

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

Robinson Army Health Clinic (TMC ROBINSON-CARSON)
Volume I

Disclaimer: This Use Case should be used for decision-making. Once the recommendation is approved by Congress, there will be time allowed for detailed planning and implementation by an integrated team consisting of Military Medical Treatment Facility (MTF) leadership, Service representation, TRICARE Health Plan, and the Defense Health Agency (DHA). It is assumed that most Use Case risks related to resourcing and network adequacy will be discussed and mitigated during the planning and implementation phase.

Executive Summary

Site	Troop Medical Clinic (TMC) Robinson-Carson
703 Workgroup Recommendation	USAMEDDAC Fort Carson completed the transition of TMC Robinson-Carson to an Active Duty only clinic on April 26, 2019. The 703 Workgroup recommends no additional changes at this time.

Background and Context

The table below summarizes the findings and rationale behind the 703 Workgroup's recommendation for the future of the MTF based on several decision criteria; the overall impact to the mission and the results of the network assessments were the critical factors when determining the way ahead. Inputs to the recommendation, which are included in the Use Case Package, include but are not limited to, Base and MTF mission briefs. The Decision Criteria Matrix evaluation provided below was based on the original recommendation to transition TMC Robinson-Carson from an Outpatient Clinic to an Active Duty and Occupational Health (AD/OH) Only Clinic. When determining the recommendation for each site, the mission impact and network impact were considered in conjunction with service and MTF input

Installation Mission Summary

The 4th Infantry Division and Fort Carson build and maintain combat ready expeditionary forces to conduct decisive action to fight and win in complex environments as members of a Joint, Interagency, Intergovernmental, and Multinational (JIIM) team or as a Mission Command Element (MCE); provide first class support to Soldiers, Airmen, Civilians, and Families; and enable unified action with community, state, and interagency partners to accomplish all assigned missions.

Decision Criteria Matrix

Decision Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> The Clinic has been operating under a blended staffing model primarily supporting Soldiers from 10th Special Forces Group, their Families, and Retirees for several years. This model was created in order to mitigate operational constraints and the frequent deployments of 10th Special Forces Group medical personnel. As a result, this has led to under enrollment, inefficient practice and access to care concerns Realigning TMC Robinson-Carson to only support Soldier care will enhance access to care, provide a predictive staffing model, and improve efficiencies that will ensure this clinic meets the intent of the quadruple aim for Readiness, Better Health, Better Care and Lower Costs Robinson SCMH promotes proficiency in Individual Critical Tasks (ICTs) of the assigned 18Ds and 68 series MOSs of the enrolled units. This compliments Evans ACH's daily student population of 200 (six AIT Phase II Site Programs; seven Officer Education Programs; four General Medical Education clinical rotations; a General Dental Education Program; ICT sustainment training; and Medical Skills Readiness (MSR) Training) 	Section 1.0
Network Assessment	L	<ul style="list-style-type: none"> Primary Care: With 324/242 providers HNFS is at 134% of target Time to Access Care (GOAL 28 Days): <ul style="list-style-type: none"> Primary Care: 44 days with 50% meeting the 28-day target The average drive time is 109 minutes 	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. 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	None – TMC Robinson-Carson is already operating as an AD/OH Only Clinic	<ul style="list-style-type: none"> N/A

¹ See Appendix B for Decision Criteria Ratings Definitions

Recommended Next Steps

Continue to operate TMC Robinson-Carson as an AD/OH Only Clinic.

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

Fort Carson, the Mountain Post, is an Army post located southwest of Colorado Springs, Colorado, between Interstate 25 and Highway 115. This post is recognized as one of the world's premier locations to lead, train, and maintain while preparing Soldiers to win on the battlefield. Fort Carson hosts the 4th Infantry Division which consists of 1st Stryker Brigade, 1st Space Brigade, 2nd Infantry Brigade, 3rd Armored Bridge, 4th Security Forces Assistance Brigade, 4th Combat Aviation Brigade, 4th DIVARTY, 4th Sustainment Brigade. It has 1/3 the population of Colorado Springs with over 24,000 Active Duty military, over 44,000 family members, over 47,000 local retirees, and over 6,000 Army civilians.

