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

Russell Collier Health Clinic, Charles Thomas Moore Health Clinic, Building 36000

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	**Russell Collier Health Clinic**
Decision	Russell Collier Health Clinic will remain an outpatient facility and maintain its current capabilities for all enrolled beneficiaries.
	Charles Thomas Moore Health Clinic
Site	The Charles Thomas Moore Health Clinic has already transitioned to a Solider Centered Medical Home (SCMH) serving Active Duty only. The 703 decision supports the transition.
Decision	
	Building 36000
Site	Building 36000 previously housed the Fort Hood Medical Home closed in 2018; presently has a sleep lab in support of Carl R Darnall Army Medical Center (CRDAMC). The 703 decision supports the transition.
Decision	

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

United States Army Garrison (USAG) Fort Hood is located in Fort Hood, Texas; approximately 30 miles from Temple, Texas. USAG Fort Hood is home to III Corps, America's Armored Corps which includes many subordinate units. Ill Corps and its Subordinate Units are prepared to rapidly deploy and conduct the full range of military operations to seize, retain, and exploit the initiative, in order to defeat any adversary. Fort Hood supports combat readiness, combat training rotations and initiatives and continuing medical education for providers. The top priority is maintaining soldier and provider readiness.

Criteria Matrix

Criteria	Rating or Value[1]	Key Takeaways or Findings	Use Case Package
Mission Impact	M	• USAG Fort Hood is home to III Corps, America's Armored Corps which includes subordinate units. Fort Hood's top priority is soldier and provider readiness • Fort Hood has demonstrated ability to support up to 50,000 soldiers • Maintaining access to care for the soldiers is critical to the base and MTF missions. Additionally, maintaining medical readiness of healthcare providers is a high priority for base leadership • Base leadership is concerned that, if capabilities are reduced in conjunction with other staffing cuts imposed on base, solider healthcare and readiness will be negatively impacted • Russell Collier Health Clinic provides services in a geographically isolated area and transitioning to network would mean soldiers and their families traveling long distances to receive care taking time away from base which could impact the mission • MTF Leadership expressed that if Russell Collier was converted to an AD only clinic, there would not be enough workload to justify CRDAMC assets working at this facility	Section 1.0
Network Assessment	M	• While the independent government assessment found that there is sufficient capacity in the broader Fort Hood market to accommodate incremental beneficiary demand associated with transitioning the three clinics to AD only, the TRICARE Health Plan (THP) assessment indicated that the market would struggle to meet beneficiary demand	Section 2.0

[1]See Appendix B for Criteria Ratings Definitions

		• Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market • MTF Leadership expressed concerns over the network's willingness to accept TRICARE Health Plan (THP) due to a perception of being a slow payer with low reimbursement rates	

Risk / Concerns and Mitigation Strategies

The Risk / Concerns and Mitigation Strategies 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.

	Risk/Concerns	Mitigating Strategy
1	No risks / concerns identified as no additional changes are required for Russell Collier Health Clinic, Charles Thomas Moore Health Clinic or Building 36000	• N/A

Next Steps:

No immediate next steps suggested as no changes to clinics are required.

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

1.1. Installation Description

United States Army Garrison (USAG) Fort Hood is located in Fort Hood, Texas; approximately 30 miles from Temple, Texas. USAG Fort Hood is home to III Corps, America's Armored Corps which includes many subordinate units and sustains a high operating tempo. Fort Hood is also home to four (4) Brigade Combat Teams most of which are in Army. It is a Soldier Readiness Center that supports mobilization and demobilization missions for the National Guard and Army Reserve. Fort Hood has a 197,000-acre maneuver area, state of the art Virtual and Constructive Training, Power Projection Platform, two (2) Army Airfields, and Rail Deployment Infrastructure.

Carl R. Darnall Army Medical Center (CRDAMC) support III Corps and subordinate units in combat readiness. Their mission is to enable Phantom Readiness by partnering to improve health and save lives.

