

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

7th Medical Group, Dyess 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	7th Medical Group (MEDGRP), Dyess Air Force Base (AFB)
Decision	Transition the 7 th Medical Group-Dyess outpatient facility to an Active Duty 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.

Wing Mission Summary

Dyess Air Force Base (AFB) is located in Taylor County in north-central Texas about seven (7) miles from the city of Abilene. As an Air Force Global Strike Command (AFGSC) installation, Dyess AFB fulfills the AFGSC's mission as the primary provider of combat air forces to America's unified combatant commands. The two (2) main missions supported at Dyess AFB are that of the 7th Bomb Wing (BW) and the 317th Airlift Wing (AW). The 7th BW operates B-1B aircraft and is the United States (U.S.) Air Force's (USAF's) only B-1B formal training unit. Groups assigned to the 7th BW include the 7th Operations Group, the 7th Maintenance Group, the 7th Mission Support Group, and the 7th MEDGRP. The 317th Airlift Wing is the major tenant at Dyess AFB; it operates C-130J Super Hercules aircraft in support of tactical airlift requirements worldwide.

The 7th MEDGRP, includes over 300 personnel dedicated to providing community health services to Team Dyess, expert Airman-medics to combatant commanders, and world-class medical and dental care to a catchment population of nearly 20,000. The Group has an Ambulatory Healthcare and Patient Centered Medical Home accreditation from The Joint Commission, as well as accreditation from the College of American Pathologists. The 7th MEDGRP is comprised of three (3) squadrons: The 7th Aerospace Medicine Squadron (AMDS), 7th Medical Operations Squadron (MDOS), and 7th Medical Support Squadron (MDSS).

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> There are several Retired Service Members employed by the base, who may have to take time away from work and whose expectations on getting care in the network must be managed Dyess is a candidate to gain the new B-21 bomber and associated maintenance support missions. This will drive a Personnel Reliability and Assessment Program (PRAP) workload that will depend on support from specialty providers in the network (e.g. mental health) 	Section 1.0
Network Assessment	M	<ul style="list-style-type: none"> The 7th MEDGRP experiences personnel challenges with filling clinical positions due to location and salary in comparison to the private sector The 7th MEDGRP successfully tested the transition of some retirees and Active Duty Family Members (ADFM) <ul style="list-style-type: none"> Began transitioning high acuity patients to the network in October 2017 and successfully shifted 188 patients by December 2017 Began transitioning retirees to the network in January 2018 and successfully shifted 666 patients by October 2018 Began transitioning pediatric patients to the network in April 2019 and successfully shifted approximately 800 patients by July 2019 Both the TRICARE Health Plan (THP) and independent government network assessments indicated that the commercial provider market surrounding Dyess AFB may be incapable of absorbing more than 5,000 impacted beneficiaries; however, with the phased shifting of patients to the network noted above, the MTF believes that the network will be capable of absorbing the beneficiaries through a deliberate transition 	Section 2.0

¹ See Appendix B for Criteria Ratings Definitions

		<ul style="list-style-type: none"> ○ According to the June 2019 Network Adequacy Report, Humana has 672 providers contracted, which includes 106 Primary Care providers (excluding Nurse Practitioners and Physicians Assistants). • The MEDGRP leadership noted the network is growing but expressed concern mental health assets in the network cannot support demand. Current wait time for mental health care is 6 weeks • The population growth has averaged 3.8% over the last five (5) years (2014 to 2018) and is projected to level out at 2.5% over the next five (5) years (2019 to 2023). This level of growth coupled with the influx of MHS beneficiaries will result in increased demands for Primary Care providers in the 7th MEDGRP's market area 	
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Risk / Concerns and Mitigating Strategies

The Risk / Concerns and Mitigation 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. 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 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, a strong strategic communications plan as well as case management and care coordination
2	Active Duty Service Members (ADSM) who are single parents, families with one car, and retirees will have to travel off-base for all of their or their family's healthcare, resulting in additional time away from the duty section	<ul style="list-style-type: none"> • 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 while continuously monitoring quality and access to care addressing gaps as necessary.

