Military Health System (MHS) Section 703 Workgroup Use Case Decision Package

2nd Medical Group Barksdale Air Force Base (AFB)

Volume I

Disclaimer: This Use Case provides information relevant to decisions to change capacity and capability of a military treatment facility. A detailed implementation plan is needed to accomplish a transition of clinical services.

Executive Summary

Site	**2nd Medical Group (MEDGRP) Barksdale AFB**
Decision	Transition 2nd Medical Group Barksdale outpatient facility to an Active Duty (AD) only and Occupational Health clinic (AD/OH). All base support functions and pharmacy workload supporting all beneficiaries will be maintained.

Background and Context

The table below summarizes the findings and data informing the decision on the future of the Military Medical Treatment Facility (MTF). Information in the Use Case Package could include, but is not limited to: Base and MTF mission briefs, a site-visit trip report, and two network assessments (TRICARE Health Plan Network Review and an independent government network assessment). When determining the decision for each site, the mission impact and network impact were considered in conjunction with Service and MTF input.

Installation Mission Summary

Barksdale Air Force Base (AFB) is located in Barksdale, Louisiana (LA), approximately 7.5 miles from Shreveport, LA. The mission is to provide the United States (U.S.) with lethal, nuclear, and conventional combat-ready Airmen and B-52s for global strike and combat support operations. Barksdale AFB supports 32 units including the Air Force Global Strike Command, 307th Bomb Wing, 8th Air Force and 2nd Bomb Wing. It is also home to three squadrons of B-52H Stratofortress bombers – the 11th Bomb Squadron (training squadron), the 20th Bomb Squadron and the 96th Bomb Squadron – which ensures the 2nd Bomb Wing provides flexible, responsive, global combat capability, autonomously and in concert with other forces, and trains all Air Force Global Strike Command and Air Force Reserve B-52 crews. As a force provider, necessary medical capabilities for Barksdale AFB include support for mission readiness and deployability, maintaining health and readiness for the active duty population and providing garrison care for beneficiaries and retirees.

Criteria Matrix

Criteria	Rating or Value[1]	Key Takeaways or Findings	Use Case Package
Mission Impact	L	• Barksdale AFB leadership has identified a minimum level of staffing and capabilities to fulfill the mission (see Appendix F), with some drawdown in Active Duty Family Member (ADFM)/retirees enrolled. Proposed personnel reductions could undermine Second (2) MEDGRP enterprise readiness and health delivery performance support to Air Force Global Strike Command (AFGSC), Eighth (8) Air Force and Second (2) Bomb Wing (BW) • Leadership is concerned that proposed changes will impact mission, readiness, and lost duty time and delay response time. Transitioning to AD only may impact the rapid evaluation required to determine individual readiness and whether a Service member is able to return to work or needs to be taken out of theater. The transition would also impact the Comprehensive Medical Readiness Program (CMRP) requirements across the assigned AD providers • Reduction in EMS services would create delayed response times for potentially serious situations that occur on the 22,000-acre installation as civilian ambulance response time is double that of the MEDGRP	Section 1.0
Network Assessment	M	• Both the TRICARE Health Plan and independent government network assessment showed that Barksdale currently has an adequate Primary Care network. Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market • The independent government network assessment showed that the commercial Specialty Care providers within the 60-minute drive-time could potentially absorb the incremental demand from beneficiaries who are being transitioned out of the MTF. However, with projected shortages the network may be challenged to maintain adequacy over time	Section 2.0

[1] See Appendix B for Criteria Ratings Definitions

Risk / Concerns and Mitigating Strategies

The Risk / Concerns and Mitigation Strategies table below, represents a high-level summary of the risks identified throughout the process as well as the main concerns of the Base and MTF Commanders identified on the site visit. Though not exhaustive, the mitigation strategies / potential courses of action will be used to help develop a final implementation plan.

	Risk/Concerns	Mitigating Strategy
1	The patients' change in expectations from getting care on the base to getting care off the installation and incremental associated costs will have to be monitored and managed	• The risk will be mitigated through the implementation and communication plan, as well as case management and care coordination
2	The pace at which the network can absorb new enrollees is unknown. There will be an adjustment period for the network. Trust, accountability, quality, and accessibility of services with commercial providers	• The MTF should conduct the transition in a measured way that is tailored to their specific needs and addressed in the implementation plan. The MTF and Defense Health Agency (DHA) will monitor progress and address access issues by slowly transitioning
3	The network may experience challenges sustaining adequacy until new entrants enter the Primary Care and Specialty Care market	• MCSC/TRICARE Health Plan and MTF will monitor the Primary Care and Specialty Care network adequacy and address supply issues by slowing down the transition as necessary
4	Active Duty Service Members (ADSM) who are single parents will have to travel off-base for all of their family's healthcare, resulting in additional time away from the duty section	• The implementation and communication plan will need to address this issue with commanders so they can manage potential impacts on their units

Next Steps

Develop the implementation plan for the above decision, with a focus on deliberately shifting enrollees to an expanded civilian network one (1) panel at a time.

