Health on the Homefront:
Department of Navy Mental Health
Access to Care

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Disclaimer

The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, the U.S. Government, or the Commonwealth of Virginia.
Navy and Marine Corps Public Health Center

- Established in 1964 for Occupational Health
- Mission:
  "As the Navy and Marine Corps' center for public health services, we provide leadership and expertise to ensure mission readiness through disease prevention and health promotion in support of the National Military Strategy."
- Vision: Protection through Prevention

Health Analysis Department

- Provide clinical performance measurement to change clinical processes and improve patient outcomes and reduce costs.
- Customers include: Bureau of Navy Medicine and Surgery (BUMED), Navy Medicine Regional Commands, Military Treatment Facilities (MTF), clinicians, residents, administrators and business staff
- Provide input to guide Navy policy, lectures on epidemiology, health care measurement, scientific articles, and focused studies to examine feasibility of implementation and evaluation of specific interventions
## Health on the Homefront: Access to Care: Mental Health

### Outline

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### Background

- In 2008 recommendations were made to improve mental health care (MH): Provide the same access to mental health services like any other medical condition.

- Descriptive Analysis for
  - Direct Care (DC) and Purchased Care (PC) MH utilization
  - Purchased Care cost of MH utilization
  - Distribution of staff efficiency in managing MH

- 4 metrics were created to answer these questions
Health on the Homefront: Access to Care: Mental Health

Metrics

- ATC Metric #1: Number of Mental Health Diagnoses
- ATC Metric #2: Number of Mental Health Treatment Encounters
- ATC Metric #3: Outpatient Mental Health Clinic Efficiency
- ATC Metric #4: Median Days Between a Referral to a Mental Health Clinic and the Resulting Visit

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Health on the Homefront: Access to Care: Mental Health

Objectives

➢ Describe encounters/treatment utilization of MH:
  • Direct Care (DC) vs. Purchased Care (PC)
  • Active duty (AD) members and their family
  • Regions
  • Purchased Care Cost
  • Distribution of staff efficiency in managing MH
  • Referral to Mental Health

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Database

Military Health System (MHS) Information Flow

- MHS Management Analysis Reporting Tool (MART) (M2)

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Metric #1: Mental Health Diagnoses
“Burden of mental health conditions”

- Provides a description of mental health conditions.
- Includes any encounter where a mental health diagnosis was coded regardless of clinic type, reason for appointment, or procedure.
  - Total number of encounters with a mental health diagnosis
    - Direct Care (DC) vs. Purchase Care (PC)
    - Active duty (AD) members and their family
  - Total cost of encounters with a mental health diagnosis
    - Purchased care encounters only
- Purchased care visits are assigned to a region based on the Provider Requirement Integrated Specialty Model (PRISM) area of care.

Key Finding:
- Trends indicate a quarterly increase of 4,800 and 9,500 mental health encounters in direct and purchased care, respectively.
- This is approximately two times greater in purchased care than direct care.

Navy Medicine, All Service Beneficiaries, Direct and Purchased Care
Outpatient Mental Health Encounters*, FY08-FY13Q1

Data Source: MHS M2 Comprehensive Ambulatory/Professional Encounter Data, APR 2013.
* Mental health encounter is documented ICD-9 codes 290-319, excluding 305.1 in diagnosis fields. FY13Q1 Outpatient encounter data.
Key Finding:
- Trends indicate a quarterly increase of 4,000 and 500 MH encounters among AD in direct and purchased care, respectively.
- And an increase of 500 and 6,500 MH encounters among dependents of AD in direct and purchased care, respectively.

Navy Medicine, All Service Active Duty & Dependents, Direct Care & Purchased Care Outpatient Mental Health Encounters*, FY08-FY13Q1

Data Source: Navy Medicine, All Service Active Duty & Dependents, Direct Care & Purchased Care Outpatient Mental Health Encounters*, FY08-FY13Q1

Key Finding:
- Trends indicate a quarterly increase of 4,400 and 2,200 MH encounters in East for purchased and direct care, respectively.
- And an increase of 4,300 and 1,400 MH encounters in West for purchased and direct care, respectively.

