

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

Army Health Clinic (AHC) Southern Command (SOUTHCOM) 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	Army Health Clinic (AHC) SOUTHCOM
Decision	Transition Army Health Clinic SOUTHCOM's outpatient facility to an Active Duty only and Occupational Health clinic (AD/OH). Under the Secretarial Designee Status Request for Medical Care, Active Duty Foreign National Mission Partners assigned to perform duties at SOUTHCOM would continue to be eligible to receive healthcare services from the clinic while their dependents will be transitioned to network healthcare providers. Active Duty Family Members (ADFM) will be enrolled as necessary to round out the physician panels and maintain readiness. 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.

Base Mission Summary

U.S. Southern Command (SOUTHCOM), located in Doral, Florida, is one of 10 unified Combatant Commands (COCOMs) in the Department of Defense. SOUTHCOM deters aggression, defeats threats, rapidly responds to crises, and builds regional capacity, working with our allies, partner nations, and United States Government team members to enhance security, and defend the U.S. Homeland and our national interests. SOUTHCOM is responsible for providing contingency planning, operations, and security cooperation in its assigned Area of Responsibility spanning 500 million people, over \$1.8 Trillion in Trade with the U.S., over \$655 Billion in U.S. Foreign Direct Investment (2013-2017), within 31 Countries. SOUTHCOM is a joint command comprised of more than 1,200 military and civilian personnel representing the Army, Navy, Air Force, Marine Corps, Coast Guard, and several other federal agencies.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> Leadership feels that a reduction in scope would lead to loss of a medical provider and several support staff from the current model impacting their ability to surge and support the Special Operations Command South (SOCSOUTH) aid station in Homestead. SOCSOUTH has about 325 Active Duty Service Members (ADSM), some of which are empaneled to AHC SOUTHCOM Removing outpatient capabilities could impact SOUTHCOM's ability to provide care for Hurricane displacement victims who are often moved to and cared for at AHC SOUTHCOM Leadership is concerned about the impact to the mission if patients are sent to the network for healthcare, as traffic in the Miami and Doral areas make it difficult to receive care without missing at least half a day of work Reducing the SOUTHCOM clinic to and AD only clinic would result in foreign national mission partners from 21 countries to revert to the scenario prior to February 28, 2019, whereby they either (a) seek their North Atlantic Treaty Organization (NATO) or Reciprocal Health Care Agreements (RHCA) medical/dental benefits from another DoD MTF, or (b) rely on their government's compensation arrangements for care obtained locally. While potentially inconvenient on an individual patient basis, such a strategic decision would not be politically disruptive from an international partnership perspective 	Section 1.0
Network Assessment	L	<ul style="list-style-type: none"> Both the TRICARE Health Plan (THP) and independent government assessments found that the commercial provider market surrounding AHC SOUTHCOM should be capable of absorbing the impacted MHS beneficiaries The MHS impacted population for Primary Care is greater than 1,000; 85% are represented within the 15-mile radius boundary for Primary Care, concentrated around the MTF location. The population has grown considerably over the last five (5) years (2014 to 2018) averaging a 10.4% growth and is projected to increase 6.1% over the next five (5) years (2019-2023). This level of 	Section 2.0

