



Optimizing Cardiovascular Healthcare Delivery to Reduce Cost in the Basic Military Trainee (BMT) Population



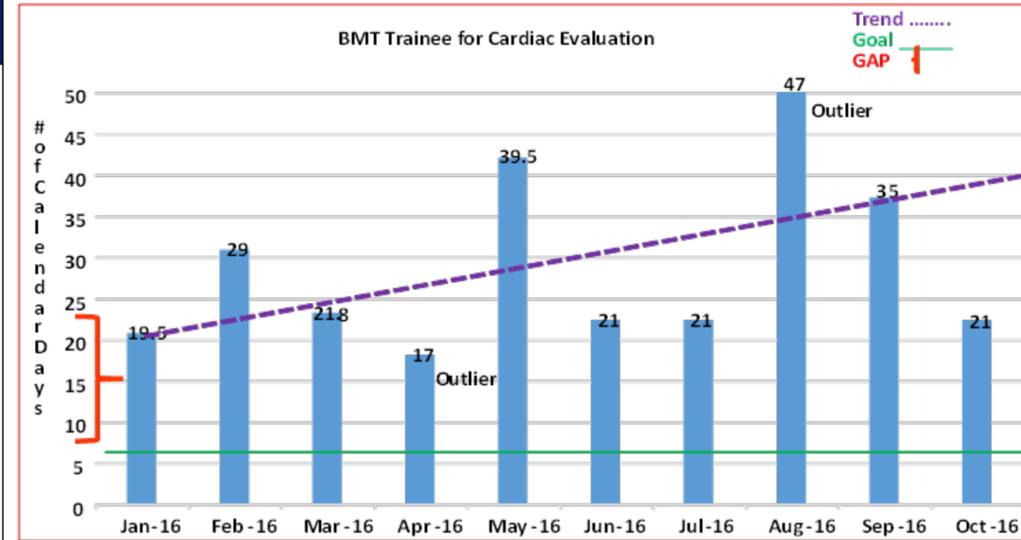
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Background

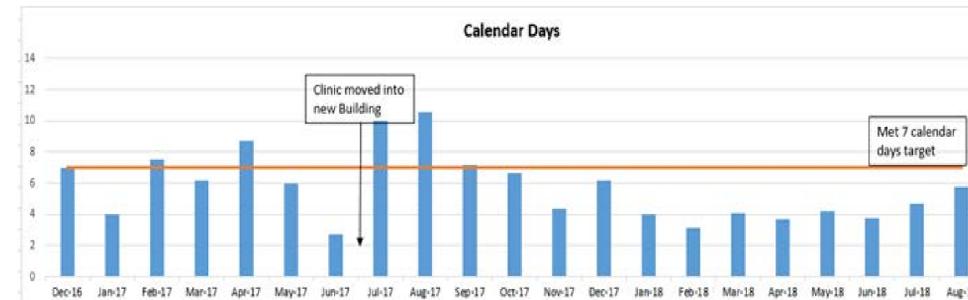
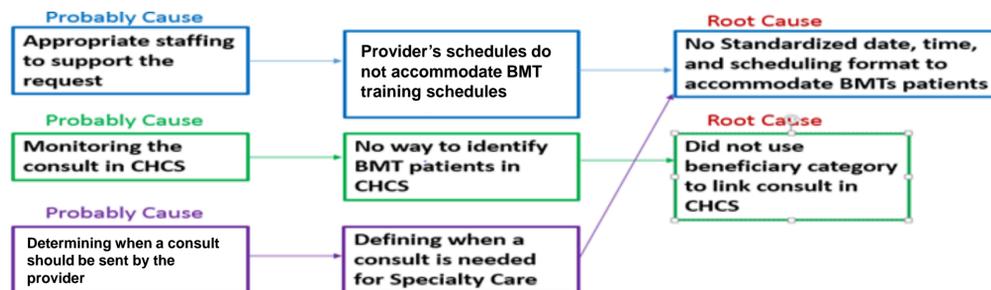
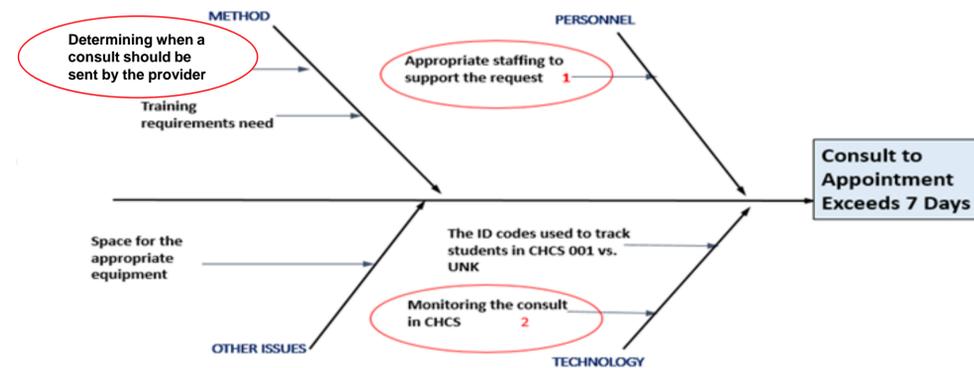
- The management of military members has become a progressively complex task. As the number of active duty physicians continues to decline, the ability of the military healthcare system to sustain timely healthcare delivery is impacted.
- This problem is compound in the basic military trainee (BMT) population due to time constraints, location and ability to coordinate care through multiple providers.
- The limitations in coordination of care, can lead to delays in care which increases cost (cost/day - \$366 housing) and delays completion of training.
- We sought to evaluate strategies to reduce this delay and lower costs.