Navy Medicine, All Service Beneficiaries, Direct Care Outpatient Mental Health Encounters* by Regions, FY08-FY13Q1

Data Source: Navy Medicine, All Service Beneficiaries, Direct Care Outpatient Mental Health Encounters* by Regions, FY08-FY13Q1
Health on the Homefront:
Access to Care: Mental Health

Key Finding:
- On average, the quarterly cost for purchased care mental health encounters is approximately:
  - $650K for Active Duty/Guard Dependents
  - $99K for All Others
  - $56K for Active Duty
  - $25K for Retirees.

**Navy Medicine, All Service Beneficiaries, Purchased Care Outpatient Mental Health Encounter Cost* by Beneficiary Categories, FY08-FY13Q1**

- Dependents of Active Duty/Guard
- All Others
- Active Duty/Guard Retired

Data Source: MHS/MART (M2) TRICARE Encounter Data, Non-Institutional TED (FY08-FY13Q1)

*Purchased care mental health cost is defined from purchased care mental health encounters, defined by ICD-9 codes (290-319) in diagnosis fields 1-5 excluding ICD-9 code 305.1 (Tobacco use disorder) for each unique date of care.

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Health on the Homefront:
Access to Care: Mental Health

Key Finding:
- On average, the quarterly cost growth for purchased care mental health encounters is approximately:
  - $395K for EAST
  - $375K for WEST
  - $61K for NCA

**Navy Medicine, All Service Beneficiaries, Purchased Care Outpatient Mental Health Encounter Cost* by Region, FY08-FY13Q1**

- EAST
- NCA
- WEST

Data Source: MHS/MART (M2) TRICARE Encounter Data, Non-Institutional TED (FY08-FY13Q1)

*Purchased care mental health cost is defined from purchased care mental health encounters, defined by ICD-9 codes (290-319) in diagnosis fields 1-5 excluding ICD-9 code 305.1 (Tobacco use disorder) for each unique date of care.
Health on the Homefront:
Access to Care: Mental Health

ATC MENTAL HEALTH ENCOUNTER SUMMARY

Key Findings:
- Overall, there are twice as many MH encounters in PC than DC. On average, there is an expected 3 encounters per person per month in direct care compared to 4 in PC.

<table>
<thead>
<tr>
<th>Department of Navy</th>
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<td>EAST</td>
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Data Source: MHS MART (M2) Comprehensive Ambulatory/Professional Encounters Record (CAPER) and TRICARE Encounter Data Non-Institutional (TED NI), APR 2013.

Health on the Homefront:
Access to Care: Mental Health

ATC MENTAL HEALTH ENCOUNTER SUMMARY

Key Findings:
- Western Region has more MH Encounters than any other region. With an expected average of 3.7 encounters per person per month in DC compared to 4.2 in PC.

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Data Source: MHS MART (M2) Comprehensive Ambulatory/Professional Encounters Record (CAPER) and TRICARE Encounter Data Non-Institutional (TED NI), APR 2013.
Health on the Homefront:
Access to Care: Mental Health

ATC MENTAL HEALTH ENCOUNTER SUMMARY

Navy Medicine, Expected Mental Health Encounters per Person, per Month, FY08-FY13Q1

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</table>

Data Source: MHS-W307-2013 Comprehensive Ambulatory/Professional Encounter Record (CAPER) and TRICARE Encounter Data Non-Institutional (TED-NI), APR 2013.

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**Metric #2: Mental Health Treatment**

“Capacity for delivering mental health treatment for mental health patients”

- Provides a description of the workload for treating mental health disorders.
- Mental health treatment encounter: Visit with a mental health diagnosis code and one or more coded mental health procedures as defined by the Healthcare Effectiveness Data and Information Set (HEDIS®).
- Purchased care visits are assigned to a region based on the provider’s PRISM.

**Key Finding:**

- Trends indicate a quarterly increase of 3,500 and 5,200 mental health treatment encounters in direct and purchased care, respectively.
- Direct care has approximately two thirds the number of encounters compared to purchased care.

