
RHEIN MAIN	USAFE	90.4	97.2	6.7	Lt Col Paul Fortunato	
BROOKS CITY-BASE	AFMC	93.8	100.0	6.3	Lt Col Howard T. Hayes	
INCIRLIK	USAFE	89.9	95.1	5.2	Col Lee Payne	
GEILENKIRCHEN AB	USAFE	96.0	100.0	4.0	Lt Col Joanne Parkes	

Bottom 5 (May 2003)

MTF	MAJCOM	Repeat	Mar	Apr	May	Commander	Action Plans
CHARLESTON	AMC		92.2	69.8	73.9	Col Wilfrid J. Hill	
RAF UPWOOD	USAFE		100.0	100.0	75.0	Lt Col Terry Stotler	
OSAN AB	PACAF		88.9	84.5	77.2	Col Richard Trifilo	
WRIGHT-PATTERSON	AFMC		86.6	84.9	83.4	Col Penny Giovanetti	
VANDENBERG	AFSPC		97.3	92.2	84.6	No name provided	

Performance Thresholds: Sub Standard <85%; Marginal >=85% & <90%; Goal >=90%.

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Performance Standards

Why does my MTF Access to Care Summary Report (ACSR) look better than the P2R2 Access metric?

- Time of report pull may differ
- Clinics included in ACSR differ
 - P2R2 captures only Primary care***
- Beneficiary categories differ—P2R2 includes prime only
- Pulled data may differ—P2R2 captures only Routine and Acute ATC Category/CHCS Searches
- ATC “flag” in CHCS may not be turned to “yes” for all primary care clinics



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Improvement

Improvement Measures:

- Correct appointment search processes: ATC metric absolutely dependent on the clerk's appointment booking process: must conduct appointment searches based on patient's need (routine or acute ATC category)
 - Educate staff--Attend SGMA teleconference training
 - Use "future" searches for follow-up (EST) and Group only.
- Ensure all MTFs with Unreported reports establish an ETU (electronic transfer utility)—Black/Brown on P2R2=Not good
- Ensure clinic ATC summary reporting flag is set to "yes"
- Consider all the factors impacting ability to meet access standards



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Improvement

Improvement Measures:

- Capacity-Number of providers
- Capability-Type of care provided
- Clinic hours-Evening, weekend clinics?
- Template release dates-Constant supply—4 weeks out (Policy 3/01)
- No-Show rates-Over 5 %?
- Unused appointments-Over 5 %?
- Number of slots-How many per provider?
- Length of slots-15, 20 minutes?
- Appointment types used-Clerk knowledge and ability to book
- Detail codes used-More codes less access
- File and Table builds-Access, Quality, Cost trade-off
- Active schedule management-"Keep on Rollin"

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Primary Care Template Management

Crawl Phase



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Definition

Business Question

What proportion of MTF Primary Care PCM's have booked/open schedules and are available 14 calendar days in advance for each AFMS MTF?

Description

Proportion of MTF Primary Care PCM's who have booked/open schedules 14 calendar days in advance and are available for direct patient care averaging an amount equal to or greater than 6 hours (360 minutes) each work day (> or = 75% of 360 minutes).



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Definition (cont.)

Calculation

- Σ **Actual Capacity of PCMs whose schedules are booked/open 14 days in advance for direct patient care**
-
- Σ **Expected Capacity of PCMs whose schedules are booked/open 14 days in advance for direct patient care**

NOTE:

A Primary Care Full Time PCM as evidenced by the presence of an empanelled population, and where Provider “type” = Fulltime ‘F’ (CHCS TRICARE Operations Center (TOC) Provider Adhoc) and where duty AFSC <> ‘40C’ (MILPDS) and has Open or Booked appointments for the selected 14-day period (excluding weekends or holidays) in advance of the calculation date (Schedule Entity File of the Template Analysis Tool). Primary Care Clinics identified by MEPRS: BGA%, BHA%, BDA%, BDB%, BDC%, BDAR, BDAO, BAA%, BJA%



