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## Ambulatory Data System Completion

<b>Business Question:</b>	How well are ambulatory visits captured and submitted?		
<b>Functional Owner:</b>	AF/SGZZ	DSN240-4080/ (210) 536-4080	<a href="mailto:Cindy.pierson@brooks.af.mil">Cindy.pierson@brooks.af.mil</a>
<b>Data Consultant:</b>	AF/SGZZ	DSN 240-3983 / (210) 536-3983	<a href="mailto:Laurel.Hinrichsen@brooks.af.mil">Laurel.Hinrichsen@brooks.af.mil</a>

### Calculation

<b>The proportion of applicable ambulatory visits reported in the Standard Ambulatory Data Record (SADR) compared to the applicable ambulatory visits reported in the Daily Outpatient Workload Report (DOWR).</b>	
<b>Frequency:</b>	Daily
$\frac{? \text{ SADR Visits Submitted}^1}{? \text{ DOWR Visits Submitted}^2}$	

Item	Description	Data Source
<b>Numerator:</b>	# of SADR Visits (see note 1)	ADS
<b>Denominator:</b>	# of DOWR Visits (see note 2)	CHCS
<p>Notes: The SADR and DOWR as a whole are not comparable. A specific data set is carefully extracted from each system in order to make a meaningful comparison. Because source data is updated daily the results of this metric change every day.</p> <ol style="list-style-type: none"> <li>The Standard Ambulatory Data Record (SADR) itself consists of all “completed” encounters from the Ambulatory Data System (ADS) and KG-ADS. It includes cancellations and no-shows, and sometimes includes erroneous MEPRS codes, dates, and other locally generated errors. <u>For the purpose of a valid comparison, we only look at outpatient (all 4 digit B MEPRS codes) with appointment status types of "Appt. Sched.," "Walk-in", and "Sick-Call."</u></li> <li>The Air Force Daily Outpatient Workload Report (AF_DOWR), created within the Composite Health Care System (CHCS), consists of “Kept, “Walk-in,” and “Sick Call” appointments with a “count” visit status, and as with the SADR, comparison is limited to outpatient (all 4 digit B) MEPRS codes.</li> </ol>		

### Performance Standards Thresholds

Above Standard	Marginal	Sub-standard
95% or higher Within 14 days after visit	Less than 95% & Greater than 85% Within 14 days after visit	Less than 85% Within 14 days after visit

### Data Collection Process

Activity / Event	OPR/OCR	Check
1 Ambulatory encounter	MTF	Local MTF Clinic Process
2 Entry into ADS	MTF	Local MTF Clinic Process
3 Transmit / post to AFMOA data mart	MTF / AFMOA	MTF OPR reviews status at <a href="http://140.140.180.65/data_metrics/data_metrics.htm">http://140.140.180.65/data_metrics/data_metrics.htm</a> If there are any questions or problems, contact Population Health Support Office (PHSO), contact at DSN 240-4019 / (210)-536-4019 or DSN 240-4035 / (210)536-4035
4 Post to PMT	AF/SGZS	Reviews status at <a href="http://pmt.tma.osd.mil">pmt.tma.osd.mil</a>
5 Post to P2R2	AF/SGZS	Reviews status at <a href="http://p2r2.usafsg.bolling.af.mil">p2r2.usafsg.bolling.af.mil</a>

## Dental Health

<b>Business Question:</b>	Does the military personnel have acceptable dental health to perform mission requirements?		
<b>Functional Owner:</b>	AF/SGCD	DSN767-4426 / (202) 767-4426	<a href="mailto:Timothy.Claseman@usafsg.bolling.af.mil">Timothy.Claseman@usafsg.bolling.af.mil</a>
<b>Data Consultant:</b>	AF/SGCD	DSN297-4426 / (202) 767-4426	<a href="mailto:Rick.berg@usafsg.bolling.af.mil">Rick.berg@usafsg.bolling.af.mil</a>