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

Dyess Air Force Base (AFB) is located in Taylor County in north-central Texas about seven (7) miles from the city of Abilene. As an Air Force Global Strike Command (AFGSC) installation, Dyess AFB fulfills the AFGSC's mission as the primary provider of combat air forces to America's unified combatant commands. The two (2) main missions supported at Dyess AFB are that of the 7th Bomb Wing (BW) and the 317th Airlift Wing (AW). The 7th BW operates B-1B aircraft and is the United States (U.S.) Air Force's (USAF's) only B-1B formal training unit. Groups assigned to the 7th BW include the 7th Operations Group, the 7th Maintenance Group, the 7th Mission Support Group, and the 7th MEDGRP. The 317th Airlift Wing is the major tenant at Dyess AFB; it operates C-130J Super Hercules aircraft in support of tactical airlift requirements worldwide.

The 317 AW is composed of the 39th Airlift Squadron and 40th Airlift Squadron (39 AS and 40 AS), 317th Aircraft Maintenance Squadron, 317th Maintenance Squadron, and 317th Operations Support Squadron (317 OSS).

1.1. Installation Description

Name	Dyess Air Force Base (AFB)
Location	Abilene, Texas (TX)
Mission Elements	317 th Airlift Wing, 7 th Bomb Wing, 489 th Bomb Group, 7 th Operations Group, 7 th Mission Support Group, 7 th Maintenance Group, 7 th MEDGRP, 7 th Bomb Wing Chapel, 7 th Bomb Wing Honor Guard
Tenants	489 th Bomb Group, 436 th Training Squadron, Air Combat Command Training Support Squadron, 29 th Training Systems Squadron, 337 th Test and Evaluation Squadron, 77 th Weapons Squadron
Mission Description	As an Air Force Global Strike Command (AFGSC) installation, Dyess AFB fulfills the AFGSC's mission as the primary provider of combat air forces to America's unified combatant commands
Regional Readiness/ Emergency Management	No information
Base Active or Proposed Facility Projects	No information
Medical Capabilities and Base Mission Requirements	No Information

1.2. MTF Description

The 7th MEDGRP includes over 300 personnel dedicated to providing community health services to Team Dyess, expert Airman-medics to combatant commanders, and world-class medical and dental care to a catchment population of nearly 20,000. The Group has an Ambulatory Healthcare and Patient Centered Medical Home accreditation from The Joint Commission, as well as accreditation from the College of American Pathologists. The 7th MEDGRP is comprised of three (3) squadrons: The 7th Aerospace Medicine Squadron (AMDS), 7th Medical Operations Squadron (MDOS), and 7th Medical Support Squadron (MDSS).

Name	7 th MEDGRP, Dyess Air Force Base (AFB)
Location	Abilene, Texas (TX)
Market²	Small Market Stand Alone
Mission Description	Optimize the Human Weapon System
Vision Description	Trusted and Ready Health Care!
Goals	Unknown
Facility Type	Outpatient Facility

² Defined by FY17 NDAA Section 702 Transition

Square Footage³	154,000 Square Feet				
Deployable Medical Teams	Unknown				
Fiscal Year (FY) Annual Budget⁴	\$14 Million				
MTF Active or Proposed Facility Projects	Unknown				
Performance Metrics	See Volume II for Partnership for Improvement (P4I) measures and Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems (JOES-C) data				
FY18 Assigned Full-time Equivalents (FTEs)⁵		Active Duty	Civilian	Contractor	Total
	Medical	132.5	41.0	6.2	179.
Healthcare Services	<ul style="list-style-type: none"> • Allergy/Immunizations • Family Medicine • Pediatrics • Women's Health • Education and Training • Mental Health • Physical Therapy • Women's Health • Facility Management • Information Systems • Laboratory and Radiology • Logistics • Patient Administration 		<ul style="list-style-type: none"> • Personnel and Administration • Pharmacy • Readiness • Resource Management • TRICARE Operations • Aerospace Physiology • Bioenvironmental Engineering • Dental Clinic and Laboratory • Flight Medicine • Health and Wellness Center • Optometry • Public Health 		
Projected Workforce Impact		Active Duty	Civilian	Total	
		31	14	45	

