

Medically Ready Force and a Ready Medical Force: A Conversation with Vice Admiral Raquel Bono, M.D., Director, Defense Health Agency

By Michael J. Keegan

The Military Health System (MHS) is a vital component of our national security strategy, offering a diverse array of healthcare services, logistics, public health, research and training, and support to U.S. armed forces.

The Defense Health Agency (DHA), a vital element of the MHS, serves as a strategic enabler, ensuring a medically ready force and a ready medical force. DHA seeks to improve readiness, health, care, and lower costs. More than ever, DHA is tasked with leading these efforts to create a more integrated system founded on readiness and health.

Vice Admiral Raquel Bono, M.D., Director of DHA, joined me on *The Business of Government Hour* to discuss DHA's evolving mission, its work to create a more integrated healthcare system, and efforts to improve the readiness and health of its service members. The following is an edited excerpt of our discussion, complemented with updated and additional research.

On the Evolving Mission of the Defense Health Agency

The agency was established in 2013 as part of a larger effort to reorganize healthcare programs and services. The reorganization was based in part on the recommendations of a task force that issued a report on the management of U.S. military healthcare in 2011. We reached full operating capability in 2015 and I came on board in November 2015 as the second director of the agency.

Under the previous system, many aspects of military healthcare were managed by the individual armed services. Today, seven years later, DHA is an integrated Combat Support Agency that enables the Army, Navy, and Air Force to provide a medically ready force and ready medical force to Combatant Commands in both peacetime and wartime. We support the delivery of integrated, affordable, and high quality health services to MHS beneficiaries and DHA is responsible for driving greater integration of clinical and business processes across the MHS. The DHA also leads



the MHS in delivering the objectives of the Quadruple Aim objectives: increased readiness, better health, better care, and lower cost.

The agency directs the execution of ten joint directorates—the shared services representing about 85 percent of the shared functions and processes that occur across the services and that manage and administer the following: Enterprise Support Activities (ESAs), TRICARE Health Plan, pharmacy programs, health information technology, education and training, public health, medical logistics, facility management, budget and resource management, research, development & acquisition, and procurement & contracting. The DHA's administration of the TRICARE Health Plan provides worldwide medical, dental, and pharmacy programs to over 9.4 million uniformed services, members, retirees, and their families.

We are also the market manager for the National Capital Region (NCR) enhanced Multi-Service Market, which includes Walter Reed National Military Medical Center (WRNMMC) and Fort Belvoir Community Hospital (FBCH).

This expansive mission requires a serious investment. Our budget is close to \$50-51 billion a year, which includes all of the elements that support the MHS (i.e., military construction, personnel, training, and equipment) with \$15 billion dedicated to TRICARE health plan.

For the last four years, the DHA has grown from a newly established defense agency to a mature organization that continues to meet the expanding expectations that our Combatant Commanders, the services, and our patients place on us.

In 2018, the DHA accepted important new leadership responsibilities for managing healthcare services around the world. At the same time, we remain deeply engaged in several transformative initiatives—deploying a new global Electronic Health Record, MHS GENESIS, that supports our shared and intertwined readiness and healthcare delivery missions, as well as ensuring our improved TRICARE program expands access to an integrated team of military and civilian network providers.

On Changes to TRICARE

TRICARE is the uniformed services healthcare program. It brings together the healthcare resources of the MHS—such as military hospitals and clinics—with a network of civilian healthcare professionals, institutions, pharmacies, and suppliers to foster, protect, sustain, and restore health for those entrusted to their care. With the help of Congress and passage of the National Defense Authorization Act (NDAA) of 2017, MHS is focusing on modernizing and simplifying TRICARE offering more benefit choices, improved access to care, and simplified cost-sharing.

We used three plans: prime, standard, and extra. We now have just two programs—TRICARE Prime, our managed care plan, and TRICARE Select, a Preferred Provider (PPO) type option. We streamlined the plan options, making it easier to choose. We also made it easier to enroll by instituting calendar year enrollment. We've gone from a cost-sharing model, which is a moving target and hard to budget for, to now having fixed co-pays. It is a two-tier co-pay system with different rates for those who are active duty before 2018 and those who join after. We've identified "qualifying life events" that allow beneficiaries the opportunity to change plans as their life and health needs change. It gives our beneficiaries



Establishing the Joint Trauma System within the Defense Health Agency optimally positions the JTS to serve as the reference body for all trauma care. (U.S. Navy photo by Petty Officer 1st Class Gary Johnson)

greater choice and better ensures they are getting the healthcare plan that works for them.