## Calculation

<b>The number of active-duty Air Force (ADAF) members in Dental Classes 1 and 2 is compared with the number of ADAF members at the base. (See notes)</b>		
<b>Frequency:</b>	Monthly	
$\frac{? \text{ ADAF Classified as Dental Class 1 or 2}}{? \text{ ADAF Assigned to Base}} \times 100$		
<b>Item</b>	<b>Description</b>	<b>Data Source</b>
<b>Numerator:</b>	ADAF classified as Dental Class 1 or 2	Dental Data System
<b>Denominator:</b>	ADAF Assigned to Base	Dental Data System
Notes:		
<ol style="list-style-type: none"> <li>1. Assigned ADAF is adjusted to eliminate members who are: (1) inbound PCS; (b) outbound PCS, or (c) on terminal leave</li> <li>2. Assigned ADAF is extracted from Air Force personnel system into Dental Data System</li> </ol>		

## Performance Standards Thresholds

<b>Above Standard</b>	<b>Marginal</b>	<b>Sub-standard</b>
95% or higher	Less than 95% & Greater than 85%	Less than 85%

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## Enrollment (to Maximum Achievable Enrollment)

<b>Business Question:</b>	What is the AFMS enrollment market share?		
<b>Functional Owner:</b>	AF/SGMA	DSN297-4718/ (202)767-4718	Victor.Rosenbaum.usafsg.bolling.af.mil
<b>Data Consultant:</b>	AF/SGXI	DSN297-4370 / (703) 998-0175 x 355	<a href="mailto:G.Reichard@tma.osd.mil">G.Reichard@tma.osd.mil</a>

### Calculation

<b>The proportion of enrolled beneficiaries compared to the Maximum Achievable Enrollment (MAE).</b>		
<b>Frequency:</b>	Monthly	
$\frac{\text{Adjusted Prime Enrollees}^1}{\text{Maximum Achievable Enrollment}^2}$		
<b>Item</b>	<b>Description</b>	<b>Data Source</b>
<b>Numerator:</b>	Adjusted Prime Enrollees	DEERS (note 1)
<b>Denominator:</b>	Maximum Achievable Enrollment	MAJCOM -AF/SGMC Worksheet
Notes:		
<ol style="list-style-type: none"> <li>Developed from the following beneficiary category projections: TRICARE Prime Enrollment (to include Active Duty and TRICARE Senior Prime), Average Daily Student Load (ADSL), GME Empanelled to primary care programs, Age 65 and Older Users, and Other (e.g., foreign nationals, specific Secretarial Designees--those for whom the MTF is responsible for their entire care, not just a single episode, i.e., delivery). Age 65 and Over users is calculated using an ad hoc CHCS report to identify MTF-level visits for these beneficiaries to primary care clinics (e.g., Family Practice, Primary Care) for the desired reporting period then divided by five (civilian norm for primary care visits for this age group) to achieve a full-time enrollment equivalency.</li> <li>Developed from the following beneficiary category projections: TRICARE Prime Enrollment (to include Active Duty and TRICARE Senior Prime), Average Daily Student Load (ADSL), GME Empanelled to primary care programs, Age 65 and Older Users, and Other (e.g., foreign nationals, specific Secretarial Designees--those for whom the MTF is responsible for their entire care, not just a single episode, i.e., delivery). This was coordinated with MAJCOMs and recorded in a worksheet maintained by AF/SGMC.</li> <li>Data is collected and input by each MTF into the designated web page.</li> </ol>		

### Performance Standards Thresholds

<b>Above Standard</b>	<b>Marginal</b>	<b>Sub-standard</b>
90% or higher	Less than 90% & Greater than 80%	Less than 80%

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## TRICARE Loyalty

<b>Business Question:</b>	Are beneficiaries that use our MTFs inclined to enroll and re-enroll in TRICARE Prime?		
<b>Functional Owner:</b>	AF/SGMA	(703) 379-0281	<a href="mailto:Michelle.Callison@tma.osd.mil">Michelle.Callison@tma.osd.mil</a>
<b>Data Consultant:</b>	AF/SGXI	DSN 297-4370/ (703) 998-0175 x 355	<a href="mailto:g.reichard@tma.osd.mil">Major Rick Reichard (g.reichard@tma.osd.mil)</a>