¹ See Appendix B for Criteria Ratings Definitions

		growth will result in increased demands for Primary Care providers in AHC SOUTHCOM's market area, however the impact is well below the 10% threshold and thus will not materially impact supply and demand of services in the market	
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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 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	Ability for providers to continue developing a diverse skillset may be lost if the patient population becomes AD-only	<ul style="list-style-type: none"> DHA will work with command leadership to develop External Resource Sharing Agreements with the local network to maintain provider currency
2	The competitive market in Miami and Doral may result in providers electing to care for patients that will provide them the greatest financial return, which would negatively impact patients that AHC SOUTHCOM sends to the network	<ul style="list-style-type: none"> 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 DHA will monitor progress and address access issues by slowing down the transition
3	A reduction in scope may lead to the loss of a medical provider, which would greatly impact AHC SOUTHCOM's ability to meet surge requirements and adequately care for the AD population	<ul style="list-style-type: none"> This risk will be mitigated through the implementation and communications plan as well as care coordination
4	Frequent traffic in the Miami and Doral area makes it difficult for patients to receive care in the network. When care is accessed in the network, it often takes a person away from work in support of the mission for more than half a day	<ul style="list-style-type: none"> Maintain contract access standards and judiciously transition to network while monitoring access
5	The network may experience challenges sustaining adequacy until new entrants enter the Primary Care market	<ul style="list-style-type: none"> MCSC/TRICARE Health Plan (THP) and MTF will monitor the Primary Care network adequacy and address supply issues by slowing down the transition as necessary
6	ADSM who are single parents, families with one car and retirees will have to travel off-base for their family's healthcare, resulting in additional time away from duty	<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
7	Foreign National Mission Partners and their dependents who are eligible for healthcare services under the Secretarial Designee Status Request for Medical Care will need assistance finding providers in the network	<ul style="list-style-type: none"> Enhanced care coordination will be needed for the initial transition and should be inclusive of Foreign National Mission Partners who would otherwise be eligible for healthcare services at the clinic

Recommended Next Step:

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 MTF Description

U.S. Southern Command (SOUTHCOM), located in Doral, Florida, is one of 10 unified Combatant Commands (COCOMs) in the Department of Defense. SOUTHCOM deters aggression, defeats threats, rapidly responds to crises, and builds regional capacity, working with our allies, partner nations, and USG team members to enhance security and defend the U.S. Homeland and our national interests. SOUTHCOM is responsible for providing contingency planning, operations, and security cooperation in its assigned Area of Responsibility spanning 500 million people, over \$1.8 Trillion in Trade with the U.S., over \$655 Billion in U.S. Foreign Direct Investment (2013-2017), within 31 Countries. SOUTHCOM is a joint command comprised of more than 1,200 military and civilian personnel representing the Army, Navy, Air Force, Marine Corps, Coast Guard, and several other federal agencies.

1.1. Installation Description

Name	United States Southern Command (SOUTHCOM)
Location	Doral, Florida; Miami-Dade County; approximately 15 miles from Miami, Florida
Mission Elements	<p>SOUTHCOM provides support for and is home to:</p> <ul style="list-style-type: none"> • Joint Interagency Task Force – South (JIATF-S) • Joint Task Force Guantanamo (JTF-GTMO) • Joint Task Force Bravo (JTF-B) • U.S. Air Force South (AFSOUTH) • U.S. Army South (ARSOUTH) • U.S. Naval Forces South (USNAVSO) • U.S. Marine Corps Forces South (MARFORSOUTH) • Special Operations Command South (SOCSOUTH) • 22 Security Cooperation Offices • 22 Senior Defense Officials • ~6,000 military and civilian personnel
Mission Description	<p>U.S. Southern Command (SOUTHCOM), located in Doral, Florida, is one of 10 unified Combatant Commands (COCOMs) in the Department of Defense. SOUTHCOM deters aggression, defeats threats, rapidly responds to crises, and builds regional capacity, working with our allies, partner nations, and United States Government team members to enhance security and defend the U.S. Homeland and our national interests.</p> <p>SOUTHCOM is responsible for providing contingency planning, operations, and security cooperation in its assigned Area of Responsibility spanning 500 million people, over \$1.8 Trillion in Trade with the U.S., over \$655 Billion in U.S. Foreign Direct Investment (2013-2017), 31 Countries which includes: Central America, South America, The Caribbean (except U.S. commonwealths, territories, and possessions). The command is also responsible for the force protection of U.S. military resources at these locations. SOUTHCOM is also responsible for ensuring the defense of the Panama Canal.</p> <p>Under the leadership of a four-star commander, SOUTHCOM's staff is organized into directorates, component commands and Security Cooperation Organizations that represent SOUTHCOM in the region. SOUTHCOM is a joint command comprised of more than 1,200 military and civilian personnel representing the Army, Navy, Air Force, Marine Corps, Coast Guard, and several other federal agencies.</p>
Regional Readiness/ Emergency Management	Unknown
Base Active or Proposed Facility Projects	Unknown
Medical Capabilities and Base Mission Requirements	<p>The SOUTHCOM mission includes oversight over 31 countries, 16 dependencies, and the region has a population of over 500 million in the western hemisphere</p> <p>AHC SOUTHCOM provides medical care, optimizes the medical readiness of supported service members, and promotes healthy lifestyle to enhance the wellness of their beneficiaries</p>

