

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

Naval Branch Health Clinic (NBHC) Mid-South
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	Naval Branch Health Clinic (NBHC) Mid-South
Decision	Transition Naval Branch Health Clinic Mid-South outpatient facility to an Active Duty only and Occupational Health clinic (AD/OH). All base support functions and pharmacy workload 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

NSA Mid-South serves as the Navy's Human Resources Center of Excellence. Headquartered onboard NSA Mid-South are Navy Personnel Command, Navy Recruiting Command, the Navy Manpower Analysis Center, as well as the U.S. Army Corps of Engineers Finance Center. More than 7,500 military, civilian, and contract personnel are assigned/work on base. NSA's Mid-South mission is to serve as the Navy's Human Resource Center of Excellence, enabling manpower management for the Fleet and cradle-to-grave career management for Sailors and their families.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> NSA Mid-South provides Optometry, Physical Therapy, Mental Health, Family Medicine, Immunizations, Laboratory, Pharmacy, Radiology, Substance Abuse Rehabilitation Program (SARP), Occupational Health, Dental, Case Management and Flight Medicine for 2,102 enrolled AD, 2,293 Active Duty Family Members (ADFM), 1,251 Retirees and 2,000 must sees Medical care and Occupational Health services are provided for 2,000 Fed Fire, Security, Morale, Welfare and Recreation (MWR), and Child Development Center (CDC) personnel 	Section 1.0
Network Assessment	M	<ul style="list-style-type: none"> There are four (4) network facilities within drive time of NBHC Mid-South that offer like services currently provided by the MTF with more than adequate access to care, however, in general there is a significant shortage in General/Family Medicine across the counties within the drive time radius, with the largest shortage being observed in Shelby county where the MTF is located There is a shortage of psychiatry practices across the geographic market, with the most drastic shortage in Shelby County, where the MTF is located and the majority of impacted beneficiaries reside Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market Base personnel expected to expand by 600 at the Personnel Support Detachment (PSD) and 400+ Tennessee Air National Guard The potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups, however, the population is forecasted to increase ~2.2% over the next five (5) years (2019 to 2023) 	Section 2.0

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 network may experience challenges sustaining adequacy until new entrants enter the Primary Care market. Given the	<ul style="list-style-type: none"> MCSC/TRICARE Health Plan will monitor the Primary Care network adequacy and address supply issues by slowing down

¹ See Appendix B for Criteria Ratings Definitions

	projected shortage and moderate population growth, the market may not be capable of accepting the incremental demand from impacted beneficiaries	the transition as necessary. If more providers do not enter the market it will be necessary to pause the transition
2	The patients' change in expectations from getting care at the MTF to getting care off the base will have to be monitored and managed	<ul style="list-style-type: none"> This risk will be mitigated through the implementation and communications plan, as well as case management and close care coordination
3	The pace at which the network can absorb new enrollees into Primary Care is unknown. There will be an adjustment period for the network, and it will experience challenges sustaining adequacy until new entrants enter the market	<ul style="list-style-type: none"> Transition patients to the network in a measured way that is tailored to their specific needs. MCSC/THP and the MTF will monitor progress to identify access or supply issues and address any issues by slowing down the transition as necessary

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.

Table of Contents

1.0. Installation and Military Medical Treatment Facility (MTF) Description.....	5
1.1. <i>Installation Description.....</i>	<i>5</i>
1.2. <i>MTF Description.....</i>	<i>5</i>
2.0. Healthcare Market Surrounding the MTF	7
2.1. <i>TRICARE Health Plan Network Assessment Summary.....</i>	<i>7</i>
2.2. <i>Network Insight Assessment Summary (Independent Government Assessment)</i>	<i>8</i>
3.0. Appendices.....	10
<i>Appendix A: Use Case Assumptions.....</i>	<i>11</i>
<i>Appendix B: Criteria Ratings Definition.....</i>	<i>12</i>
<i>Appendix C: Glossary.....</i>	<i>13</i>
<i>Appendix D: Volume II Contents</i>	<i>14</i>

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

Naval Support Activity (NSA) Mid-South is located in Millington, TN, 21 miles north of downtown Memphis. NSA Mid-South is seven miles east of the Mississippi River. As the base has grown, so has its impact on the area. It plays an important part in the Memphis community and is one of the largest single businesses in the state of Tennessee.