## Calculation

<b>The proportion of respondent MTF users who stated they would, if given the option, enroll, reenroll, disenroll, not enroll in TRICARE Prime or TRICARE Prime not available, as recorded in question 16 of the monthly DOD Customer Satisfaction survey.</b>		
<b><u># MTF Users Indicating Preference to Enroll / Re-enroll</u></b>		<b>1, 2</b>
<b><u># MTF Users Respondents to Enroll / Re-enroll Question</u></b>		
<b>Item</b>	<b>Description</b>	<b>Data Source</b>
<b>Numerator:</b>	# MTF Users Indicating Preference to Enroll / Re-enroll	DOD Quarterly Customer Satisfaction Survey
<b>Denominator:</b>	# MTF Users Respondents to Enroll / Re-enroll Question	DOD Quarterly Customer Satisfaction Survey
<b>Frequency:</b>	Monthly	
<b>For more information:</b>	<a href="#">TRICARE Loyalty Expanded Definition Notes</a> <a href="#">View a copy of the Customer Satisfaction Survey</a> <a href="#">Overview of Customer Satisfaction Survey</a> <a href="#">DOD Surveys</a>	

## Performance Standards Thresholds

<b>Above Standard</b>	<b>Marginal</b>	<b>Sub-standard</b>
90% or higher	Less than 90% & Greater than 80%	Less than 80%

## Data Collection Process

	<b>Activity / Event</b>	<b>OPR/OCR</b>	<b>Check</b>
1	Patient Encounter	MTF	Local MTF CHCS/ADS documentation Process
2	4 <sup>th</sup> , 6 <sup>th</sup> of each month automatic adhoc run in CHCS and ADS	CHCS/ADS Systems Officers	Check with local CHCS administrator for status of transmission found in the CHCS File Transfer Protocol log
3	Encounter data sampled	(DOD Contractor)	No-Flow reports generated and reviewed on AS-NEEDED-BASIS by MAJCOM/MTF CIOs
4	Surveys created and mailed to Beneficiaries	(DOD Contractor)	Response rates on MTF and Clinic Action Plan Results indicate if there is a problem. Increased emphasis of importance of survey should be communicated to local beneficiary population. Local news articles or signs in the clinic have proven to be helpful to poor response rates.
5	Completed Surveys scanned and data reported to SGs, MAJCOMS, Lead Agents, MTFs, Clinics	(DOD Contractor)	MTF and Clinic Action Plan reports are mailed to each addressee. P2R2 Virtual Analyst updated with current data.  <a href="#">Overview of Customer Satisfaction Survey</a>
6	Transmission to PMT	AF/SGZZ	
7	Post to PMT	AF/SGZS	Reviews status at <a href="http://pmt.tma.osd.mil">pmt.tma.osd.mil</a>
8	Post to P2R2	AF/SGZS	Reviews status at <a href="http://p2r2.usafsg.bolling.af.mil">p2r2.usafsg.bolling.af.mil</a>

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## Preventative Health Assessment (PHA)

<b>Business Question:</b>	Are the troops medically ready to deploy?		
<b>Functional Owner:</b>	AF/SGZP	DSN297-4280 / (202) 767-4280	Deneice.Vanhook@usafsg.bolling.af.mil
<b>Data Consultant:</b>	AF/SGZZ	DSN 240-8190 / (800) 298-0230	<a href="mailto:phso.helpdesk@afmoa.brooks.af.mil">phso.helpdesk@afmoa.brooks.af.mil</a>

### Calculation

<b>The number of active-duty Air Force (ADAF) members who completed the PHA in the preceding 13 months is compared with the number of ADAF members assigned to the base. (See notes)</b>		
<b>Frequency:</b>	Monthly	
<p><b>? ADAF Completing PHA in last 13 Months</b></p> <p><b>? ADAF Assigned to Base <sup>1, 2</sup></b></p>		
<b>Item</b>	<b>Description</b>	<b>Data Source</b>
<b>Numerator:</b>	ADAF Completed PHA in last 13 months	Aerospace Information Management System (ASIMS)
<b>Denominator:</b>	ADAF Assigned to Base	Aerospace Information Management System (ASIMS)
Notes: 1. Assigned ADAF is adjusted to eliminate members who are: (1) inbound PCS; (b) outbound PCS, or (c) on terminal leave 2. Assigned ADAF is extracted from AFCHIPS		

