

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

McDonald Army Health Center (MCAHC)
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	McDonald Army Health Center (MCAHC)
Decision	McDonald Army Health Clinic has already begun the transition from an ambulatory surgery center (ASC) to an outpatient facility with significant specialty services. The 703 decision supports the transition.

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

Joint Base Langley-Eustis (JBLE) is one of 12 Department of Defense (DoD) Joint Bases and is hosted by the 633rd Air Base Wing (ABW) in Langley, Virginia (VA). JBLE is home to the U.S. Army Training and Doctrine Command (TRADOC) which recruits, trains, and educates the Army, driving constant improvement and change to ensure the Total Army can deter, fight and win on any battlefield now and into the future. TRADOC was born of innovation and agility, and quickly adapts to shifting world, national, and institutional situations, in both peace and war. TRADOC's adaptive character and culture ensures our Army remains the Nation's "force of decisive action."

McDonald Army Health Center (MCAHC) is located in the Hampton roads area of Virginia, on Joint Base Langley-Eustis (JBLE). Together with 705 total staff members comprised of active duty military, DA civilians, contractors, Red Cross volunteers, and students, MCAHC serves an eligible population totaling 40,744 eligible beneficiaries. MCAHC has suspended their Operating Room (OR) capability so they rely on the services of the 633d Medical Group (MEDGRP) and Naval Medical Center Portsmouth (NMCP) to care for their patients and to ensure their providers receive valuable OR time.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> Surgical Operating Rooms (ORs) at MCAHC were suspended in June 2018, so their surgeons rely on the services of Langley to ensure valuable OR time and that their patients are cared for MCAHC serves as a feeder for the 633d MEDGRP and NMCP for surgical case load MCAHC is located in the Tidewater region of Virginia. Throughout the area, residents experience lengthy traffic delays due to congestion on the bridges and tunnels. If base residents are required to travel long distances for care, it may impact the mission Enrollment: ADSM- 5,305, ADFM-10,649, Retirees- 3,390, Others-6,770 	Section 1.0
Network Assessment	M	<ul style="list-style-type: none"> The commercial Specialty Care network within the 60-minute drive-time standard may have difficulty accepting the specific demand from the ~25,000 impacted beneficiaries Impacted beneficiaries account for 1.3% of the population, and should not drastically affect demand Across the counties within the 60-minute drive time radius, there are observed shortages in General Surgery, Ophthalmology, and Orthopedic surgery Although MCAHC and AF-H-633d MEDGRP JBLE-Langley have overlapping regions and share most of their specialty physicians in market, they each account for small portions of the surrounding population. Given that the impacted beneficiaries for both transitioning MTFs accounts for less than 10% of the population in the target market, their collective impact on the demand in the overall market will be minimal. Thus, the supply of physicians in overlapping portions of the Specialty Care markets can be considered unhindered by both populations being released into the commercial market 	Section 2.0

¹ See Appendix B for Criteria Matrix Definitions

		<ul style="list-style-type: none"> • JBLE leadership expressed that while the network may be adequate to provide certain services to beneficiaries, the unpredictable traffic associated with the bridges and tunnels of the area can make travel time unreasonable 	
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Risk/Concerns and Mitigating Strategies

The Risk/Concerns and Mitigation Strategies table below, represents a high-level summary of the risks identified throughout the process. Though not exhaustive, the mitigation strategies/potential courses of action were established by the 703 Workgroup and will be used to help develop a final implementation plan.

Risk/Concerns		Mitigating Strategy
1	No risks/concerns identified as no additional changes are Required for MCAHC	<ul style="list-style-type: none"> • N/A

Next Steps:

Because the decision is for MCAHC to continue the ongoing transition, there are next steps required.

Table of Contents

1.0. Installation and Military Medical Treatment Facility (MTF) Description	5
1.1. <i>Installation Description</i>	5
1.2. <i>MTF Description</i>	6
2.0. Healthcare Market Surrounding the MTF	7
2.1. <i>DHA TRICARE Health Plan (THP) Network Review</i>	7
2.2. <i>Network Insight Assessment Summary (Independent Government Assessment)</i>	7
3.0. Appendices	9
<i>Appendix A: Use Case Assumptions</i>	10
<i>Appendix B: Criteria Ratings Definition</i>	11
<i>Appendix C: Glossary</i>	12
<i>Appendix D: Volume II Contents</i>	13

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

1.1. Installation Description

Joint Base Langley-Eustis (JBLE) is one of 12 Department of Defense (DoD) Joint Bases and is hosted by the 633rd Air Base Wing (ABW) in Langley, Virginia (VA). JBLE is home to the U.S. Army Training and Doctrine Command (TRADOC) which recruits, trains, and educates the Army, driving constant improvement and change to ensure the Total Army can deter, fight and win on any battlefield now and into the future. TRADOC was born of innovation and agility, and quickly adapts to shifting world, national, and institutional situations, in both peace and war. TRADOC's adaptive character and culture ensures our Army remains the Nation's "force of decisive action."

