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

Naval Health Clinic (NHC) Patuxent River
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 Health Clinic (NHC) Patuxent River**
Decision	Transition Naval Health Clinic Patuxent River 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.

Installation Mission Summary:

Naval Air Station (NAS) Patuxent River is in Patuxent River, Maryland approximately 70 miles (1.5 hours drive time without traffic) from Washington D.C. Key mission elements for NAS Patuxent River include designing, building, testing and delivering aircraft and weapons systems for troops who deploy, the Nuclear Weapons Personnel Reliability Program, and Arms, Ammunition and Explosives.

Criteria Matrix

Criteria	Rating or Value[1]	Key Takeaways or Findings	Use Case Package
Mission Impact	M	NAS Patuxent River includes key mission elements of designing, building, testing and delivering aircraft and weapons systems for troops who deploy, the Nuclear Weapons Personnel Reliability Program, and Arms, Ammunition and Explosives. The healthcare requirements of NAS Patuxent River are consistent with that mission, including Primary Care, flight medicine, robust occupational health and optometry services. The impact based on the decision to convert to an Active Duty Only clinic could result in: • The distance to travel for access for Active Duty Specialty Care has second and third order effects on the mission due to increased time away from duty • There is a similar impact to retiree/civilian workforce, which comprises the majority of the base's workforce, by taking them away from their duties for longer periods of time	Section 1.0
Network Assessment	H	• **Primary Care Assessment**: NHC Patuxent River is in an area with a currently adequate Primary Care network. However, enrollment of additional beneficiaries to the network would depend on the MCSC network expansion and potentially the entry of additional physicians into the market. Each PCP would have to enroll 148 new patients to accommodate the 7,629 NHC Patuxent enrollees. Based on the assumptions above, the MCSC network would have great difficulty meeting the new demand immediately. Additionally, the MCSC has contracted all available PCPs within a 15-mile radius of the MTF. Unless new entrants enter the market, the network may experience challenges meeting the specific demand of the impacted beneficiaries over time • **Outpatient Specialty Care Assessment**: The commercial Specialty Care (Psychiatry & Physical Medicine / Rehab) network within the 60-minute drive-time standard can accept the specific demand from the 12,467 impacted beneficiaries. Based on market data, there is a projected shortage of Psychiatry in the market area which can be attributed to population growth and changing demand within the population. Unless new entrants enter the market, the network may experience challenges sustaining adequacy • All Specialty Care is already referred out to the network or to another MTF. Specialty referrals to MTFs in the National Capital Area generated from NHC Patuxent River Primary Care of FMs and Retirees may be lost to the network	Section 2.0

[1] See Appendix B for Criteria Ratings Definitions

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	The patients' change in expectations from getting care at the MTF to getting care off in network will have to be monitored and managed	• The risk will be mitigated through the implementation and communication plan as well as care coordination
2	The pace at which the network can absorb new enrollees into Primary Care is unknown. There will be an adjustment period for the network, providers and MCSC	• The MTF should conduct the transition in a measured way that is tailored to their specific needs and addressed in the implementation plan. MCSC/TRICARE Health Plan and MTF will monitor progress and address access issues by slowing down the transition
3	The network may experience challenges sustaining adequacy until new entrants enter the Primary Care market	• MCSC/TRICARE Health Plan and MTF will monitor the Primary Care network adequacy and address supply issues by slowing down the transition as necessary
4	Potential loss of Specialty referrals to National Capitol Region MTFs sponsored graduate medical education	• MCSC shall work with NCR Market manager to identify care best suited to support medical force generation and sustainment requirements.

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 Military Medical Treatment Facility (MTF) Description

NAS Patuxent River and NHC Patuxent River are in Patuxent River, Maryland approximately 70 miles from Washington D.C. Key mission elements for NAS Patuxent River include designing, building, testing and delivering aircraft and weapons systems for troops who deploy, the Nuclear Weapons Personnel Reliability Program, and Arms, Ammunition and Explosives.