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Terms Defined

- **Expected Minimum Capacity**
 - => 6 hours (360 minutes on average each work day)
- **Actual Capacity=The actual *Available* or Executed time**



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Methodology

- 1. Primary Care Clinics identified by MEPRS: BGA%, BHA%, BDA%, BDB%, BDC%, BDAR, BDAO, BAA%, BJA%.
- 2. A Primary Care Full Time PCM as evidenced by the presence of an empanelled population, and where Provider “type” = Fulltime ‘F’ (CHCS TRICARE Operations Center (TOC) Provider Adhoc) and where duty AFSC <> ‘40C’ (MILPDS). The 40C data restriction excludes PCMs that serve in a duty status of Medical Commander
- 3. 14 calendar days excluding weekends and holidays. The denominator excludes the minutes for the weekends and holidays that are present in the 14 day calendar period, however, if a PCM has open/booked appointments for the holiday, their minutes will be included in the numerator.



Methodology (con't)

- **4. Cumulative capacity: Sum of minutes available (open/booked). See note 7 for explanation of open/booked.**
- **5. Expected capacity: 3600 minutes (10 working days). If a holiday(s) exist in the reporting period, those minutes are subtracted from the expected capacity (denominator). PCMS with minutes on the holiday will be included in the numerator**
- **6. Results for the metric reported on the website are from a randomly selected date. The calculation is a snapshot in time where the metric was calculated for T+14. The random date for each reporting month is posted in My Downloads under the file name of Template Management Random Dates.xls. This file will be updated monthly with the random date that was selected.**
- **7. Open/Booked minutes include: Any appointment type with slot status = 'O', 'B' or appointment type ACUT, ACUT\$, OPAC, OPAC\$ with slot status = 'F'.**



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Data Source

- **CHCS Template Analysis Tool – SGXI via TOC**
- **CHCS Provider file –SGXI via TOC determines fulltime status, and PCM status**
- **MILPDS- SGXI determines the duty AFSC of the provider for purposes of excluding those in non-clinical roles**
- **SADR – SGXI via Brooks City determines whether the PCM provided direct patient care in the days prior to the start of the 14 day look forward, and “should” have a template 14 day in advance**



Benchmark

Sub-standard	Marginal	Above Standard
Less than 51% of daily average of 360 minutes per day	Greater than or equal to 51% to 74% of the daily average of 360 minutes per day for the 14 calendar day reporting period	Equal to or greater than 75% of the daily average of 360 minutes or higher for the 14 calendar day reporting period

**3 hrs
per day**

**3 - 4.44 hrs
per day**

**4.5 hrs
per day**

Crawl Phase



Conceptual Definition

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Open
 Booked
 Frozen
 No Schedule

Dr. Monroe

Day	+1	+2	+3	+4	+5	W E	W E	+8	+9	+10	+11	+12	W E	W E	Total
7:00-8:00	60	60	60	60	60			60	60	60	60	60			540
8:00-9:00	60	60	60	60	60			60	60	60	60	60			540
9:00-10:00	60	60	60	60	60			60	60	60	60	60			540
10:00-11:30	90	90	90	90	90			90	90	90	90	90			810
LUNCH			60						60						120
13:00-14:00	60	60	60	60	60			60	60	60	60	60			540
14:00-14:20	20	20	20	20	20			20	20	20	20	20			180
14:20-15:20	60	60	60	60	60			60	60	60	60	60			540
15:20-15:40	20	20	20	20	20			20	20	20	20	20			180
15:40-16:30	50	50	50	50	50			50	50	50	50	50			450
Available Minutes	480	480	540	480	480			480	540	480	480	0			4400
Minimum Expected Minutes	270	270	270	270	270			270	270	270	270	270			2700
Cumulative Total=> 3600	480	960	1500	1980	2460			2940	3480	3960	4400	4400			