Name	Joint Base Langley-Eustis (JBLE)	
Location	Hampton, VA; approximately 17 miles from Norfolk, VA	
Mission Elements	JBLE-Langley <ul style="list-style-type: none"> • Air Combat Command Headquarters (HQ) • 1st Fighter Wing • 480th ISR Wing • 363rd ISR Wing • 735th Supply Chain Operations Group • Air Land Sea Application Center • 192 Fighter Wing • 633rd MEDGRP • 633rd MSG 	JBLE-Eustis <ul style="list-style-type: none"> • U.S. Army Training and Doctrine Command HQ • Futures and Concepts Center • Joint Task Force – Civil Support • Initial Military Training • 7th Transportation Brigade • 93rd Signal Brigade • 597th Transportation Brigade • U.S. Army Training Support Center • Aviation Applied Technology Directorate • Joint Deployment Training Center • Fort Eustis Dental Academy
Mission Description	TRADOC recruits, trains, and educates the Army, driving constant improvement and change to ensure the Army can deter, fight and win on any battlefield now and into the future.	
Vision Description	Unknown	
Priorities	<ul style="list-style-type: none"> • Accessions: Accomplish the Army's FY19 accession mission and bring the Accessions Enterprise into the 21st Century • Initial Entry Training: Improve the quality, rigor and resourcing of initial entry training for all enlisted and officers • Mission Command: Reinvigorate our philosophy and system of mission command in our Army leaders. This philosophy is the only way to lead a winning Army • Reform: Review everything TRADOC does to improve our operations, maximize our resources and increase Army readiness and capability • Combat Fitness: Help the Army field the Army Combat Fitness Test and change the fitness culture of the force 	
Regional Readiness/ Emergency Management	Unknown	
Base Active or Proposed Facility Projects	Unknown	
Base Mission Requirements	Providing care for recruits at TRADOC is critical to the mission. Training time is valuable, and any time spent away from the mission will have a negative impact	

1.2. MTF Description

MCAHC is located in the Hampton roads area of Virginia, on Joint Base Langley-Eustis (JBLE). Together with 705 total staff members comprised of active duty military, DA civilians, contractors, Red Cross volunteers, and students, MCAHC serves an eligible population totaling 40,744 eligible beneficiaries.

Name	McDonald Army Health Center				
Location	Newport News, VA				
Market²	Tidewater (Large Market)				
Mission Description	We are committed to enhancing Soldier readiness and providing patient-centered, safe, high-quality, collaborative healthcare to those we serve in the Tidewater Community. "Readiness Starts with Us – Medicine in Motion"				
Vision Description	MCAHC leads the evolution of healthcare in the Tidewater Community by sustaining readiness through the provision of preventative, timely, and accessible patient – centered care.				
Facility Type	Outpatient Facility				
Square Footage	264, 658 sq. ft				
FY18 Obligation Authority	\$61,836,600				
Deployable Medical Teams	60L, 65B, 66P, 68P, 73A, 68W, 70E, 70A,68D, 68K, 68P				
Performance Metrics	See Volume II Part C for Partnership 4 Improvement (P4I) measures and Part D Joint Outpatient Experience Survey - Consumer Assessment of Health Providers and Systems (JOES-C) data				
Fiscal Year (FY) 2018 Assigned Full-time Equivalent (FTEs)³		Civilian	Contractor	Military	Total
	Medical	422.4	0.0	145.9	568.3
Healthcare Services	<ul style="list-style-type: none"> Allergy Aviation/Aerospace Medicine Behavioral Health Dental Clinic Dermatology Deployment Medical Readiness EFMP Laboratory & Pathology Nutrition care Orthopedics Overseas Suitability Screening Pediatrics Podiatry Telehealth Wellness Clinic 		<ul style="list-style-type: none"> Ears, Nose & Throat Emergency Medical Services Family Health Gastroenterology General Surgery Health Management Internal Medicine Pharmacy Physical Therapy Preventive Medicine Pulmonary Radiology Respiratory Therapy Sleep Disorders Women's Health 		
Network Partners	<ul style="list-style-type: none"> Humana Military, Managed Care Support Contractor (MCSC) Hampton Veterans Administration (VA) Medical Center 		<ul style="list-style-type: none"> Bon Secours Mary Immaculate Hospital Sentara Healthcare Riverside Regional Medical Center 		
Projected Workforce Impact	Active Duty	Civilian	Total		
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² Defined by FY17 NDAA Section 702 Transition