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1.0. Installation and Military Medical Treatment Facility (MTF) Description

1.1. Installation Description

Barksdale Air Force Base (AFB) is located in Barksdale, Louisiana (LA), approximately 7.5 miles from Shreveport, LA. Barksdale AFB supports 32 units including the Air Force Global Strike Command, 307th Bomb Wing (BW), 8th Air Force 2nd BW. Key mission elements of the base include providing strategic deterrence capabilities and global combat air power

Name	Barksdale Air Force Base
Location	Barksdale, LA; approximately 7.5 miles from Shreveport, LA
Mission Elements	The 2nd Bomb Wing conducts the primary mission of Barksdale Air Force Base, La., with three (3) squadrons of B-52H Stratofortress bombers: the 11th Bomb Squadron, which is the training squadron, the 20th Bomb Squadron and the 96th Bomb Squadron. Together they ensure the 2nd BW provides flexible, responsive, global combat capability, autonomously or in concert with other forces and trains all Air Force Global Strike Command (AFGSC) and Air Force Reserve B-52 crews
Mission Description	AFGSC Mission – Airmen providing strategic deterrence, global strike, and combat support…anytime, anywhere! AFGSC Vision – Innovative leaders providing safe, secure, and effective combat-ready forces for nuclear and conventional global strike…today and tomorrow! 2nd BW Mission – Provide the United States with lethal, nuclear, and conventional combat-ready Airmen and B- 52s for global strike and combat support operations. 2nd BW Vision – To be the best…best at the mission, best at taking care of Airmen, best at taking care of families 2nd BW Priorities: Mission, Airmen, Families
Regional Readiness / Emergency Management	Unknown
Base Active or Proposed Facility Projects	Future infrastructure projects include Weapons Generation Facility (WGF), WGF Dorm, Consolidated Comm Facility, Interstate 220 Gate, Combat Arms Training and Maintenance (CATM) School House, Fire Station 2
Medical Capabilities and Base Mission Requirements	Focus on Mission, Airmen, and Families. Barksdale AFB supports a unique bomb wing mission that requires medical support on base, specifically, occupational, public, and environmental health to support the AD and Civilian population. Challenges include: - Combat readiness - Aging Infrastructure o Infrastructure o Historic Housing o Runway/Apron Repair, Alert Parking Area - B-52 Modernization Funded to achieve 2050+ Life Expectancy o Internal Weapons Bay Upgrade o Combat Network Comm Technology Link 16 o Radar Modernization o Anti-Skid/ Mode S/5 Install Future o Engine Modernization (FY19) o Advanced Targeting Pod MFCD (FY19) Long Range Standoff (LRSO) Weapon Testing

1.2. MTF Description

2 nd Medical Group (MEDGRP) Barksdale AFB is located in Barksdale, LA, approximately 7.5 miles from Shreveport, LA. The AF-C- 2nd MEDGRP-Barksdale includes four squadrons: the 2nd Aerospace Medicine Squadron, 2nd Dental Squadron, 2nd Medical Support Squadron, and 2nd Medical Operations squadron. These squadrons along with Group staff provide the core functions listed below to support the 2nd BW. Additionally, the 2nd MEDGRP is tasked with traditional and non-traditional Unit Type Codes (UTCs) to include, but not be limited to, Response Task Force (RTF), Fight the Base, and Bomber Task Force (BTF) missions. These non-traditional requirements require organic support for non-Designed Operational Capability (DOC) statement UTCs to support worldwide flexible deterrence options and direct combat support operations at a moment's notice for an indefinite or unspecified period of time.

Name	2nd MEDGRP-Barksdale

Location	Barksdale, LA
Market[2]	Stand-Alone MTF
Mission Description	Provide Trusted Care that Ensures a Ready Fit Force and the Health of Our Families Be the Air Force's Premier Healthcare Team
Vision Description	Provide Trusted Care that Ensures a Ready Fit Force and the Health of Our Families Be the Air Force's Premier Healthcare Team
Goals	Maximize Readiness • Provide our Beneficiaries with Trusted Care • Optimize Resource AFMS TRUSTED CARE DOMAINS: • Culture of Safety • Patient Centeredness • Leadership Engagement Continuous Process Improvement
Facility Type	Outpatient facility
Square Footage	118370 sq. ft
Deployable Medical Teams	See Volume II Part A: MTF Data Call
Fiscal Year (FY) 2018 Annual Budget	No Information
MTF Active or Proposed Facility Projects	Unknown
Performance Metrics	See Volume II Part E for Partnership 4 Improvement (P4I) measures and Part F for Joint Outpatient Experience Survey data.
FY18 Assigned Full-time Equivalents (FTEs)[3]	

	Active Duty	Civilian	Contractor	Total
Medical	51.2	0.0	200.4	**251.6**

Healthcare Services	Outpatient key product lines[4] - Base Operational Medicine Clinic (BOMC) - Primary Care - Mental Health - Optometry Prioritization of product lines/personnel to keep based on MTF requirements (remaining FTEs): - AD Primary Care (six (6) full PCM teams) - Physical Therapy (4) - Women's Health (3) - EMS Services (13 authorizations current or contract funding) - Chiropractic (2) - GPM and EFMP (2) - Medical Logistics (10) - Pharmacy (9) - Laboratory (9) Core Functions - Aerospace Medicine: Flight Medicine, Personnel Reliability Assurance Program Clinic, Public Health, Health Promotion, Bioenvironmental Engineering, Optometry, Medical Standards, Veterinary Medicine and Occupational Medicine - Medical Support: Readiness, Logistics, Pharmacy, Information Services, Resource Management,