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Conceptual Definition

Future 14 Calendar Days

Provider	<u>Total Expected Capacity</u> (14 Calendar Days – Weekend/Holiday 480 Minutes per day)	<u>Total Actual Availability</u> (Total Booked and Open +14 Calendar Days– Weekend/ Holidays 480 Minutes per day)	%	Red Yellow Green
Dr. Monroe	4800	4400	92%	
Dr. Jones	4800	3590	74%	
Dr. Hamilton	4800	2390	50%	
MTF Total All other PCMs to include Peds, FS, PC, FP, IM	14 providers 67,200 minutes	14 providers available 60,040 minutes	89%	 MTF Score

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Impact Analysis of Thresholds

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- Denominator = 4,800 minutes
- 75% (green) = 3,600 minutes
- No FS, 9 days due to holiday

31%

MAJCOM	# Prov	Minutes Avail	Minutes Expected	%
11 WG	6	3,925	25,920	15%
ACC	185	315,865	799,200	40%
AETC	252	295,580	1,088,640	27%
AFMC	156	176,652	673,920	26%
AFSOC	7	14,660	30,240	48%
AFSPC	26	26,325	112,320	23%
AMC	240	292,192	1,036,800	28%
PACAF	72	113,285	311,040	36%
USAFA	24	46,885	103,680	45%
USAFE	41	67,800	177,120	38%
Grand Total	1,009	1,353,169	4,358,880	31%

- Denominator = 3,600 minutes
- 75% (green) = 2,700 minutes
- No FS, 9 days due to holiday

40%

MAJCOM	# Prov	Minutes Avail	Minutes Expected	%
11 WG	6	3,580	19,440	18%
ACC	183	296,760	592,920	50%
AETC	250	280,195	810,000	35%
AFMC	152	178,030	492,480	36%
AFSOC	7	13,270	22,680	59%
AFSPC	25	21,575	81,000	27%
AMC	240	266,064	777,600	34%
PACAF	72	111,870	233,280	48%
USAFA	21	42,530	68,040	63%
USAFE	41	67,365	132,840	51%
Grand Total	997	1,281,239	3,230,280	40%



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Impact Analysis of Frozen OPAC(\$) & Acute(\$)

- 19May-1 June 2003 - Frozen Acute/OPAC appt types counted against MTF

- 19May-1 June 2003 - Frozen Acute/OPAC appt types not counted against MTF

MAJCOM	# PROV	Minutes Avail	Minutes Expected	%
11 WG	8	6,740	25,920	26%
ACC	215	336,290	696,600	48%
AETC	279	308,205	903,960	34%
AFMC	164	193,733	531,360	36%
AFSOC	8	13,390	25,920	52%
AFSPC	31	36,415	100,440	36%
AMC	267	297,973	865,080	34%
PACAF	90	139,770	291,600	48%
USAFA	26	46,015	84,240	55%
USAFE	43	55,745	139,320	40%
Grand Total	1,131	1,434,276	3,664,440	39%

MAJCOM	# PROV	Minutes Avail	Minutes Expected	%
11 WG	6	3,780	19,440	19%
ACC	183	376,715	592,920	64%
AETC	254	331,910	822,960	40%
AFMC	155	198,333	502,200	39%
AFSOC	7	13,540	22,680	60%
AFSPC	25	41,970	81,000	52%
AMC	246	308,326	797,040	39%
PACAF	73	133,694	236,520	57%
USAFA	21	45,010	68,040	66%
USAFE	40	71,880	129,600	55%
Grand Total	1,010	1,525,158	3,272,400	47%



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Impact Analysis of Excluding GME Sites from Metric

Exclusion Type	Exclusion
Modified: DMIS ID (to exclude GME facilities)	0014 (Travis) 0117 (Lackland) 0095 (W-Patterson) 0078 (Offutt) 0073 (Keesler) 0066 (Andrews) 0055 (Scott) 0042 (Eglin)



Impact Analysis of Excluding GME Sites from Metric (con't)

Initial View of Impact: AFMS Wide

% Avail	Date		
Fac Type	Apr-03	May-03	Jun-03
W/GME	50.2%	43.3%	43.7%
WO/GME	64.6%	54.6%	53.4%
Delta	14.4%	11.3%	9.7%

Notes:

- The random dates selected for the reporting months listed above are as follows: 14 Apr 03, 21 May 03, 26 Jun 03
- WO/GME excludes Travis, Lackland, W-Patterson, Offutt, Keesler, Andrews, Scott, and Eglin
- Includes Flight Surgeons

- Future consideration: If the trend shows that the GME sites continue to be in bottom 5, remove GME from P2R2, but keep on development site.



