



Air Force Clinic 2nd Medical Group Barksdale Volume II

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Part A: Barksdale Data Call (1 of 6)

Mission Readiness

MTF Name	MTF DMIS ID	Assigned Deployable Capability	Officer	Enlisted	ARC	Civ
Barksdale AFB	0062	FFEP2 (C2)	2	4	-	-
		FFF0C-1 (Dental)	1	1	-	-
		FFF0C-2 (Dental)	1	1	-	-
		FFDAB (Flt Med)	1	2	-	-
		FFPM3 (Prev & Aero)	-	3	-	-
		FFSRT (Strat Recon)	2	4	-	-
		9AFS2 (1st Sergeant)	-	1	-	-
		RFPF8 (Prsnl Journeyman)	-	1	-	-
TFRR8 (E&T)	-	1	-	-		

Medical Hold

# Medical hold beds	Line or medical funded?	How do you execute medical hold?	What is your definition of medical hold?
N/A	N/A	N/A	N/A

Part A: Barksdale Data Call (2 of 6)

Line Mission Elements

Line Units Served	Unit Mission	Personnel Assigned				Organic Medical Personnel			
		Officer	Enlisted	RC	CIV	Officer	Enlisted	RC	CIV
2 BW	Not Provided	177	3314	0	669	-	-	-	-
AFGSC		280	338	0	320	16	7	4	6
8 AF		17	22	0	16	-	-	-	-
11 BS		42	6	0	1	-	-	-	-
20 BS		75	8	0	1	1	1	-	-
96 BS		81	9	0	1	1	1	-	-
49 Test & Eval Sq		18	18	0	23	-	-	-	-
645 AFMC		25	56	0	0	-	-	-	-
608 Air Ops		46	116	0	15	-	-	-	-
2 Ops Gp		10	1	0	1	-	-	-	-
2 OSS		42	179	0	11	-	-	-	-
NC3		16	15	0	0	-	-	-	-
26 Op Weather Sq		17	110	0	15	-	-	-	-
340 Weapons Sq		18	11	0	0	-	-	-	-
767 Spec Cont		3	0	0	2	-	-	-	-
Detachments		22	83	332	2	-	-	-	-
Weapons Storage Area									
Total		889	4286	332	1077	2	2	0	6

Part A: Barksdale Data Call (3 of 6)

Installation

Installation Name	MTF DMIS ID	Affiliated Location Name	Affiliated Location DMIS ID	Installation Mission	Medical Units assigned to mission
Barksdale AFB		2 MDG		Installation occ/env health prgm/industrial hygiene	2 AMDS
Barksdale AFB		2 MDG		Food safety	2 AMDS
Barksdale AFB		2 MDG		Inflight emergency response	2 AMDS
Barksdale AFB		2 MDG		Aerospace Operational Physiology training	2 AMDS
Barksdale AFB		2 MDG		Op Med (PRAP/FLY/AUOF)	2 AMDS
Barksdale AFB		2 MDG		Global Thunder Ex	2 MDG
Barksdale AFB		2 MDG		Bayou Vigilance Ex	2 MDG
Barksdale AFB		2 MDG		Frequent Continuous Bomber Presence deployment processing	2 MDG
Barksdale AFB		2 MDG		Individual Medical Readiness Monitoring	2 MDG

Part A: Barksdale Data Call (4 of 6)

Medical Education and Training

Name of Program	Certified DOD New Starts	Number in Program	Program Length	Non-Military Users	Associated locations	Comments
Bayne-Jones Army Community Hospital MOU	10	10	15-30 day	0	Ft Polk, LA	CMRP Sustainment/proficiency/Contingency training (working)
115th Combat Surgical Hospital	10	10	15-30 day	1	Ft Polk, LA	CMRP Sustainment/proficiency/Contingency training (proposed)
AF Dental Residency GME	6	6	1 year ¹	0	Oschner Louisianan State University, Shreveport, LA	Dental Residents only
Christus Shumpert TAA	0	0	0	0	Shreveport, LA	CMRP Sustainment/proficiency/Contingency training (working)
Oschner Louisianan State University TAA	0	0	0	0	Shreveport, LA	CMRP Sustainment/proficiency/Contingency training (working)
Willis-Knighton TAA	0	0	0	0	Shreveport, LA	CMRP Sustainment/proficiency/Contingency training (working)
Supporting VA Hospital MOU	0	0	0	0	Overton Brooks VA Hospital, Shreveport, LA	CMRP Sustainment/proficiency/Contingency training (working)
AF Dental Residency GME	6	6	1 year	0	Barksdale AFB Clinic	
EMT Refresher	12	12	5 days	0	Barksdale AFB Clinic	EMT recertification required prior to license renewal every 24 months

Part A: Barksdale Data Call (5 of 6)

Exceptional Family Member Program Summary Report

*MTF Medical Specialties
Supporting EMF*

Network Specialties Supporting EMF

Type
Family practice
Physical Therapy
Pediatrics
Family Health
Womens Health
Dental

*Number of EFM
Supported*

648

Type	
ALLERGY/IMMUNOLOGY, GENERAL	GENERAL SURGERY
ALLERGY/IMMUNOLOGY, PEDIATRIC	GENERAL SURGERY, PEDIATRIC
BARIATRIC SURGERY EVALUATION	GYNECOLOGY (NON-MATERNITY)
CARDIOLOGY, GENERAL	HEMATOLOGY ONCOLOGY, GENERAL
CARDIOLOGY, PEDIATRIC	HIGH RISK OB, PERINATOLOGY
CARDIOVASCULAR SURG PEDIATRIC	INFECTIOUS DISEASE, GENERAL
CARDIOVASCULAR SURG, GENERAL	INFECTIOUS DISEASE, PEDIATRIC
DERMATOLOGY, GENERAL	INTERNAL MEDICINE, GENERAL
DERMATOLOGY, PEDIATRIC	NEPHROLOGY, GENERAL
EAR NOSE & THROAT, GENERAL	NEPHROLOGY, PEDIATRIC
EAR NOSE & THROAT, PEDIATRIC	NEUROLOGY, GENERAL
ENDOCRINOLOGY,GENERAL	NEUROLOGY, PEDIATRIC
ENDOCRINOLOGY,PEDIATRIC	NEURO-OPHTHALMOLOGY
ENDOCRINOLOGY,REPRODUCTIVE	NEUROSURGERY, GENERAL
GASTROENTEROLOGY, GENERAL	OBSTETRICS-MATERNITY
GASTROENTEROLOGY, PEDIATRIC	ONCOLOGY, GYNECOLOGIC
GASTROENTEROLOGY, PROCTOLOGY	ONCOLOGY, PEDIATRIC

Part A: Barksdale Data Call (6 of 6)

Exceptional Family Member Program Summary Report

Network Specialties Supporting EMF (cont.)

Type		
Ophthalmology, general	PULMONARY, PEDIATRIC	Nerve Stimulators & Devices
ORAL & MAXILLOFACIAL SURGERY	RHEUMATOLOGY, GENERAL	OPTOMETRY, FOR ILLNESS/INJURY
ORTHOPEDIC ONCOLOGY	SURGERY, COLON & RECTAL	Orthotics & Prosthetics
ORTHOPEDICS, FOOT & ANKLE	THORACIC SURGERY, GENERAL	Oxygen-Resp Equip-CPAP
ORTHOPEDICS, GENERAL	UROGYNECOLOGY	PSYCHOLOGICAL TESTING
ORTHOPEDICS, HAND	UROLOGY, GENERAL	Psychology
ORTHOPEDICS, KNEE & SHOULDER	VASCULAR SURGERY, PERIPHERAL	Psychology / Psychological testing
ORTHOPEDICS, SCOLIOSIS	VITREORETINAL DISEASES	Speech eval & therapy visits
ORTHOPEDICS, SPINE	Ambulance, ground	Speech eval & therapy visits -Diet/Nutrition-RN review req
OTOLOGY & NEUROTOLOGY	Audiology, pediatric	Speech eval & therapy visits\ CAD prgm
PAIN MANAGEMENT	CACD PROGRAM	
Pediatrics, Developmental	Diet/Nutrition-RN review req.	
PEDIATRICS, GENERAL	Durable Medical Equipment	
PHYSICAL MEDICINE & REHAB	HHA PPS Episode of Care	
PLASTIC SURGERY	Home Health PPS Assessment	
PODIATRY	Hourly Nursing- CM Required	
PSYCHIATRY	Infusion equipment & supplies	
PULMONARY, GENERAL	Masters Level Counseling	

Part B: Relevant Section 703 Report Detail

Facility	Clinic Specialty	Encounters	Evaluated Visits	RVU	Estimated Network Ability to Absorb Workload
AF-C-27th SPCLOPS MDGRP-CANNON	BEHAVIORAL HEALTH CLINIC	14,612	7,048	23,916	Yellow
AF-C-2nd MED GRP-BARKSDALE	PEDIATRIC CLINIC	20,681	10,770	26,043	Green
AF-C-2nd MED GRP-BARKSDALE	PT/OT	12,361	3,955	32,774	Green
AF-C-2nd MED GRP-BARKSDALE	OB/GYN CLINIC	1,958	1,563	5,151	Green
AF-C-2nd MED GRP-BARKSDALE	ORTHOPEDIC CLINIC	1,285	716	2,098	Green
AF-C-2nd MED GRP-BARKSDALE	BEHAVIORAL HEALTH CLINIC	11,610	7,928	18,990	Yellow

Facility	Clinic Specialty	Encounters	Evaluated Visits	RVU	Network Capabilities with Absorbed Workload
AF-C-28th MED GRP-ELLSWORTH	BEHAVIORAL HEALTH CLINIC	7,834	3,110	12,643	Yellow
	OB/GYN CLINIC	1,681	1,203	4,403	Yellow
	PEDIATRIC CLINIC	7,374	3,357	6,937	Yellow
AF-C-2nd MED GRP-BARKSDALE	BEHAVIORAL HEALTH CLINIC	11,610	7,928	18,990	Yellow
AF-C-30th MED GRP-VANDENBERG	BEHAVIORAL HEALTH CLINIC	3,777	1,234	8,274	Yellow
	PEDIATRIC CLINIC	9,122	5,672	13,139	Red