Methods

- We reviewed access to care (ATC) standards to assess the average wait time for BMTs. In doing so, we identified an enhanced status that required "increased responsiveness" in this population.
- We identified an average wait time of 24 days (\$366/day x 24 days = \$8,784). When multiplied by the number of BMTs seen in cardiology over a 12 month period, the total cost ~\$4.4M in annual training dollars loss and 12,000 man/days/yr.
- Our goal was to reduce the wait time by 50%. We sought to accomplish this by creating working group to identify the key impediments to timely evaluation.
- The working group found primary factors included staffing constraints, consult (utilization) adequacy, space allocation, transportation of trainees, and coordination of care.



CAUSES OF CONSULT TO APPOINTMENT DELAYS



Results

- We identified primary factors for delay, root cause and appropriate countermeasures to initiate a sustainable plan.

Priority and Defects	Root Cause	Countermeasure
1 Appropriate staffing to support the request	No standardized date, time, and scheduling format to accommodate BMT patients	Reorganize current staff workflow to better standardize the process and develop a standard operating procedure (SOP)
2 Monitoring the consult in CHCS	Did not use beneficiary category to link consult in CHCS	The SOP includes a data tracking mechanism
3 Determining when a consult should be sent by a provider	No standardized date, time, and scheduling format to accommodate BMT patients	The SOP outlines Electrocardiograph (EKG) lectures
4 No onsite testing	No Graded Exercise Test	Order equipment package for Trainee Health Clinic (THC) and 4a
4a No onsite testing	No Portable echocardiogram	Order equipment package for Trainee Health Clinic (THC) and 4a

- Basic Military Trainee Fast Track Pathway (BMT FT)
- BMT FT has screened 662 trainees since 7 Dec 16
- Cost Avoidance = **\$5,815,008**

Conclusions

- Among young (18-44 years old), low risk individuals currently undergoing basic training, enhanced healthcare delivery resulted in increased access and lower cost.
- These findings would suggest that screening protocols in low risk populations should be time sensitive and easily assessable to ensure accurate utilization.
- This program could provide a framework for developing screening and management strategies for other low risk populations.

ABBREVIATIONS
 CHCS – Composite Health Care System (military EHR) SOP – Standard Operating Procedures
 THC - Trainee Health Clinic 4a - Administrative Clerk