1.1. Installation Description

Name	NAS Patuxent River
Location	Patuxent River, MD; approximately 70 miles from Washington, D.C.
Mission Elements	**Design, Build, Test, Deliver**: NAS Patuxent River mission is to design, build, test and deliver aircraft and weapons systems for the troops who deploy. This unique mission influences the base population, as most of the 3,000 Active Duty members are mainly in test squadrons and operational units. Additionally, there is a significant civilian workforce (approximately 15,000) augmented by contractors, often retirees **Nuclear Weapons Personnel Reliability Program (PRP):** VQ4 DET is billeted for 17 PRP members (1 officer, 16 enlisted) and requires initial and continuous medical screening in order to ensure medical, dental, and mental health care and conditions do not affect reliability. NHC Patuxent River currently has two Competent Medical Authorities (CMAs), one Flight Surgeon from MTF staff and one Flight Surgeon attached to another tenant squadron to screen and administer the medical areas of PRP **Arms, Ammunition and Explosives (AA&E):** VQ4 DET has a separate Naval Security Force to provide direct layered support for the CJCS-directed mission. VQ4 DET is billeted for 79 Security force members / AA&E users (1 officer, 78 enlisted) who are required to be screened for psychiatric illness prior to being issued weapons and/or ammunitions. NAS has approximately 61 active duty members and 44 DON civilian security force members in AA&E
Mission Description	**Provide** outstanding base operating support to mission tenant commands **Deliver** effective and efficient installation management enabling tenants to achieve integrated warfare systems and life cycle sustainment **Champion** all tenant's readiness for research, development, testing and evaluation (RDT&E), acquisition, engineering and fleet support to the entire range of manned and unmanned naval aircraft, engines, avionics, aircraft support systems and ship/shore/air operations
Base Active or Proposed Facility Projects	Major plant improvements have been made and new state-of-the-art laboratories have been added during the last two decades. Such new additions as the Manned Flight Simulator, the Aircraft Anechoic Test Facility, the Air Combat Environment Test and Evaluation Facility, the Aircraft Test and Evaluation Facility, the Capt. Steven A. Hazelrigg Flight Test Facility, the U.S. Naval Test Pilot School academic building and an Aviation Survival Training Center pool facility and a new Air Traffic Control Tower have significantly improved aviation safety and enhanced simulation capabilities Looking to the increased reliance on unmanned aircraft, construction of a new facility to support the Triton program was completed July 2013 - the first of its kind. At over 70,000 square feet, the $33 million hangar now houses three MQ-4C Tritons that are currently undergoing tests and evaluation to ensure the unmanned asset will meet the Navy's specifications, bringing the UAS one step closer to the fleet. A facility of similar size and scope Stingray recently broke ground for MQ-25 Stingrays

1.2. MTF Description

NHC Patuxent River is located in Patuxent River, MD approximately 70 miles from Washington, D.C. Key mission elements include maintaining operational force readiness and providing safe, high quality patient-centered care.

Name	NHC Patuxent River
Location	Patuxent River, MD; approximately 70 miles from Washington, D.C.

Market[1]

Large Market – National Capital Region

Mission Description

Facilitate Operational Force readiness and provide safe, high quality, patient-centered care and optimizing the health and wellness of all entrusted to their care

Vision Description

A highly reliable mission-ready healthcare team. Our Philosophy is to relentlessly maintain a climate of clinical excellence and safety. We are a tough, diverse, multidisciplinary team of professionals committed to the medical readiness of the war fighter, optimal health and wellness of those entrusted to our care, and readiness to mobilize forward when our nation calls

Facility Type

Outpatient Facility

Square Footage

59,600 sq. ft (gross)

Deployable Medical Teams

EFM ALPHA (1 Officer), EFM CHARLIE (11 Officers, 1 Enlisted), EFM BRAVO (1 Officer), EFM KILO (1 Officer), MARFOR MWSS-471 MAG- 41 (1 Officer), H&S CO CLB 25 CLR 45 (1 Officer), 4TH MLG 14TH DENCO 4TH DEN BN (2 Officers), 4TH MLG B SURG CO 4TH MED BN (2 Officers), 67817 MWSS-472 MAG-49 (1 Officer), 4TH MAW HQTRS MAG-49 (1 Officer), T-AH 20 COMFORT MED (22 Enlisted)

