

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

6th MEDGRP-MacDill Air Force Base (AFB)

Volume I

Executive Summary

| | |
|-----------------|---|
| Site | 6th Medical Group (MEDGRP) MacDill |
| Decision | Transition the 6 th Medical Group, MacDill outpatient facility to an Active Duty only with 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

MacDill Air Force Base (AFB) is home to the 6th Air Mobility Wing (AMW) and the 6th MEDGRP, and is in Tampa, Florida (FL). The mission of the 6th AMW is to provide unmatched air refueling, executive airlift, and installation mission support. The MacDill AFB team includes 33 associated units from all branches of Service to include the 927th Air Refueling Wing, 6th Air Expeditionary Wing (AEW), United States Central Command (USCENTCOM), and United States Special Operations Command (USSOCOM). The 6th AMW has two (2) main priorities: Constant Mission Readiness and Developing the Force.

Criteria Matrix

| Criteria | Rating or Value ¹ | Key Takeaways or Findings | Use Case Package |
|----------------|------------------------------|--|------------------|
| Mission Impact | M | <ul style="list-style-type: none"> The 6th MEDGRP oversees medical readiness for 9,000 Airmen, Marines, Soldiers, and Sailors and has six (6) different facilities/locations: the main clinic on MacDill AFB, Sabal Park Clinic, PharmaCare and Drive-Thru Refill Center, Health and Wellness Center, Central Energy Plant, and War Reserve Materiel (WRM) Warehouse. A reduction in services at the 6th MEDGRP may impact the ability to maintain each of these facilities and continue supporting medical readiness across the population The 6th MEDGRP supports 35 deployable units, including the En Route Patient Staging System during hurricane season and the Air Force District of Washington Missions. The MEDGRP also assists with local emergency management by providing support for 23 medical disaster teams including Aeromedical Evacuation and Chemical, Biological, Radiation, and Nuclear capabilities. The MEDGRP may have difficulty meeting the demand associated with these deployable units and disaster relief teams if there is a reduction in resources or capacity The 6th MEDGRP supports a large Education and Training mission and has instructors certified in Tactical Combat Casualty Care (TCCC) and Self-Aid Buddy Care (SABC). These instructors are assigned to clinical duty positions within the MEDGRP, meaning that a reduction in MEDGRP services and/or staff may impact the Education and Training support that the MEDGRP currently provides MacDill is an expedited base for EFMP care and accepts all cases of EFMP. Leadership is concerned with how this will be managed in the network where some facilities may not have the same capacity to support EFMP. Due to traffic and congestion in the area, MTF leadership is concerned that 1,200+ cases of EFMP that they saw last year may not be able to be effectively supported in the network MacDill hosts U.S. Central Command (CENTCOM) and U.S. Special Operations Command (SOCOM) and the 6th MEDGRP provides clinic services to these unique Commands. The services their missions require need to be taken into account when manpower and resourcing decisions are being made | Section 1.0 |

¹ See Appendix B for Criteria Ratings Definitions

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| Network Assessment | M | <ul style="list-style-type: none"> • Network assessments show that commercial Primary Care providers can accept the specific demand caused by the approximately 11,000 impacted beneficiaries within the Primary Care drive-time radius. Additionally, Specialty Care providers may be capable of accepting the specific demand from the approximately 48,000 impacted beneficiaries within the Specialty Care drive-time radius • Some providers may list themselves as accepting new patients with TRICARE but may not actually accept them when contacted. Leadership is concerned about the lack of network providers offering appointments for new patients with TRICARE • MTF leadership expressed concerns about access to care in the network for Ophthalmology, Dermatology, Pulmonology, Cardiology, Psychiatry, and Gastroenterology | Section 2.0 |
|--------------------|---|--|-------------|

Risk / Concerns and Mitigation 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 base to getting care off base will have to be monitored and measured | <ul style="list-style-type: none"> • This risk will be mitigated through the implementation and communications plan, as well as care coordination |
| 2 | Impact to the readiness mission of the 6 th Air Mobility Wing and MacDill's other associated units due to reduction in caseload | <ul style="list-style-type: none"> • The MTF should work to obtain the appropriate volume and procedure types required to maintain medical readiness and support the mission |
| 3 | Impact to deployable medical mission sets if 6MDG capabilities are reduced | <ul style="list-style-type: none"> • Air Force Medical Service should analyze options to determine what deployable mission sets should be retained or transferred elsewhere |
| 4 | Potential negative impact to recruiting and retention if patients move to the network for care | <ul style="list-style-type: none"> • Develop a recruitment and retention strategy that manages expectations of impacted beneficiaries during the recruitment process |
| 5 | Timeliness of TRICARE reimbursement and low reimbursement rates | <ul style="list-style-type: none"> • Include a strategy in the implementation plan to work with the MCSC to make improvements to reimbursement timeliness. Request legislative change related to low reimbursement rate or designate this market to be able to receive a higher rate due to market demands. |
| 6 | Inaccuracy of Primary Care Manager (PCM) enrollment capacity reported by network providers | <ul style="list-style-type: none"> • Include a strategy in the implementation plan to work with the MCSC to make improvements the PCM enrollment data |