1.2. MTF Description

AHC SOUTHCOM, Doral Florida; Miami-Dade County; approximately 15 miles from Miami, Florida. The Army Health Clinic SOUTHCOM provides ambulatory

primary healthcare Services to enrolled Active Duty service members, adult active duty family members, and TRICARE-eligible retirees working within U.S. Army Garrison-Miami. AHC SOUTHCOM provides health and readiness support to SOUTHCOM, MARFOR South, SOCSO, Army Recruiting, Airforce Recruiting, Navy Recruiting, USMC Recruiting, Coast Guard Station, Army National Guard, and US Public Health. AHC SOUTHCOM has partnerships with Jackson Memorial Ryder Trauma Center to allow providers to maintain their MOS qualifications, additionally AHSC provides support for about 400 civilians who come to the facility for readiness before being deployed.

Name	AHC SOUTHCOM				
Location	Doral, Florida; Miami-Dade County; approximately 15 miles from Miami, Florida				
Market²	Small Standalone Market				
Mission Description	AHC SOUTHCOM provides superb medical care, optimizes the medical readiness of supported service members and promotes healthy lifestyle to enhance the wellness of our beneficiaries				
Vision Description	Army Health Clinic SOUTHCOM is compassionate to Service all				
Goals	<ul style="list-style-type: none"> (1) Readiness: We will keep the warfighter fit to fight (2) Health: We will provide safe, quality healthcare (3) Partnerships: We will optimize health through partnerships with the communities we serve 				
Facility Type	Outpatient clinic				
Square Footage	10,453 Net Square Feet				
Deployable Medical Teams	Unknown				
Obligating Authority³	\$2,988,296				
MTF Active or Proposed Facility Projects	Unknown				
Performance Metrics	See Volume II, Part E and F for performance measures (Partnership for Improvement) (P4I) measures and for Joint Outpatient Experience Survey (JOES-C) data				
FY18 Assigned FTEs⁴		Active Duty	Civilian	Contractor	Total
	Medical	9.9	23.5	0	33.4
Healthcare Services⁵	<ul style="list-style-type: none"> • Primary Care <ul style="list-style-type: none"> ○ PCMH ○ Clinical Pharmacist • Behavioral Health <ul style="list-style-type: none"> ○ Behavioral Health Services ○ SUDCC ○ Tele-Psychiatry • Ancillary Administration Service <ul style="list-style-type: none"> ○ Pharmacy ○ Immunization ○ Public Health ○ Laboratory ○ Referral Management ○ Patient Administration • Active Duty <ul style="list-style-type: none"> ○ Readiness Clinic / Physical Exams ○ EFMP ○ Overseas Suitability Screening 				

² Defined by FY17 NDAA Section 702 Transition

³ Source: AHC SOUTHCOM Mission Brief Obligatory Authority Year was not specified

⁴ Source: Eisenhower AMC-Ft. Gordon MTF Portfolio

⁵ Source: MTF Mission Brief

Regional Emergency Services

AHC SOUTHCAM and SOUTHCAM provide disaster relief support in cases such as the recent hurricanes in Key West and Puerto Rico. SOUTHCAM managed OB and other Services, including medical refills, for these hurricane displaced victims for over 30 days

Projected Workforce Impact

Active Duty	Civilian	Total
4	6	10

2.0. Healthcare Market Surrounding the MTF

Description

The market analysis for AHC SOUTHCAM, located in Miami, Florida includes 119 zip codes and two (2) partial counties within the 15-mile urban area designated radius. Within that area, there are approximately 1,331 Primary Care providers in 1,016 practice sites in the market (not limited to TRICARE)