³ Appendix K: MTF Mission Brief

⁴ Appendix K: MTF Mission Brief, year of budget not provided

⁵ Source: Parent 0112 7th MEDGRP-Dyess MTF Portfolio

2.0. Healthcare Market Surrounding the MTF

Description	The Primary Care market analysis for the 7 th MEDGRP, Dyess AFB, located in Taylor County Texas includes 19 zip codes, seven (7) partial counties (Callahan, Coleman, Fisher, Jones, Nolan, Shackelford, Taylor). Within the 7 th MEDGRP, Dyess AFB drive-time standard, there are currently 43 Primary Care practices, which account for 58 Primary Care physicians (not limited to TRICARE).		
Top Hospital Alignment	<ul style="list-style-type: none"> • Hendrick Medical Center (Abilene, Texas) • Abilene Regional Medical Center (Abilene, Texas) • ContinueCARE Hospital at Hendrick Medical (Abilene, Texas) • Knox County Hospital (Knox City, Texas) 		
Likelihood of Offering Primary Care Services to TRICARE Members⁶		Number of Practices	Number of Physicians
	Contracted with TRICARE	25	30
	High Likelihood	1	1
	Medium Likelihood	11	9
	Low Likelihood	6	18
	Total	43	58

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- Dyess AFB (Abilene, TX) has a market area population of approximately 211K⁷
- 7th MEDGRP has 5,129⁸ non-AD enrollees who could enroll to the network
- 7th MEDGRP provides Primary Care and behavioral health (BH)
- The MCSC has contracted 44⁹ of 58¹⁰ (76%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 42 of the 44 PCPs are currently 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:
 - 7th MEDGRP patients: 40.9% (113 respondents)
 - Network patients: 61.9% (126 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members¹¹
 - 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:

- The MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000¹²
- 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

⁶ 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

⁷ Independent Government Assessment (Network Insight)

⁸ M2

⁹ The MCSC

¹⁰ Independent Government Assessment (Network Insight)

¹¹ <http://www.TRICARE.mil/costs>

¹² MGMA

- Rural networks will grow more slowly than metropolitan networks to accommodate demand

Analysis:

- Dyess AFB is in a small metropolitan area with a currently adequate Primary Care network
- Enrollment of additional beneficiaries to the network would depend on The MCSC network expansion and potentially the entry of additional physicians into the market
- If MCSC contracts 50% of the 14 non-network PCPs, they would have a total of 35 PCPs accepting new patients
- Each PCP would have to enroll 105 new patients to accommodate the 5,129 7th MEDGRP enrollees
- Based on the assumptions above, the MCSC network could not likely expand rapidly to meet the new demand
- There are 97 network facilities within drive time of 7th MEDGRP – Dyess that offer like specialty services currently provided by the MTF with more than adequate access to care
- Although there are an adequate number of providers contracted, access to care is over 28 days for Psychiatry and OB/GYN
- Beneficiaries rate network health care 21% higher than 7th 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:

- The MCSC network may not grow fast enough to accommodate beneficiaries shifted from 7th MEDGRP
- The 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 Assessment)

Facts:

- **Primary Care:** The MHS impacted population for Primary Care is approximately 5,000. 100% of the impacted beneficiaries reside within the 15-mile radius boundary for Primary Care concentrated around the MTF location . The population growth has averaged 3.8% over the last five (5) years (2014 to 2018) and is projected to level out at 2.5% over the next five (5) years (2019-2023). This level of growth coupled with the influx of MHS beneficiaries will result in increased demands for Primary Care providers in the 7th MEDGRP's market area. The potential impact of new MHS beneficiaries on the total population is well below the 10% threshold for both population groups and thus will not materially impact supply and demand of services in the market

Assumptions:

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

Analysis:

- **Primary Care:** Given the influx of MHS Primary Care beneficiaries coupled with the projected population growth we forecast shortages of all Primary Care subspecialties in Taylor County, where the MTF resides, and shortages of Internal Medicine and Pediatrics providers in the entire market area. Given the expected population shifts and impact to provider supply, we expect the commercial Primary Care network to be challenged and inadequate to accept the 7th MEDGRP's beneficiaries

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition
Appendix C	Glossary
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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 Quadruple Aim Performance Plan (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 2000¹³

¹³ 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. The 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

Part A	Data Call
Part B	Relevant Section 703 Report Detail
Part C	DHA TRICARE Health Plan Network Review Summary
Part D	Network Insight Assessment Summary (Independent Government Assessment)
Part E	P4I Measures
Part F	JOES-C 12-month Rolling Data
Part G	MTF Mission Brief
Part H	MTF Portfolio (Full)