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 MTF Description

MacDill Air Force Base (AFB) is home to the 6th Air Mobility Wing (AMW) and the 6th MEDGRP and is in Tampa, FL. The 6th AMW is organized into five main units, including Operations, Maintenance, Wing Staff, Mission Support, and Medical. MacDill's mission partners include United States Central Command (USCENTCOM), United States Special Operations Command (USSOCOM), 927th Air Refueling Wing, Special Operations Command Central (SOCCENT), United States Marine Forces Central Command (MARCENT), Joint Communications Support Element (JCSE), and United States (U.S.) Naval Forces Central Command (NAVCENT). MacDill AFB has approximately 2,000 people living on base, as well as a very large retiree and general officer retiree population in the Tampa area. MacDill has a large Family Campground that is full during the winter season with hundreds of Retirees that utilize the services of the 6th MEDGRP.

1.1. Installation Description

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|---|---|
| Name | MacDill Air Force Base |
| Location | Tampa, FL |
| Mission Elements | <ul style="list-style-type: none"> • 6th MEDGRP (includes Sabal Park Clinic) • 6th Air Expeditionary Wing (AEW) • 927th Air Refueling Wing • United States Central Command (USCENTCOM) • United States Special Operations Command (USSOCOM) • Special Operations Command Central (SOCCENT) • United States Marine Forces Central Command (MARCENT) • United States Naval Forces Central Command (NAVCENT) • Joint Communications Support Element (JCSE) |
| Mission Description | Unmatched air refueling, executive airlift, and installation and mission support |
| Regional Readiness/ Emergency Management | The 6 th MEDGRP helps with local emergency management by providing support for 23 medical disaster teams, including Aeromedical Evacuation and Chemical, Biological, Radiation, and Nuclear capabilities |
| Base Active or Proposed Facility Projects | Unknown |
| Medical Capabilities and Base Mission Requirements | The 6 th MEDGRP supports the combat capability of the 6 th AMW, USCENTCOM, USSOCOM, and several other tenant units by providing administrative, logistics, and ancillary medical support. Through four (4) squadrons, the MEDGRP offers a variety of Primary Care services to its beneficiary population including ambulatory surgery, acute care, family practice, pediatrics, mental health, optometry, immunizations, flight medicine, gynecology, and dental services |

1.2. MTF Description

The 6th MEDGRP provides healthcare services in support of the MacDill AFB mission, including Family Practice, Internal Medicine Subspecialties, Dental, Mental Health, Optometry, and Surgical Subspecialties. The 6th MEDGRP also supports combat capabilities of the 6th AMW, USCENTCOM, USSOCOM, and several other tenant units by providing administrative, logistics, and ancillary medical support serving 215,000 beneficiaries. The 6th MEDGRP also provides manning and ancillary services support to the COCOM Clinics, which are comprised of four (4) major commands: USSOCOM, USCENTCOM, Special Operations Command Central (SOCCENT), and United States (U.S.) Marine Forces Central Command (MARCENT). Direct support from the 6th MEDGRP enables completion annually of 500+ special duty physicals and 2,000 joint service Periodic Health Assessments (PHAs) for Green Berets, Army Rangers, Navy Seals, Combat controllers, and Pararescue men.

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|----------------------------|--|
| Name | 6 th MEDGRP-MacDill |
| Location | Tampa, FL |
| Market² | Stand-Alone MTF; Small Market and Stand-Alone Office (SSO) |
| Mission Description | Deliver comprehensive healthcare to 6 th AMW, USCENTCOM, USSOCOM, 31 partner units, and representatives |