Name	United States Army Garrison (USAG) Fort Hood
Location	Fort Hood, TX; approximately 30 miles from Temple, TX
Mission Elements	Fort Hood supports combat readiness and a demonstrated ability to support up to 50,000 soldiers. It provides training for 250 Joint exercise, deployment readiness exercises, six (6) Combat Training Center (CTC) rotations per year, among other training initiatives. Continuing medical education is important for providers to maintain medical skill capabilities. III Armored Corps deploys forces worldwide to deter Russian and North Korean aggression, defeat violent extremist groups, and protect the homeland. III Corps capabilities include 40% of Army's Combat Power and over 88,000 Phantom Warriors. Cross Functional Team (CFT) Modernization includes long range precision fires, next generation combat vehicle, synthetic training environment. Maintaining soldier and provider readiness is critical.
Mission Description	III Corps and its Subordinate Units are prepared to rapidly deploy and conduct the full range of military operations to seize, retain, and exploit the initiative, in order to defeat any adversary. The Corps is prepared to exercise mission command of Army, Joint, and Multi-National Forces, as a Corps, Joint Task force (JTF), or Combined Joint Forces Land Component Command (CJFLCC).
Regional Readiness / Emergency Management	Disaster support and support to civil authorities. In August 2017, III Corps provided support in Houston, Texas for Hurricane Harvey Response including search and rescue operations and delivery of relief supplies. The Armored Corps also provides rapid response to domestic contingencies, is part of the Defense Chemical, Biological, Radiological and Nuclear (CBRN) response force and partners with Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA), and Department of Health and Human Services (HHS).

1.2. Russell Collier Health Clinic MTF Description

Russell Collier Health Clinic provides healthcare services in support of CRDAMC and the III Corps. It is located in an area of Fort Hood that is farther away from CRDAMC and is located near one of the two (2) airfields on Fort Hood. The soldiers and beneficiaries that support that airfield receive care at Russell Collier Clinic enabling mission readiness. The clinic also supports Physicians Assistants and Doctor of Nursing Practice (DNP) students that receive training at the clinic. It is an essential partner in training personnel for the Joint Medical Force.

Name	Russell Collier Health Clinic
Location	West Fort Hood, about 20 minutes from the main installation
Market[2]	Large Market – Central Texas
Mission Description	CRDAMC – Enabling Phantom Readiness by Partnering to Improve Health and Save Lives
Vision Description	CRDAMC – The Premier Medical Readiness Center, An Exceptional Experience – Every Single Time CRDAMC Motto – Your Partner in Health
Facility Type	Outpatient facility
Square Footage	27,243 sq. ft

[2] Defined by FY17 NDAA Section 702 Transition

Deployable Medical Teams

See Volume II Part A: Fort Hood Data Call

Performance Metrics

See Volume II Part E for Partnership 4 Improvement (P4I) measures and Part F for Joint Outpatient Experience Survey- Consumer Assessment of Health Providers and Systems (JOES-C) data

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

	Active Duty	Civilian	Contractor	Total
Medical	9.4	56.8	0.0	**66.2**

Healthcare Services

- Outpatient key product lines
- Primary Care
- Optometry
- Hearing Conservation
- Additional service lines
- Immunology
- Women's health
- Behavioral health

- Referrals
  - From April 2018 through March 2019 there were 6,254 Non-AD Referrals kept in Direct Care (60% of Non -AD Referrals kept Direct Care). 4,173 Non-AD Referrals were sent Downtown (40% of non-AD referrals). Non-AD Referrals during this period totaled 10,427.
  - 546 total referrals from June 2018-December 2018
    - 338 Appoint to MTF/Info Needed/Blank/ Kept/Left without being seen/No-Show/Other/PT Cancel
    - 208 Deferred to Network/Booked to Remote/Deferred Results Received
  - Count of Review Status
    - Appoint to MTF: 9
    - Booked to Remote Site: 101
    - Defer to Network: 366
    - Deferred – Results Received: 1616
    - Info Needed: 1
    - No Appointment Required: 1423
    - Grand Total: 3516
  - Count of Appointment Status Description
    - Kept: 2084
    - LWOBS: 4
    - No-show: 256
    - Patient Cancel: 474
    - Grand Total: 2818
  - Roughly 60-70% of the referrals out of Russell Collier are sent to CRDAMC

- Support to Aviation Medicine includes:
- Aviation Medicine Flight Physicals
- Physical Therapy
- Pharmacy
- Diagnostic Radiology
- Clinical Pharmacist
- Optometry
- Audiology
- This supports a number of units including: 504th Military Intelligence Brigade Operational Test Command (OTC), 15th Military Intelligence Battalion (MIBN), 206th MIBN, 3rd HQ Atk FLT, 158th Aviation, 228th Aviation, 52nd Aviation, US Army Reserve Division 12.