[2] Defined by FY17 NDAA Section 702 Transition
[3] 2nd MEDGRP Barksdale MTF Portfolio
[4] 2nd MEDGRP Barksdale MTF Portfolio

	Laboratory, TRICARE Operations and Patient Administration (TOPA), Facilities Management and Diagnostic Imaging - Medical Operations: Family Health, Pediatrics, Mental Health, Behavioral Health Optimization, Family Advocacy, Physical Therapy, Chiropractic Care, Immunizations, Women's Health and Ambulance Services - Dental: Clinical Dentistry, Dental Lab, Dental Residency Program - Group Staff: Case Management, Disease Management, Health Care Integration and Exceptional Family Member Program Management, Education and Training
Projected Workforce Impact	

Active Duty	Civilian	Total
54	16	**69**

2.0. Healthcare Market Surrounding the MTF

Description

AF-C-2nd MEDGRP-Barksdale is located in Barksdale, Louisiana (LA) and offers both Primary and Specialty Care services that support Barksdale AFB's unique bomb wing mission. Specifically, this includes occupational, public, and environmental health to support the active duty and civilian population.

Top Hospital Alignment

Primary Care

- Willis-Knighton Medical Center (Shreveport, LA)
- Willis-Knighton Bossier Health Center (Bossier City, LA)
- Willis – Knighton Hospital South (Shreveport, LA)
- University Health Center (Multiple locations including Shreveport, LA)
- Christus Highland Hospital (Shreveport, LA)

Specialty Care – OB GYN

- Willis-Knighton Medical Center (Shreveport, LA)
- Willis – Knighton Hospital South (Shreveport, LA)
- Christus Highland Hospital (Shreveport, LA)
- Willis-Knighton Bossier Health Center (Bossier City, LA)
- Minden Medical Center (Minden, LA)

Specialty Care – Psychiatry

- University Health Center (Multiple locations including Shreveport, LA)
- Brentwood Hospital (Shreveport, LA)
- Willis – Knighton Hospital South (Shreveport, LA)
- Willis-Knighton Bossier Health Center (Bossier City, LA)
- Willis – Knighton Medical Center (Shreveport, LA)

Likelihood of Offering Primary Care and Specialty Services to TRICARE Members[5]

Primary Care

	Number of Practices	Number of Physicians
Contracted with TRICARE	29	29
High Likelihood	7	6
Medium Likelihood	64	144
Low Likelihood	15	33
Total	**115**	**212**

Specialty Care- Psychiatry

	Number of Practices	Number of Physicians
Contracted with TRICARE	3	2
High Likelihood	3	2
Medium Likelihood	15	33
Low Likelihood	8	10
Total	**29**	**47**

Specialty Care- OB GYN

	Number of Practices	Number of Physicians
Contracted with TRICARE	5	0
High Likelihood	0	0
Medium Likelihood	16	38
Low Likelihood	7	13
Total	**28**	**51**

[5] Contracted with TRICARE: Providers are currently contracted to provide services to TRICARE beneficiaries; High Likelihood: Providers are connected to organizations currently providing services to TRICARE beneficiaries; Medium Likelihood: Providers are accepting Medicare and/or Medicaid; Low Likelihood: Providers are neither providing Medicare nor Medicaid

2.1. DHA TRICARE Health Plan Network Review

Facts:

- Barksdale, Louisiana (Shreveport) has a market area population of approximately 546K[6]
- 2nd MEDGRP offers Primary Care, gynecology, optometry and physical therapy
- 2nd MEDGRP has 10,100[7] non-AD enrollees who could enroll to the network
- MCSC has contracted 162[8]of 212[9] (76%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 120 of the 162 are accepting new patients
- Rolling 12-month JOES-C scores ending October 2018 with a "health care rating" scored as a nine (9) or 10 on a scale of 0-10:
    - 2nd MEDGRP patients: 42.2% (169 respondents)
    - Network patients: 70.9% (294 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members[10]
    - Preventive Care Visit: $0
    - Primary Care Outpatient Visit: $20
    - Specialty Care Outpatient or Urgent Care Center Visit: $30
    - Emergency Room Visit: $61
- TRICARE Prime enrollees should expect to drive no more than:
    - 30 minutes to a PCM for Primary Care
    - 60 minutes for Specialty Care

Assumptions:

- MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000[11]
- PCPs generally have relatively full panels, able to immediately enroll:
    - Up to 2.5% more enrollees (49) easily
    - 2.5% - 5% (50-99) with moderate difficulty
    - > 5% (100+) with great difficulty
- Rural networks will grow more slowly than metropolitan networks to accommodate demand

Analysis:

- Barksdale is near Shreveport, LA and has a currently adequate Primary Care network
- Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market
- If MCSC contracts 50% of the non-network PCPs, they would have a total of 145 PCPs accepting new patients
- Each PCP would have to enroll 70 new patients to accommodate the 10,100 2nd MEDGRP enrollees
- Based on the assumptions above, the MCSC network could expand with moderate difficulty to meet the new demand
- There are seven network facilities within drive time of 2nd MEDGRP that offer like services currently provided by the MTF with more than adequate access to Specialty Care
- Beneficiaries rate network health care 28% higher than 2nd MEDGRP healthcare, so beneficiary satisfaction is not likely to suffer with network enrollment
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- On-base non-AD residents will have to travel farther for Primary Care if enrolled to the network

Implementation Risks:

- MCSC network may not grow fast enough to accommodate beneficiaries shifted from 2nd MEDGRP
- MCSC may be unable to contract enough PCPs within the 30-minute drive time
- Retirees and their family members may seek less Primary Care due to out-of-pocket costs (+/-)

2.2. Network Insight Assessment Summary (Independent Government

[6] Network Insight Assessment Summary (Independent Government Assessment)
[7] M2
[8] MCSC
[9] Network Insight Assessment Summary (Independent Government Assessment)
[10] http://www.tricare.mil/costs
[11] MGMA

Assessment) Facts:

- **Primary Care:** Over 99% of non-AD MTF Prime and Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care, concentrated around the MTF location. The potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups and thus the impact of MHS beneficiaries entering the commercial market will not materially impact supply and demand of services in the Barksdale market
- There are 115 Primary Care practice sites and 212 Physicians in the 15-mile radius (not limited to TRICARE)
- Population growth for Primary Care over the last five years (2014 to 2018) has averaged 0-1%, and is projected to remain at 1% growth over the next five years
- **Specialty Care:** Over 99% of MTF Prime, Reliant and Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty Care, concentrated around the MTF location. The potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups and thus the impact of MHS beneficiaries entering the commercial market will not materially impact supply and demand of services in the Barksdale market
- There are 57 Specialty Care practice sites and 98 physicians in the 40-mile radius (not limited to TRICARE)
- Population growth for Specialty Care has remained stagnant over the last five (5) years (2014 to 2018), and is projected to increase to 1% growth over the next five (5) years

Assumptions:

- Assumptions can be found in Section 4.3.2 of the NDAA Section 703 Report

Analysis:

- The commercial Primary Care network within the 30-minute drive-time standard could be capable of absorbing the incremental demand from beneficiaries who are being transitioned out of the MTF. However, with projected shortages of General/ Family Practice providers, the network may be challenged to maintain adequacy over time (2019 to 2023)
- The commercial Specialty Care providers within the 60-minute drive-time could potentially absorb the incremental demand from beneficiaries who are being transitioned out of the MTF. However, with projected shortages the network may be challenged to maintain adequacy over time

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition
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Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service QPP
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs)
6. The average PCP panel is approximately 2000[12]

[12] MGMA

Appendix B: Criteria Ratings Definition

Criteria Ratings Definition

Mission Impact	High: High probability of impacting the mission or readiness with the impacted population receiving network care Medium: Moderate probability of impacting the mission or readiness with the impacted population receiving network care Low: Low probability of impacting the mission or readiness with the impacted population receiving network care
Network Assessment	High: Both network assessments confirm inadequate network for primary and Specialty Care. Low probability of network growth or MCSC recruitment in the future Medium: Mixed findings from both network assessments for primary and Specialty Care. Moderate probability of network growth in the future Low: Both network assessments confirm adequate network for Primary Care and Specialty Care