² Defined by FY17 NDAA Section 702 Transition

| | | | | | |
|---|--|--------------------|---|-------------------|--------------|
| | from 50 coalition nations supporting 215,000 beneficiaries. The 700-person staff manages \$55 million (M) budget producing 155,000 clinical, 24,000 dental, and 910,000 ancillary visits annually a two (2) MTF locations 20 miles apart. Oversees medical readiness for 9,000 Airmen, Marines, Soldiers, and Sailors | | | | |
| Vision Description | Unknown | | | | |
| Facility Type | Outpatient facility | | | | |
| Square Footage³ | 344,819 Net Square Feet (includes PharmaCare which is 13,707 Square Feet) | | | | |
| Deployable Medical Teams | <ul style="list-style-type: none"> • FFBMM – Biomedical Equipment Maintenance Team • FFBP1 – Exp Blood Trans-shipment • FFBP2 – Exp Blood Trans-shipment • FFBP3 – Exp Blood Trans-shipment • FFEPS-1 – PT Staging System • FFEPS-2 – PT Staging System • FFEYE-1 – Ophthalmology Aug Tm • FFEYE-2 – Ophthalmology Aug Tm • FFGLB – Patient Decontamination Team • FFPPS-1 – Provider ERPPS • FFPPS-2 – Provider ERPPS | | | | |
| 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)⁴ | | Active Duty | Civilian | Contractor | Total |
| | Medical | 362.7 | 110.5 | 2.0 | 475.3 |
| Healthcare Services | Primary Care <ul style="list-style-type: none"> • Acute Care Clinic • Family Medicine • Flight Medicine • Internal Medicine • Pediatrics Dentistry <ul style="list-style-type: none"> • General Dentistry • Dental Lab • Endodontics • Periodontics • Prosthodontics • Oral Surgery Ancillary Services <ul style="list-style-type: none"> • Pharmacy • Immunizations • Laboratory • Diagnostic Imaging (MRI/CT/US/X-Ray/Mammography) | | Specialty Services <ul style="list-style-type: none"> • Allergy • Audiology • Cardiopulmonary Lab • Chiropractic Care • Comp Med Management • General Surgery* • Dermatology • ENT* • Health Promotion • Mental Health • Nutritional Medicine • Occupational Medicine • Ophthalmology • Optometry • Orthopedics* • Physical Therapy • Women's Health • | | |
| | * = Off-Base Operating Rooms | | | | |
| Projected Workforce Impact | | Active Duty | Civilian | Total | |
| | | 84 | 21 | 105 | |

³ 6th MEDGRP MacDill MTF Mission Brief

⁴ AF-C-6th MEDGRP MacDill MTF Portfolio

2.0. Healthcare Market Surrounding 6th MEDGRP-MacDill

| Description | <p>In the MacDill AFB drive-time standard for Primary Care, there are currently 666 practice sites which account for 919 Primary Care Physicians. Within the 30-minute drive-time standard for Primary Care, MacDill has a population of more than 11,000 impacted beneficiaries.</p> <p>In the MacDill AFB drive-time standard for Specialty Care, there are currently 823 practices which account for 1,625 Specialty Care Physicians. Within the 60-minute drive-time standard for Specialty Care, MacDill has a population of more than 48,000 impacted beneficiaries.</p> | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------------|---------------------|----------------------|-------------------------|-----|-----|-----------------|-----|-----|-------------------|-----|-----|----------------|----|-----|--------------|------------|------------|--|--|
| Top Hospital Alignment | <ul style="list-style-type: none"> • Tampa General Hospital (Tampa, FL) • Brandon Regional Hospital (Brandon, FL) • St. Joseph's Hospital (Tampa, FL) • Florida Hospital Carrollwood (Tampa, FL) • Bayfront Health St. Petersburg (St. Petersburg, FL) • St. Anthony's Hospital (St. Petersburg, FL) • Florida Hospital Tampa (Tampa, FL) • St. Petersburg General Hospital (St. Petersburg, FL) • Sarasota Memorial Health Care System (Sarasota, FL) • Mease Countryside Hospital (Safety Harbor, FL) | | | | | | | | | | | | | | | | | | | | |
| Likelihood of Offering Primary Care Services to TRICARE Members⁵ | <table border="1"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>176</td> <td>274</td> </tr> <tr> <td>High Likelihood</td> <td>114</td> <td>147</td> </tr> <tr> <td>Medium Likelihood</td> <td>307</td> <td>383</td> </tr> <tr> <td>Low Likelihood</td> <td>69</td> <td>115</td> </tr> <tr> <td>Total</td> <td>666</td> <td>919</td> </tr> </tbody> </table> | | Number of Practices | Number of Physicians | Contracted with TRICARE | 176 | 274 | High Likelihood | 114 | 147 | Medium Likelihood | 307 | 383 | Low Likelihood | 69 | 115 | Total | 666 | 919 | | |
| | Number of Practices | Number of Physicians | | | | | | | | | | | | | | | | | | | |
| Contracted with TRICARE | 176 | 274 | | | | | | | | | | | | | | | | | | | |
| High Likelihood | 114 | 147 | | | | | | | | | | | | | | | | | | | |
| Medium Likelihood | 307 | 383 | | | | | | | | | | | | | | | | | | | |
| Low Likelihood | 69 | 115 | | | | | | | | | | | | | | | | | | | |
| Total | 666 | 919 | | | | | | | | | | | | | | | | | | | |

2.1. TRICARE Health Plan (THP) Network Assessment Summary

Facts:

- MacDill AFB, Tampa, FL has a market area population of approximately 3.9M⁶
- 6th MEDGRP offers Primary Care and a wide variety of Specialty Care
- There are 191 network facilities within drive time of 6th Med Grp – MacDill that offer like services currently provided by the MTF with more than adequate access to care
- There are 75 urgent care centers within 25 miles of the 6th MEDGRP – MacDill
- 6th MEDGRP has 14,568⁷ non-AD enrollees who could enroll to the network
- Humana has contracted 389⁸ of 919⁹ (42%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 347 of the 389 TRICARE providers are accepting new patients
- Rolling 12-month JOES-C scores ending December 2018 with a “health care rating” scored as a 9 or 10 on a scale of 0-10:
 - 6th Med Grp patients: 52.9% (232 respondents)
 - Network patients: 71.8%% (1844 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members¹⁰
 - Preventive Care Visit: \$0