1.1. Installation Description

Name	Fort Carson
Location	Fort Carson, CO
Mission Elements	Fort Carson is the home to the United States Army Garrison and the 4 th Infantry Division which consists of the 1 st Stryker Brigade, 1 st Space Brigade, 2 nd Infantry Brigade, 3 rd Armored Bridge, 4 th Security Forces Assistance Brigade, 4 th Combat Aviation Brigade, 4 th DIVARTY, 4 th Sustainment Brigade
Mission Description	The 4th Infantry Division and Fort Carson build and maintain combat ready expeditionary forces to conduct decisive action to fight and win in complex environments as members of a JIIM team or as an MCE; provide first class support to Soldiers, Airmen, Civilians, and Families ; and enable unified action with community, state, and interagency partners to accomplish all assigned missions
Regional Readiness/ Emergency Management	Unknown
Base Active or Proposed Facility Projects	Unknown
Base Mission Requirements	Evans Army Community Hospital is the key component of the Colorado Springs Military Health System (CMHS). The 92-bed Evans hospital serves an enrolled population of over 70,000 and supports about 3,500 outpatient visits every day. Other typical daily statistics include 137 emergency room visits, 6 births, 21 operating room cases, 41 inpatients, and 3,300 prescriptions filled. MEDDAC is focused on Readiness and Health -- the readiness and health of Fort Carson's and MEDDAC's Soldiers; Healthcare Delivery -- innovative healthcare promoting, improving, conserving, or restoring behavioral and physical well-being; Force Development -- developing agile and adaptive leaders who achieve success; Taking Care of Ourselves - each other, our Soldiers for Life, DA Civilians & Families Base Mission Requirements include: sustain/ improve medical readiness of the Soldier; improve the health and fitness of the Ft Carson Community (Soldier Athletes); maintain Evans ACH as a training and readiness platform for our installation medical personnel (Expert Medics); ensure accessible, quality care at Evans ACH and in the network; prevent access to care obstacles (referral management); ensure effectiveness over efficiency for all facets of Soldier care

1.2. MTF Description

TMC Robinson-Carson has two teams that support 6,839 empaneled beneficiaries including Soldiers from 10th Special Forces Group, Family Members, Retirees and T-Plus (2728 AD, 2689 ADFM, 489 RET, 801 RETFM, 132 TPLUS). The two teams each consist of three (3) physicians, two (2) physician assistants and one (1) nurse practitioner with requisite supporting staff. TMC ROBINSON-CARSON has been operating under a blended staffing model primarily supporting Soldiers from 10th Special Forces Group, their Families, and Retirees for several years. This model was created in order to mitigate operational constraints and the frequent deployments of 10th Special Forces Group medical personnel.