FY18 Annual Budget[2]

$18,487,117

MTF Active or Proposed Facility Projects

Plan to break ground on a new $66.5 million, 107,121 gross sq ft (60,497 net) facility that would double the available floor space, as they are currently under-spaced on the services they offer

Performance Metrics

See Volume II Parts E and F for P4I measures and JOES-C data

FY18 Assigned Full-Time Equivalents (FTEs)[3]

	Active Duty	Civilian	Contractor	Total
Medical	158.6	90.7	8.0	**257.3**

Healthcare Services

- Primary Care (approximately direct care workload per month: 7,600)
- Physical Therapy (approximately direct care workload per month: 960)
- Behavioral Health (approximately direct care workload per month: 450)
- Pharmacy (approximately direct care workload per month: 8,900 prescriptions)
- Laboratory (approximately direct care workload per month: 7,600 lab tests)
- Radiology (approximately direct care workload per month: 222 radiology images)
- Optometry
- Medical Readiness
- Dental
- Pediatrics
- Substance Abuse Rehabilitation
- Occupational Health
- Immunizations
- Preventive Medicine
- Industrial Hygiene
- Health Promotions

Urgent Care

There are four Urgent Care centers within 25 miles of NHC Patuxent River.

Projected Workforce Impact

Active Duty	Civilian	Total
37	20	**57**

[1] Defined by FY17 NDAA Section 702 Transition
[2] Provided by CAPT Chad E. McKenzie
[3] Source: NHC PATUXENT RIVER Portfolio

2.0. Healthcare Market Surrounding the MTF

Description

- NHC Patuxent River is located in Patuxent River, MD. For Primary Care, the identified drive time includes 30 zip codes, one complete county (St. Mary's), and two partial counties (Charles, Calvert). There are 28 practice sites with a total number of 37 physicians
- For Specialty Care, the identified drive time includes 81 zip codes, two complete counties (St. Mary's, Calvert) and five partial counties (Anne Arundel, Charles, Prince George's, King George, Westmoreland). There are 38 psychiatric practices with a total number of 60 physicians in the surrounding area
- Population growth over the last five years (2014 to 2018) has been strong at 5-8% and is expected to level out at 2-4% for the next five years (2019 to 2023)

Note: Patuxent River radiuses adjusted to account for Potomac river crossings as follows:

- No VA zip codes included in 15-mile radius
- VA zip codes within 8 miles of US-301 crossing included in 40-mile radius
- This could cause discrepancies with the MCSC count of contracted providers within a given radius of the MTF

Top Hospital Alignment

Primary Care Practice

- Calvert Memorial Hospital (Prince Frederick, MD)
- Medstar St. Mary's Hospital (multiple locations)

Psychiatry Practice

- Calvert Memorial Hospital (Prince Frederick, MD)
- Medstar Southern Maryland Hospital (Clinton, MD)
- Medstar St. Mary's Hospital (multiple locations)

Likelihood of Offering Primary Care Services to TRICARE Members[5]

Primary Care Practice

	Number of Practices	Number of Physicians
Contracted with TRICARE	6	3
High Likelihood	1	0
Medium Likelihood	18	26
Low Likelihood	3	8
Total	**28**	**37**

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- Patuxent River Naval Air Station (NAS), Maryland (70 miles SE of D.C.) has a market area population of approximately 566K[6]
- Naval Health Clinic (NHC) Patuxent has over 7,500 non-AD enrollees who could enroll to the network[7]
- The MCSC has contracted 70 Primary Care providers (PCPs) within a 15-mile radius of the MTF. There are no additional non-network providers to contract
- 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:
  - NHC Patuxent patients: 44.1% (130 respondents)
  - Network patients: 65.2% (108 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members[8]
  - Preventive Care Visit: $0
  - Primary Care Outpatient Visit: $20
  - Specialty Care Outpatient or Urgent Care Center Visit: $30
  - Emergency Room Visit: $61