### Performance Standards Thresholds

<b>Above Standard</b>	<b>Marginal</b>	<b>Sub-standard</b>
95% or higher	Less than 95% & Greater than 85%	Less than 85%

### Data Collection Process

	<b>Activity / Event</b>	<b>OPR/OCR</b>	<b>Check</b>
1	PHA encounter	MTF	Local MTF PHA Process
2	Entry into ASIMS	MTF	Local MTF PHA Process
3	Transmit / post to OPHSA data mart	MTF	MTF OPR reviews status at <a href="http://www.afchips.brooks.af.mil">www.afchips.brooks.af.mil</a> . If there are any questions or problems, contact Population Health Support Office (PHSO), contact at DSN 240-8190 or 210-536-8190.
4	Post data to Population Health Support Office (PHSO) Data Mart	AF/SGZZ	Contact MTF to determine cause and resolution of problem
5	Transmission to PMT	AF/SGZZ	
6	Post to PMT	AF/SGZS	Reviews status at <a href="http://pmt.tma.osd.mil">pmt.tma.osd.mil</a>
7	Post to P2R2	AF/SGZS	Reviews status at <a href="http://p2r2.usafsg.bolling.af.mil">p2r2.usafsg.bolling.af.mil</a>

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## Overall Satisfaction with Care

<b>Business Question:</b>	How satisfied are the beneficiaries that use our MTFs?		
<b>Functional Owner:</b>	AF/SGZC	DSN767-4085 / (202) 767-4085	<a href="mailto:James.Williamson@USAFSG.Bolling.af.mil">James.Williamson@USAFSG.Bolling.af.mil</a>
<b>Data Consultant:</b>	AF/SGXI	DSN297-4370 / (703) 998-0175 x 355	<a href="mailto:g.reichard@tma.osd.mil">Major Rick Reichard (g.reichard@tma.osd.mil)</a>

## Calculation

<b>The proportion of respondent MTF users who stated they were “Somewhat Satisfied”, “Very Satisfied”, or “Completely Satisfied”, as recorded in question 5 of the monthly DOD Customer Satisfaction survey.</b>		
$\frac{\# \text{ MTF Users Indicating Satisfaction with Medical Care}}{\# \text{ MTF Users Respondents to Overall Satisfaction Question}}$		1, 2
<b>Item</b>	<b>Description</b>	<b>Data Source</b>
<b>Numerator:</b>	Sum of MTF users who respond “Somewhat Satisfied,” “Very Satisfied,” or “Completely Satisfied” to Question 5	DOD Quarterly Customer Satisfaction Survey
<b>Denominator:</b>	Sum of MTF users who respond to Question 5	DOD Quarterly Customer Satisfaction Survey
<b>Frequency:</b>	Monthly	
<b>For more information:</b>	<a href="#">Overall Satisfaction With Care Received Notes</a> , <a href="#">View a copy of the Customer Satisfaction Survey</a> , <a href="#">Overview of Customer Satisfaction Survey</a> , <a href="#">DOD Surveys</a>	

## Performance Standards Thresholds

<b>Above Standard</b>	<b>Marginal</b>	<b>Sub-standard</b>
90% or higher	Less than 90% & Greater than 80%	Less than 80%