Appendix C: Glossary

Term (alphabetical)	*Definition*
Ambulatory Care	Ambulatory care is care provided by health care professionals in outpatient settings. These settings include medical offices and clinics, ambulatory surgery centers, hospital outpatient departments, and dialysis centers (AHRQ.gov)
Beneficiary	Individuals who have been determined to be entitled to or eligible for medical benefits and therefore are authorized to receive treatment in a military treatment facility or under Department of Defense auspices (Source: health.mil)
Critical Access Hospital Designation	Critical Access Hospitals (CAHs) is a designation given to eligible hospitals by the Centers for Medicare and Medicaid Services (CMS) .... (CAHs) represent a separate provider type with their own Medicare Conditions of Participation (CoP) as well as a separate payment method. CoPs for CAHs are listed in the Code of Federal Regulations (CFR) at 42 CFR 485.601–647(Source: CMS.gov)
Direct Care	Care provided to eligible beneficiaries throughout the Military Health System at DoD hospitals, clinics, and pharmacies (usually MTFs) (Direct Care); (Source: McEvoy, L. N., 2Lt, USAF. (2018). A Study of Military Health Care Costs: Direct Versus Purchased Care in a Geographical Region. Defense Technical Information Center, 1-6. Retrieved from https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf.)
Eligible	To use TRICARE, you must be listed in DEERS as being eligible for military health care benefits. TRICARE-eligible persons include the following: Military members and their families, National Guard/Reserve members and their families, Survivors, Some former spouses, Medal of Honor recipients and their families (Source: tricare.mil)
Enrollee	The Cambridge Dictionary defines Enrollee as "someone who is on the official list of members of a group, course, or college." For the purposes of this Use Case, Enrollee is defined as an eligible Military Health System beneficiary that is currently participating in one of the TRICARE Health plans
JOES	Joint Outpatient Experience Survey (Source: health.mil)
JOES-C	Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems (Source: health.mil)
Managed Care Support Contractor (MCSC)	Each TRICARE region has its own MCSC who is responsible for administering the TRICARE program in each region. The MCSCs establish the provider networks and conduct provider education. Humana is the MCSC in the East, and HealthNet is the MCSC in the West (Source: health.mil)
Network	A provider network is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to its members. These providers are called "network providers" or "in-network providers." (Source: cms.org)
Occupational Therapy	Occupational therapy is the use of individualized evaluations, customized intervention strategies, and outcome evaluations to help people across their lifespan participate in activities they want and need through the therapeutic use of everyday activities (occupations) (Source: The American Occupational Therapy Association)
Remote Overseas	TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations: Eurasia-Africa, Latin America and Canada, Pacific (Source: tricare.mil)
P4I	A set of MHS clinical, quality, safety and readiness performance measures (Partnership for Improvement)
Panel	A panel is a list of patients assigned to each care team in the practice. The care team (e.g., a physician, a medical assistant, and a health educator) is responsible for preventive care, disease management, and acute care for all the patients on its panel. This means that a patient will have the opportunity to receive care from the same clinician and his or her care team. The panel's population are the patients associated with a provider or care team, the physician care team is concerned with the health of the entire population of its patient (Source: AHRQ.gov)
Plus	With TRICARE Plus patients receive free Primary Care at their respective military hospital or clinic. The beneficiary is not required to pay anything out-of-pocket. TRICARE Plus does not cover Specialty Care (Source: health.mil)
Prime	TRICARE Prime is a health insurance program offered to active duty members, retirees, activated guard and reserve members, and families. Active Duty members are required to enroll in TRICARE Prime, while all others may choose to enroll or use TRICARE Select. TRICARE Prime offers fewer out-of-pocket costs than TRICARE Select, but less freedom of choice for providers (Source: health.mil)
Purchased Care	TRICARE provides care to its eligible beneficiaries in two broad settings: a system of DoD hospitals, clinics, and pharmacies (usually MTFs) (Direct Care); and a supplemental network of participating civilian health care professionals, institutions, pharmacies, and suppliers (Purchased Care) (Source: McEvoy, L. N., 2Lt, USAF. (2018). A Study of Military Health Care Costs: Direct Versus Purchased Care in a Geographical Region. Defense Technical Information Center, 1-6. Retrieved from https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf.)
Reliant	Active Duty Service Members who are not enrolled to TRICARE Prime (e.g. students and recruits) (Source: MHS Modernization Study, Feb 2016)
Value Based Payment	**Value Based Payment** (VBP) is a concept by which purchasers of health care (government, employers, and consumers) and payers (public and private) hold the health care delivery system at large (physicians and other providers, hospitals, etc.) accountable for both quality and cost of care (Source: AAFP)

Appendix D: Volume II Contents

Part A	Data Call
Part B	Relevant Section703 Report Detail
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Part D	Network Insight Assessment Summary (Independent Government Assessment)
Part E	P4I Measures
Part F	JOES-C 12-month Rolling Data
Part G	Base Mission Brief
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Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: 2nd Medical Group Barksdale 9

April 2019

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Purpose of the Visit:

This was a fact-finding visit to assist the MHS Section 703 Workgroup in understanding unique mission aspects, as well as base and MTF's leadership perspective of the capacity of the current civilian network market. This information will be used for making MTF specific capability and capacity options and decisions to be included in a report to Congress.

Summary of Site Visit:

Base/Mission Impact:

- Barksdale leadership communicated that their three priorities are to support the wing mission, airmen, and their families
- Barksdale AFB supports a unique bomb wing mission that requires medical support on base. Specifically, occupational, public and environmental health to support the active duty and civilian population
- Base leadership is concerned that on average, 25K man power hours (MTF estimate) will be lost due to travelling to medical appointments

MTF Impact:

- Barksdale AFB leadership has identified a minimum level of staffing and capabilities to fulfill the mission, with some drawdown in ADFM/retirees enrolled
- An AD Only Clinic, with occupational/public health (including physical therapy and chiropractic services), and relevant medical logistics and management, can meet the mission requirements to address training, missions, and "Fight the Base" (capability to transform peacetime operation into combat-ready airpower platform)

Network Impact:

- Currently, the network has adequate capability to support beneficiaries. There is concern that over time, the network will be incapable of supporting non-active duty care if additional workload is shifted
- The market will need to be tested, as not all network providers currently accept patients
- There are some concerns that TRICARE reimbursement rates may be too low for some area providers