[5] Contracted with TRICARE: Providers are currently contracted to provide services to TRICARE beneficiaries; High Likelihood: Providers are connected to organizations currently providing services to TRICARE beneficiaries; Medium Likelihood: Providers are accepting Medicare and/or Medicaid; Low Likelihood: Providers are neither providing Medicare nor Medicaid

[6] Network Insight Assessment Summary (Independent Government Assessment)

[7] M2

- 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 average PCP panel is approximately 2000[9]
- PCPs generally have relatively full panels, able to immediately enroll:
    - Up to 2.5% more enrollees (49) easily
    - 2.5% - 5% (50-99) with moderate difficulty
    - > 5% (100+) with great difficulty
- Beneficiaries are reluctant to waive the 30-minute drive time for Primary Care
- Metropolitan networks will grow more rapidly than rural networks to accommodate demand

Analysis:

- NAS Patuxent River is in an area with a currently adequate 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
- Each PCP would have to enroll 148 new patients to accommodate the 7,629 NHC Patuxent enrollees
- Based on the assumptions above, the MCSC network would have great difficulty meeting the new demand immediately
- Beneficiaries rate network health care 21% higher than NHC Patuxent 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 NHC Patuxent
- Retirees and their family members may seek less Primary Care due to out-of-pocket costs. (+/-)

[8] http://www.TRICARE.mil/costs
[9] MGMA

2.2. Network Insight Assessment Summary (Independent Government Assessment):

Facts

- **Primary Care:** Of the over 7,500 impacted Primary Care beneficiaries attributed to Patuxent River, 99% are represented within the 15- mile radius boundary. The majority of Primary Care providers are located in St. Mary's county, which is where ~87% of beneficiaries reside and is the location of the MTF. Population growth over the last five years (2014 to 2018) has been strong at 5-8%, and is expected to level out at 2-4% for the next five years (2019 to 2023)
- **Specialty Care:** The MHS impacted population for Specialty Care is 12,466 within a 60-minute drive-time radius. 100% of MTF Prime, Reliant and Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty Care, concentrated around NHC Patuxent River's location. The majority of Psychiatry providers are located in Anne Arundel and Prince George's county, both of which are not aligned to where the impacted beneficiaries reside (St. Mary's & Calvert). Population growth over the last five years (2014 to 2018) has been strong at 5-8%, and is expected to level out at 2-4% for 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 will have difficulty accepting the specific demand from the over 7,500 impacted beneficiaries. Based on market data, there is projected a shortage of Primary Care physicians across the 30-minute drive- time radius. Shortage in supply can be attributed to population growth and changing demand within the population. Unless new entrants enter the market, the network may experience challenges sustaining adequacy
- **Specialty Care:** The commercial Specialty Care (Psychiatry & Physical Medicine / Rehab) network within the 60-minute drive-time standard is capable of accepting the specific demand from the 12,466 impacted beneficiaries. Based on market data, there is a projected shortage of Psychiatry in the market area which can be attributed to population growth and changing demand within the population. Unless new entrants enter the market, the network may experience challenges sustaining adequacy over time

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definitions
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 2000.[10]

[10] 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

Term (alphabetical)	*Definition*
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 Measures
Part E	JOES-C 12-month Rolling Data
Part F	MTF Mission Brief
Part G	MTF Portfolio (Full)
Part H	

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: Naval Health Clinic (NHC) Patuxent River