## Data Collection Process

	<b>Activity / Event</b>	<b>OPR/OCR</b>	<b>Check</b>
1	Patient Encounter	MTF	Local MTF CHCS/ADS documentation Process
2	4 <sup>th</sup> , 6 <sup>th</sup> of each month automatic adhoc run in CHCS and ADS	CHCS/ADS Systems Officers	Check with local CHCS administrator for status of transmission found in the CHCS File Transfer Protocol log
3	Encounter data sampled	(DOD Contractor)	No-Flow reports generated and reviewed on AS-NEEDED-BASIS by MAJCOM/MTF CIOs
4	Surveys created and mailed to Beneficiaries	(DOD Contractor)	Response rates on MTF and Clinic Action Plan Results indicate if there is a problem. Increased emphasis of importance of survey should be communicated to local beneficiary population. Local news articles or signs in the clinic have proven to be helpful to poor response rates.
5	Completed Surveys scanned and data reported to SGs, MAJCOMS, Lead Agents, MTFs, Clinics	(DOD Contractor)	MTF and Clinic Action Plan reports are mailed to each addressee. P2R2 Virtual Analyst updated with current data. <a href="#">Overview of Customer Satisfaction Survey</a>
6	Transmission to PMT	AF/SGZZ	
7	Post to PMT	AF/SGZS	Reviews status at <a href="http://pmt.tma.osd.mil">pmt.tma.osd.mil</a>
8	Post to P2R2	AF/SGZS	Reviews status at <a href="http://p2r2.usafsg.bolling.af.mil">p2r2.usafsg.bolling.af.mil</a>

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## Overall Satisfaction with MTF

<b>Business Question:</b>	How satisfied are the beneficiaries that use our MTFs?		
<b>Functional Owner:</b>	AF/SGMA	(703) 379-0281	<a href="mailto:Michelle.Callison@tma.osd.mil">Michelle.Callison@tma.osd.mil</a>
<b>Data Consultant:</b>	AF/SGXI	DSN297-4370 / (703) 998-0175 x 355	<a href="mailto:g.reichard@tma.osd.mil">Major Rick Reichard (g.reichard@tma.osd.mil)</a>

### Calculation

<b>The proportion of respondent MTF users who stated they were “Somewhat Satisfied”, “Very Satisfied”, or “Completely Satisfied”, as recorded in question 12 of the monthly DOD Customer Satisfaction survey.</b>		
<b><u># MTF Users Indicating Overall Satisfaction with Clinic</u></b>		<b>1, 2</b>
<b># MTF Users Respondents to Overall Satisfaction Question</b>		
<b>Item</b>	<b>Description</b>	<b>Data Source</b>
<b>Numerator:</b>	Sum of MTF users who respond “Somewhat Satisfied,” “Very Satisfied,” or “Completely Satisfied” to Question 12	DOD Quarterly Customer Satisfaction Survey
<b>Denominator:</b>	Sum of MTF users who respond to Question 12	DOD Quarterly Customer Satisfaction Survey
<b>Frequency:</b>	Monthly	
<b>For more information:</b>	<a href="#">Overall Satisfaction With Clinic Notes</a> , <a href="#">View a copy of the Customer Satisfaction Survey Overview of Customer Satisfaction Survey</a> , <a href="#">DOD Surveys</a>	

### Performance Standards Thresholds

<b>Above Standard</b>	<b>Marginal</b>	<b>Sub-standard</b>
90% or higher	Less than 90% & Greater than 80%	Less than 80%

### Data Collection Process

<b>Activity / Event</b>		<b>OPR/OCR</b>	<b>Check</b>
1	Patient Encounter	MTF	Local MTF CHCS/ADS documentation Process
2	4 <sup>th</sup> , 6 <sup>th</sup> of each month automatic adhoc run in CHCS and ADS	CHCS/ADS Systems Officers	Check with local CHCS administrator for status of transmission found in the CHCS File Transfer Protocol log
3	Encounter data sampled	(DOD Contractor)	No-Flow reports generated and reviewed on AS-NEEDED-BASIS by MAJCOM/MTF CIOs
4	Surveys created and mailed to Beneficiaries	(DOD Contractor)	Response rates on MTF and Clinic Action Plan Results indicate if there is a problem. Increased emphasis of importance of survey should be communicated to local beneficiary population. Local news articles or signs in the clinic have proven to be helpful to poor response rates.
5	Completed Surveys scanned and data reported to SGs, MAJCOMS, Lead Agents, MTFs, Clinics	(DOD Contractor)	MTF and Clinic Action Plan reports are mailed to each addressee. P2R2 Virtual Analyst updated with current data. <a href="#">Overview of Customer Satisfaction Survey</a>
6	Transmission to PMT	AF/SGZZ	
7	Post to PMT	AF/SGZS	Reviews status at <a href="http://pmt.tma.osd.mil">pmt.tma.osd.mil</a>
8	Post to P2R2	AF/SGZS	Reviews status at <a href="http://p2r2.usafsg.bolling.af.mil">p2r2.usafsg.bolling.af.mil</a>