Markets	Inpatient		Ambulatory		Provider Workload Adjustment	
	Reported wRVU	Adjusted wRVU	Reported wRVU	Adjusted wRVU	Inpatient only	Combined Amb & Inpt
0001 – AHC FOX-REDSTONE ARSENAL	258	305	77,266	77,266	18%	0.1%
0059 – AF-C-22nd MED GRP-MCCONNELL	333	387	61,750	61,750	16%	0.1%
0062 – AF-C-2nd MED GRP-BARKSDALE	535	681	94,805	94,805	27%	0.2%
0074 – AF-C-14th MED GRP-COLUMBUS	40	45	24,005	24,005	13%	0.0%

Information Briefing Network Capabilities 2nd Med Grp – Barksdale

05 April 2019



“Medically Ready Force...Ready Medical Force”



Problem Statement

Request by NDAA 703 Workgroup to provide an assessment of the capability of the purchased care network to absorb clinic workload and enrollment currently being provided at **2nd Med Grp – Barksdale, LA**

“Medically Ready Force...Ready Medical Force”

Methodology Overview



- Using M2/DHA Portfolios workload data, THP quantifies MTF capabilities /capacity/enrollment projected to shift to Purchased Sector Care (PSC) Market
 - Specialty care is defined as a 60-minute drive from physical address to specialist location. Assuming most beneficiaries live on post that are enrolled to the MTF, the network assessments will use 40 miles (urban) and 55 miles (rural) to approximate drive-time.
 - Primary care is defined as a 30-minute drive from physical address to address of PCM location. Assuming most beneficiaries live on post that are enrolled to the MTF, the network assessments will use 15 miles (urban) and 30 miles (rural) to approximate drive-time. PCPs generally have relatively full panels. Assuming the MCSC could contract 50% of the community non-network PCMs within the respective mile radius, an additional empanelment per provider is calculated.
- Utilizing workload data provided by THP, MCSC identifies/quantifies current PSC capabilities/capacity to absorb MTF workload
- THP summarizes ability of PSC to meet the new demand for services projected to shift from the MTF to PSC

Specialty Legend:

- **Green:** No anticipated problems meeting workload with ATC standards.
- **Yellow:** Current or Potential for increased appointment wait time and/or drive time.
- **Red:** Anticipate exceeding appointment wait time and/or drive time standards.

Primary Care Legend:

- **Green:** Up to 2.5% more enrollees (<49) easily
- **Yellow:** 2.5% - 5% (50-99) with moderate difficulty
- **Red:** > 5% (100+) with great difficulty

“Medically Ready Force...Ready Medical Force”

PSC Assessment

2nd Med Grp – Barksdale PSA

Civilian Network Capabilities



MCSC ASSESSMENT OF CIVILIAN NETWORK CAPABILITIES

- **Primary Care:** Current capabilities: (**green**). Capabilities with absorbed workload: (**yellow**)
- **Gynecology:** Current capabilities: (**green**). Capabilities with absorbed workload: (**green**)
- **Optometry:** Current capabilities: (**green**). Capabilities with absorbed workload: (**green**)
- **Physical Therapy:** Current capabilities: (**green**). Capabilities with absorbed workload: (**green**)

Considerations:

- Within a 15-mile radius of 2nd Med Grp, 120 TRICARE Primary Care Managers (PCMs) are currently accepting new patients. Assuming the MCSC could contract 50% of the 50 non-network PCMs within the 15-mile radius, each PCM would have to empanel 70 beneficiaries.
- There are seven network facilities within drive time of 2nd Med Grp that offer like services currently provided by the MTF with more than adequate access to care.
- There are 11 urgent care centers within 25 miles of the 2nd Med Grp.
- When shifting workload to the network, a phased approach should be developed.
- Case managed enrollees should have a warm hand-off to the MCSC.

“Medically Ready Force...Ready Medical Force”

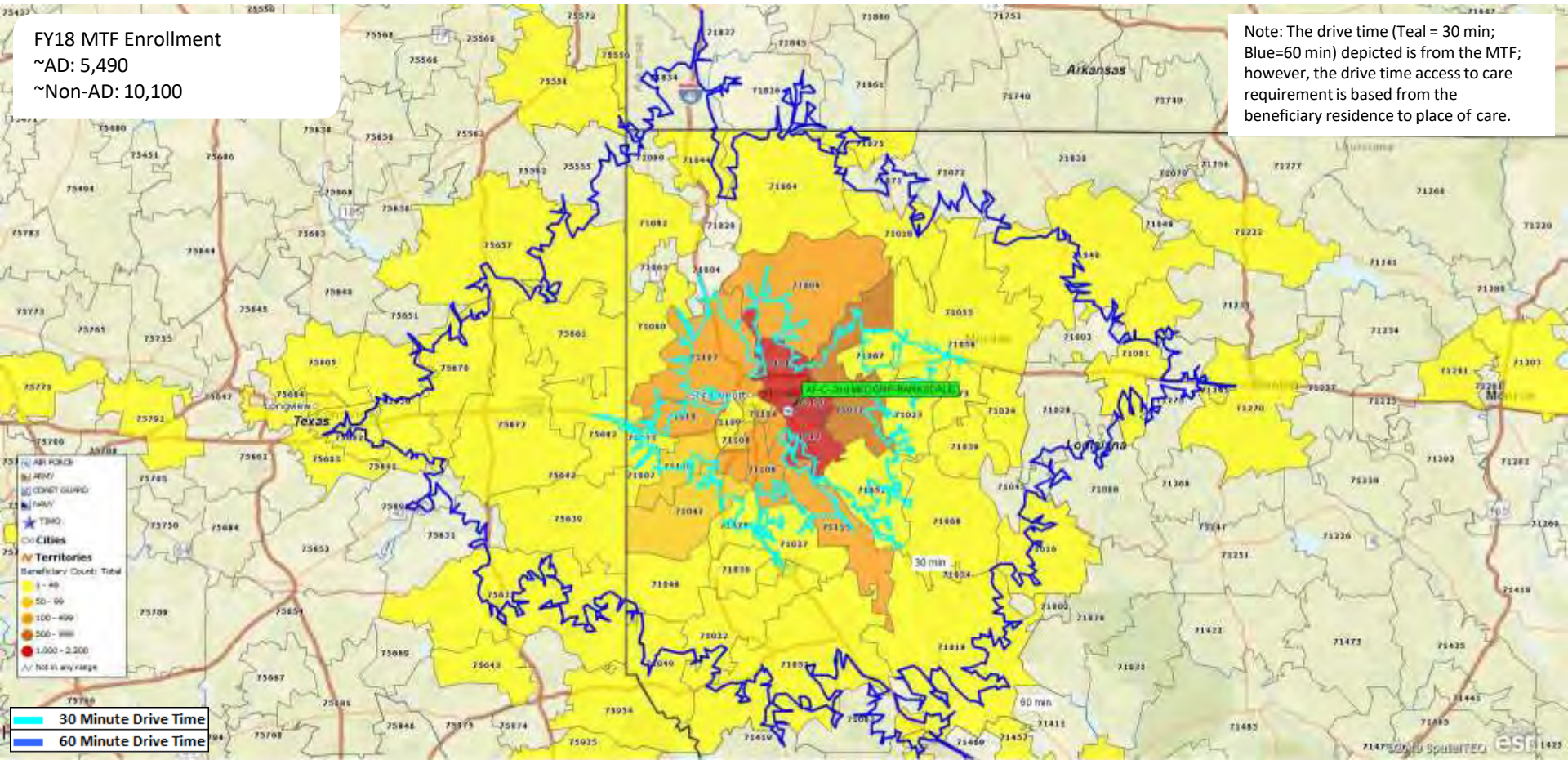
2nd Med Grp – Barksdale

TRICARE Non-ADSM MTF Enrollees



FY18 MTF Enrollment
~AD: 5,490
~Non-AD: 10,100

Note: The drive time (Teal = 30 min; Blue=60 min) depicted is from the MTF; however, the drive time access to care requirement is based from the beneficiary residence to place of care.



Part D: Network Insight Assessment Summary (Independent Government Assessment)



MHS Section 703 Workgroup AF-C-2nd MEDGRP-Barksdale Network Assessment Discussion

5 April 2019

Network Assessment: Barksdale (1 of 2)

Scenario: AF-C-2nd MEDGRP-Barksdale is an outpatient facility being evaluated for conversion to Service-Member Only clinic



- Over 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
- Over 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

Beneficiary Category	Within 30 min	Within 60 min	Outside 60 min
Non-AD MTF Prime ¹	9,701	36	5
Plus	52	1	0
Total	9,753	37	5

1: Includes 92 Medicare Eligible MTF Prime beneficiaries

Beneficiary Category	Within 30 min	Within 60 min	Outside 60 min
MTF Prime ²	15,182	195	5
Reliant	289	4	0
Medicare Eligible	4,745	706	0
Total	20,216	904	5

2: Includes 96 Medicare Eligible MTF Prime beneficiaries

Impacted Beneficiary Definition

Specialty OP (if applicable): MTF Prime + Reliant + Medicare Eligible (OP Workload) (MTF Service Area ID)

PC: Non-AD MTF Prime + Plus (PRISM Area ID)

Note: To estimate the geographic market within a 30-minute drive time of the MTF, we assumed an average driving speed of 30 MPH, and thus a 15-mile radius around the Zip code of the MTF was determined as the geographic market

Network Assessment: Barksdale (2 of 2)

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 Barksdale market

Age Group	MHS Target Population	% of Total MHS Target Population	Population Total	% of Population Total	Target Population Introduced
0 to 4	1,057	10.8%	25,758	6.6%	4.1%
5 to 14	2,271	23.2%	50,040	12.9%	4.5%
15 to 17	652	6.7%	14,193	3.7%	4.6%
18 to 24	1,039	10.6%	36,505	9.4%	2.8%
25 to 34	1,077	11.0%	58,260	15.0%	1.8%
35 to 44	1,127	11.5%	43,974	11.3%	2.6%
45 to 64	2,532	25.8%	98,969	25.5%	2.6%
65 and over	40	0.4%	60,721	15.6%	0.1%
Total	9,795	100.0%	388,420	100.00%	2.5%