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

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>

- 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:

- Humana could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000¹¹
- 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
- Beneficiaries are reluctant to waive the 30-minute drive time for Primary Care
- Metropolitan networks will grow more rapidly than rural networks to accommodate demand

Analysis:

- MacDill AFB is in an urban area with a robust Primary Care network
- Enrollment of additional beneficiaries to the network would depend on Humana network expansion and potentially the entry of additional physicians into the market
- If Humana contracts 50% of the non-network PCPs, they would have a total of 612 PCPs accepting new patients
- Each PCP would have to enroll 24 new patients to accommodate the 14,568 6th MEDGRP enrollees
- Based on the assumptions above, the Humana network could easily accommodate the new demand
- Beneficiaries rate network health care 19% higher than 6th 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:

- Humana network may not grow fast enough to accommodate beneficiaries shifted from 6th MEDGRP
- Retirees and their family members may seek less Primary Care due to out-of-pocket costs. (+/-)

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

Primary Care: The Military Health System (MHS) impacted population for Primary Care is over 11,000 which represents 0.6% of the population within a 30-minute drive-time radius. This is well below the 10% threshold, and thus will not materially impact the supply of, and demand for, care. Population growth for this area over the past five (5) years (2014 to 2018) has been considerable at 12.8% and is projected to level out over the next five (5) years (2019 to 2023) at 5.2%

- **Specialty Care:** The MHS impacted population for Specialty Care is more than 48,000, which represents 1.2 % of the population within a 60-minute drive-time radius. This is well below the 10% threshold, and thus will not materially impact the supply of, and demand for, care. Population growth for this area over the past five (5) years (2014 to 2018) has been strong at 13.3% and is expected to level out to 5.1% over the next five (5) years (2019 to 2023)

¹¹ MGMA

Assumptions

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

Analysis

- **Primary Care:** The commercial Primary Care Providers within the 30-minute drive-time standard are capable of accepting the specific demand from the over 11,000 impacted beneficiaries due to population growth and incremental demand. There are very large supplies of Primary Care providers in Hillsborough County, where the MEDGRP is located, as well as neighboring Pinellas County.
 - Hillsborough County is projected to have a large shortage of General / Family Practice providers, with small surpluses of Pediatric and Internal Medicine providers, while Pinellas County is projected to have surpluses of all subspecialties
 - While new entrants to the market would be expected to cover existing gaps in supply, the market may be challenged to sustain this level of adequacy over time
- Based on the number of Primary Care Practices accepting TRICARE or other government-sponsored insurance and offering after hours care, the market is projected to have a large number of providers meet MHS access standards
- **Specialty Care:** The commercial Specialty Care network within the 60-minute drive-time standard may be capable of meeting the specific demand of the more than 48,000 impacted beneficiaries. The majority of Specialty Care providers in the market are concentrated in Hillsborough County, which is where the MTF is located and where approximately 48% of impacted beneficiaries reside
 - The market is projected to see large shortages of Specialty Care providers across the market area, with the exception of small surpluses of OB/GYN and orthopedic Surgery providers in Hillsborough County
 - While new entrants to the market would be expected to cover existing gaps in supply, the market may be challenged to sustain this level of adequacy over time
- Based on the number of practices accepting TRICARE or other government-sponsored insurance and offering after hours care for the following specialties, the market is projected to have a large number of providers meet MHS access standards
 - Allergy/Immunology
 - Dermatology
 - Obstetrics/Gynecology
 - Ophthalmology
 - Orthopedic Surgery
 - Psychiatry

3.0. Appendices

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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 2000¹²

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

| <i>Term (alphabetical)</i> | <i>Definition</i> |
|---|--|
| 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. MCSC 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

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Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: MacDill Air Force Base – 6th Medical Group
22 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:

- MacDill Air Force Base (AFB) is in Tampa, FL and is home to the 6th Air Mobility Wing (AMW) and the 6th Medical Group. The mission of the 6th AMW is to provide air refueling, executive airlift, and installation & mission support. The 6th AMW is organized into five groups: Operations, Maintenance, Mission Support, Medical, and the Wing Staff
- The MacDill AFB team includes 33 associated units from all branches of service to include U.S. Central Command (CENTCOM), U.S. Special Operations Command (SOCOM), the 927th Air Refueling Wing, 6th Air Expeditionary Wing (AEW), and several other mission partners. The presence of these two unified commands (CENTCOM and SOCOM) and other mission teammates creates a unique multi-service community at MacDill, with all branches of service represented
- The 6th AMW has two main priorities: Constant Mission Readiness and Developing the Force

MTF Impact:

- The 6th Medical Group (MDG) provides healthcare services in support of the MacDill AFB mission, including Family Practice, Internal Medicine Subspecialties, Dental, Mental Health, Optometry, and Surgical Subspecialties
- The 6th Medical Group supports combat capability of the 6th Air Mobility Wing, USCENTCOM, USSOCOM, and over 50 tenant units by providing administrative, logistics, and ancillary medical support serving 215,000 beneficiaries in DoD's largest single catchment area
- Through four (4) squadrons, the medical group offers a variety of Primary Care services to its beneficiary population including ambulatory surgery, acute care, family practice, pediatrics, mental health, optometry, immunizations, flight medicine, gynecology, and dental services

Network Impact:

- Base and MTF leadership are concerned about the impacts to the mission of the 6th AMW and MacDill's other associated units if care for non-Active Duty (AD) patients are sent to the network. Leadership is concerned about losing control of care that is sent to the network and the message that would be sent by requiring non-AD to receive their care off base
- Leadership is very concerned about local traffic in the Tampa area and how that may impact the time that is spent receiving care in the network. Additionally, leadership noted that there have been issues in the past related to the timeliness of TRICARE reimbursements

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

| Name | Title | Affiliation |
|-------------------------|---|---------------------|
| Col Steve Snelson | Commander, 6 th Air Mobility Wing | MacDill AFB |
| Col Troy Pananon | Vice Commander, 6 th Air Mobility Wing | MacDill AFB |
| Col Christine Berberick | Commander, 6 th Medical Group | MacDill AFB |
| Col Victor Weeden | Deputy Commander and Administrator, 6 th Medical Group | MacDill AFB |
| CMSgt Sarah Sparks | Command Chief Master Sergeant, 6 th Air Mobility Wing | MacDill AFB |
| CMSgt Thaddeus Brannon | Superintendent, 6 th Medical Group | MacDill AFB |
| Dr. David Smith | MHS Reform Leader for Healthcare Management | 703 Workgroup |
| Col James A. Mullins | Director, Biomedical Sciences Corps (BSC) Operations | 703 Workgroup |
| Col Thomas Cheatham | Chief/Panel Chair, Medical Policy & Operations | 703 Workgroup |
| Lt Col Maryann Marquez | TRICARE Regional Office | TRICARE Health Plan |
| Mr. Jake Salzman | Contract Support | 703 Workgroup |

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

Base Mission Overview:

- MacDill AFB is home to the 6th AMW, which has several mission partners including U.S. Central Command (USCENTCOM), U.S. Special Operations Command (USSOCOM), the 927th Air Refueling Wing, Special Operations Command Central (SOCCENT), U.S. Marine Forces Central Command (MARCENT), Joint Communications Support Element (JCSE), and U.S. Naval Forces Central Command (NAVCENT)
- MacDill AFB has 572 homes on base and approximately 2,000 people living on base, as well as a very large retiree and general officer retiree population with a considerable amount of political influence in the Tampa area. There are 1,387 non-Active Duty beneficiaries that live on MacDill AFB and are currently enrolled to the 6th MDG
- The 6th AMW is organized into 5 main units, including Operations, Maintenance, Wing Staff, Medical, and Mission Support and its mission is to provide unmatched air refueling, executive airlift, and installation and mission support
- MacDill and its surrounding area also has a large population of “snowbirds” that come to the area each winter and cause an increase in demand for care on base and in the network. MacDill has a large Family Campground that is full during the winter season with hundreds of Retirees/Retiree Family Members (RFM) that utilize the 6th MDG services

Voice of the Customer Summary:

- Base leadership feel that the current medical capabilities are meeting their mission requirements and helping them provide quality support to the COCOMs that they work with. According to leadership, CENTCOM and SOCOM are what keep MacDill AFB on the map
- Network:
 - Base leadership and staff have noticed problems with transportation in the Tampa area due to high levels of traffic and are concerned that sending patients out to the network will require an

unreasonable amount of the patients' time. Any patients who work on base and must leave base to get their care will likely be out of work for at least half of a day, probably longer. The time spent receiving care in the Tampa area will lead to a definite negative impact on the mission, the COCOMs, and the wing.

- Leadership feel that sending some portion of care to the network means giving up control and losing the ability to act quickly when necessary. While the network may have some capacity to absorb the demand from the 6th MDG, leadership is concerned that care will not be delivered to the standards that it is currently delivered on base
- Leadership feel that recruiting and retention will see a decline if people are moved to the network for care. Even if Active Duty care is retained on base, some people may have less interest in working at MacDill if they know that Family Member care is being sent elsewhere
- Leadership expressed concern that there have been issues with reimbursement and network Primary Care Manager (PCM) enrollment capacity accuracy. Improvements would need to be made to the reimbursement process and accuracy of PCM enrollment data would need to be ensured