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## 25 Equivalent Out-Patient Visits/PCM/Day

<b>Business Question:</b>	What is the productivity of primary care at the aggregate, transitioned and traditional level?		
<b>Functional Owner:</b>	AFMOA SGZO	DSN295-4269 / (202)767-4269	Sean.murphy@usafsg.bolling.af.mil
<b>Data Consultant:</b>	SGIX	(703)998-0175 ext, 311	sheilah.o'brien@tma.osd.mil

### Calculation

The average weighted patient encounters that a Primary Care Manager performs per available duty day.			
Item	Description	Data Source	
<b>Numerator:</b>	Summation of weighted pt encounters per month	SADR <sup>1</sup>	$\frac{? \text{ All SADR Coded CPT-4 } x^2 \text{ RVU}}{(? \text{ Aggregate PCM FTEs}^{2,3}) x (\text{Duty Days})}$
	Weight Factor	HCFA RVU Table <sup>2</sup>	And $\frac{? \text{ All SADR Coded CPT-4 } x^2 \text{ RVU}}{(? \text{ Transitioned PCM FTEs}^{2,3}) x (\text{Duty Days})}$
<b>Denominator:</b>	Aggregate Earned, Transitioned and Traditional PCM FTEs (three metrics)	MAPPG 02/03 MAE/1500 for Aggregate, see Transition Metric for Transitioned and Traditional <sup>3</sup>	And $\frac{? \text{ All SADR Coded CPT-4 } x^2 \text{ RVU}}{(? \text{ Traditional PCM FTEs}^{2,3}) x (\text{Duty Days})}$
	Duty Days	18	Collect three separate metrics- Aggregate, transitioned and traditional (based on PCO transition metric)
<b>Notes:</b>	<ol style="list-style-type: none"> <li>The Standard Ambulatory Data Record is a standard data extract from the ADS or KG-ADS system from all DoD Medical Treatment Facilities (MTFs). This data extract contain outpatient clinical, demographic and workload related data for each recorded ambulatory encounter.</li> <li>Weighted visits are defined as follows: each patient encounter is weighted using all documented E&amp;M and CPT codes. Medicare has assigned a Relative Value Unit (RVU) for each code based on the intensity of work, malpractice risk, and practice expense. The RVUs are published in the Federal Registry each year. RVU tables for the given year, will be applied as of the calendar year. (<a href="http://www.access.gpo.gov/nara/cfr/cfr-table-search.html">http://www.access.gpo.gov/nara/cfr/cfr-table-search.html</a>). The Aggregate Metric captures ALL workload documented in primary care including workload generated by providers not identified as PCMs. Primary Care is defined as those visits attributed to MEPRS codes BG (Family Practice), BH (Primary Care), BD (Pediatrics), BJ (Flight Medicine) and BA (General Internal Medicine). The Transitioned and Traditional Metric will capture all the individual documented workload of those individuals identified in the Transition Metric. The exception is in Flight Medicine where ALL the Flight Medicine workload will be captured by the BJ MEPRS code. This is due to the heavy deployment nature of Flight Medicine and this will allow the Flight Medicine Clinic to provide aggregate population health support to their enrollees.</li> <li>Aggregate PCM # comes from the MAPPG 02/03 Roll-up MAE/1500. Any variances from this # have to be discussed with the functional owner to change. Comparisons will be made between those PCMs identified as transitioned and those that are not. Transitioned and Traditional PCMs are taken from the PCO Transition Metric.</li> </ol>		