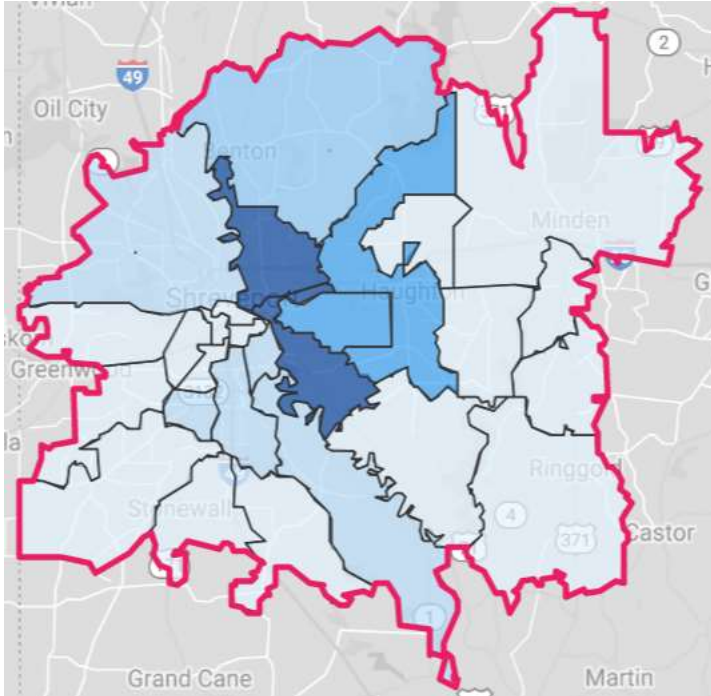
Primary Care:
Non-AD MTF
Prime, and Plus
Population

Age Group	MHS Target Population	% of Total MHS Target Population	Population Total	% of Population Total	Target Population Introduced
0 to 4	1,066	5.0%	34,817	6.4%	3.1%
5 to 14	2,307	10.9%	69,170	12.7%	3.3%
15 to 17	665	3.1%	19,922	3.6%	3.3%
18 to 24	2,943	13.9%	48,763	8.9%	6.0%
25 to 34	3,416	16.2%	77,578	14.2%	4.4%
35 to 44	2,451	11.6%	60,958	11.2%	4.0%
45 to 64	2,993	14.2%	143,267	26.2%	2.1%
65 and over	5,286	25.0%	91,576	16.8%	5.8%
Total	21,125	100.0%	546,051	100.00%	3.9%

Specialty OP:
MTF Prime,
Reliant, and
Medicare Eligible
Population

Barksdale: Network Adequacy Analysis (1 of 4)

Primary Care



Key

- = 15-mile (30-minute) boundary
- = Density of beneficiaries by zip code

- The depicted geography represents a 15-mile radius, which was used due to this geography being an **urban area**
- The identified drive time **includes 52 zip codes and seven partial counties** (*Bienville, Bossier, Caddo, Claiborne, De Soto, Red River, Webster*)
- **Of the 9,795 impacted primary care beneficiaries** attributed to Barksdale **~96% are represented within the 15-mile radius boundary**

	Number of Practice Sites	Number of Physicians
Family Practice	44	83
Internal Medicine	44	74
Pediatrics	27	55
Grand Total	115	212

Barksdale: Network Adequacy Analysis (2 of 4)

The **commercial primary care network** within the 30-minute drive-time standard could be capable of **absorbing the incremental demand** from beneficiaries who are being transitioned out of the MTF. However, with projected shortages of General/ Family Practice providers, the network **may be challenged to maintain adequacy over time** (2019 to 2023)

Select View: Supply | Display Options: Market Client | Supply Legend: Low to High

Specialty Rollup	Specialty	Total	Blenville	Bossier	Caddo	Clalborne	De Soto	Red River	Webster
Primary Care	General/Family Practice	184	3	32	109	5	5	4	26
Primary Care	Internal Medicine	155	0	20	129	1	1	1	3
Primary Care	Pediatrics	107	1	12	90	0	0	0	4

Current Supply

- Supply of Primary Care providers is concentrated in the Shreveport area in Caddo county, which sits adjacent to Bossier county where the MTF is located and is within the drive time boundary for a vast majority of beneficiaries

Select View: Demand | Display Options: Market Client | Demand Legend: Low to High

Specialty Rollup	Specialty	Total	Blenville	Bossier	Caddo	Clalborne	De Soto	Red River	Webster
Primary Care	General/Family Practice	242	5	69	129	5	12	3	18
Primary Care	Internal Medicine	165	5	46	86	4	5	2	13
Primary Care	Pediatrics	88	2	27	45	2	4	1	5

Forecasted Demand

- Population growth over the last five years (2014 to 2018) has averaged 0-1%, and is projected to remain at 1% growth over the next five years
- This low level of growth will not make a major impact in the demand of primary care physicians

Select View: (Shortage)/Surplus | Display Options: Market Client | Show Values As: Percentages Numbers | Shortage/Surplus Legend: Shortage (Blue) to Surplus (Green)

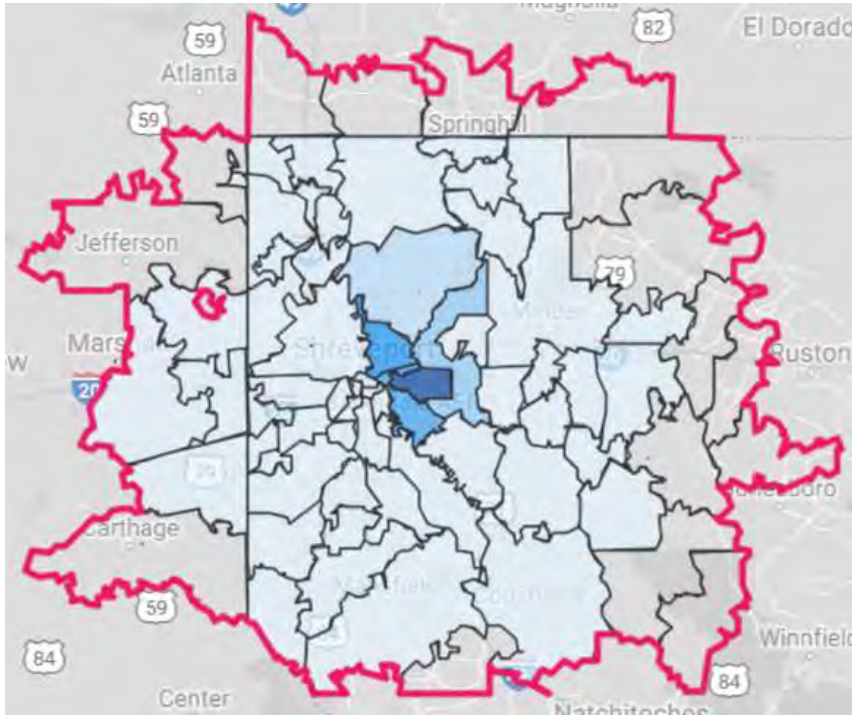
Specialty Rollup	Specialty	Total	Blenville	Bossier	Caddo	Clalborne	De Soto	Red River	Webster
Primary Care	General/Family Practice	(58)	(3)	(37)	(20)	0	(7)	1	8
Primary Care	Internal Medicine	(10)	(5)	(26)	43	(3)	(8)	(1)	(10)
Primary Care	Pediatrics	19	(1)	(15)	44	(2)	(4)	(1)	(2)

Resulting Shortage/Surplus

- A projected major surplus of Internal Medicine and Pediatric physicians in Caddo county can take on excess demand of general / family practice services, and is equipped to handle incremental demand from impacted TRICARE beneficiaries. However, **the network may be challenged to maintain adequacy over time**



Barksdale: Network Adequacy Analysis (3 of 4)

Specialty Care



- The above geography represents a 40-mile radius, which was used due to this geography being an **urban area**
- The identified drive time **includes 163 zip codes, four complete counties** (*Bossier, Caddo, Red River, Webster*) **and 14 partial counties** (*Columbia, Lafayette, Miller, Bienville, Claiborne, De Soto, Jackson, Lincoln, Natchitoches, Winn, Cass, Harrison, Marion, Panola*)
- **Of the 21,125 impacted specialty care beneficiaries** attributed to Barksdale, **~99% are represented within the 40-mile radius boundary**

Key

-  = 15-mile (30-minute) boundary
-  = Density of beneficiaries by zip code

	Number of Practice Sites	Number of Physicians
Psychiatry	29	47
Obstetrics/ Gynecology	28	51
Grand Total	57	98

Barksdale: Network Adequacy Analysis (4 of 4)

Commercial specialty care providers within the 60-minute drive-time **could potentially absorb the incremental demand** from beneficiaries who are being transitioned out of the MTF. However, with projected shortages the network **may be challenged to maintain adequacy over time**

Current Supply

- Supply of providers in key specialties is concentrated in the Shreveport area in Caddo county, which sits adjacent to Bossier county where the MTF is located and is within the drive time boundary for a vast majority of beneficiaries


Forecasted Demand

- Population has remained stagnant over the last five years (2014 to 2018), and is projected to increase to 1% growth over the next five years
- This low level of growth will not make a major impact in the demand of primary care physicians

Resulting Shortage/Surplus


- Although there is a slight projected shortage of physicians across the 60-minute drive time boundary, surpluses of providers in Caddo county should be able take on excess demand from impacted TRICARE beneficiaries. However, the network **may be challenged to maintain adequacy over time**

Select View: (Shortage/Surplus) | Display Options: Market Client | Show Values As: Percentages Numbers




Specialty Rollup	Specialty	Total	Columbia	Lafayette	Miller	Bienville	Bossier	Caddo	Clalborne	De Soto	Jackson	Lincoln	Natchitoches	Red River	Webster	Cass	Harrison	Marion	Panola
Medical Specialist	Psychiatry	(35)	(3)	(1)	(3)	(2)	(17)	18	0	(4)	(2)	(4)	(2)	(1)	(5)	(2)	(5)	(1)	(2)
Surgical Specialty	Obstetrics/Gynecology	(21)	(1)	(1)	(7)	(2)	(13)	24	0	(4)	(2)	(3)	(2)	(1)	(1)	(2)	(2)	(1)	(3)

Select View: Demand | Display Options: Market Client



Specialty Rollup	Specialty	Total	Columbia	Lafayette	Miller	Bienville	Bossier	Caddo	Clalborne	De Soto	Jackson	Lincoln	Natchitoches	Red River	Webster	Cass	Harrison	Marion	Panola
Medical Specialist	Psychiatry	112	3	1	7	2	29	41	7	4	2	7	5	1	6	2	6	1	2
Surgical Specialty	Obstetrics/Gynecology	118	3	1	7	2	23	40	1	4	2	9	6	1	5	3	7	1	3

Select View: (Shortage/Surplus) | Display Options: Market Client | Show Values As: Percentages Numbers