Top Hospital Alignment

- Baptist Hospital of Miami (Miami, Florida)
- Nicklaus Children's Hospital (Miami, Florida)
- Mount Sinai Medical Center (Miami Beach, Florida)
- South Miami Hospital (Miami, Florida)

Likelihood of Offering Primary Care Services to TRICARE Members⁶

	Number of Practices	Number of Physicians
Contracted with TRICARE	84	71
High Likelihood	201	179
Medium Likelihood	652	901
Low Likelihood	79	180
Total	1,016	1,331

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- Miami, FL has a market area population of approximately 4.8M⁷
- AHC SOUTHCAM offers Primary Care only
- AHC SOUTHCAM has 1,031⁸ non-AD enrollees who could enroll to the network
- The MCSC has contracted 266⁹ of 1,331¹⁰ (20%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 261 of the 266 are accepting new patients
- Rolling 12-month JOES-C scores ending October 2018 with a "health care rating" scored as a 9 or 10 on a scale of 0-10:
 - AHC SOUTHCAM patients: 87.3% (32 respondents)
 - Network patients: 67.3% (294 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

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 Source: Network Insight Assessment Summary (Independent Government Assessment)

⁸ Source: M2

⁹ Source: MCSC

¹⁰ Source: Network Insight Assessment Summary (Independent Government Assessment)

¹¹ Source: <http://www.TRICARE.mil/costs>

¹² Source: MGMA

- 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:

- The AHC SOUTHCAM is in Miami, FL and has a robust Primary Care network
- Enrollment of additional beneficiaries to the network would depend on the MCSC's network expansion and potentially the entry of additional physicians into the market
- If the MCSC contracts 50% of the non-network PCPs, they would have a total of 794 PCPs accepting new patients
- Each PCP would have to enroll 1-2 new patients to accommodate the 1,031 AHC SOUTHCAM enrollees
- Based on the assumptions above, the MCSC network could easily meet the new demand
- Beneficiaries rate network health care 20% lower than AHC SOUTHCAM healthcare, so beneficiary satisfaction could 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:

- 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 greater than 1,000; 85% are represented within the 15-mile radius boundary for Primary Care, concentrated around the MTF location. The population has grown considerably over the last five (5) years (2014 to 2018) averaging a 10.3% growth and is projected to grow at 6.1% over the next five (5) years (2019-2023). This level of growth will result in increased demands for Primary Care providers in AHC SOUTHCAM'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:** There is a large supply of Primary Care providers in Miami-Dade County, where the MTF is located, as well as neighboring Broward county. The Primary Care providers in the market will be capable of accepting the specific demand from the greater than 1,000 impacted beneficiaries. Given the expected population growth and the influx of MHS beneficiaries, surpluses of Internal Medicine and Pediatric providers are projected in Miami-Dade County, but large shortages of General/Family Practice providers across the market area. However, as the shortage can be attributable to population growth, new entrants to the market will likely narrow the gaps in supply

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition
Appendix C	Glossary
Appendix D	Volume II Contents
Appendix E	MTF Trip Report
Appendix F	Supplemental Materials

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

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: SOUTHCOM Clinic – Gordon
17 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:

- The SOUTHCOM mission includes oversight over 31 countries, 16 dependencies, and the region has a population of over 500 million in the western hemisphere
- Army Health Clinic SOUTHCOM (AHCSC) provides superb medical care, optimizes the medical readiness of supported service members, and promotes healthy lifestyle to enhance the wellness of their beneficiaries

MTF Impact:

- There are concerns that transforming AHCSC to an AD-only clinic would cause a variety of Readiness concerns including time away from the base, decline in quality of family member care, and potential decrease in readiness of medical personnel

Network Impact:

- While the commercial providers within the 30-minute drive-time standard have capacity for the specific demand from the impacted beneficiaries (see Network Assessment), there are concerns that the market is very competitive, and that providers are more likely take on patients who provide more revenue to their clinics than Humana can offer
- Additionally, leadership is concerned that network providers do not understand the military environment