³ AHC McDonald-Eustis MTF Portfolio

2.0. Healthcare Market Surrounding the MTF

Description	MCAHC is an ambulatory surgery center that is center being evaluated for conversion to a significant specialty outpatient only clinic. MCAHC is a part of the Tidewater enhanced Multi-Service Market (eMSM). 100% of beneficiaries are living within the 60-minute drive-time boundary for Specialty Care.		
Top Hospital Alignment	<ul style="list-style-type: none"> • Sentara Princess Anne Hospital (Norfolk, VA) • Sentara Leigh Hospital (Norfolk, VA) • Riverside Regional Medical Center (Newport News, VA) • Children's Hospital of The Kings Daughter (Norfolk, VA) • Bon Secours Health System, Inc. (Hampton Roads, VA) 		
Likelihood of Offering Specialty Care Services to TRICARE Members⁴		Number of Practices	Number of Physicians
	Contracted with TRICARE	41	50
	High Likelihood	7	7
	Medium Likelihood	171	593
	Low Likelihood	34	10
	Total	253	660

2.1. TRICARE Health Plan Network Assessment Summary

No TRICARE Health Plan Network Assessment was provided at this time.

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

- The majority of Specialty Care providers in the market are concentrated in Chesterfield, Henrico, Chesapeake, Newport, Norfolk, Portsmouth, and Virginia Beach counties. Across the counties within the 60-minute drive time radius, there are observed shortages in General Surgery, Ophthalmology, and Orthopedic surgery
- The over 25,000 impacted beneficiaries only account for 1.3% of the population, and should not drastically affect demand
- Population growth has averaged 3.3% over the last five years (2014 to 2018), but it is projected to only grow 2.6% over the next five years

Assumptions:

- Assumptions can be found in Appendix E – Network Insight (NI) Assessment Summary (Independent Government Assessment)

Analysis:

- The commercial Specialty Care network within the 60-minute drive-time standard may have difficulty accepting the specific demand from approximately 25,000 impacted beneficiaries. Given the presence of shortages in several specialties and moderate projected population growth, it is unlikely that new entrants will cover the market gaps, thus the market may have difficulty accepting the incremental demand from impacted beneficiaries
- Based on the number of General Surgery, OB/GYN, Ophthalmology, Orthopedic Surgery and Otolaryngology practices accepting TRICARE or other government-sponsored insurance, only a few providers should meet MHS access standards

Facts:

- The majority of Specialty Care providers in the market are concentrated in Chesterfield, Henrico, Chesapeake, Newport, Norfolk, Portsmouth, and Virginia Beach counties. Across the counties within the 60-minute drive time radius, there are observed shortages in General Surgery, Ophthalmology, and Orthopedic surgery
- The over 25,000 impacted beneficiaries only account for 1.3% of the population, and should not drastically affect demand
- Population growth has averaged 3.3% over the last five years (2014 to 2018), but it is projected to only grow 2.6% over the next five years

Assumptions:

⁴ 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

- Assumptions can be found in Section 4.3.2 of the FY17 NDAA Section 703 Report

Analysis:

- The commercial Specialty Care network within the 60-minute drive-time standard may have difficulty accepting the specific demand from approximately 25,000 impacted beneficiaries. Given the presence of shortages in several specialties and moderate projected population growth, it is unlikely that new entrants will cover the market gaps, thus the market may have difficulty accepting the incremental demand from impacted beneficiaries
- Based on the number of General Surgery, OB/GYN, Ophthalmology, Orthopedic Surgery and Otolaryngology practices accepting TRICARE or other government-sponsored insurance, only a few providers should meet MHS access standards
- Although MCAHC and AF-H-633rd MEDGRP JBLE-LANGLEY have overlapping regions and share most of their specialty physicians in market, they each account for small portions of the surrounding population. Given that the impacted beneficiaries for both transitioning MTFs accounts for less than 10% of the population in the target market, their collective impact on the demand in the overall market will be minimal. Thus, the supply of physicians in overlapping portions of the Specialty Care markets can be considered unhindered by both populations being released into the commercial market

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition
Appendix C	Glossary
Appendix D	Volume II Contents

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 2000⁵

⁵ 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 Tool
Part B	Network Insight Assessment Summary (Independent Government Assessment)
Part C	P4I Measures
Part D	JOES-C 12-month Rolling Data
Part E	Base Mission Brief
Part F	MITF Mission Brief
Part G	Tidewater eMSM Brief
Part H	MTF Portfolio (Full)