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
Col Michael Miller	Commander, 2d Bomb Wing	Barksdale AFB
Col Christopher Hudson	Commander, 2d Medical Group	Barksdale AFB
Capt Josh Smart	Resource Management Officer, 2d MDG	Barksdale AFB
2d Lt Lauren Rose	Incoming Group Practice Manager	Barksdale AFB
Col Brent Johnson	AFGSC Deputy Command Surgeon	Air Force Global Strike Command
Mr. Ted Rhodes	AFGSC/SG Command Analyst	Air Force Global Strike Command
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
Col James Mullins	Director, Biomedical Sciences Corps Operations, AFMOA	703 Workgroup
Dr. Kimberlyn Ard	Business Operations Specialist, TRICARE Health Plan	THP
Mr. Michael Mathias	Contract Support	703 Workgroup

Below is the summary of the topics that were discussed during the Base Leadership Discussion:

Base Mission Overview:

- Barksdale AFB supports the Air Force Global Strike Command, 307th Bomb Wing, Eighth Air Force and 29 other units. With a large number of support commands, the base houses 6,608 active duty and reservists, 4,490 military families and 1,791 civilians
- Barksdale is home to three squadrons of B-52H Stratofortress bombers – the 11th Bomb Squadron, which is the training squadron, the 20th Bomb Squadron and the 96th Bomb Squadron. Together they ensure the 2nd Bomb Wing provides flexible, responsive, global combat capability, autonomously and in concert with other forces, and trains all Air Force Global Strike Command and Air Force Reserve B-52 crews

Voice of the Customer Summary:

- Readiness: Barksdale AFB, as a force provider, must be constantly ready for mission deployment. Currently deployed in SOUTHCOM, AFRICOM, CENTCOM, and PACOM (Guam Continuous Bomber Presence where medical staffing is combination AF and Navy)
    - Key requirement for leadership is rapid evaluation of airmen (if able to return to work, back ASAP; if not able to return, out of theater ASAP). Because the Wing can "fight from home" and is focused on maintain "Fight the Base" capability and support Bomber Task Force initiatives requiring organic support to non-DOC statement UTCs (i.e. FFRN1/2, FFDAB, and FFGLB), the Medical Group is treating garrison care for active duty like deployed care from a priority perspective
- Necessary Medical Capabilities
    - **Medical force for warfighting:** it used to be that each squadron had a flight surgeon and 1-2 IDMTs, but there are shortages in specific positions, and one-deep positions lead to less and less embedded medical capability. This makes the readiness of the medical force even more important to maintain
    - **Maintaining the health and readiness of the active duty population**, including handling of occupational health issues for industrial-type work and cramped spaces (ergonomics)

    - **Garrison care for beneficiaries and retirees,** so that military medical care remains a retention tool, especially for first or second term airmen. The MTF is the second, if not first, interaction an airman has with a new base
- Public Health/Preventive Medicine is important for both aircrew and maintainers, as they are both dealing with similar issues. Oil wells, gas wells, former bomb testing, and swamps/bayous backed up to housing increase the need for this type of care. Aging infrastructure (historic housing), coupled with major contract housing issues, is also a preventive health concern
- Mission Medical Requirements:
    - Dynamic medical requirements are based on the specific mission, and base leadership is currently working with other bomber bases to codify and make policy around these requirements
    - Major growth is expected within the next decade (400-700 Active Duty, along with family members) as the base is expected to take on new missions and capabilities
    - Dynamic posturing is also dependent on the mission and current situation, and ConOps are in development to identify the role of the Medical Group in a "Fight the Base" situation
    - 2d MDG not only is required to Fight the Base but is also tasked to support Bomber Task Force initiatives requiring organic support to non-DOC statement UTCs (i.e. FFRN1/2, FFDAB, and FFGLB)

Summary of MTF Commander Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
Col Christopher Hudson	Commander, 2d Medical Group	Barksdale AFB
Col Brent Johnson	AF Global Strike Command	Barksdale AFB
Lt Col Scott Carbaugh	Commander, 2d Medical Operations Squadron	Barksdale AFB
Col Joanna McPherson	Commander, 2d Dental Squadron	Barksdale AFB
Lt Col Angelica Black	Representative for MDSS/CC	Barksdale AFB
MSgt Marcus Hunter, Jr	2 MDSS/CC Superintendent	Barksdale AFB
Lt Col Marc Sylvander	Representative for AMDS/CC	Barksdale AFB
Lt Col Miev Carhart	SGN	Barksdale AFB
Maj Dane Newell	SGP	Barksdale AFB
Maj Shane Miles	SGH	Barksdale AFB
MSgt Robrielle Dotson	Acting Superintendent, 2MDOS	Barksdale AFB
MSgt Anitra Crosby	Acting Superintendent, 2AMDS	Barksdale AFB
SMSgt Selma Stinson	2 DS Superintendent	Barksdale AFB
CMSgt Lisbeth Farnum	2 MDG/CCC	Barksdale AFB
TSgt Robert Smith	Medical Readiness	Barksdale AFB
SSgt Laura Warner	Unit Deployment Manager	Barksdale AFB
Mr. Carey Cotton	Quality Director	Barksdale AFB
Maj Jeremy Pallas	Mental Health Flight CC/SGB	Barksdale AFB
Ms. Natasha Brown	Humana Consultant	Barksdale AFB
Ms. Regina M. Boyd	Health Benefits Advisor	Barksdale AFB