TRICARE also will test the concept of value-based healthcare by customizing networks to include high-performing providers who use high-value reimbursement incentives to deliver quality care, facilitate greater access, and encourage their patients to more actively participate in healthcare decisions.

On Improving the Pharmacy Benefit

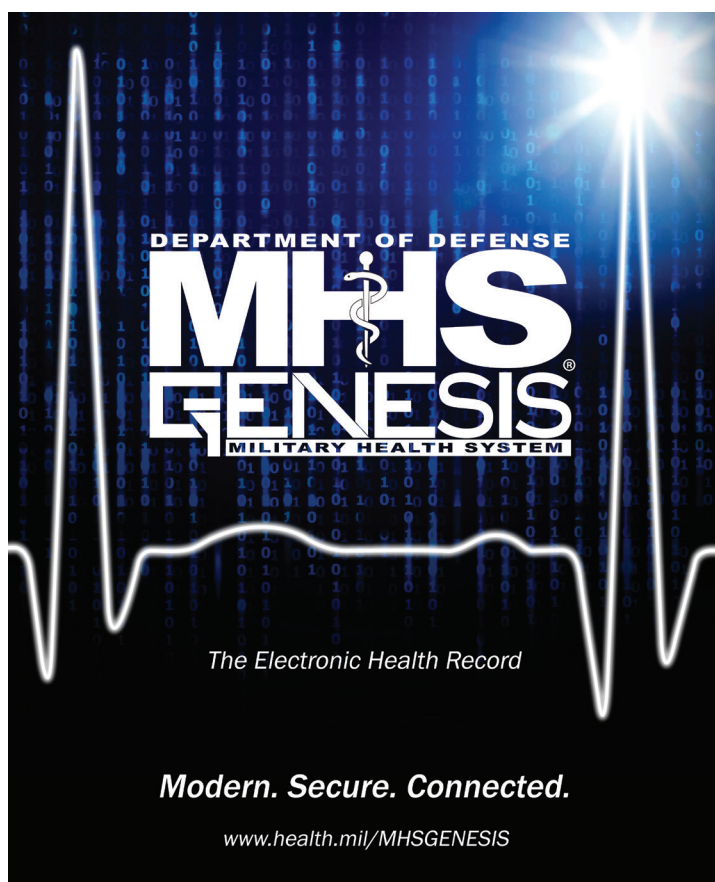
Our pharmacy benefit is great for our beneficiaries, probably one of our most generous benefits. We have a very robust formulary that makes it a real cost driver. We seek to manage our costs by better managing the supply chain of our pharmaceuticals. Along with new pharmacy co-pays, we gave our patients choices. They can get their medications at the MTF at no cost. They can go to retail pharmacies where there is a slightly higher cost and co-pay. Finally, they can also sign up for the mail order pharmacy. In terms of cost, the mail order is between the MTF option and the retail option, but the mail order by providing larger quantity of medicine is convenient for those beneficiaries with chronic conditions.

Along with these options, we realize that to truly maintain and manage the costs of our pharmacy benefit, we need to better understand the impact of certain drug groups in the MTFs. At all times, we have to be monitoring the effectiveness of the medication that is being prescribed.

On Modernizing MHS's Electronic Health Record

MHS GENESIS is a single integrated inpatient and outpatient electronic health record, MHS GENESIS transforms the delivery of healthcare for the Department of Defense and the Military Health System. This cutting edge technology will supply MHS providers throughout the continuum of care, as well as private sector healthcare partners, with the necessary data to collaborate and make the best possible healthcare decisions. It enables standardized workflows, integrated healthcare delivery, and data standards for the improved and secure electronic exchange of medical and patient data. It is important to understand that MHS GENESIS isn't just a technology platform, but involves the transformation of culture and process within our system.