NSA Mid-South has 7,000 enlisted and officer personnel, civilians, and full-time contract personnel who provide all essential logistic and operational support services to the commands and activities on board. Considered by resident activities as the landlord of Navy Mid-South, the Naval Support Activity Mid-South performs the many tasks necessary for the proper functioning of a self-contained city.

1.1. Installation Description

Name	NSA Mid-South
Location	21 miles north of downtown Memphis, TN
Mission Elements	Navy Personnel Command (NPC), Navy Recruiting Command (CNRC) Bureau of Naval Personnel (BNP), Naval Support Activity Mid-South (NSA) 37 tenant commands, Navy Selection Board Members & Support Staff, Naval Manpower Analysis Command (NAVMAC), Tri-State National Guard (AK, MS, TN), Coast Guard and Army Corps of Engineers Reserve Units (NOSC, Bridge CoC)
Mission Description	Our mission is to support the global warfighter presence and our vision is effective support at efficient cost. We believe in integrity, respect, honesty, trust, teamwork, diversity and involvement. We are committed to quality, innovation, communication, responsiveness, timeliness, fiscal responsibility and accountability. We will achieve these values by taking care of each other, taking care of the customer and doing the right thing. One of our major commands is Navy Personnel Command.
Regional Readiness/ Emergency Management	Fed Fire, Security, Child Development Center (CDC)
Base Active or Proposed Facility Projects	There is no information available.

1.2. MTF Description

NBHC NSA Mid-South is one of 10 branch clinics assigned to Naval Hospital (NH) Pensacola. The mission of this NBHC is to deliver high quality health care to ensure a medically ready force and a ready medical force through strategic partnerships and innovation.

Name	NBHC Mid-South
Location	Millington, TN; approximately 21 miles from Memphis, TN
Vision	To be the health system of readiness and excellence for America's heroes, past and present, and their families
Market²	Small Market and Stand-Alone MTF Office
Facility Type	Outpatient Facility
Square Footage	49,709 sq. ft
Deployable Medical Teams	Unknown
FY17 Annual Budget	Unknown
MTF Active or Proposed Facility Projects	Installation of the unisex restroom, roof replacement, tile and carpet replacement, SPD redesign proposal ceiling and fire protection replacement

² Defined by FY17 NDAA Section 702 Transition

**Fiscal Year (FY) 2018
Assigned Full-time
Equivalents (FTEs)³**

	Civilian	Military	Contractor	Total
Medical	26.0	59.2	5.7	91.8

Healthcare Services

- Behavioral Health
- Dental Services
- Immunizations
- Lab & X-ray
- Occupational Health
- Optometry
- Pharmacy
- Physical Exams/PHA
- Physical Therapy
- Preventive Medicine
- Substance Abuse Rehabilitation Program
- Flight Medicine
- Family Medicine
- Readiness Center
- Case Management

**Projected Workforce
Impact**

Active Duty	Civilian	Total
16	8	24

³ Source: Parent 0038 NH Pensacola – Version 5 – 2019 March MTF Portfolios_ May 2019

2.0. Healthcare Market Surrounding the MTF

Description	<ul style="list-style-type: none"> NBHC Mid-South, Millington, TN (approximately 19 miles from Memphis, TN) There are approximately 167 Primary Care practices sites totaling 280 physicians (not limited to TRICARE) in the Mid-South market. Additionally, 113 Psychiatrists providers in the market (not limited to TRICARE) 																		
Top Hospital Alignment	<ul style="list-style-type: none"> Methodist Le Bonheur Germantown, Germantown, TN (25 miles, 39 minutes) Methodist University Hospital, Memphis, TN (20 miles, 36 minutes) Baptist Memorial Hospital for Women, Memphis, TN (20 miles, 28 minutes) Saint Francis Hospital Memphis, Memphis, TN (22 miles, 30 minutes) Baptist Memorial Hospital Memphis, Memphis, TN (20 miles, 28 minutes) 																		
Likelihood of Offering Primary Care Services to TRICARE Members⁴	<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>97</td> <td>171</td> </tr> <tr> <td>High Likelihood</td> <td>14</td> <td>18</td> </tr> <tr> <td>Medium Likelihood</td> <td>52</td> <td>89</td> </tr> <tr> <td>Low Likelihood</td> <td>4</td> <td>2</td> </tr> <tr> <td>Total</td> <td>167</td> <td>280</td> </tr> </tbody> </table>		Number of Practices	Number of Physicians	Contracted with TRICARE	97	171	High Likelihood	14	18	Medium Likelihood	52	89	Low Likelihood	4	2	Total	167	280
	Number of Practices	Number of Physicians																	
Contracted with TRICARE	97	171																	
High Likelihood	14	18																	
Medium Likelihood	52	89																	
Low Likelihood	4	2																	
Total	167	280																	