### Performance Standards Thresholds

Above Standard	Marginal	Sub-standard
>25 eq. visits	Between 20 – 25 eq. visits	<20 eq. visits

### Data Collection Process

Activity / Event	OPR/OCR	Check
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Patient encounter	MTF	Local MTF Process
Patient encounter scheduling into CHCS	MTF	Local MTF Process
Patient encounter coding	MTF	Local MTF Process (ADS / KG-ADS)
PCM Data Reporting	SGIX	Review MTF submitted PCM #s on P2R2
SADR Data Transmission	MTF	Check with local ADS system administrator

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## PCO Transition

<b>Business Question:</b>	How much progress has been made in transitioning PCM Teams according to Primary Care Optimization IAW AFMS guidance?		
<b>Functional Owner:</b>	AFMOA SGZO	DSN295-4269 / (202)767-4269	Sean.murphy@usafsg.bolling.af.mil
<b>Data Consultant:</b>	SGIX	(703)998-0175 ext, 311	sheilah.o'brien@tma.osd.mil

## Calculation

<b>The number of transitioned PCM FTEs, reported by the MTF, divided by the number of PCMs earned by the MAPPG 02/03 MAE (GME programs will adjust their MAE for this metric by subtracting out those enrolled/empanelled to GME). This will be compared against a derived slope to full transition by Jan 02.</b>		
$\frac{\text{\# of PCM FTEs transitioned}^3}{\text{\# of PCM FTEs earned}^2}$		
<b>Item</b>	<b>Description</b>	<b>Data Source</b>
<b>Numerator:</b>	# of PCM FTEs transitioned <sup>3</sup>	MTF Self reported
<b>Denominator:</b>	# of PCM FTEs earned <sup>2</sup>	Manpower Requirements Tool (MRT)
<p>Notes:</p> <ol style="list-style-type: none"> <li>1. Utilize MAPPG 02/03 MAE <ul style="list-style-type: none"> <li>?? Enrolled and empanelled (rules are currently being established for the over 65 population)</li> </ul> </li> <li>2. Calculate PCM FTEs <ul style="list-style-type: none"> <li>?? MAPPG (02/03 MAE)/1500 = PCM FTEs earned. The exceptions are programs with GME. They should take the MAPPG 03 MAE and subtract their population enrolled/empanelled to the GME program. That will give them an adjusted MAE/1500 = PCM FTEs earned. This needs to be reported to and validated by the functional owner of this metric. Functional owner will contact the facilities that are affected by this metric.</li> <li>?? 1 FTE = 1 Peds/FP/IM/PA/NP or 2 MDG FS (not SME)</li> </ul> </li> <li>3. Specify name of PCMs (transitioned/traditional) <ul style="list-style-type: none"> <li>?? Transitioned PCM: a provider with sufficient rooms and staff support to manage (according to Population Health principles), on average, 1500 patients</li> <li>?? Sufficient rooms: 2 treatments rooms when practicing</li> <li>?? Sufficient Support Staff: a team (UMD Earned: 0.5+0.5 nurse, 2-4Ns, 1-4A) who supports the provider in managing the population</li> </ul> </li> <li>4. Goal is 100% transitioned by Jan 02 (Use comments section to explain barriers to achieving the Goal)</li> <li>5. Slope will be developed for each MTF and the AFMS, based on total PCM FTEs and progress toward 100% transitioned by Jan 02</li> </ol>		

## Performance Standards Thresholds

<b>Above Standard</b>	<b>Marginal</b>	<b>Sub-standard</b>
At or above slope	2 Teams below slope line	3 or more teams below slope line

## Data Collection Process

<b>Activity / Event</b>	<b>OPR/OCR</b>	<b>Check</b>
PCM by Name Identification, transitioned or traditional	MTF/MAJCOM	POC at the MTF

Data Transmission	Population Health Support Division until web based	Maj Carol Cramer- PHSD- <a href="mailto:carol.cramer@brooks.af.mil">carol.cramer@brooks.af.mil</a>
PCM Data Reporting	SGIX	Review MTF submitted PCM #s on P2R2

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