Summary of MTF Leadership Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
LTC Michael Davidson	Clinic Commander, AHC SOUTHCOM	AHC SOUTHCOM
Dr. Angel Guerra	Internal Medicine Specialist	AHC SOUTHCOM
COL Ristedt	Commander, Dwight D. Eisenhower AMC	DDEAMC
CSM William Allen	Command Sergeant Major, Dwight D. Eisenhower AMC	DDEAMC
SSG Petergay Morse	Senior Enlisted Leader	AHC SOUTHCOM
LTC Gerald W. Surret	Command Surgeon, SOCSOUTH	SOCSOUTH
Ms. Rossaline Ortiz-Sustache	Health Systems Manager, South FL and Key West Humana Military Healthcare Services	Humana Military Healthcare Services
Mr. Al Sieverson	Humana Military Healthcare Services	Humana Military Healthcare Services
Dr. David Smith	OSD OUSD P-R	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager Office, Office of the Surgeon General	703 Workgroup
Lt Col Maryann Marquez	TRICARE Health Plan	THP
Mr. Jake Salzman	Contract Support Team	703 Workgroup

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

MTF Mission Overview:

- The SOUTHCOM mission includes oversight over 31 countries, 16 dependencies, and the region has a population of over 500 million people in the western hemisphere
- SOUTHCOM works in one of the most violent regions in the world and coordinates with 8 of the top 10 most violent cities in the world
- Army Health Clinic SOUTHCOM (AHSC) provides superb medical care, optimizes the medical readiness of supported service members, and promotes healthy lifestyle to enhance the wellness of their beneficiaries
 - The MTF total enrolled population is 3,555, of which 2,270 are AD, 628 are ADFM, 410 are Retired, and 246 are Retired FM
 - A typical day at the SOUTHCOM clinic sees approximately 110 clinic visits, and 100 prescriptions filled.
 - The total staff are 31 FTEs. Nineteen (19) are civilians, ten (10) are enlisted, and there is one (1) officer, and one (1) contractor
- AHSC and SOUTHCOM provide support in cases where people are displaced to the Miami area (such as recent hurricanes in Key West and Puerto Rico). SOUTHCOM managed OB and other services, including medical refills, for these folks for over 30 days
- U.S. Southern Command (SOUTHCOM) oversees Special Operations Command South (SOCSOUTH)
 - SOCSOUTH is located on Homestead Air Reserve Base in FL and has about 325 AD service members working there. Some of the SOCSOUTH AD are empaneled to the clinic at SOUTHCOM
 - SOCSOUTH doesn't have any of its own empanelments, however they do run an aid station focused on medical readiness. They can see patients occasionally for basic primary care needs but rely on SOUTHCOM for most of this type of care. SOCSOUTH does their own rotary and fixed wing flight physicals

- AHSCS can provide inexpensive care at this clinic and their providers are very productive. They always meet or exceed their business plan
- In support of the SOUTHCOM mission, the main health services on base are: 1) Fitness center, 2) Child development center, and 3) Health clinic
- AHSCS partners with Jackson Memorial Ryder Trauma Center to allow providers to maintain their MOS qualifications

Voice of the Customer Summary:

- Network:
 - Traffic in the local area is a significant concern. Leadership provided anecdotes of how travel time to network care has been a recurrent issue. If someone needs to get care in the network, they may be gone for the whole day
 - As AD prepare to go overseas, the AD family members also require screenings. There are concerns about verifying medical records for people who are sent out to town
 - More research is needed to understand the network and some of the nuances that have been experienced by people seeking network care
 - Some practices may list that they are accepting new patients but then may not actually be taking appointments
 - The market is very competitive, and there are concerns that providers are more likely take on patients who provide more revenue to their clinics than Humana can offer
 - More research may be needed into the quality and time required for care in the network
 - There is sometimes a language/communication barrier in the network given the various populations in the Miami area
 - Leadership feels there are challenges in the network in terms of understanding the military environment and relating to medical readiness
 - Difficulty measuring quality of healthcare for family members and retirees in the network
 - Trouble tracking who is providing care and what facilities are even open in some cases
 - Military patients, even after they retire, like to be seen in a military environment
- Readiness:
 - If there is a loss of PCM continuity by moving non-AD patients to the network, there may be a decrease in the health of that population
 - Loss of time from work by retired empaneled patients – about 400 civilians come to the facility for readiness before being deployed. Additionally, leadership noted that they do not want to dis-enroll retirees if they're already signed up for care at the clinic
 - Serving an AD-only population at the clinic will decrease the patient mix, and therefore will decrease the breadth of clinical skillsets necessary. This will impact the readiness of the medical force. Additionally, a reduction in scope could lead to loss of medical providers and several support staff from the current model. This would greatly impact the clinic's ability to surge and support the SOCSOUTH aid station in Homestead

Summary of Base Commander Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
ADM Craig Faller	Combatant Commander, USSOUTHCOM	SOUTHCOM
Lt Gen Michael Plehn	Military Deputy Commander, USSOUTHCOM	SOUTHCOM
MG Patricia Anslow	Chief of Staff, USSOUTHCOM	SOUTHCOM
SgtMaj Bryan Zickenfoose	Command Senior Enlisted Leader, USSOUTHCOM	SOUTHCOM
COL Jose Solis	SOUTHCOM HQ Commandant and Army Element Commander	SOUTHCOM
COL David Ristedt	Commander, Dwight D. Eisenhower AMC	DDEAMC
CSM William Allen	Command Sergeant Major, Dwight D. Eisenhower AMC	DDEAMC
LTC Michael Davidson	Clinic Commander, AHC SOUTHCOM	AHC SOUTHCOM
SSG Petergay Morse		
Ms. Denise Davis	Installation Support, AHC SOUTHCOM	AHC SOUTHCOM
Ms. Rossaline Ortiz-Sustache	Health Systems Manager, South FL and Key West Humana Military Healthcare Services	Humana Military Healthcare Services
Mr. Al Sieverson	Humana Military Healthcare Services	Humana Military Healthcare Services
Dr. David Smith	OSD OUSD P-R	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager Office, Office of the Surgeon General	703 Workgroup
Lt Col Maryann Marquez	TRICARE Health Plan	THP
Mr. Jake Salzman	Contract Support Team	703 Workgroup

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

Base Medical Mission Overview:

- U.S. Southern Command (SOUTHCOM) deters aggression, defeats threats, rapidly responds to crises, and builds regional capacity, working with allies, partner nations, and USG team members to enhance security and defend the U.S. Homeland and our national interests
- SOUTHCOM Headquarters is located in Miami, FL
- DoD has assigned Dept. of Army the base operations and infrastructure responsibilities for the area

Voice of the Customer Summary:

- Network: Leadership have experienced challenges with network care due to language barriers and TRICARE issues. However, people seem to be happy over the last 16 months in these areas
 - A command challenge is managing the time lost when people need to go to the network. They have tried to mitigate this by scheduling appointments for specialty care at all times of the day, but it always ends up with people missing significant time at work
 - Families at Key West sometimes have to drive up for care due to network shortages in their area

- Cost of Living: The cost of living (upfront rent costs can be up to \$10,000) in the Miami and Doral area is a problem for multiple reasons
 - People don't want to come to Miami because of the cost and that there are no follow-on tours
 - Cost of living causes folks to have to live farther away from base, which compounds the impacts of traffic in the area, as well as causing members to incur high monthly toll costs from commuting
- Staffing/Shortages: Leadership explained that they need the capability to surge to meet demand for deployments or mobilizations and increases in population
 - They have trouble filling billets in the area, in part due to above cost of living concerns
 - Leadership explained that if there is a day with only one provider in the clinic, it is extremely difficult to manage
 - The clinic commander also flexes as a provider to help meet demand, but he will PCS soon and that may not be possible with his replacement