*Number of Mental Health Treatment Encounters*

Navy Medicine, All Service Beneficiaries, Direct and Purchased Care Outpatient Mental Health Treatment Encounters*, FY08-FY13Q1

Data Source: MHS MART (M2) Comprehensive Ambulatory/Professional Encounters (CAPER) and TRICARE Encounter Data (TED)-NI, APR 2013.

* A Mental Health Treatment Encounter is defined as an encounter where a mental health treatment was documented using procedure codes (see methods document) for a patient diagnosed with a mental health condition (ICD-9 codes 290-319) in diagnosis fields 1-5 excluding ICD-9 code 305.1 (Tobacco use disorder).
Health on the Homefront: Access to Care: Mental Health

Key Finding:
- Trends indicate a quarterly increase of 2,800 and 500 MH treatment encounters among AD in direct and purchased care, respectively.
- An increase of 300 and 3,400 MH treatment encounters among dependents of AD in direct and purchased care, respectively.

Key Finding:
- Trends indicate a quarterly increase of 2,000 and 1,600 MH treatment encounters in East for purchased and direct care, respectively.
- An increase of 2,900 and 1,100 MH treatment encounters in West for purchased and direct care, respectively.
Health on the Homefront:
Access to Care: Mental Health

Key Finding:
- On average, the quarterly purchased care MH cost growth per month is approximately:
  - $345K for Dependents of Active Duty/Guard
  - $48K for All Others
  - $59K for Active Duty
  - $16K for Retirees.

Health on the Homefront:
Access to Care: Mental Health

Key Finding:
- On average, per quarter, purchased care mental health cost growth is approximately:
  - $163K for EAST
  - $288K for WEST
  - $17K for NCA.
**Health on the Homefront:**
**Access to Care: Mental Health**

### ATC Mental Health Treatment Encounter Summary

**Navy Medicine, Expected Mental Health Treatment per Month, FY08-FY13Q1**

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<td>Department of Navy</td>
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<td>Active Duty/Guard</td>
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Navy and Marine Corps Public Health Centers, Health Analysis Department

Data Source: MHS MART (M2) Comprehensive Ambulatory/Professional Encounter Data (C2APED) and TRICARE Encounter Data-Non-Institutional (TED-NI), APR 2013.

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**Key Findings:**

- Overall, there are 1.5 times as many MH treatment encounters in PC than DC. On average, there is an expected 3 treatment encounters per person per month in direct care compared to 4 in PC.

- Western Region has more MH treatment than any other region. With an average of 3 treatment encounters expected per person per month in DC compared to 4 in PC.
Health on the Homefront: Access to Care: Mental Health

Key Findings:

➢ Active Duty/Guard will more likely be seen in DC than PC, even though the rate of treatment encounters per person is the same.

➢ Dependents of Active Duty/Guard will more likely be seen in PC than DC. On average there is an expected 1 treatment encounter per person per month in DC compared to 5 in PC.

ATC Mental Health Treatment Encounter Summary

Navy Medicine, Expected Mental Health Treatment per Month, FY08-FY13Q1

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Navy and Marine Corps Public Health Center, Health Analysis Department

Data Source: MHS-DOH-EA Comprehensive Ambulatory and Professional Encounters Record (CAPER) and TRICARE Encounter Data Non-Institutional [FY08-RQ APR 2013]

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Metric #3: Mental Health Clinic Efficiency
“Outpatient Mental Health Staffing and Demand”

- Metric #3 describes whether current Navy Medicine Outpatient MH Clinic (MEPRS code: BF) staffing efficiently met demand while maintaining sufficient ATC.
  - It measures ATC from a staff utilization perspective
  - Incorporating the assigned Full Time Equivalent (FTE) hours and the actual FTE hours worked
  - A skill type weight that accounts for the influence of each skill type on the number of encounters.
- Available FTEs (red line) are the number of hours worked by mental health clinic staff and Assigned FTEs (blue line) are the manned hours.
  - Metric #3 addresses the “gap” between the two lines, which may identify issues in utilization and staffing. In order to ensure access for patients, the blue line should be above the red line.