- CRDAMC also includes a Warrior Transition Unit (WTU), Mission Support Unit/Deployment Readiness Center, Intrepid Spirit Center, Rehabilitative Services/Soldier Peak Performance Advance Reconditioning

[3]Darnall AMC-Ft Hood MTF Portfolio

	for Tactical Athletes (SPARTA), school-based health clinics, telehealth and more. •
Projected Workforce Impact	Active Duty: -- / Civilian: -- / Total: **--**

1.3. Charles Thomas Moore Health Clinic MTF Description

Charles Thomas Moore Health Clinic is a Soldier Centered Medical Home (SCMH) in support of CRDAMC. The clinic's calendar year (CY) 2018 workload is 98% Active Duty (AD) Service Members[5]. Charles Thomas Moore Health Clinic supports a 12.2K AD Only population including 1st Cavalry DIV3ABCT, 13th Expeditionary Support Command, 1st MEDBDE, WTU.

Name	Charles Thomas Moore Health Clinic
Location	Fort Hood, TX
Market[4]	Large Market – Central Texas
Facility Type	Outpatient facility
Square Footage	58,282 sq. ft
Deployable Medical Teams	See Volume II Part A: Fort Hood Data Call
Performance Metrics	Not available

FY18 Assigned Full-time Equivalents (FTEs)[5]

	Active Duty	Civilian	Contractor	Total
Medical	23.9	55.4	0.0	**79.3**

Healthcare Services

Outpatient key product lines

- Primary Care

Other service lines

- Allergy
- Immunology
- Physical Therapy

Projected Workforce Impact

Active Duty	Civilian	Total
--	--	**--**

1.4. Building 36000 Clinic MTF Description

Building 36000 is currently a sleep lab in support of CRDAMC.

Name	Building 36000
Location	Fort Hood, TX
Market[6]	Large Market – Central Texas
Facility Type	Outpatient facility
Square Footage	507, 966 sq. ft

[4] Defined by FY17 NDAA Section 702 Transition
[5] Darnall AMC-Ft Hood MTF Portfolio

[6] Defined by FY17 NDAA Section 702 Transition

Deployable Medical Teams	See Volume II Part A: Fort Hood Data Call
Performance Metrics	Not available

FY18 Assigned Full-time Equivalents (FTEs)[7]

	Active Duty	Civilian	Contractor	Total
Medical	1.5	44.7	0.0	**46.2**

Healthcare Services	Sleep Clinic

Projected Workforce Impact

Active Duty	Civilian	Total
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[7]Darnall AMC-Ft Hood MTF Portfolio

2.0. Healthcare Market Surrounding the MTF

Description	Russell Collier Health Clinic provides healthcare services in support of CRDAMC and the III Corps and functions as a Patient Centered Medical Home (PCMH). The clinic provides healthcare services including Primary Care, optometry, and hearing conservation. Charles Thomas Moore Health Clinic is a SCMH in support of CRDAMC. Building 36000 is currently a sleep lab in support of CRDAMC. Russell Collier Health Clinic, Charles Thomas Moore Clinic and Building 36000 support the various commands hosted on the installation at Fort Hood. In addition to supporting the beneficiaries of Fort Hood, the clinics provide physicals to the Air Force, Army Reserves and National Guard and support Physicians Assistants and Doctor of Nursing Practice (DNP) students that receive training at the clinics.
Top Hospital Alignment	Primary Care • Baylor Scott and White Medical Center Temple (Temple, TX) • Metroplex Adventist Hospital (Killeen, TX) • Mclane Children's Hospital Scott & White (Temple, TX) • Baylor Scott and White Hospital Taylor (Taylor, TX) • Baylor Scott and White Continuing Care Hospital (Temple, TX) • Seton Medical Center Harker Heights (Harker Heights, TX)

Likelihood of Offering Primary Care Services to TRICARE Members[8]

	Number of Practices	Number of Physicians
Contracted with TRICARE	27	12
High Likelihood	5	1
Medium Likelihood	30	69
Low Likelihood	3	4
Total	**65**	**86**

2.1. TRICARE Health Plan (THP) Network Assessment Summary

Facts:

- Fort Hood (Killeen, TX) has a market area population of approximately 1.2M[9]
- The Russell Collier Clinic has more than 10,000[10]non-AD enrollees who could enroll to the network.
- The Russell Collier Clinic provides Primary Care only
- There are 249 network facilities within drive time of Russell Collier Health Clinic that offer like services currently provided by the MTF with more than adequate access to care
- MCSC has contracted 84[11] of 86[12] (98%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 69 of the 84 PCPs are accepting new patients
- 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:
    - Russell Collier Clinic patients: 47.8% (181 respondents)
    - Network patients: 74.3% (700 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members[13]
    - Preventive Care Visit: $0