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Timelines

- **Template Mgt Metric made debut on P2R2 Development site on April 2003**
<https://devp2r2.hq.af.mil>
- **Briefed at MAJCOM Process Improvement Board (PIB) August 2003**
- **Live on P2R2 site Sept 03**
- **Tentatively scheduled to be discussed at Hollywood Squares Sept 2003**



Summary

- **3 Common attributes of successful MTFs:**
 - **Active leadership involvement and committment**
 - **Active template management**
 - **Continuous access training**
- **Trust (Integrity)**
- **The “Golden Rule”—Do unto your patients as you would want done unto you (Excellence)**
- **“Ve Have Vays”**
- **Health Services Inspectors--Our back-up team**
- **Don’t game the system to look good on the metric—Do the Right thing**
 - **Tell the Emperor He/She has no clothes**
- **Serve the customer (Service)**



Where To Get Help

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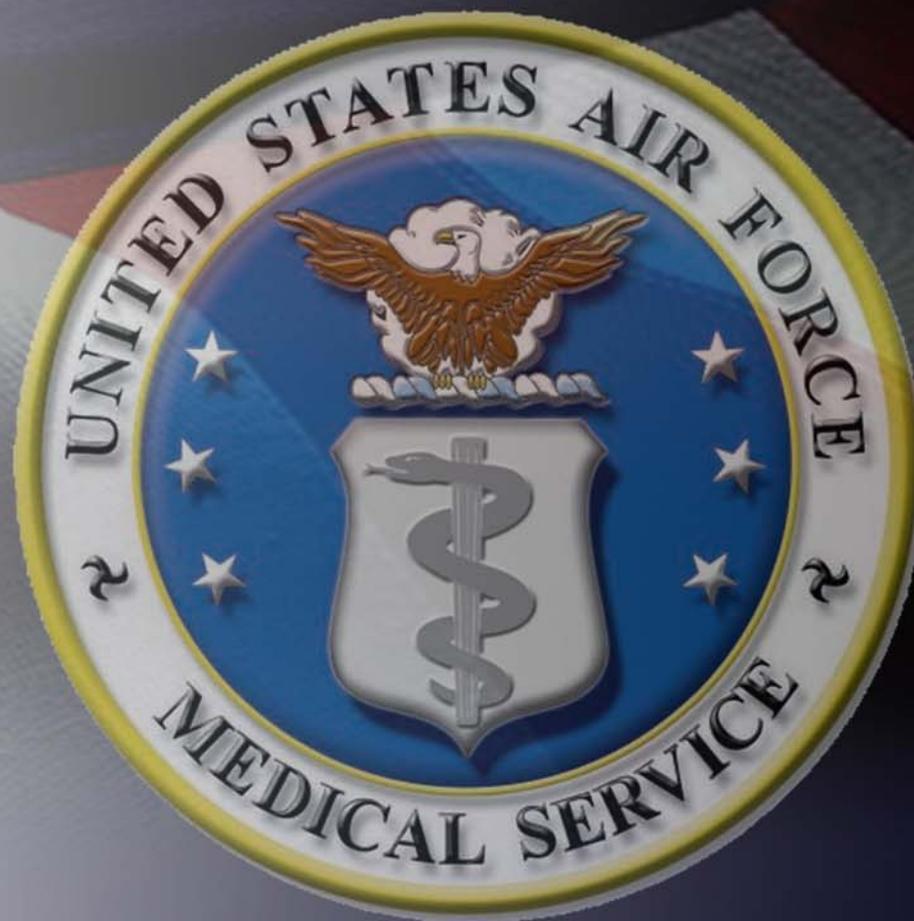
QUESTIONS??

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