Key Findings:
Assigned and available FTE hours have increased to meet mental health encounter demand

Navy and Marine Corps Public Health Center, Health Analysis Department
Data source: Outpatient mental health clinics MEPRS code “BF”, NHMRC (2013), Comprehensive Ambulatory/Professional Encounter Record (CAPER), APR 2013.

Navy and Marine Corps Public Health Center, Health Analysis Department
Data source: Outpatient mental health clinics MEPRS code “BF”, NHMRC (2013), Comprehensive Ambulatory/Professional Encounter Record (CAPER), APR 2013.

One FTE = 168 hours or 1 month.

Navy and Marine Corps Public Health Center, Health Analysis Department
Data source: Outpatient mental health clinics MEPRS code “BF”, NHMRC (2013), Comprehensive Ambulatory/Professional Encounter Record (CAPER), APR 2013.

Navy OCONUS facilities operate under different staffing policies.
Health on the Homefront:
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Metric #3: Staff Efficiency Score
“Outpatient Mental Health Staffing and Demand”

- Staff Utilization Ratio (SUR): Available FTEs (hours worked)/Assigned FTEs (manning hours)
- Weighted SUR: SUR x (Staff Mix Weight)
- Navy Medicine Target SUR: [Available hours/(Available hours + Non-available hours)] – 0.835
- Efficiency Score: |Target SUR (0.835) - Weighted Actual SUR|

- Staffing Efficiency Scores are generated for the most recent 12 months (Jan 2012 to Dec 2012).
- Available FTEs (red line) are the number of hours worked by mental health clinic staff and Assigned FTEs (blue line) are the manned hours.
  - Metric #3 addresses the “gap” between the two lines, which may identify issues in utilization and staffing. In order to ensure access for patients, the blue line should be above the red line.

Key Findings:
Efficiency Score: The target staff utilization ratio (SUR) of Available FTEs/Assigned FTEs (FTE hours worked/FTE hours manned) for this metric is 0.835. The deviation from 0.835 is the Efficiency Score (ES). The smaller the ES (y-axis), the better the MTF is performing.
Health on the Homefront:
Access to Care: Mental Health

Key Findings:

➢ Optimal Utilization:
  From the Efficiency Score, over- and underutilization of staff can be determined (red/blue bars on graph).
  A staff utilization ratio (SUR) greater than 0.835 is considered overutilization of resources. A SUR ratio below 0.835 is considered underutilization of resources.

➢ Pre-WII performance (FY07) compared to FY11Q4 Performance:
  Benchmarks noted in red, yellow, and green (dashed lines) identify how efficiency over the most recent 12-months compares to efficiency in FY07.
  The goal is to see an increase in MTFs falling within the 75th Percentile (within green bars).
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Metric #4: Mental Health Referrals

"Availability at Mental Health Clinics"

- Metric #4 assesses any active duty members of any service who sought care at a Navy MTF, received a referral to a mental health clinic, and kept the resulting appointment at a Navy MTF.

- A mental health clinic is defined by a second level MEPRS code of “BF” which represents outpatient Psychiatric and Mental Health Care clinics. This metric includes any referral to a mental health clinic regardless of diagnosis.

Source: MHS Mart (M2): APR 2013
* Only referrals from Navy MTF providers were included.
** Visits that were cancelled or no-shows were excluded.
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RECAP....

- Describe encounters/treatment utilization of MH:
  - Direct Care (DC) vs. Purchased Care (PC)
  - Active duty (AD) members and their family
  - Regions
  - Purchased Care Cost
  - Distribution of staff efficiency in managing MH
  - Referral to Mental Health
Health on the Homefront: Access to Care: Mental Health

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Next Steps:
Mental Health/Substance Abuse association with:
- Hospitalizations
- Emergency department visits
- Co-morbidities
- Compliance with medications
- Compliance with appointments
Health on the Homefront:
Access to Care: Mental Health

References


Questions??
Contact

Health Analysis Department
Email: Health-analysis@nehc-mar.med.navy.mil
Website:  
www.nmcphc.med.navy.mil/Data_Statistics/Health_Analysis/ha_overview