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- NBHC Mid-South (Millington, TN) has a market area population of approximately 1.3M⁵
- NBHC Mid-South offers behavioral health, physical therapy, and Primary Care
- NBHC Mid-South has 3,268⁶ non-AD enrollees who could enroll to the network
- MCSC has contracted 58⁷ of 280⁸ (21%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Of the 58 PCPs, 58 are accepting new patients
- There are four network facilities within drive time of NBHC Mid-South that offer like services currently provided by the MTF with more than adequate access to care
- There are 19 urgent care centers within 25 miles of NBHC Mid-South
- 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:
 - NBHC Mid-South patients: 38.0% (43 respondents)
 - Network patients: 70.8% (392 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members⁹
 - 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:

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

⁵ Independent Government Assessment (Network Insight)

⁶ M2

⁷ MCSC

⁸ Independent Government Assessment (Network Insight)

⁹ <http://www.tricare.mil/costs>

- MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000¹⁰
- 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
- Metropolitan networks will grow more rapidly than rural networks to accommodate demand

Analysis:

- NBHC Mid-South is 20 miles north of Memphis, TN
- Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market
- If MCSC contracts 50% of the non-network PCPs, they would have a total of 169 PCPs
- Each PCP would have to enroll 19 new patients to accommodate the 3,268 enrollees
- Based on the assumptions above, the MCSC network could likely expand easily to meet the new demand
- Beneficiaries rate network health care 32% higher than NBHC Mid-South healthcare, so beneficiary satisfaction is not likely to suffer with network enrollment
- Network-enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- On-base non-AD residents will have to travel farther for Primary Care if enrolled to the network

Implementation Risks:

- MCSC network may not grow fast enough to accommodate beneficiaries shifted from NBHC Mid-South.
- 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 3,100 non-AD MTF enrolled; 99% of non-AD MTF Prime and Plus beneficiaries are living within the 15-mile radius for Primary Care, concentrated around the MTF location. The potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups, however, the population is forecasted to increase to ~2.2% over the next five (5) years (2019 to 2023). The majority of PCPs practice in Shelby County, which is where the MTF is located, and ~79% of impacted beneficiaries reside
- **Specialty Care:** The MHS impacted population for Specialty Care is approximately 13,000 (MTF Prime, Reliant, and Medicare Eligible), additionally 100% of MTF Prime, Reliant and Medicare Eligible beneficiaries are living within the 40-mile radius boundary for Specialty Care, concentrated around the MTF location. The potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups. The majority of psychiatrists practice in Shelby County, where ~74% of impacted beneficiaries reside, and it is where the MTF is located

¹⁰ MGMA

- Population over the last five years (2014 to 2018) has grown 0.9% on average and is projected to increase to 2.2% over the next five years (2019 to 2023)

Assumptions

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

Analysis

- **Primary Care:**
 - The commercial Primary Care network within the 30-minute drive-time standard may not be capable of accepting the specific demand from the more than 3,000 impacted beneficiaries
 - There is a significant shortage in General/Family Medicine across the counties within the drive time radius, with the largest shortage being observed in Shelby county, where the MTF is located
 - Given the projected shortage and moderate population growth, the market may not be capable of accepting the incremental demand from impacted beneficiaries
- **Specialty Care:**
 - The commercial Specialty Care network within the 60-minute drive-time standard may not be capable of accepting the specific demand from the 13,180 impacted beneficiaries
 - Based on the number of Primary Care practices accepting TRICARE or other government-sponsored insurance and offering extended hours of care, the providers in the market should meet MHS access standards for Psychiatric Care
 - There is a shortage of psychiatry practices across the geographic market, with the most drastic shortage is in Shelby County, where the MTF is located and the majority of impacted beneficiaries reside

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition
Appendix C	Glossary Volume II
Appendix D	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 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 2000¹¹

¹¹ 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	Relevant Section 703 Report Detail
Part B	Network Insight Assessment Summary (Independent Government Assessment)
Part C	P4I Measures
Part D	MTF Mission Brief
Part E	MTF Portfolio (Full)