Summary of MTF Commander Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

| Name | Title | Affiliation |
|-------------------------|--|---------------------|
| Col Christine Berberick | Commander, 6 th Medical Group | MacDill AFB |
| Col Victor Weeden | Deputy Commander and Administrator, 6 th Medical Group | MacDill AFB |
| Col Kristin Carlson | Commander, 6 th Medical Operations Squadron | MacDill AFB |
| Col Christopher Rohde | Commander, 6 th Aerospace Medicine Squadron and Chief of Aerospace Medicine | MacDill AFB |
| Col Martin Giacobbi | Commander, 6 th Dental Squadron | MacDill AFB |
| Col Jiffy Seto | Chief of Medical Staff, 6 th Medical Group | MacDill AFB |
| Col Maria Marcangelo | Chief Nurse, 6 th Medical Group | MacDill AFB |
| Lt Col Soo Sohn | Pharmacy Flight Commander, 6 th Medical Support Squadron | MacDill AFB |
| Lt Col Jon Ehrenfried | Commander, 6 th Medical Support Squadron | MacDill AFB |
| Mrs. Robyne Rentz | Director, Quality Services at 6 th Medical Group | MacDill AFB |
| CMSgt Thaddeus Brannon | Superintendent, 6 th Medical Group | MacDill AFB |
| Dr. David Smith | MHS Reform Leader for Healthcare Management | 703 Workgroup |
| Col James A. Mullins | Director, Biomedical Sciences Corps (BSC) Operations | 703 Workgroup |
| Col Thomas Cheatham | Chief/Panel Chair, Medical Policy & Operations | 703 Workgroup |
| Lt Col Maryann Marquez | TRICARE Regional Office | TRICARE Health Plan |
| Mr. Jake Salzman | Contract Support | 703 Workgroup |

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

MTF Medical Mission Overview:

Mission-Specific Services:

- The 6th MDG delivers comprehensive healthcare to the 6th AMW, USCENTCOM, USSOCOM, and 31 partner units and representatives from 50 coalition nations in DoD's largest single unit catchment area supporting 215,000 beneficiaries. The 700-person medical staff manages a \$55 million budget, producing 155,000 clinical, 24,000 dental, and 910,000 ancillary visits annually at two different MTF locations 20 miles apart. The 6th MDG oversees medical readiness for 9,000 Airmen, Marines, Soldiers, and Sailors
- The 6th MDG has six different facilities/locations, including the main clinic located on MacDill AFB, Sabal Park Clinic, PharmaCare & Drive-Thru Refill Center, health & Wellness Center, Central Energy Plant, and WRM Warehouse
- The Sabal Park Clinic, which was established to replace the Brandon Clinic, is located 20 miles from MacDill AFB and opened on 15 April 2019. Forty percent (40%) of the 6th MDG beneficiaries are enrolled at Sabal Park, which is about double the size of the Brandon Clinic. The Sabal Park Clinic offers prescription refill services and Primary Care services including family health, internal medicine, and pediatrics. The

population served is 95% non-Active Duty, to include 69 Active Duty members who work in geographically separated units (GSUs). The initial was \$8.7M and the annual lease is \$1M for 15 years. The total enrolled population at the Sabal Park Clinic is 13,756 and projected annual encounters are 93,911

- The 6th MDG supports 35 deployable units, including the En Route Patient Staging System during Hurricane Season and the Air Force District of Washington Missions. The MDG also helps with local emergency management by providing support for 23 medical disaster teams including Aeromedical Evacuation and Chemical, Biological, Radiation, and Nuclear capabilities

COCOM Support:

- COCOM Clinics are comprised of four major commands (SOCOM, CENTCOM, SOCCENT, and MARCENT). Totaling over 5,000 empaneled patients, to include 51 General officers, 30 SES, and several foreign Nationals. Annually the COCOM Clinics account for more than 45,000 patient encounters
- Each command has a unique mission that require a high level of support. Direct support from the 6 MDG is in the form of manning and ancillary services. The 6th MDG augments 8 staff which include an MD, a Nurse Practitioner as well as a nurse to the CENTCOM Clinic and 5 medics to the SOCOM Clinic

Pharmacy:

- In FY19 Pharmacy expenditures are expected to exceed \$30M and more than 700,000 prescriptions were processed in the previous 12 months across all four (4) MDG Pharmacy locations
- The Pharmacy workload increased by 2.5% in the last FY and approximately 6,000 calls are received by the Pharmacy each month. During the winter season, the arrival of retiree "snowbirds" to the surrounding region substantially increases demand on Pharmacy services

Education and Training:

- 99% of all Life Support Instructors, Tactical Combat Casualty Care (TCCC) and Self-Aid Buddy Care (SABC) Instructors, and Emergency Medical Technician (EMT) Refresher Course Instructors are assigned to clinical duty positions within the MDG
- The 6th MDG's Education and Training office must coordinate and offer a minimum of 78 Life Support courses per year, 14 TCCC courses per year, 16 SABC courses per year, and 7 EMT-Refresher courses per year to meet the student demand from across MacDill AFB and the Reserve and National Guard units throughout the Southeast and Northeast regions. Instructor man-hours are listed below
- The 6th MDG possesses a Military Training Network (MTN) Training Site code. The 6th MDG Education and Training Department currently staffs the two duty positions required by the MTN Handbook to hold and retain a Training Site code (the Program Administrator and the Program Director). The Training Site code allows MTN instructors to teach and certify Active Duty and Civilian personnel in all Life Support courses
- The 6th MDG Education and Training department staff the SABC Advisor to the 6th AMW and is responsible for training the installations' SABC instructors. The Education and Training department also has the only NAEMT TCCC Affiliate-Faculty member on the Installation. An Affiliate-Faculty member can teach and certify new instructor candidates in TCCC
- There are 191 EMTs who are permanent party members on MacDill and who are registered with the 6th MDG's EMT-Refresher program. The 6th MDG offers 7 EMT-Refresher courses per year to keep the 191 and the additional Reservist and Guard students who rotate through MacDill every year in their respective career fields

Voice of the Customer Summary:

- Readiness: Leadership at the 6th MDG is concerned about the proposed changes and their ability to continue supporting the mission if their scope of services is reduced to AD-only care. In addition, leadership is concerned about the impacts of proposed manpower reductions that have been provided by the Air Force and how these cuts will greatly reduce the number of staff that they have to provide care and support the overall mission. While the 703 assessment is separate from the proposed AF cuts, leadership expressed that these potential reductions in staff should be considered

- MacDill is one of only four Air Force sites that is certified to offer TCCC training. TCCC instructs evidence-based, life saving techniques and strategies for trauma care in the battlefield. MacDill has the goal of providing this program to the entire installation and other Southeast region bases before the ASD/HA deadline that requires TCCC for all Service Members by 30 April 2020. Leadership feels that any reduction in services offered at MacDill could impact the MDG's ability to provide this training in the future
- The sub-components of the 6th MDG include Pharmacy, Readiness, Orthopedics, Dental, Dermatology, Tricare Operations and Patient Administration (TOPA), Medical Logistics, Flight Medicine, COCOM support, and Education & Training. Leadership and staff noted that any reduction in manpower or services at MacDill AFB would likely impact the ability of one or more of these sub-components to provide their current levels of support and help meet MacDill's mission
- The 6th MDG also has a Mental Health Flight which supports Mental Health, Family Advocacy, and Alcohol and Drug Abuse Prevention and Treatment (ADAPT). Over 50% of Mental Health encounters at the 6th MDG are associated with COCOM personnel
- The 6th MDG has had difficulty with filling various positions that are important to the care they are required to provide. Two Internal Medicine positions have been vacant since April 2017 and July 2018 due to a lack of qualified candidates. A Dental Hygienist position has also been vacant since July 2018 due to the low salary of a GS-7 compared to a Dental Hygienist's salary in the local civilian sector.
- Historically, specialized positions such as Clinical Social Workers, Family Physicians, Flight Medicine Physicians, Healthcare Integrators, and Infection Prevention Specialists have been difficult to fill at the 6th MDG. These positions typically take 60-90 days to fill. Primary issues that various contracting companies are experiencing when attempting to hire in the Tampa area include shortage of qualified candidates, low salaries, and security reasons
- COCOM Support:
 - Direct support from the 6th MDG's ancillary services enable completion of 500+ special duty physicals and 2,000 joint service PHAs annually for Green Berets, Army Rangers, Navy Seals, Combat controllers, and Para Rescue men. These members require unique physicals to include Military free fall, Airborne, Flight, and Dive physicals. Without the support from the 6th MDG's ancillary services to include optometry, audiology, lab, radiology, physical therapy, and orthopedics, these physicals would not be completed. This would prevent members from being mission ready throughout the year and could result in non-deployable soldiers, negatively impacting the mission
 - The COCOMS with manning supported by the 6th MDG provide medical support for over 70 training events annually to include Airborne Operations (day and night), Dive operations (day and night), Night navigation missions, shooting range coverages, and other unique trainings that require medical support
 - Losing the support of public health would be a massive blow. Between our four (4) commands there are several short-notice, last-minute deployments that need to be processed rapidly and efficiently
 - Losing the ability to utilize 6th MDG support would greatly impact the COCOM mission and medical readiness. It would be a heavy hit to the readiness of SPECIAL OPERATORS, Commanding Generals, and those that provide support for them. Most of our members have limited time they can be away from the command so having a facility that can support their requirements is paramount for their success. Losing the ability to care for spouses and dependents would also be a major impact. COCOM members are constantly in and out the door for both short and long periods of time. Knowing that their families are receiving a high level of care on base where they know they are is important for member's mental health, readiness, and peace of mind as they head out the door
- Education and Training:
 - All Active Duty units and Reserve or National Guard units within a 100-mile radius of the 6th MDG fall under the 6th MDG's Training Site code. The loss of either MTB-required duty position from the MDG (Program Administrator or Program Director) would mean the loss of the Training Site code. In this case, no MTN Instructor within 100 miles of MacDill AFB would be able to teach or certify their members prior to deployment or to help their members maintain their career field requirements