MHS GENESIS has provided us an incredible opportunity. It was a big decision to go with a commercial off-the-shelf product based on the recognition that the pace of technology and the rate of innovation merited seeing what industry had to offer. We wanted to have a technology with a proven track record and the capability to keep pace with technological advances. Going in this direction has also required that MHS look inward and ask pertinent questions about how we are doing things and whether we are doing these things the best way for our patients.



In Fiscal Year 2017, MHS GENESIS launched at three Initial Operational Capability (IOC) sites in the Pacific Northwest. The first Go-Live occurred in February at Fairchild Air Force Base (AFB). MHS GENESIS also became operational at two other sites, Naval Health Clinic Oak Harbor and Naval Hospital Bremerton. The Program Executive Office, Defense Healthcare Management Systems (PEO DHMS) is hard at work on the next steps for the wave-model rollout of MHS GENESIS.

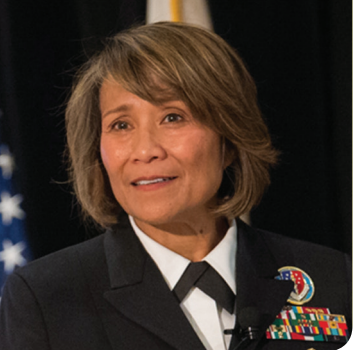
There are specific lessons learned from the initial deployment. The first thing is the infrastructure. There has to be the right platform, the right network. We have to make sure that the hardware and infrastructure are the right pieces in the right configuration with the right circuits. Second, the actual technical deployment of MHS GENESIS learning from industry was critically important. The third area is the importance of governance when deploying such a technology. You can't have a thousand points of light making the decision. You have to have a decision-making process and governance structure that takes an enterprise approach. This means that some of the decisions are not always going to be the most popular, but you have to go from flash to bang quickly. You can't sit there and admire the problem. With new technology comes new and different business and clinical workflows. Along with a solid governance structure, you cannot overstate the importance of change management to the successful implementation of such transformative technology.

On the Success of the Joint Trauma System

In 2003, the Joint Trauma System (JTS) began forming when a commander with the U.S. Army Institute of Surgical Research recognized that no formal trauma care standards existed in Iraq and Afghanistan.

Today, as part of the DHA, the mission of the Joint Trauma System is to provide evidence-based process improvement of trauma and combat casualty care. As a result, JTS can help to drive morbidity and mortality to the lowest possible levels and to provide evidence-based recommendations on trauma care and trauma systems across the Department of Defense (DoD).

Over the last sixteen years of conflict, principally in Iraq and Afghanistan, but also extending to other spots around the globe, the MHS has indeed achieved the highest survival rates witnessed in the history of warfare. An important contributor to this success was the collaborative work of Army, Navy and Air Force professionals -- particularly in the areas of trauma care and surgery -- to collect and share data



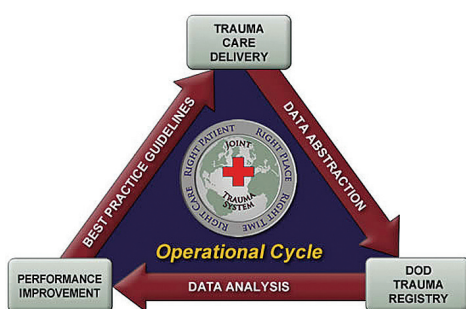
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so that the MHS could track outcomes, assess and improve clinical practices and organize resources to improve our ability to save lives.

In 2016, Congress required that DHA establish the JTS with several vital responsibilities: serve as the reference body for all trauma care provided across the MHS; establish standards of care for trauma services both in the deployed environment and at home station; coordinate knowledge translation from our research programs to the delivery of care; and coordinate lessons learned from our military-civilian educational partnerships (where military surgeons work in civilian trauma centers).

The JTS is an exemplary model for our integrated future. Although it was initially established on an informal basis, driven by our surgeons’ desire for improved outcomes on the battlefield, it will serve as a permanent part of our approach in the DHA for creating a common framework for healthcare improvement in all settings.