Specialty Rollup	Specialty	Total	Columbia	Lafayette	Miller	Bienville	Bossier	Caddo	Clalborne	De Soto	Jackson	Lincoln	Natchitoches	Red River	Webster	Cass	Harrison	Marion	Panola
Medical Specialist	Psychiatry	(35)	(3)	(1)	(3)	(2)	(17)	18	0	(4)	(2)	(4)	(2)	(1)	(5)	(2)	(5)	(1)	(2)
Surgical Specialty	Obstetrics/Gynecology	(21)	(1)	(1)	(7)	(2)	(13)	24	0	(4)	(2)	(3)	(2)	(1)	(1)	(2)	(2)	(1)	(3)

Barksdale: Targeted Practice Profiles (1 of 4)

Based on the number of primary care practices accepting TRICARE or other government-sponsored insurance and offering after hours care, we expect a large number of providers to meet MHS access standards

Primary Care Practice Profiles

Practice Site Size	Number of Practice Sites	Average Number of Physicians per Site
Small (1-4)	105	1.5
Medium (5-9)	7	5.6
Large (10+)	3	13.7
Grand Total	115	2.2

Practice Name	Monthly Extended Hours
Pediatrics Medical Group	105.0
Willis-Knighton Hospital South Neonatal	105.0
Bharti M Manchandia MD	75.0
Talecris Plasma Resources	17.0
Quick Care Kids	15.0
McFarland Family Clinic	5.0
Cherise A Irby MD	5.0
Mooretown Family Clinic	4.0
All Age Medical	4.0
Harris Memorial Pediatric Clinic	4.0
His Grace Pediatric Clinic	4.0
Grand Total	343.0

HS Alignment	Count of Name	Sum of Site Physician Count
Other	39	104
Unknown	75	107
Lifepoint health	1	1
Grand Total	115	212

Hospital Alignment	Number of Practice Sites	Number of Physicians
(Aligned to Multiple Hospitals)	33	61
Willis-Knighton Medical Center	22	46
Willis-Knighton Bossier Health Center	7	20
Willis-Knighton Hospital South	8	17
University Health Center	3	16
Christus Highland Hospital	9	15
Cornerstone Hospital Bossier City	1	13
Minden Medical Center	11	13
Lifecare Hospitals Of Pierrmont	1	5
Overton Brooks Va Medical Center	1	2
University Hospital & Clinics	1	1
Willis Knighton Pierremont Health Center	1	1
Abbeville General Hospital	1	1
North Caddo Medical Center	1	1
University Health Shreveport	2	
Memorial Hermann Memorial City Hospital	1	
Christus Health Shreveport - Bossier	3	
Willis Knighton Bossier Health Center	2	
Willis Knighton Medical Center	7	
Grand Total	115	212

Practices without a physician count have either opted to not participate in data.medicare.gov or have declined to answer survey questions

Barksdale: Targeted Practice Profiles (2 of 4)

Based on the number of OB/GYN practices accepting TRICARE or other government-sponsored insurance and offering after hours care, we expect relatively few providers to meet MHS access standards

Obstetrics / Gynecology Practice Profiles

Practice Site Size	Number of Practice Sites	Average Number of Physicians per Site
Small (1-4)	25	1.8
Medium (5-9)	3	6.3
Grand Total	28	2.4

Practice Name	Monthly Extended Hours
Archlutechs Fertility & Reproductive Medicine	3.0
Grand Total	3.0

HS Alignment	Count of Name	Sum of Site Physician Count
Other	9	23
Unknown	18	24
Lifepoint health	1	4
Grand Total	28	51

Hospital Alignment	Number of Practice Sites	Number of Physicians
Willis-Knighton Medical Center	7	16
Willis-Knighton Hospital South	6	16
Christus Highland Hospital	1	4
Willis-Knighton Bossier Health Center	2	4
Minden Medical Center	1	4
(Aligned to Multiple Hospitals)	6	3
University Health Center	1	2
Willis Knighton Pierremont Health Center	1	2
University Health Shreveport	1	
Christus St Frances Cabrini Hospital	1	
Willis Knighton Medical Center	1	
Grand Total	28	51

Practices without a physician count have either opted to not participate in data.medicare.gov or have declined to answer survey questions

Barksdale: Targeted Practice Profiles (3 of 4)

Based on the number of Psychiatry practices accepting TRICARE or other government-sponsored insurance and offering after hours care, we expect a large number of providers to meet MHS access standards

Psychiatry Practice Profiles

Practice Site Size	Number of Practice Sites	Average Number of Physicians per Site
Small (1-4)	27	1.5
Medium (5-9)	2	7.0
Grand Total	29	2.0

Practice Name	Monthly Extended Hours
Ark La Tex Mental Health Specialists	5.0
George S Park Ph D	5.0
Grand Total	10.0

HS Alignment	Count of Name	Sum of Site Physician Count
Other	6	13
Unknown	23	34
Grand Total	29	47

Hospital Alignment	Number of Practice Sites	Number of Physicians
(Aligned to Multiple Hospitals)	17	23
University Health Center	2	10
Brentwood Hospital	5	8
Willis-Knighton Hospital South	2	3
Willis-Knighton Bossier Health Center	1	2
Willis-Knighton Medical Center	1	1
University Health Shreveport	1	
Grand Total	29	47

Practices without a physician count have either opted to not participate in data.medicare.gov or have declined to answer survey questions

Barksdale: Targeted Practice Profiles (4 of 4)

While ability and willingness to accept TRICARE patients must be confirmed, the vast majority of providers in the Barksdale market are accepting government-sponsored insurance, and many are already contracted to provide services to TRICARE beneficiaries

Primary Care Providers

Likelihood of offering services to TRICARE members	Number of Sites	Sum of Physicians ¹
Contracted with TRICARE	29	29
High Likelihood*	7	6
Medium Likelihood	64	144
Low Likelihood	15	33
Grand Total	115	212

Psychiatry Providers

Likelihood of offering services to TRICARE members	Number of Sites	Sum of Physicians ¹
Contracted with TRICARE	3	2
High Likelihood*	3	2
Medium Likelihood	15	33
Low Likelihood	8	10
Grand Total	29	47

Ob/ Gyn Providers

Likelihood of offering services to TRICARE members	Number of Sites	Sum of Physicians ¹
Contracted with TRICARE	5	0
High Likelihood*	0	0
Medium Likelihood	16	38
Low Likelihood	7	13
Grand Total	28	51

Contracted Practice Sample	Specialty
South Shreveport Internal Medicine	Internal Medicine
Alan J Borne MD	Internal Medicine
ARK-LA-TEX Childrens Clinic	Pediatrics
Boyd Family Practice	Family Practice
C H WILKINSON PHYSICIAN NETWORK	Family Practice
Cherise A Irby MD	Internal Medicine
FAMILY PRACTICE ASSOCIATES OF SHREVEPORT, APMC	Family Practice
Healthplex Family Clinic	Family Practice
WK Center For Psychiatric Support	Psychiatric
LSU HEALTH SCIENCES CENTER	Psychiatric
C H WILKINSON PHYSICIAN NETWORK	Obstetrics/Gynecology
LSU HEALTH SCIENCES CENTER-SHREVEPORT FACULTY GROUP PRACTICE	Obstetrics/Gynecology
WK WOMENS HEALTH CLINIC	Obstetrics/Gynecology

Currently Contracted - The provider organization has a history of submitting In-Network claims to TRICARE

High Likelihood* - The provider organization has a history of submitting Out-of-Network claims to TRICARE

Medium Likelihood - Providers are accepting Medicare and/or Medicaid

Low Likelihood - The provider organization has a history of not accepting Government Sponsored Health Plan patients

1. Practices without a physician count have either opted to not participate in data.medicare.gov or have declined to answer survey questions

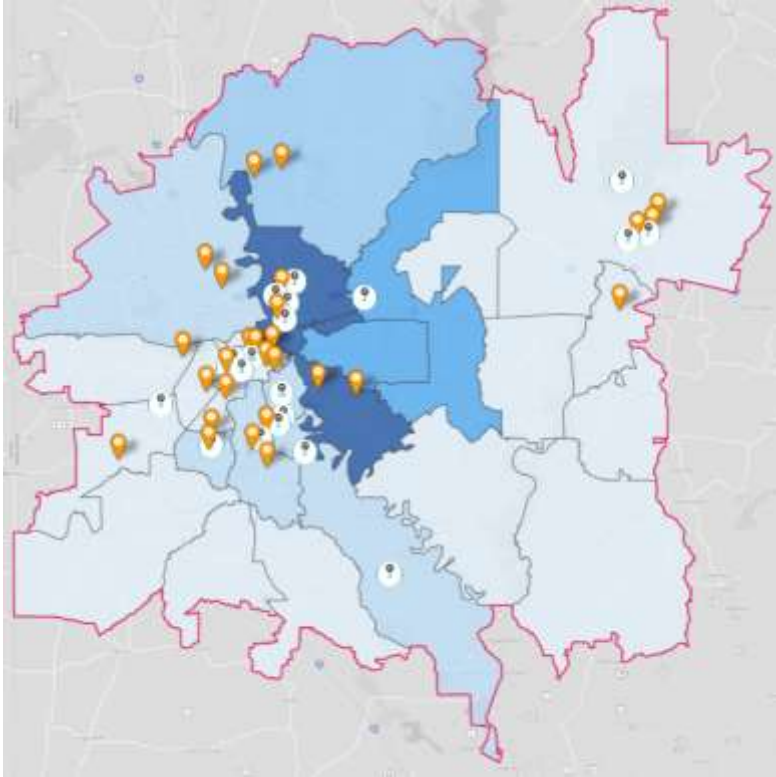
*Note: The current TPA providing claims processing services for the TRICARE FOR LIFE beneficiary designation do not provide an "In-Network" designation during the claims process. These provider claims are marked as Out-of-Network by default

Appendix A

1. Alternate Slides

Barksdale: Network Adequacy Analysis (1 of 4)