2d Lt DeCarro Edwards	Deputy Flight CC	Barksdale AFB
Lt Nichole Puls	TOPA	Barksdale AFB
Capt Rick Brown	TOPA/ Flight CC	Barksdale AFB
Mr. Edward Rhodes	Data Analyst	Barksdale AFB
MSgt Nichelle Booker		Barksdale AFB
Capt Josh Smart	Resource Management Officer, 2d MDG	Barksdale AFB
2d Lt Lauren Rose	Incoming Group Practice Manager	Barksdale AFB
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
Col James Mullins	Director, Biomedical Sciences Corps Operations, AFMOA	703 Workgroup
Dr. Kimberlyn Ard	Business Operations Specialist, TRICARE Health Plan	THP
Mr. Michael Mathias	Contract Support	703 Workgroup

Below is the summary of the topics that were discussed during the MTF Leadership Discussion:

MTF Medical Mission Overview:

- The 2d Medical Group supports the Barksdale AFB airmen, their families and retirees

Voice of the Customer Summary:

- Mission Requirements
    - Ready Medics (largest number of UTCs in Global Strike; Home Station Medical Response – HSMR)
    - Medically Ready Airmen (IMR, Public Health, Preventive Health, Human System Integration)
    - Fight the Base (Long Range, can effectively deploy from home station, and running missions and training consistently; Bomber Strategic Aircraft Recovery Team – BSART; Nuclear Alert)
    - Large Scale Deployments (Continuous Bomber Presence; Bomber Task Force; Deployments ISO Range of Military Operations)
- Because of the specific nature of the mission, requires maintenance of both nuclear and conventional training/certification
- High operations tempo for both deployments and exercises
    - 6 months on, 12 months off
- Readiness Requirements – Comprehensive Medical Readiness Program (CMRP) requires a total of ~18,000 hours across the 163 AD assigned providers. CMRP Category 1 and 2 requirements will undermine DHA ATC requirements. CMRP Category 1 and 2 requirements to meet and enable clinical readiness for physicians and physician extenders (nurses and nursing technicians) is extensive and requires significant time away from the MTF's direct care operations in addition to TDYs, leave, etc. Current access demand requirements leveraging four current PCM teams (2 MDOS/AMDS) does not meet DHA ATC demand requirements (Acute (3x 24HR) and Future 3x FTR 7 days).
    - Using the CMRP Gap Analysis Tool to better understand and fulfill requirements
- Shifting from current status to AD only leads to additional concerns for the medical practice
    - To maintain a rounded panel and a specific acuity level in panels will likely require keeping some ADFM and retirees. 2nd MDG proposes a rounded empanelment including 10% retirees (all ages) to maintain family practice physician's clinical currency. Due to increased Adjusted Clinical Groups (ACG) Resource Utilization Bands (RUB) of the physician's population they recommend a 5-10% decrement in the overall empanelment numbers to account for not only additional encounters but also increased administrative burden, which follow's the Air Force's Predictive Analytics enrollment model

- Network Adequacy:
    - For beneficiaries living on eastern part of Barksdale, it would take ~40 minutes total (~20 minutes each way) to get to healthcare in Shreveport
    - Analysis of network providers shows that not all providers are accepting patients as of March 2019. Those currently accepting patients – 59% of Pediatrics, 58% of Family Medicine, 45% of Internal Medicine, 50% of NP Primary Care, 100% of OBGYN. TRICARE reimbursement rates anecdotally seen as the main reason for providers choosing not to accept TRICARE beneficiaries. They're also currently dealing with market saturation and addressing it will require testing of the market and phased implementation of any changes
    - Shifting of all of Women's Health, Physical Therapy (PT), Chiropractic care, and Pediatrics to the network estimated to cause ~26K hours in lost productivity (based on care, travel, and transport of bene by sponsor in Peds)
- Staffing/Manpower: These concerns/points were made in response to the 4684 Air Force billet reductions but provide additional insight on the 703 workgroup analysis. Note that AD requirements were based on odd hours, weekends, etc so some could be addressed with re-scoped contracts
    - AD Only Clinic Staffing Model – Six (6) empaneled provider teams – requesting 8/12 4Ns to be AD to support 2d BW readiness mission
    - Physical Therapy – One (1) AD team and one (1) contract team can support 100% of AD demand
        - This is an MTF and Base priority for faster return to mission and less time away
        - Operational Support Team (OST) being stood up in a few years cannot support demand, 90% of their time will be non-clinical
    - Women's Health – 20% of AD population, 1,400 AD visits/year
        - The base struggles with the HEDIS metric for cervical cancer screening due to network issues
        - Dysplasia -impacts 120 enrolled (11% of AD female population) – requires additional training to address with colposcopy. Delays here have led to delayed/canceled deployments. Primary Care has difficulty finding time to perform biopsies, vasectomies, so adding colposcopy and dysplasia clinic duties would require longer Primary Care appointments (at least 30 minutes), thus increasing backlog on access for other appointments
    - Ambulance Services – dealing with DoD response time requirements on a 22,000 acre installation. Particularly, there is a major risk dealing with required response times for getting to eastern side of the base (~3 calls/week). It's unclear that civilian companies will take on the risk for delayed response on base
    - Chiropractic – key readiness product line, ~2.9K visits/year
        - Chiropractic care is seen as critical to getting flyers and maintainers back to work quickly, as the providers are able to address ergonomics issues without meds and long-term PT
    - Pharmacy – likely will need to remain open, as the "Fight the Base" requirements unsupportable off-base. Additionally, MHS Pharmacy tends to be most cost-effective, regardless, and satellite pharmacy keeps other medical care separate from ADFM/retirees
    - Laboratory – maintenance depends on services provided (draw and ship vs full service)
        - It's important to maintain a minimum level of testing capability, otherwise many more cases would need to be deferred to the ER downtown based on inability test for level of acuity of the case. With this testing, can be determined that patient can be seen at 2d MDG 90% of the time
- Prioritization of product lines/personnel to keep based on MTF requirements:
    - AD Primary Care (6 full PCM teams FTEs remaining)
        - Need adequate staffing to support deployments, TDYs, CMRP training, maternity/paternity leave, Wing and MAJCOM taskings. Predominantly AD staff offer the most flexibility to meet BW Readiness support requirements. Also, PAs are the