We’re taking the lessons learned beyond the MHS as well. We’ve partnered with the American College of Surgeons and National Academy of Medicine and Sciences to share our collective expertise in trauma response and what we have learned from building the joint trauma system. It is about taking our experiences to—and sharing these insights with—the rest of the nation to enhance the ability and capabilities of civilian trauma medicine. For example, we’ve partnered on the “Stop the Bleed Campaign,” which trains the public

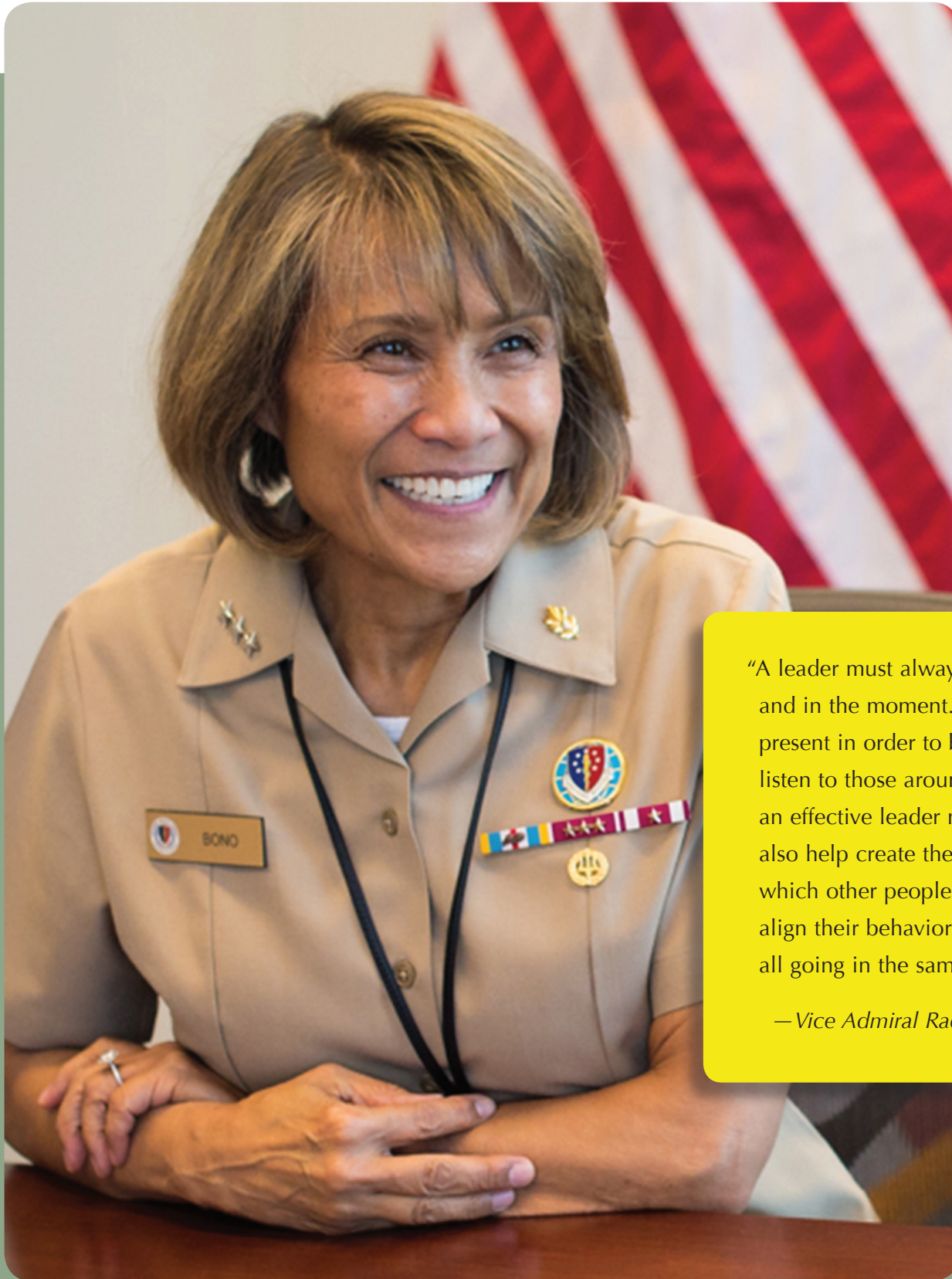
in hemorrhage-control techniques that could save lives in an accident, mass shooting, or terrorist attack. Over 16 years of war, we’ve developed innovative ways to apply tourniquets more effectively, helping to resuscitate people— literally saving life and limb.