Primary Care



Key

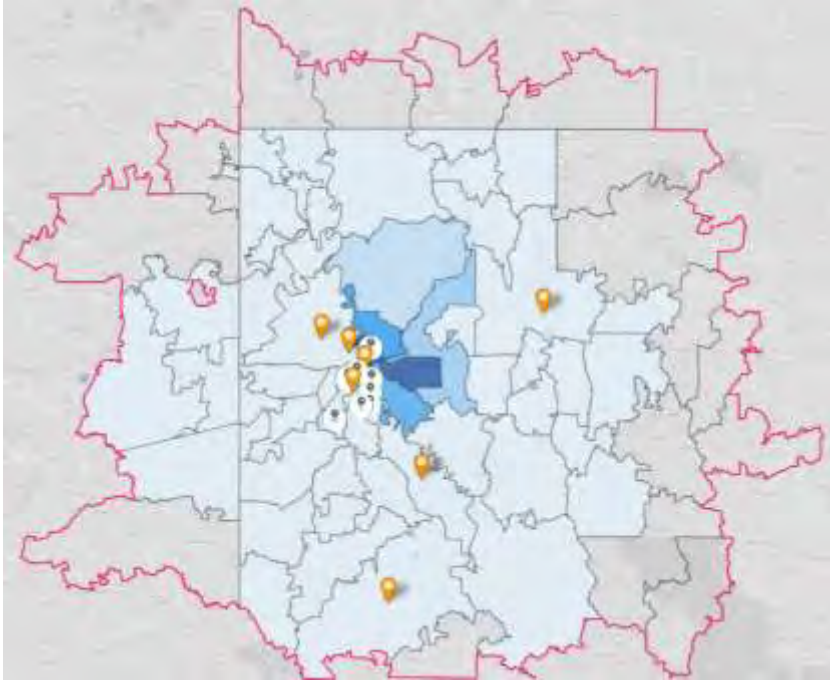
- = 15-mile (30-minute) boundary
- = Density of beneficiaries by zip code

- The depicted geography represents a 15-mile radius, which was used due to this geography being an **urban area**
- The identified drive time **includes 52 zip codes and seven partial counties** (*Bienville, Bossier, Caddo, Claiborne, De Soto, Red River, Webster*)
- **Of the 9,795 impacted primary care beneficiaries** attributed to Barksdale **~96% are represented within the 15-mile radius boundary**

	Number of Practice Sites	Number of Physicians
Family Practice	44	83
Internal Medicine	44	74
Pediatrics	27	55
Grand Total	115	212

Barksdale: Network Adequacy Analysis (3 of 4)

Specialty Care



Key

- = 40-mile (60-minute) boundary
- = Density of beneficiaries by zip code

- The above geography represents a 40-mile radius, which was used due to this geography being an **urban area**
- The identified drive time **includes 163 zip codes, four complete counties** (*Bossier, Caddo, Red River, Webster*) **and 14 partial counties** (*Columbia, Lafayette, Miller, Bienville, Claiborne, De Soto, Jackson, Lincoln, Natchitoches, Winn, Cass, Harrison, Marion, Panola*)
- **Of the 21,125 impacted specialty care beneficiaries** attributed to Barksdale, **~99% are represented within the 40-mile radius boundary**

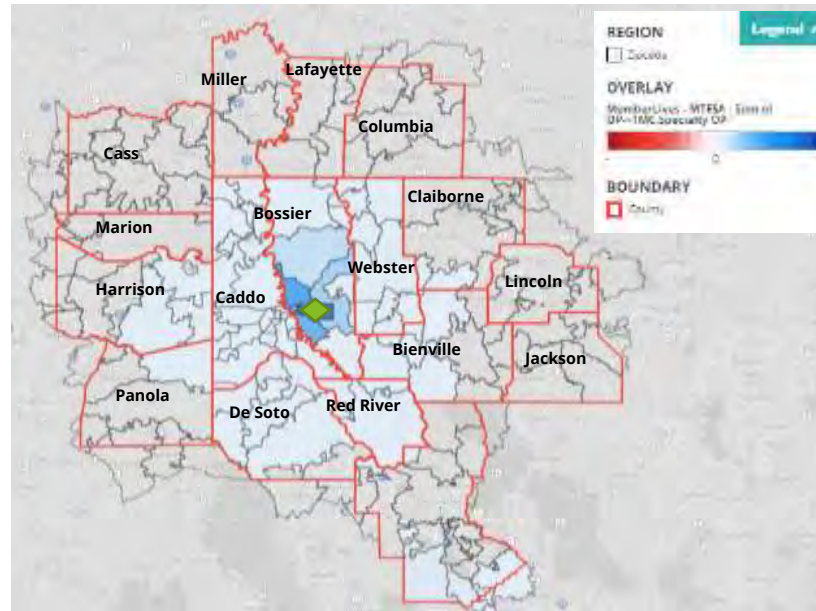
	Number of Practice Sites	Number of Physicians
Psychiatry	29	47
Obstetrics/ Gynecology	28	51
Grand Total	57	98

Network Assessment: Barksdale

The table below breaks out the potentially impacted TRICARE beneficiaries by county of residence to determine the geography for a network adequacy analysis that conservatively estimates the appropriate drive-time standards for the specific scenario under evaluation

County	Louisiana							Texas		
	Bienville Parish	Bossier Parish	Caddo Parish	Claiborne Parish	De Soto Parish	Red River Parish	Webster Parish	Cass County	Harrison County	Panola County
Primary Care (non-AD MTF Prime & Plus)	0	7798	1923	0	42	0	28	0	0	0
	0.0%	79.6%	19.6%	0.0%	0.4%	0.0%	0.3%	0.0%	0.0%	0.0%
Specialty OP (MTF Prime, Reliant, & Medicare Eligible)	78	16148	3866	7	209	71	412	2	303	26
	0.4%	76.5%	18.3%	0.0%	1.0%	0.3%	2.0%	0.0%	1.4%	0.1%

Table does not include beneficiaries living in zip codes not located in the area surrounding the MTF



◆ MTF Location

Part E: P4I Measures (1 of 17)

MHS Dashboard - AF-C-2nd MEDGRP-BARKSDALE

Filter

All CI RMG TRN My

Export

View as of

Apply

Clear

Layout

Go back to: [MHS](#) > [AFGSC](#)

Readiness- **Medically** Ready Force

Individual Medical Readiness (IMR)

No data is currently available

Deployment Limiting Med/Dent Condition to fit

Click documentation icon for measure details



Percent of Providers Meeting KSAs for General Surgery

Click documentation icon for measure details



Percent of Providers Meeting KSAs for Orthopedic Surgery

Click documentation icon for measure details



Part E: P4I Measures (2 of 17)

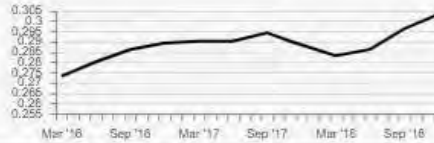
Better Health- **Improve** Well-Being

Health Related
Quality of Life

No data is currently available

Obesity Prevalence in Adults

30.3 %



Current Data Date

Dec '18

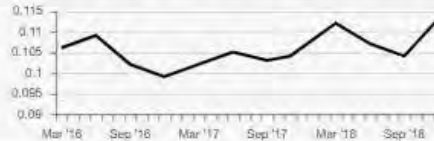
Freq of Update

Quarterly

Lower is better

Obesity Prevalence in Children

11.3 %



Current Data Date

Dec '18

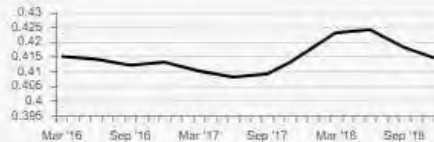
Freq of Update

Quarterly

Lower is better

Overweight Prevalence
in Adults

41.4 %



Current Data Date

Dec '18

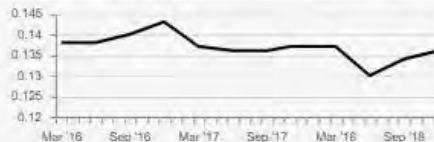
Freq of Update

Quarterly

Lower is better

Overweight Prevalence
in Children

13.6 %



Current Data Date

Dec '18

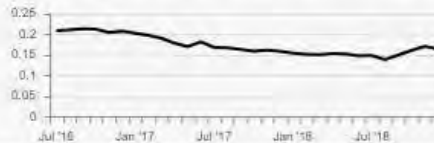
Freq of Update

Quarterly

Lower is better

Cessation Counseling
Amongst Tobacco Users

16.3 %



Current Data Date

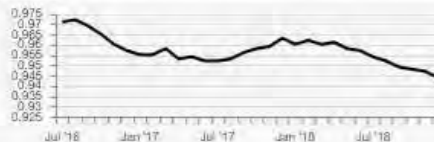
Dec '18

Freq of Update

Monthly

Tobacco Use Assessment

94.4 %



Current Data Date

Dec '18

Freq of Update

Monthly

Part E: P4I Measures (3 of 17)

Better Care- **Improve** Clinical Outcomes

Risk Adjusted Mortality
(All Cause)

No data is currently available

Inpatient: Recommend
Hospital (Satisfaction)

No data is currently available

Outpatient Provider
Communication

83.20 %



Current Data Date

Jun '18

Freq of Update

Quarterly

Part E: P4I Measures (4 of 17)

Better Care- **Improve** Safety

Catheter-Associated
Urinary Tract Infections - SIR

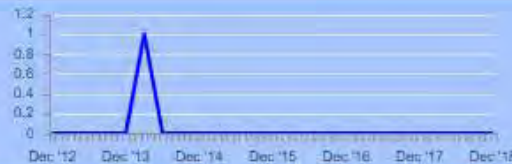
No data is currently available

Central Line-Associated
Bloodstream Infections - SIR

No data is currently available

WSS (Wrong Site Surgery)

0



Current Data Date

Dec '18

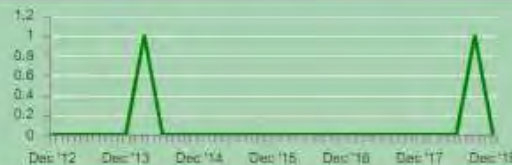
Freq of Update

Quarterly

Lower is better

URFO (Unintended
Retained Foreign Objects)

0



Current Data Date

Dec '18

Freq of Update

Quarterly

Lower is better

NSQIP (30 Day) All Case

Morbidity Index [Click to view the report](#)

NSQIP (30 Day) All Case

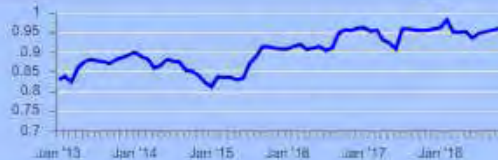
Mortality Index [Click to view the report](#)

Part E: P4I Measures (5 of 17)