most logical fit to staff the two additional provider slots as the AF has a robust pipeline. They are also the most versatile AFSC for this model. Although not optimal, 2nd Medical Group can accept two of the provider positions being contract/civilian

- Physical Therapy (4 FTEs remaining)
  - Significant delays in returning members to full duty status. The MDG is located within 1 mile of 90% of the BW work centers, which minimizes missed work and ensures that PT patients are working with a provider who understands the mission requirements and job demands
- Women's Health (3 FTEs remaining)
  - Removing Women's Health would push additional work onto the Primary Care workload, decreasing overall access and further reducing female Active Duty readiness (dysplasia and cervical cancer seen as two major female-specific issues)
- EMS Services (13 authorizations current or contract funding)
  - For most ALS medical emergencies, time is of the essence. The extended time it takes off base agencies to respond would put an average of 45% patients at risk for serious injury, permanent illness or death. Barksdale AFB is spread out to 22 thousand acres of land with lakes and hunting areas. It can take 30 to 40 minutes for base agencies to respond to these locations. There were 27 ALS calls from the East Side in 2018
  - Civilian ambulance response teams would not be able to access the most secure areas of the base, so the patient would need to be transported outside the area and transferred to the response crew, which causes further delay care
- Chiropractic (2 FTEs remaining)
  - Chiropractic care is critical to getting flyers and mission critical support back to work quickly. Barksdale has a high population of physically demanding support units such as Aircraft and Vehicle Maintenance, Security Forces, and Explosive Ordinance.
- Group Practice Manager (GPM) and Exceptional Family Member Program (EFMP) (2 FTEs remaining)
  - GPM: Degradation in population health and demand management forecasting will limit flexibility to support 2 BW on-demand readiness requirements (i.e. accommodating PDF lines, etc)
  - EFMP: This population will likely increase with the additional AD manpower at Barksdale AFB, which is proposed to be 300-400 additional AD with associated family members (1.15 FM per member per AFMOA model). Becoming a troop only clinic does not rid BAFB of this service/requirement but will increase the administrative burden on both families and the program office
  - Current business rules require first note from referral be tracked and accessioned, thereby creating additional burden on families and EFMP office to obtain off-base clinical notes to assist with determining enrollment and assist with medical clearance
- Medical Logistics (10 FTEs remaining)
  - Medical Logistics would eliminate the ability to provide Forward Logistics to Satellite Pharmacy and Family Health Clinic, providing valuable service of over 20+ hrs per week being given back to clinical personnel to see patients. Execution of medical orders and delivery will see massive delays, creating potential loss of care or inability to provide medical service to our enrollees
- Pharmacy (9 FTEs remaining)
  - Loss of AD personnel will reduce readiness posture and result in mission degradation supporting: Home Station Medical Response (HSMR), Disease Containment Plan (DCP), Fight the Base, and Deployment/Re-Deployment Processing
- Laboratory (9 FTEs remaining)
  - Lab performs sample collection, in-house and referral testing ordered by off-base providers for TRICARE eligible beneficiaries. Before discontinuing this service for

non-AD patients, more data analysis is needed to determine number of tests performed for this population and whether this service is more cost effective performed by the MTF than the network

Summary of Barksdale AFB Tour

Summary of Barksdale AFB Tour

Below is the summary of the topics that were discussed during the Barksdale AFB Tour:

B-52 Tour:

- Common medical needs for aircrew/support include chiropractic/orthopedic issues based on long flights in cramped quarters
- Maintainers/loaders effectively working in industrial environment, can see industrial-type injuries (crush/orthopedic)

Warrior Center: Secured facility capable of housing and sustaining squadrons during training exercises or deployments

- Medics on-site for sick call twice per day, coupled with any embedded medical capabilities (flight surgeons or IDMTs)
- Exam room currently used for medical care will be renovated for a mobile medical clinic
- Critical to have medical capabilities in the secured facility to address minor issues without having to leave (or during specific situations where going offsite is problematic/difficult)