15 March 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

Key Findings	Description
Base/Mission Impact	• **Retiree/Civilian Workforce**: The Base's workforce includes approximately 674 government civilians and contractors. Of these, 165 civilians and 183 contractors are retired military members eligible for care at the MTF and desire enrollment for primary care at the MTF. Sending this population into the network for care could take them away from performing their jobs for longer periods of time and impact the burn rate of the projects they're working on, having a material impact on the project's goals and then a domino effect on readiness. For example, among the eligible government civilians and contractors, there are approximately 136 employees considered mission critical to aircraft test and evaluation that require specific medical documentation to meet FAA work requirements; a network PCM is unlikely to know the FAA requirements. The non-AD population impacted by changing NHC Patuxent River to a "troop clinic" model is estimated at 1,781. • **Families**: The government civilians and contractors described above, have approximately 1,106 eligible family members that desire MTF enrollment for primary care. There is a concern that if family members need to go into the network to receive medical care, Active Duty service members will also experience a strain on their time to facilitate the medical care and lose time they would be applying to the Base's mission.
MTF Impact	• **Care Availability**: The MTF's largest concerns is the geography and availability of medical care in the network. They are especially concerned about the readiness impact to Active Duty if family members have to travel long distances for primary care
Network	• **Network Capacity:** There are concerns that the network's capacity to absorb new entrants is overstated due to the time it takes for beneficiaries to get see Primary Care providers and their willingness to accept new TRICARE beneficiaries. • **National Capital Region**: The Base and MTF expressed concern that including Patuxent River in the National Capital Region (NCR) market may cause readiness issues due to the long travel time from the base to other MTFs in the NCR

Summary of NAS Patuxent River Leadership Discussion

List of Attendees

The following were in attendance during the NAS Patuxent River Leadership discussion:

Name	Title	Affiliation
CAPT Christopher Cox	Executive Officer	Base Leadership
CDR Lance Lindley	XO, NAVAIR HQ	Base Leadership
CAPT Kathleen A. Hinz	Naval Health Clinic Command	MTF Leadership
John Harbison	TD, USNTPS	Base Leadership
CAPT Jeff Carty	AIR-410B	Base Leadership
Lt Col John Ennis	HX-21 CTP	Base Leadership
CAPT Gregg Sleppy	VX-1 CO	Base Leadership
LtCol Rory Feely	USNTPS	Base Leadership
CDR Matt Densing	UX-24 CO	Base Leadership
CDR Glenn Rioux	USNTPS CO	Base Leadership
Mrs. Michelle Rioux	Family Member	Family Member
CAPT Thomas Tennant	NTWL	Base Leadership
ATCS Dustin Burris	USNTPS SEL	Base Leadership
CDR Johannes Jolly	VX-23 CO	Base Leadership
HMCM CJ Eison	CMC NHCPR	MTF Leadership
CMOCM Hinkle	NME	Navy Medicine East
CDR Erik Thomas	CO, VXS-1	Base Leadership
ATCS C. McCan	SEL, VXS-1	Base Leadership
LCDR John Anhaet	OIC, VQ-4 DET	Base Leadership
CAPT William Padgett	Senior NAVAIR Surgeon	Base Leadership
CDR Matt Tharp	CO, VX-20	Base Leadership
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
CAPT Christine Dorr	Acting Assistant Deputy Chief for Health Care Operations, M3 BUMED	703 Workgroup
CAPT Gordon Smith	Chief of Staff, Navy Medicine East	Navy Medicine East
Mr. Ricky D. Allen	Business Operations Specialist, TRICARE Health Plan	THP

Summary of NAS Patuxent River Leadership Discussion

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

Topic	Key Discussion Points
Base Mission Overview	• **Design, Build, Test, Deliver**: NAS Patuxent River mission is to design, build, test and deliver aircraft and weapons systems for the troops who deploy. This unique mission influences the base population, as most of the 3,000 Active Duty members are mainly in test squadrons and operational units. Additionally, there