Better Care- **Improve** Condition-based Quality Care

Diabetes A1c Testing

95.74 %



Current Data Date

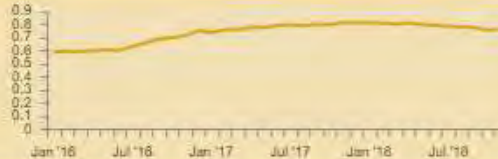
Nov '18

Freq of Update

Monthly

Low Back Pain Imaging Studies

76.20 %



Current Data Date

Nov '18

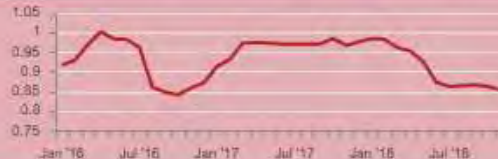
Freq of Update

Monthly

Children with Pharyngitis

Appropriate Testing

85.19 %



Current Data Date

Nov '18

Freq of Update

Monthly

HEDIS Breast Cancer

Screening

63.93 %



Current Data Date

Nov '18

Freq of Update

Monthly

HEDIS Cervical Cancer

Screening

74.84 %



Current Data Date

Nov '18

Freq of Update

Monthly

HEDIS Colon Cancer

Screening

68.26 %



Current Data Date

Nov '18

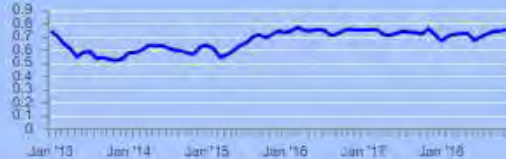
Freq of Update

Monthly

Part E: P4I Measures (6 of 17)

7-Day Mental Health Follow-Up

75.00 %



Current Data Date

Nov '18

Freq of Update

Monthly

HEDIS All Cause Readmissions

No data is currently available

Well Child

84.87 %



Current Data Date

Nov '18

Freq of Update

Monthly

IQI #33 Primary Cesarean Section

No data is currently available

Postpartum Hemorrhage

No data is currently available

Unexpected Newborn Complication #716

No data is currently available

Part E: P4I Measures (7 of 17)

Better Care- **Improve** Comprehensive Primary Care

Days to Third Next Available
24 Hour Appointment

1.43



Current Data Date

Feb '19

Freq of Update

Monthly

Lower is better

Days to Third Next Available
Future Appointment

4.69



Current Data Date

Feb '19

Freq of Update

Monthly

Lower is better

Potentially Recapturable
PC Leakage to the Network

19.26 %



Current Data Date

Nov '18

Freq of Update

Monthly

Lower is better

PCM Continuity

58.91 %



Current Data Date

Feb '19

Freq of Update

Monthly

Part E: P4I Measures (8 of 17)

Better Care- Optimize & Standardize Access

Percent of Direct Care Enrollees
with Secure Messaging

53.00 %



Current Data Date

Feb '19

Freq of Update

Monthly

SM Response Time

One Business Day

80.00 %



Current Data Date

Feb '19

Freq of Update

Monthly

Satisfaction with
Getting Care When Needed

70.93 %



Current Data Date

Sep '18

Freq of Update

Quarterly

Specialty Care:
Referral Order to Book

2.59



Current Data Date

Nov '18

Freq of Update

Monthly

Lower is better

Specialty Care:
Booked to Actual Appt

28.86



Current Data Date

Nov '18

Freq of Update

Monthly

Lower is better

Part E: P4I Measures (9 of 17)

Ambulatory Specialty Care
Leakage

42.7 %



Current Data Date

Dec '18

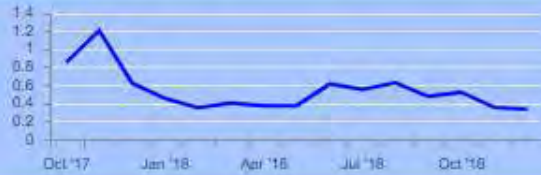
Freq of Update

Monthly

Lower is better

Active Duty Days to Primary
Care Appointments

0.33



Current Data Date

Dec '18

Freq of Update

Monthly

Lower is better

Active Duty Days to Specialty
Care Appointments

19.78



Current Data Date

Dec '18

Freq of Update

Monthly

Lower is better

MEB Stage Timeliness

Click documentation icon for measure details



Part E: P4I Measures (10 of 17)

Better Care - **Improve** Regulatory Compliance

American Council for Graduate Medical Education (ACGME) Accreditation Status

Click documentation icon for measure details



Accreditation for DoD Clinical Laboratories

Click documentation icon for measure details



Joint Commission Accreditation

Click documentation icon for measure details



Part E: P4I Measures (11 of 17)

Lower Cost - **Improve** Stewardship

Per Member Per Month

3.69 %



Current Data Date

Sep '18

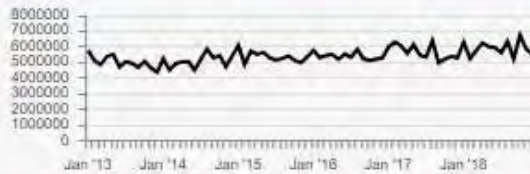
Lower is better

Freq of Update

Monthly

Total Purchased Care Cost

N/A



Current Data Date

Dec '18

Lower is better

Freq of Update

Monthly

Private Sector Care Cost
per Prime Enrollee

2.76 %



Current Data Date

Sep '18

Lower is better

Freq of Update

Monthly

Total Empanelment

-4.1 %



Current Data Date

Feb '19

Lower is better

Freq of Update

Monthly

Pharmacy Percent Retail Spend

34.1 %



Current Data Date

Dec '18

Lower is better

Freq of Update

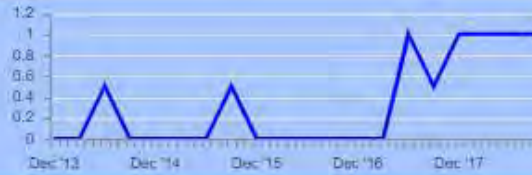
Monthly

Part E: P4I Measures (12 of 17)

Active Duty Specialty Care

Provider Efficiency

100 %



Current Data Date

Sep '18

Freq of Update

Quarterly

Overall Occupancy Rate (US)

No data is currently available

ICU Occupancy Rate (US)

No data is currently available

Enterprise Support Activity (ESA) Net Benefit

Click documentation icon for measure details



Part E: P4I Measures (14 of 17)

Better Health - Improve Well-Being

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AF-C-2nd MEDGRP	BARKSDALE
HRQOL	-	9/2019	-	-	-	-	Current: - Prior: -	Performance: - Trend: -
Obesity in Adults <small>Lower is better</small>	12/2018	5/2019	-	-	-	-	Current: 30.3 % Prior: 29.6 %	Performance: ^ Trend: 3
Obesity in Children <small>Lower is better</small>	12/2018	5/2019	-	-	-	-	Current: 11.3 % Prior: 10.4 %	Performance: ^ Trend: 1
Overweight in Adults <small>Lower is better</small>	12/2018	5/2019	-	-	-	-	Current: 41.4 % Prior: 41.8 %	Performance: v Trend: 2
Overweight in Children <small>Lower is better</small>	12/2018	5/2019	-	-	-	-	Current: 13.6 % Prior: 15.4 %	Performance: ^ Trend: 2
Tobacco Counseling	12/2018	4/2019	-	-	-	-	Current: 16.3 % Prior: 16.9 %	Performance: v Trend: 1
Tobacco Use Assessment	12/2018	4/2019	-	-	-	-	Current: 94.4 % Prior: 94.7 %	Performance: v Trend: 8

Better Care - Improve Clinical Outcomes

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AF-C-2nd MEDGRP	BARKSDALE
Risk Adjusted Mortality <small>Lower is better</small>	-	5/2019	-	-	-	-	Current: - Prior: -	Performance: - Trend: -
Recommend Hospital	-	3/2019	-	-	-	-	Current: - Prior: -	Performance: - Trend: -
Provider Communication	6/2018	3/2019	< 85%	= 85%	>= 88%	>= 91%	Current: 83.20 % Prior: 70.78 %	Performance: ^ Trend: 1

Better Care - Improve Safety

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AF-C-2nd MEDGRP	BARKSDALE
CAUTI - SIR <small>Lower is better</small>	-	4/2019	-	-	-	-	Current: - Prior: -	Performance: - Trend: -
CLABSI - SIR <small>Lower is better</small>	-	4/2019	-	-	-	-	Current: - Prior: -	Performance: - Trend: -
WSS <small>Lower is better</small>	12/2018	4/2019	Current qtr >= 3 qtr avg	Current qtr < 3 qtr avg	0 events in current qtr	0 events for 3 qtrs	Current: 0 Prior: 0	Performance: > Trend: 18
URFO <small>Lower is better</small>	12/2018	4/2019	Current qtr >= 3 qtr avg	Current qtr < 3 qtr avg	0 events in current qtr	0 events for 3 qtrs	Current: 0 Prior: 1	Performance: v Trend: 1

Part E: P4I Measures (15 of 17)

Better Care-Improve Condition-based Quality Care

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AF-C-2nd MEDGRP BARKSDALE
Diabetes A1c Testing	11/2018	3/2019	< 90.54%	>= 80.54%	>= 93.37%	>= 94.89%	Current: 95.74 % Prior: 95.69 % Performance Trend: 4
Low Back Pain	11/2018	3/2019	< 73.91%	>= 73.91%	>= 78.57%	>= 82.98%	Current: 76.20 % Prior: 74.89 % Performance Trend: 1
Children w/Pharyngitis	11/2018	3/2019	< 86.86%	>= 86.86%	>= 90.61%	>= 94.12%	Current: 85.19 % Prior: 86.11 % Performance Trend: 2
Breast Cancer Screening	11/2018	3/2019	< 73.55%	>= 73.55%	>= 77.49%	>= 81.04%	Current: 63.93 % Prior: 64.95 % Performance Trend: 1
Cervical Cancer Screening	11/2018	3/2019	< 75.91%	>= 75.91%	>= 79.02%	>= 82.48%	Current: 74.84 % Prior: 74.60 % Performance Trend: 4
Colon Cancer Screening	11/2018	3/2019	< 63.34%	>= 63.34%	>= 70.21%	>= 74.7%	Current: 68.26 % Prior: 68.04 % Performance Trend: 1