Name	TMC Robinson-Carson
Location	Fort Carson, CO
Market²	Colorado Springs

² Defined by FY17 NDAA Section 702 Transition

Mission Description	USA MEDDAC – Fort Carson				
Vision Description	To optimize human performance and health Readiness at the Army's Mountain Post with a professional team dedicated to safe, consistent, accessible, and high-quality patient centered care				
Goals	USA MEDDAC – Fort Carson The Hospital of Choice transforming positive patient experiences into healthy lifestyles and optimal performance				
Facility Type³	Outpatient clinic				
Square Footage	13,360 sq. ft.				
Deployable Medical Teams	None				
Performance Metrics	See Volume II Part B for Partnership 4 Improvement (P4I) measures and Part C for Joint Outpatient Experience Survey - Consumer Assessment of Health Providers and Systems (JOES-C) data				
Fiscal Year (FY) 2018 Assigned Full-time Equivalents (FTEs)⁴		Civilian	Contractor	Military	Total
Current Healthcare Services	Medical	26.7	0	6.9	33.5
	<p>Appointment</p> <ul style="list-style-type: none"> Routine health care for all ages, from babies to grandparents Preventive health care to avoid problems before they begin Fever and infections Respiratory problems Injuries Women's health, including routine exams and birth control Prenatal care/obstetrics (OB) care for all stages of pregnancy Pediatric care for babies and children, including immunizations and well-child care Sports physicals Heart problems Skin problems Intestinal problems Urinary problems Muscle and bone problems Alcohol and drug dependency Tobacco (smoking) cessation Nutrition counseling <p>Walk-In</p> <ul style="list-style-type: none"> Suture / Staple Removal Immunizations Influenza Vaccinations (seasonally) Rapid Strep Testing Pregnancy Testing 				
Projected Workforce Impact		Active Duty	Civilian	Total	
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2.0. Healthcare Market Surrounding the MTF

Not applicable – conversion from Outpatient Clinic to AD/OH Only clinic has already occurred.

³ Source: Evans-ACH-Ft. Carson MTF Portfolio

⁴ Source: Evans-ACH-Ft. Carson MTF Portfolio

3.0 Appendices

- Appendix A Use Case Assumptions
- Appendix B Decision Criteria 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 recommendations
3. Readiness requirements for the final recommendation 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: Decision Criteria Ratings Definition

Decision 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 or outpatient care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services (Source: Wikipedia)
Beneficiary	Individuals who have been determined to be entitled to or eligible for medical benefits and therefore authorized treatment in a military treatment facility or under Department of Defense auspices (Source: health.mil)
Critical Access Designation	Critical Access Hospital is a designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services (CMS). ... The CAH designation is designed to reduce the financial vulnerability of rural hospitals and improve access to healthcare by keeping essential services in rural communities (Source: Ruralhealthinfo.org)
Direct Care	Hospitals and clinics that are operated by military medical personnel (Source: health.mil)
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: Military.com)
Enrollee	An eligible MHS beneficiary that is currently participating in one of the TRICARE plans
JOES	Joint Outpatient Experience Survey
JOES-C	Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems
Managed Care Support Contractor	Managed Care Support Contractors. Each TRICARE region has its own managed care support contractor (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 assessment and intervention to develop, recover, or maintain the meaningful activities, or occupations, of individuals, groups, or communities. It is an allied health profession performed by occupational therapists and Occupational Therapy Assistants
Overseas Remote	TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations: Eurasia-Africa, Latin America and Canada, Pacific
P4I	A set of MHS clinical, quality, safety and readiness performance measures (Partnership for Improvement)
Panel	“Provider panel” means the participating providers (Primary Care physician) or referral providers who have a contract, agreement or arrangement with a health maintenance organization or other carrier, either directly or through an intermediary, and who have agreed to provide items or services to enrollees of the health plan (Source: Definedterm.com)
Physical Medicine	The branch of medicine concerned with the treatment of disease by physical means such as manipulation, heat, electricity, or radiation, rather than by medication or surgery. the branch of medicine that treats biomechanical disorders and injuries (Source: Dictionary.com)
Plus	With TRICARE Plus, you get free Primary Care at your military hospital or clinic. The beneficiary does not pay nothing out-of- pocket. TRICARE Plus doesn't cover Specialty Care (Source: health.mil)
Prime	TRICARE Prime is a health insurance program offered to active duty members, retirees, activated guard & reserve members, and families. If you're on active duty, you have to enroll in TRICARE Prime, all others can 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	Supplementing the direct care component, the purchased care component of TRICARE is composed of TRICARE-authorized civilian health care professionals, institutions, pharmacies, and suppliers who have generally entered into a network participation agreement with a TRICARE regional contractor.
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	P4I Measures
Part C	JOES-C Data
Part D	Base Mission Brief
Part E	MTF Mission Brief
Part F	MTF Portfolio (Full)