- A reduction in Education and Training personnel would require the Wing SABC Advisor responsibility to fall to another MDG member as an additional duty. Under the current proposal, the NAEMT TCCC Affiliate-Faculty member is the one and only retained duty position in Education and Training, but he/she would not be able to teach TCCC instructor candidates without TCCC courses being conducted due to lack of available instructors from manning cuts under the re-organization to a troop clinic. Also, the retained staff member would need to cover the duties of all 5 personnel, per the directives found in 35 AFIs and Joint Commission requirements for Education and Training departments
- EMT certification is a 4N0XX career field requirement to function as a military medic. EMT certification is also required by the Wing's Fire and Rescue personnel, the Army's Combat Medics, and the Navy's Corpsmen. All medics and first responders must maintain their certification through the National Registry of Emergency Medical Technicians (NREMT). The EMT coordinator is a duty position held within the Education and Training department by the person whose position is retained under the manning proposal. The EMT Coordinator is responsible for registering newcomers into MacDill's NREMT database and MDG training program, tracking their Continuing Education requirements, and coordinating and setting up EMT-Refresher courses and assist with instruction, as available
- Network:
 - Leadership is concerned about the number of network providers that are accepting TRICARE and offering appointments for new patients. Some providers may list themselves as accepting new patients with TRICARE, but then they will not actually accept new patients when they are contacted
 - 6th MDG leadership is concerned about the traffic in the MacDill and Tampa area and noted that anyone who is sent to the network for care will likely need to spend a considerable time off base receiving that care. For non-AD who work on base, being sent to the network would detract from time spent at work supporting the mission
 - The network could have major issues trying to absorb a rapid influx of additional workload. Although the Tampa Bay metropolitan area has a robust medical network, there are limiting factors that will impact the network's ability to absorb non-Active Duty beneficiary care. The combination of dramatic population growth, inadequate network access to care, and geographic limitations of the greater Tampa Bay and St. Petersburg area will be impactful. MacDill AFB is located on a peninsula where the majority of our Active Duty commute with limited routes of travel through congested access points. The unique mission requirements of the COCOMS and their enrolled beneficiaries that work on the installation are better supported by expedient access to care at the 6th MDG
 - Leadership is concerned about the methodology used in the MHS Section 703 Work Group report and the TRICARE Health Plan Assessment within the report. There is a statement within the assessment that concludes network support is adequate at MacDill and Sabal Park based on 1) the notion that sufficient network providers are accepting new patients 2) the assumption that MCSC could recruit 50% of non-network providers to join. If all 27,000 non-AD beneficiaries are deferred to the network, leadership believes a phasing approach is essential to ensure access/quality standards are maintained. Although the data from Humana indicates that there is 100% network adequacy, leadership questions whether 50% of non-network providers could be recruited. This question stems from TRICARE's low reimbursement rates. Although data defending this claim is not available, there is an opinion among the beneficiary population that large proportions of medical providers in the Tampa-St. Petersburg area will not accept TRICARE patients due to the relatively low insurance payments that TRICARE sends compared to other government insurers and private insurers. If this opinion turns out to be true, this will create significant delays in care for thousands of our beneficiaries
 - MacDill is an expedited base for EFMP care, meaning that they accept all cases of EFMP. Leadership is concerned with how this will be managed in the network where some facilities may not have the same capacity to support EFMP. MacDill currently has only 1 EFMP coordinator and offers limited services but noted there are many geographic challenges associated with EFMP care. Due to traffic and congestion in the area, MTF leadership is concerned that 1,200+ cases of EFMP that they saw last year may not be able to be effectively supported in the network. Of the 1,200+ EFMP cases managed at MacDill almost 700 are associated with joint forces assigned to COCOMs and other mission partners

- Access has not been considered when determining network adequacy. Based on reports for the six-month period between March 2018 and October 2018, the following specialties did not meet access to care standards:
 - Ophthalmology, Dermatology, Pulmonology, Cardiology, Psychiatry, and Gastroenterology
- There are concerns about adequacy of network OB/GYN care in the Tampa region. Florida currently has a shortage of OB/GYN providers and the projection is less than the rest of the country.
 - Upon review of the CY18 Access to Care data from March to October, leadership found that during four of these either months patients did not obtain an appointment with an OB/GYN doctor for more than 28 days, which is the standard for this type of specialty care
 - Access data from Humana does not break out Obstetrics from Gynecology/Women's Health, but because the 6th MDG offers gynecological care and staffs three Women's Health providers, we assume that these access metrics will only suffer if all female non-Active Duty patients can only obtain OB/GYN care in the network. The 50% mark in meeting the standard is already concerning and is projected to decrease if the significant patient population can no longer obtain OB/GYN care at MacDill and Sabal Park
- Including enrolled and network populations, the 6th MDG has a population of more than 67,000. The catchment area served by the clinic, which includes pharmacy services, includes over 200,000 people. Leadership noted that many people will drive a considerable distance to fill their prescriptions at MacDill's PharmaCare site