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AF-C-2nd MEDGRP BARKSDALE
7-Day Mental Health	11/2018	3/2019	< 51.72%	>= 51.72%	>= 62.9%	>= 69.68%	Current: 75.00 % Prior: 73.56 % Performance Trend: 1
All Cause Readmissions <i>Lower is better</i>	-	3/2019	-	-	-	-	Current: - Prior: - Performance Trend: -
Well Child	11/2018	3/2019	< 81.9%	>= 81.9%	>= 86.59%	>= 89.81%	Current: 84.87 % Prior: 85.06 % Performance Trend: 3
IQI #33 Primary Cesarean Section <i>Lower is better</i>	-	4/2019	-	-	-	-	Current: - Prior: - Performance Trend: -
Postpartum Hemorrhage <i>Lower is better</i>	-	4/2019	-	-	-	-	Current: - Prior: - Performance Trend: -
Unexpected Newborn Complication #716 <i>Lower is better</i>	-	4/2019	-	-	-	-	Current: - Prior: - Performance Trend: -

Part E: P4I Measures (16 of 17)

Better Care- Improve Comprehensive Primary Care

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AF-C-2nd MEDGRP BARKSDALE
24 Hour Appts <i>Lower is better</i>	2/2019	4/2019	> 1.50 Days	<= 1.5 Days	<= 1 Days	<= 0.83 Days	Current: 1.43, Prior: 0.99 Performance: Trend 1
Future Appts <i>Lower is better</i>	2/2019	4/2019	> 8 Days	<= 8 Days	<= 7 Days	<= 2.3 Days	Current: 4.69, Prior: 3.25 Performance: Trend 1
PC Leakage (Recap) <i>Lower is better</i>	11/2018	4/2019	>= 12.00%	<= 12.00%	<= 8.00%	<= 3.00%	Current: 19.26%, Prior: 20.53% Performance: Trend 3
PCM Continuity	2/2019	4/2019	< 55%	>= 55%	>= 65%	>= 75%	Current: 58.81%, Prior: 64.63% Performance: Trend 1

Better Care- Optimize & Standardize Access

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AF-C-2nd MEDGRP BARKSDALE
SM Enrollment	2/2019	4/2019	< 37%	>= 37%	>= 50%	>= 75%	Current: 53.00%, Prior: 52.84% Performance: Trend 6
SM Response Time 1 Day	2/2019	4/2019	< 70%	>= 70%	>= 80%	>= 87%	Current: 80.00%, Prior: 77.25% Performance: Trend 2

Getting Care When Needed	9/2018	3/2019	< 81.20%	>= 81.20%	>= 84.40%	>= 87.20%	Current: 70.93%, Prior: 73.24% Performance: Trend 1
Specialty: Referral to Book <i>Lower is better</i>	11/2018	3/2019	> 4 Days	<= 4 Days	<= 3 Days	<= 1 Day	Current: 2.59, Prior: 1.73 Performance: Trend 1
Specialty: Booked to Appt <i>Lower is better</i>	11/2018	3/2019	> 24 Days	<= 24 Days	<= 15 Days	<= 7.5 Days	Current: 28.86, Prior: 29.80 Performance: Trend 1
Amb Specialty Care Leakage <i>Lower is better</i>	12/2018	4/2019	> 23.7%	<= 23.7%	<= 10.7%	<= 2.0%	Current: 42.7%, Prior: 43.6% Performance: Trend 1
AD: Days To Primary Care <i>Lower is better</i>	12/2018	3/2019	> 1.5 Days	<= 1.5 Days	<= 1 Days	<= 0.83 Days	Current: 0.33, Prior: 0.35 Performance: Trend 2
AD: Days To Specialty Care <i>Lower is better</i>	12/2018	3/2019	> 24 Days	<= 24 Days	<= 15 Days	<= 7.5 Days	Current: 19.78, Prior: 21.59 Performance: Trend 2
MEB Stage Timeliness	-	4/2019	-	-	-	-	Current: -, Prior: - Performance: Trend -

Part E: P4I Measures (17 of 17)

Better Care - **Improve** Regulatory Compliance

Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AF-C-2nd	MEDGRP	BARKSDALE
ACGME Accreditation Status	-	9/2019	-	-	-	-	Current	Prior	-
Accreditation for DoD Clinical Laboratories	-	3/2019	-	-	-	-	Performance	Trend	-
Joint Commission Accreditation	-	3/2019	-	-	-	-	Current	Prior	-

Lower Cost - **Improve** Stewardship

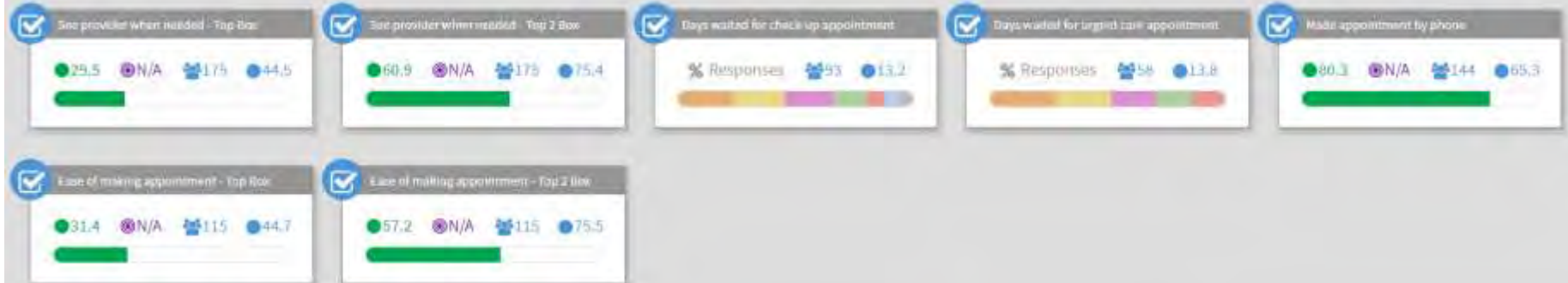
Measure	Data As Of	Next Refresh	Red	Yellow	Green	Blue	AF-C-2nd	MEDGRP	BARKSDALE
PMPM <i>Lower is better</i>	9/2018	5/2019	> 3.20%	-	<= 3.20%	<= 0.00%	Current 3.69%	Prior 2.39%	Performance Trend 2
Total Purchased Care Cost <i>Lower is better</i>	12/2018	4/2019	> FY Target	-	<= FY Target	<= Next FY Target	Current \$5.50M	Prior \$5.78M	Performance Trend 2
Private Sector Care Cost <i>Lower is better</i>	9/2018	5/2019	> 3.20%	-	<= 3.20%	<= 0.00%	Current 2.76%	Prior 1.70%	Performance Trend 2

Total Empanelment	2/2019	4/2019	< 0.00%	-	< 5.00% but >= 0.00%	>= 5.00%	Current -4.1%	Prior -3.2%	Performance Trend 4
Pharmacy Percent Retail <i>Lower is better</i>	12/2018	4/2019	> 30%	-	<= 30%	<= 25%	Current 34.1%	Prior 34.1%	Performance Trend 2
AD: Spec Prov Efficiency	9/2018	4/2019	<61%	>=61%	<79%	>=79%	Current 100%	Prior 100%	Performance Trend 3
Overall Occ Rate (US)	-	4/2019	-	-	-	-	Current	Prior	Performance Trend
ICU Occ Rate (US)	-	4/2019	-	-	-	-	Current	Prior	Performance Trend
ESA Benefit	-	3/2019	-	-	-	-	Current	Prior	Performance Trend

Part F: JOES-C 12-months Rolling Data

Barksdale Air Force Base Direct Care

Access to Provider



Appointment



Contact Office



Part G: Base Mission Brief



2 BW *Mission Brief*

Col Michael Miller
Commander, 2d Bomb Wing



Part G: Base Mission Brief



Where We Fit



AFGSC:

Bombers and ballistic missiles



8th Air Force:

Bombers (B-52, B-1, B-2)



2nd Bomb Wing:

B-52

MISSION ✦ AIRMEN ✦ FAMILIES

Part G: Base Mission Brief



What We Do

AFGSC Mission

Airmen providing strategic deterrence, global strike, and combat support...anytime, anywhere!

AFGSC Vision

Innovative leaders providing safe, secure, and effective combat-ready forces for nuclear and conventional global strike...today and tomorrow!

MISSION ♣ **AIRMEN** ♣ **FAMILIES**

Part G: Base Mission Brief



AFGSC Organizations



Part G: Base Mission Brief



2 BW Senior Leadership



Command Chief
CMSgt Joshua Swanger



Commander
Col Michael Miller



Vice Commander
Col Scott Weyermuller



OG Commander
Col David Gordon



MXG Commander
Col Michael Colvard



MSG Commander
Col Sara Custer



MDG Commander
Col Christopher Hudson

Part G: Base Mission Brief



The Mighty Deuce

Mission

Provide the United States with lethal, nuclear and conventional combat-ready Airmen and B-52s for global strike, and combat support operations.

Vision

To Be the Best...Best at the Mission, Best at Taking Care of Airmen, Best at Taking Care of Families

MISSION ✦ AIRMEN ✦ FAMILIES

Part G: Base Mission Brief



2 BW Priorities

Mission



Airmen



Families



MISSION ✦ AIRMEN ✦ FAMILIES

Part G: Base Mission Brief



Barksdale AFB Organizations



32 UNITS CALL BARKSDALE HOME

MISSION ✦ AIRMEN ✦ FAMILIES

Part G: Base Mission Brief



Footprint Total DoD Population 8,399

22,000 ACRES
1K houses

USAF Second Largest
Airfield = 413 football fields



Military Active/Reserve

2 BW – 4,029

8 AF – 289

HQ AFGSC – 577

Reserve – 1,450

Tenant – 263

Total = 6,608

Military Families

AD Spouses – 1,657

AD Children – 2,883

Total = 4,490

Civilians

APF – 1,257

NAF – 308

BX/Comm/Private – 226

Total = 1,791

MISSION ✦ AIRMEN ✦ FAMILIES

Part G: Base Mission Brief



Current Deployed - 228



Part G: Base Mission Brief



Challenges

- **Combat Readiness**
- **Aging Infrastructure**
- **B-52 Modernization**



MISSION ✦ **AIRMEN** ✦ **FAMILIES**

Part G: Base Mission Brief



Combat Readiness



MISSION ✦ AIRMEN ✦ FAMILIES

Part G: Base Mission Brief



Aging Infrastructure



Infrastructure



Historic Housing



**Runway / Apron Repair
Alert Parking Area**

MISSION ✦ AIRMEN ✦ FAMILIES

Part G: Base Mission Brief



Future Infrastructure Projects



WGF



WGF Dorm



Consolidated Comm Facility



I-220 Gate

MISSION ✦ AIRMEN ✦ FAMILIES

Part G: Base Mission Brief



Future Infrastructure Projects

CATM School House



Fire Station 2



MISSION ✦ AIRMEN ✦ FAMILIES

Part G: Base Mission Brief



Infrastructure / Quality of Life

- Turf Field
- Splash Park
- Running Trail & Lighting
- Golf Course Revitalization



MISSION ✦ AIRMEN ✦ FAMILIES

Part G: Base Mission Brief



Funded B-52 Modernization

Modernization Required to Achieve 2050+ Life Expectancy



Internal Weapons Bay Upgrade



Radar Modernization



**Combat Network Comm Technology
Link 16**



Anti-Skid / Mode S/5 Install

Part G: Base Mission Brief



Future B-52 Modernization



Engine Modernization (FY19)



LRSO Testing



Advanced Targeting Pod MFCDD (FY19)

Part G: Base Mission Brief



Community Partners & Constant Improvement

- **Community Relationships**
 - Air Force Community Partnership Program
 - Roots For Boots
 - Economic Impact: \$822M
- **Constant Improvement**
 - Charter School (CY2020)
 - School of Choice
 - Spouse Licensure
 - Installation Improvements



Barksdale AFB Charter School

Part G: Base Mission Brief

Second to None!