On the Preventable Disease of Opioid Addiction

Much like trauma, opioid addiction is a preventable disease. Less than one percent of active duty service members either abuse or are addicted to opioids, but we are cognizant of the broader public health crisis facing this nation. For those ill or injured in service to our nation, we have an ongoing obligation to provide the full range of services to assist with their recovery and rehabilitation. This includes the management of pain and addiction. We have taken a comprehensive set of actions to include: instituting provider education (leading to a reduction in opioid prescribing); expanding partnerships with federal, state, private sector, and contracted partners; developing alternatives to opioids for both our direct and purchased care settings; and now further expanding our Prescription Drug Monitoring Program (PDMP) to include state monitoring programs.

We continue to emphasize advances in pain and addiction treatment, pharmacy interventions, and research into pain and addiction syndromes. Given the physically demanding nature of military service, the incidence of pain must be anticipated and addressed. Our approach to the opioid crisis has a dual focus: to implement a comprehensive model of pain management that focuses on non-pharmacologic pain treatments and, when opioid use is necessary, to optimize safe usage for our patients.

It is a very serious issue. Look at the stats of people overdosing in the general population. They outnumber car accidents. It is preventable, but it requires a multi-pronged approach. We have to look at our system. We have to look at our providers. We have to look at our patients. Then we have to make sure we’ve got the right stop gaps in place and provide the most comprehensive and contemporary care that is available.



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—Vice Admiral Raquel Bono, M.D.

On the National Defense Authorization Act for Fiscal Year 2017 (2017 NDAA)

The law is built on and strengthens many of the MHS reforms implemented in the last several years:

- Increases the imperative for greater collaboration (“jointness”) across the services in support of the readiness mission
- Matures the responsibilities of the DHA
- Expands common, enterprise-wide performance measures
- Improves access to care for all beneficiaries
- Improves accountability for performance in access, quality, and safety

The law modernizes the TRICARE benefit by:

- Combining several benefit options into a new TRICARE Select benefit that expands TRICARE network coverage across the U.S
- Simplifying TRICARE cost-sharing for service members, retirees, and families by updating the fee structures, which had not been changed in over 20 years

The centralized administration of the MTFs under the authority of the DHA provides us the opportunity to focus on readiness, create a common high-quality experience for patients, and eliminate redundancies. Increasing military readiness is the top priority and the DHA is working toward implementing the law and collaborating with stakeholders in support of Congressional intent.

When you take a look at Title Seven of the NDAA 2017 you actually see a vision of the system that is being developed and everything nests within each other. I am very appreciative of Congress because these reforms put our patients first and will have a profound impact on them and the care we deliver.

On Leadership

Leadership is about making change happen. Being an effective leader means that you also help create the conditions in which other people can modify or align their behaviors so that we are all going in the same direction.

A leader must always be mindful and in the moment. You have to be present in order to be attentive and listen to those around you. I think that is one of the greatest skills or one of the greatest tools that leaders have to have: the ability to



Navy Vice Adm. Raquel Bono, director, Defense Health Agency, speaks at the Defense Health Information Technology Symposium, July 25, in Orlando, Florida. Conferences like this one help MHS and other health care personnel to exchange ideas and information to help improve care to beneficiaries. (Courtesy photo)

listen and really hear what someone is telling you. Change is always challenging. If you're not tuned in to what others are telling you, then you might miss that opportunity to help make change a little easier.

The other leadership quality that is important is being inclusive and welcoming of divergent perspectives. It is interesting what you learn when you understand someone else's perspective. It gives me insight into where that person might be in that moment and what might be important to them. If I want them to be a part of my team, then this leads to my third characteristic for leadership—engagement. If I know where someone is at, then it helps me understand the best way to engage them.

To learn more about the Defense Health Agency, go to health.mil/dha.



To hear *The Business of Government Hour* interview with Vice Admiral Raquel Bono, M.D., go to businessofgovernment.org.



To download the show as a podcast, go to PodcastOne, iTunes, and businessofgovernment.org.



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To read the full transcript of *The Business of Government Hour* interview with Vice Admiral Raquel Bono, M.D., go to businessofgovernment.org.