	is a significant civilian workforce (approximately 15,000) augmented by contractors, often retirees. • **Nuclear Weapons Personnel Reliability Program (PRP):** VQ4 DET is billeted for 17 PRP members (1 officer, 16 enlisted) and requires additional initial and continuous medical screening in order to ensure medical, dental, and mental health care and conditions do not affect reliability. NHCPR currently has two Competent Medical Authorities (CMAs), one Flight Surgeon from MTF staff and one Flight Surgeon attached to the squadron to screen and administer the medical areas of PRP. • **Arms, Ammunition and Explosives (AA&E):** VQ4 DET has a separate Naval Security Force to provide direct layered support for the CJCS-directed mission. VQ4 DET is billeted for 79 Security force members / AA&E users (1 officer, 78 enlisted) who are required to be screened for psychiatric illness prior to being issued weapons and/or ammunitions.
Voice of the Customer Summary / Key concerns of Base Leadership	• **Retirees**: A portion of the civilian and contractor employees are Retirees and they appreciate the convenience of being able to get care at the MTF. For the working population of retirees, Occupational Health must be preserved because they have the same impact on readiness as the Active Duty. Many retirees are still flying, and when they get treated out in the network, the physical requirements are different making it challenging for the Base to understand if they are still safe to fly. • **Limited Civilian Health Network**: o Low Capacity: The Base leadership does not believe there is not a lot of capacity in town because of their rural location. o Provider Availability: Some providers show in the Humana database as having capacity but there is a 3-6 month wait for an appointment, especially for primary care. The belief on base is that the reimbursement rates are low for TRICARE patients, and so practices do not prioritize these patients o Supply and Demand: While the analysis shows that providers should move to the area to meet the future demand, the Base questions whether providers will relocate in the area because they can make more money working in metropolitan areas. There are existing hiring challenges for doctors in the area, even with the current demand for providers o Quality Care: There is a concern that quality of healthcare for family members could decrease because the MTF can control the quality of direct care but can't control the quality out in the market • **Distance to Care**: The location of the Base also means that to access some medical care means traveling for an extended time. Dependents going off-base for care can impact readiness o Some appointments that would otherwise take an hour or two will instead take a full-day. Base leadership is concerned that there would be additional risk to the mission and readiness if civilians who previously would have received care on the Base have to travel into the network instead. o Leadership challenged the assumption that they should be included in the National Capital Region (NCR) area analysis. It takes over 1.5 hours to get to Walter Reed or Ft. Belvoir which causes a readiness issue • **Family Readiness is Military Readiness**: In general, people are concerned with getting the care they need when they need it. It matters less who that care is coming from as long as it is available and affordable. If families are confident that they are getting quality care, they can focus on their jobs and maintaining overall readiness. Base leadership believes that sending family members into

the network for medical care have an impact on the Base's mission and readiness. There may be a delay in care due to provider availability, or the drivetime distances will mean that the entire family is affected by medical appointments, (i.e. one parent may have to stay home to take care of the kids while the other attends to the medical appointment)

- **Care Delivery on Base**: The Base really values the care that is available at the MTF. Due to the care currently available at NHC Pax River from MTF staff, the readiness mission is the primary operational mission for the operational providers, who also can provide some continuing care and acute care capability, but rely on the current MTF staffing to provide continuity of care and acute capability. The MTF providers go out of their way to provide high quality care. They are able to compensate for capacity problems because the staff are exceptional people. The MTF is commended for its wonderful operational flight surgeon support. It is loss of clinic chronic and acute care support as well as easy access to higher provider level in Medical Home Port (MHP), Optometry, Dental, etc that is concerning for ongoing readiness support. Now instead of having access to "casual" care to maintain health, everyone has to go to the clinic. Bringing access and medical readiness back to the AD population may also be about how care is delivered, not just to whom it is delivered.

Summary of MTF Leadership Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
CAPT Kathleen A. Hinz	Naval Health Clinic Command	MTF Leadership
CAPT Chad E. McKenzie	Executive Officer	MTF Leadership
HMCM CJ Eison	CMC	MTF Leadership
CAPT Harlan Dorey	CMO	MTF Leadership
Patricia Bray	Occupational Health Department Head	MTF Leadership
CAPT Benjamin Young	Director of Dental Services	MTF Leadership
CDR Scott Coon	OIC/DBC	MTF Leadership
LCDR Amanda Bradford	DFA	MTF Leadership
Charles Lehr	aDPH	MTF Leadership
CDR Kari Johnchow Casey	DHS	MTF Leadership
LCDR Melanie Carmody	DCSS	MTF Leadership
CDR Godfrey Tabb	DRM	MTF Leadership
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
CAPT Christine Dorr	Acting Assistant Deputy Chief for Health Care Operations, M3 BUMED	703 Workgroup
CAPT Gordon Smith	Chief of Staff, Navy Medicine East	Navy Medicine East
Mr. Ricky D. Allen	Business Operations Specialist, TRICARE Health Plan	THP