[8] 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

[9] Independent Government Assessment (Network Insight)

[10] M2

[11] MCSC

[12] Independent Government Assessment (Network Insight)

[13] http://www.TRICARE.mil/costs

  - 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:

- MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000[14]
- PCPs generally have relatively full panels, able to immediately enroll:
  - Up to 2.5% more enrollees (49) easily
  - 2.5% - 5% (50-99) with moderate difficulty
  - > 5% (100+) with great difficulty
- Rural networks will grow more slowly than metropolitan networks to accommodate demand

Analysis:

- Fort Hood is in a rural area with a currently adequate Primary Care network
- 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 contracted 50% of the non-network providers, they would have a total of 70 PCPs accepting new patients
- Each PCP would have to enroll 148 new patients to accommodate the 10,371 Russell Collier Clinic enrollees
- Based on the assumptions above, the MCSC network would have great difficulty meeting the new demand
- Beneficiaries rate network health care 26% higher than Russell Collier Clinic 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 Russell Collier Clinic
- 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:** 99% of non-AD MTF Prime & Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care, concentrated around the MTF location**.** Population growth for Primary Care over the last five (5) years (2014-2018) has averaged less than 9.9%, and the growth rate is projected to decrease over the next five (5) years to 5.2%**.** The network adequacy analysis included a 15-mile radius (30-minute boundary), which was used due to this geography being an urban area**.** The identified drive time includes 38 zip codes and seven (7) partial counties (Bell, Burnet, Coryell, Falls, Hamilton, Lampasas, McLennan)**.** There are 65 Primary Care practice sites and 86 Physicians in the 15-mile radius (not limited to TRICARE)**.** The potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups and thus will not materially impact supply and demand of services in the market
- **Specialty Care:** 99% of MTF Prime, Reliant & Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty Care, concentrated around the MTF location. Population growth for Specialty Care has remained stagnant over the last five (5) years (2014 to 2018) and is projected to increase to 1% growth over the next five (5) years. The analysis included a 40- mile radius (60- minute boundary), which was used due to this geography being an urban area. The identified drive time includes 115 zip codes, five complete counties (Coryel, Lampasas, Burnet, Hamilton, Bell) and 11 partial counties (Bosque, Burleson, Comanche, Erath, Falls, Hill, McLennan, Milam, Mills, Travis, Williamson). There are 75 Specialty Care practice sites and 107 physicians in the 40-mile radius (not limited to TRICARE). This includes 12 Allergy/Immunology sites (15 physicians), 49 Psychiatric sites (65 physicians) and 14 Pulmonology sites (27 physicians). The potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups and thus will not materially impact supply and demand of services in the market

Assumptions:

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

[14] MGMA

Analysis:

- **Primary Care:** There is a sufficient surplus of Primary Care providers in the market to handle the TRICARE Beneficiaries released into the market. The commercial Primary Care network within the 30-minute drive-time standard is capable of accepting the specific demand from the more than 18,000 impacted beneficiaries
- **Specialty Care:** There is sufficient supply of Allergy/Immunology and Psychiatry providers across the geographic market to accept incremental demand. There an overall shortage across the geographic market for Pulmonology specialists, and so demand from the surrounding counties may crowd the market in Bell County. The commercial Specialty Care network within the 60-minute drive-time standard may have difficulty of accepting the specific demand from the more than 28,000 impacted beneficiaries in Pulmonology

3.0. Appendices

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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[15]

[20] MGMA

[15] 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. MCSC 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 TRICARESelect. TRICAREPrime offers fewer out-of-pocket costs than TRICARESelect, 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

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Part D	Network Insight Assessment Summary (Independent Government Assessment)
Part E	P4I Measures
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Appendix E: MTF Trip Report

MHS Section 703 Workgroup
Site Visit Trip Report

MTF: Russell-Collier Health Clinic Fort Hood 8

May 2019

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Purpose of the Visit

This was a fact-finding visit to assist the MHS Section 703 Workgroup in understanding unique mission aspects, as well as base and MTF's leadership perspective of the capacity of the current civilian network market. This information will be used for making MTF specific capability and capacity options and decisions to be included in a report to Congress.