Summary of MTF Commander Discussion Agenda

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

Topic	Key Discussion Points
MTF Medical Mission Overview	• **Operational Readiness**: Multidisciplinary team of approximately 400 staff across the MTF and branch clinics committed to maintaining medical readiness of the war fighter and optimizing the health and wellness of all entrusted to their care. They are focused on High Reliability and patient safety. • **Population Demographics**: 9,437 Enrollees at Patuxent River. This population is relatively static due to the unique mission of the Base. As mentioned above, there is a significant retiree population who are active in the Base Mission. • **Development Projects**: Plan to break ground on a new $66.5 million, 60,000 sq. ft facility that would double the available floor space, as they are currently under-spaced based on the services they offer.
Voice of the Customer / Key concerns of MTF Leadership	• **Network Care Availability**: The MTF's largest concerns is the geography and availability of medical care in the network. Decisions to change enrollment need to take into consideration not only direct care metrics, but also the purchased care metrics

- Primary Care: The MTF has experienced that PCMs will only take a few new patients each month – it can take approximately six (6) weeks to get Primary Care. Beneficiaries will go to urgent care instead of waiting. The issue seems to be the number of available appointments
- Specialty Care: There is a lack of specialty providers in the area (e.g. The few local psychiatrists/Mental Health providers are not accepting new patients). Sending family members or retirees into the network or to Walter Reed for specialty care is a full-day experience and can have a secondary/tertiary effect on the mission.
- Network Directory: MTF leadership is wary of providers who are listed as Humana providers or accepting TRICARE because they have heard of instances where the practice does not exist anymore, or the provider no longer accepts TRICARE.

- **Open Access for AD**: The Active Duty population are interested in convenience care, which is about more than just access. The access for acute care is less than half a day. A triage is immediately triggered when a patient walks in the door. The perception is that this isn't happening, but it is more of a communication issue than an real problem with the sick call screening program
- **Retirees**: There are two populations of retirees, mission-essential and non-essential. Mission-essential retirees obtain Occupational health on base, and also either desire MTF enrollment or are already enrolled to the MTF for primary care. This would require a special designee status to allow for enrollment

Appendix F: Supplemental Materials

Table of Contents

NARRATIVE SUMMARY

20 May 2019

SUBJECT: Patient Self-Reported Experience at NH Patuxent River Network Care

1. Purpose. To provide information on Patient Experience in the NH Patuxent River TRICARE Network.

2. Facts. The Defense Health Agency (DHA) measures outpatient satisfaction through both the Joint Outpatient Experience Survey (JOES) and Joint Outpatient Experience-CAHPS (JOES-C) and Inpatient Satisfaction through the TRICARE Inpatient Satisfaction Survey (TRISS). JOES is mailed or e-mailed to a random sample of outpatients within 24-48 hours of a visit. JOES-C is sent to a sample of direct and purchased care patients once a month (sampled daily). TRISS is delivered via mail or phone call (if there is non-response through mail) to all patients within 42 days of discharge from Medical, Surgical or Childbirth. Both JOES-C and TRISS have purchased care samples.

a. **JOES-C.**

(1) Overall Provider Communication at NHC Patuxent River has decreased slightly over the past year and is currently at 94.8%. This score is above the MHS Average (81.2%) and the CAHPS Benchmark (88%). Satisfaction with Access (Timely appointments, care and information) has dropped over the past year and is currently at 65.1%.

(2) Overall Provider Communication (purchased care) in the NH Patuxent River Prime Service Area has decreased over the past year and is currently at 92.2%. This is above the CAHPS benchmark (88%) but below the direct care score (94.8%). Satisfaction with Access (Timely appointments, care and information) has decreased over the past year and is currently 58.4% (below the direct care score).