Summary of Site Visit

Base/Mission Impact:

- Fort Hood is home to the III Corps and a variety of subordinate units. The III Corps and its subordinate units are prepared to rapidly deploy and conduct the full range of military operations to seize, retain and exploit the initiative, in order to defeat any adversary. The Corps is prepared to exercise mission command of Army, Joint and Multi-National Forces, as a Corps, Joint Task Force or Combined Joint Forces Land Component Command
- Fort Hood is a Soldier Readiness Center that supports mobilization and demobilization missions for the National Guard and Army Reserve. The Dental Readiness Classification (DRC) and Soldier Readiness Program (SRP) processes approximately 60,000 COMPO 2/3 soldiers annually. The DRC/SRP has the capacity to process 850 soldiers daily if required

MTF Impact:

- Russell Collier Health Clinic provides healthcare services in support of Carl R. Darnall Army Medical Center (CRDAMC) and the III Corps, which includes primary care, optometry, and hearing conservation. Russell Collier enables the missions of the various commands that are hosted on the installation at Fort Hood. In addition to supporting the beneficiaries of Fort Hood, Russell Collier provides physicals to the Air Force, Army Reserves and National Guard
- Additionally, Russell Collier supports Physicians Assistants and Doctor of Nursing Practice (DNP) students that receive training at the clinic
- Roughly 60-70% of the referrals out of Russell Collier are sent to CRDAMC

Network Impact:

- The network surrounding Fort Hood may be capable of accepting the demand that would be created by sending active duty family members and retirees to the network. MTF Leadership expressed concerns over the network's willingness to accept TRICARE Health Plan (THP)

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
MG Kenneth Kamper	III Corps Deputy Commanding General	III Corps
BG George Appenzeller	Deputy Region CDR	RHC-C
LTC Marcus Moss	III Corps ESEO	III Corps
COL Gibson	Commander	CRDAMC
COL Mike Tarpey	III Corps Surgeon	III Corps
COL Franco	DCO	CRDAMC
CSM Brunell	Command Sergeant Major	CRDAMC
1LT Smidt	DCG Aide	RHC-C
1LT Boyce	III Corps DCG Aide	III Corps
CPT Flannery		CRDAMC
Dr. David Smith	OSD OUSD P-R	703 Workgroup
Dr. Jim King	TRICARE Health Plan	THP
LTC Clint Magana	Deputy Director, AMEDD Manpower Directorate	703 Workgroup
Ms. Summer Church	Contract Support Team	703 Workgroup

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

Base Mission Overview:

- Fort Hood is home to the III Corps and a variety of subordinate units. The III Corps and its subordinate units are prepared to rapidly deploy and conduct the full range of military operations to seize, retain and exploit the initiative, in order to defeat any adversary. The Corps is prepared to exercise mission command of Army, Joint and Multi-National Forces, as a Corps, Joint Task Force or Combined Joint Forces Land Component Command
- Fort Hood covers approximately 197,000 acres, so soldiers and their families are spread across a large geographic area
- Fort Hood is a Soldier Readiness Center that supports mobilization and demobilization missions for the National Guard and Army Reserve. The Dental Readiness Classification (DRC) and Soldier Readiness Program (SRP) processes approximately 60,000 COMPO 2/3 soldiers annually. The DRC/SRP has the capacity to process 850 soldiers daily if required

Voice of the Customer Summary:

- Mission Specific Requirements:
    - Medical personnel/physician's skills maintenance requirements include continuing medical education and specialty-dependent patient encounter opportunities. Continuing to serve the retiree population benefits providers in terms of maintaining medical skill capabilities for pathology and other specialty services
    - The primary concern of base leadership is to care for the soldiers on base. Base leadership is concerned that if capabilities are reduced, in conjunction with other staffing cuts imposed on base, that solider healthcare and readiness will be negatively impacted
    - Fort Hood provides training for 250 Joint exercise, deployment readiness exercises, 6 Combat Training Center (CTC) rotations per year, among other training initiatives

- Russell Collier supports a community that is located in an area of Fort Hood that is far from CRDAMC. Caring for those who live off post is imperative

- Readiness:
  - Maintaining solider and provider readiness is the main priority for base leadership. Many of the soldiers deploy out of Fort Hood so knowing that their families are cared for allows the soldier to focus on his or her mission abroad
  - There are activities that contribute to readiness, such as the Army Wellness Center, that are impossible to quantify in terms of the benefit they provide
  - There are two (2) airfields on Fort Hood, one of which is located in close proximity to Russell Collier. The soldiers and beneficiaries that support the airfield get their care from Russell Collier

Summary of MTF Commander Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
COL David Gibson	Commander	CRDAMC
CSM Kyle Brunell	Command Sergeant Major	CRDAMC
COL Mike Franco	Deputy Commanding Officer	CRDAMC
BG George Appenzeller	Deputy Region CDR	RHC-C
COL James Lucas	Chief Medical Officer	CRDAMC
COL Karin Nicholson	Deputy Commander for Medical Services	CRDAMC
Ms. Laura Ballou	Acting Deputy Commander for Surgical Services	CRDAMC
COL Randy Dorsey	DCPS	CRDAMC
Mr. James McPherren	Acting Deputy Commander, Department Services	CRDAMC
MAJ Renee Zmijski	Acting Deputy Commander for Administration	CRDAMC
Dr. Jaon Ingram	Deputy to the Commander for Quality and Safety	CRDAMC
COL Jennifer Robison	Chief Nursing Officer	CRDAMC
Mr. Jeff Harris	Chief, Physical SPC & AT	CRDAMC
Mr. DeVry Anderson	Deputy Commander for Health Readiness	CRDAMC
Mr. Garrett Meyers	Commander, Department of Family and Community Medicine	CRDAMC
Dr. David Smith	OSD OUSD P-R	703 Workgroup
Dr. Jim King	TRICARE Health Plan	THP
LTC Clint Magana	Deputy Director, AMEDD Manpower Directorate	703 Workgroup
Ms. Summer Church	Contract Support Team	703 Workgroup

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

MTF Medical Mission Overview:

- Russell Collier Health Clinic provides healthcare services in support of CRDAMC and the III Corps, which includes primary care, optometry, and hearing conservation. Russell Collier enables the missions of the various commands that are hosted on the installation at Fort Hood. In addition to supporting the beneficiaries of Fort Hood, Russell Collier provides physicals to the Air Force, Army Reserves and National Guard

Voice of the Customer Summary:

- Mission-Specific Services:
  - The clinic supports training for Physicians Assistants and DNP students so maintaining the caseload at Russell Collier is imperative for education. However, there aren't any Medical doctor (MD) or Doctor of Osteopathy (DO) residencies at Russell Collier

- The clinic supports a variety of missions that require physicals and flight physicals. Members from the Air Force, Army Reserves and National Guard come to Russell Collier to obtain physicals. These encounters are not captured in the enrollment figures
- The clinic has optometry capability that just recently started providing services for Active Duty Family Members (ADFM). Primarily the optometry wing sees patients for flight physicals
- The clinic is located in West Fort Hood which is about 20 minutes from the main installation. The AD members and family members that live in West Fort Hood use Russell Collier primarily because of the convenience

- Readiness:
  - Soldier readiness is a top priority. Maintaining access to care for the soldiers is critical to the base and MTF missions. Additionally, maintaining medical readiness of healthcare providers is a high priority for base leadership. Base leadership is concerned that medical currencies will be lost if patients are pushed to the network. The Russell Collier Health Clinic refers approximately 60-70% of their workload to CRDAMC which supplies physicians with a variety of patient cases
  - MTF leadership discussed the possibility of partnering with local hospitals to ensure providers maintain their skillsets but they noted that many of their physicians are not licensed in Texas and by law are not allowed to work in the local hospitals
- Network:
  - Clinic leadership expressed concerns that providers in the network may not accept THP
  - The network might have the ability to support the impacted beneficiaries. The community is a geographically challenged area, but Austin and Waco may be able to support the increased network demand. However, soldiers and their families traveling long distances to receive care takes time away from base and will impact the mission
- Enrollment:
  - Russell Collier Health Clinic has total enrollment of 12,250, of which there are 1,600 AD members, 7,547 ADFM, 1,500 retirees and 3,200 retiree family members
  - MTF Leadership expressed that if Russell Collier was converted to an AD only clinic, there would not be enough workload to justify CRDAMC assets working at this facility
- Unique Challenges:
  - CRDAMC leadership expressed concerns regarding the simultaneous initiatives impacting their medical force. They are experiencing large cuts to their workforce as a result of line Army budget and staffing reductions that have impacted their ability to provide care. For example, CRDAMC has experienced 149 cuts in personnel due to reverse professional filler system (PROFIS). MTF Leadership is concerned that these transitions will force reductions in staffing that will render the mission of medical readiness impossible
  - The MTF has considered hiring civilians to fill the vacancies but typically hiring a civilian takes about three (3) months and is expensive. In order to fill the positions, it is crucial that contracts and partnerships are structured in a way that entices providers to come to Fort Hood