Part H: MTF Mission Brief

2d Medical Group



Mission Brief



Colonel Christopher Hudson
Commander
9 April 2019

This Briefing is:
UNCLASSIFIED



Part H: MTF Mission Brief

BLUF



- **Align 2 MDG to performance based readiness and healthcare delivery models to achieve the MHS Quadruple Aim.**
- **Proposed personnel reductions undermine 2 MDG enterprise readiness and health delivery performance support to AFGSC, 8 AF and 2 BW.**

Unit	Baseline Total	Modeled Total	2 MDG Proposed Total	Gap
AMDS	68	62	69	-7
MDG	24	13	20	-7
MDOS	95	42	70	-28
MDSS	113	44	70	-26
DS	70	65	70	-5
Grand Total	370	226	299	-73



Part H: MTF Mission Brief

2d Medical Group



Mission and Operational Support



Part H: MTF Mission Brief

2d Medical Group



Mission:

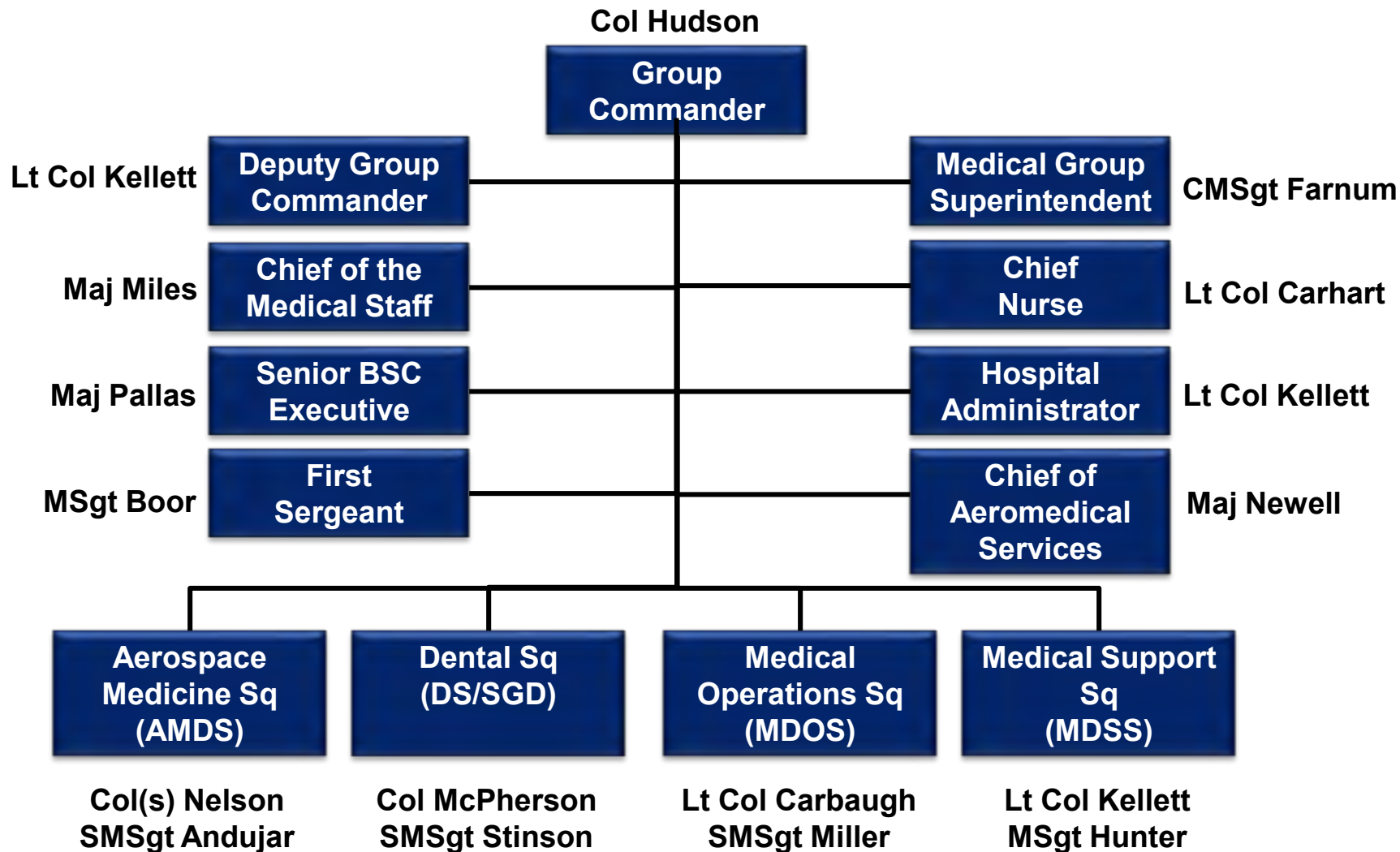
**Provide Trusted Care that Ensures a Ready Fit
Force and the Health of our Families**

Vision:

Be the Air Force's Premier Healthcare Team



2 MDG Organization





Part H: MTF Mission Brief

Who We Support



AFGSC:

Bombers and ballistic missiles



8th Air Force:

Bombers (B-52, B-1, B-2)



2nd Bomb Wing:

B-52

MISSION ✦ AIRMEN ✦ FAMILIES



Who We Support



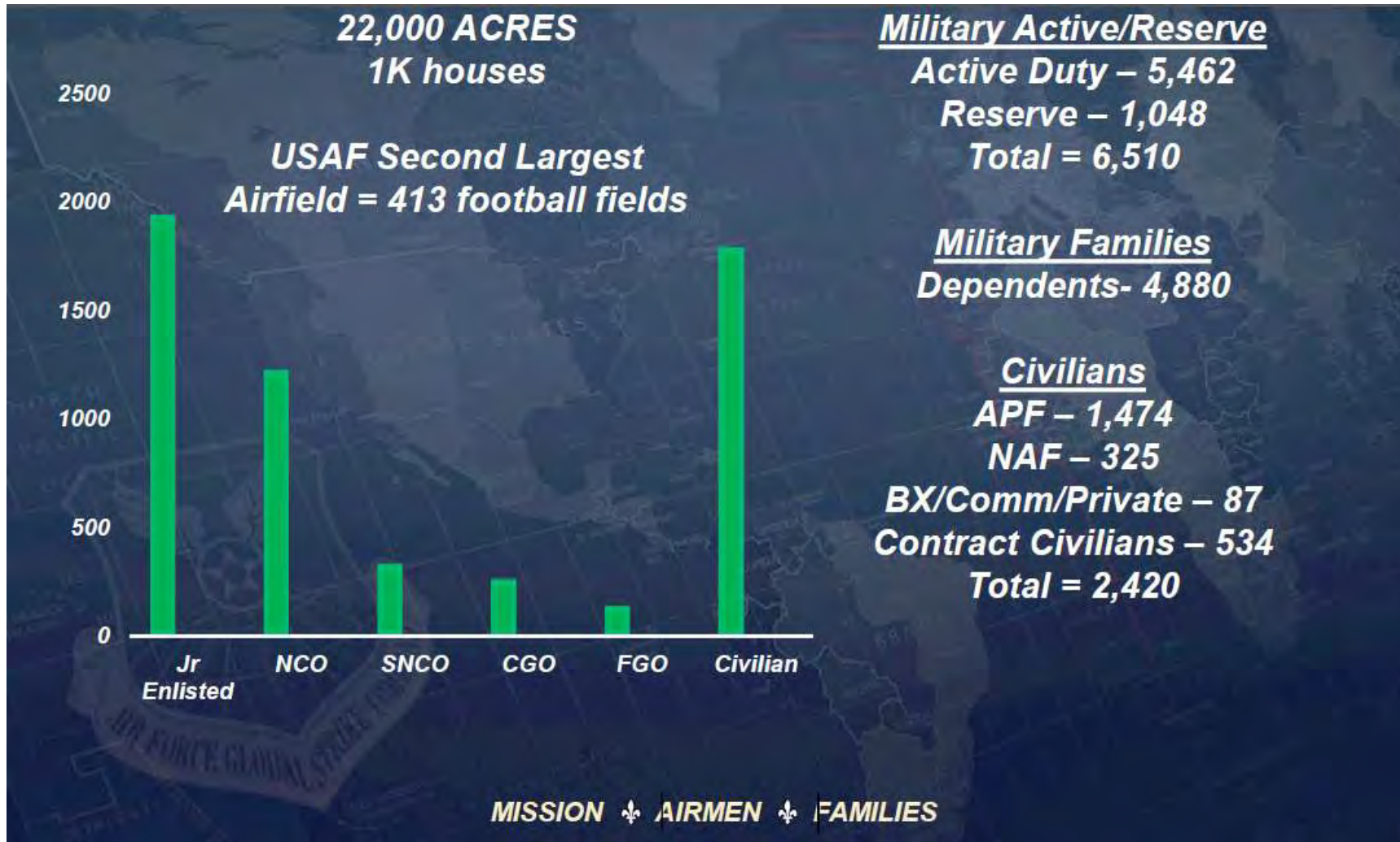
32 UNITS CALL BARKSDALE HOME

MISSION ✦ AIRMEN ✦ FAMILIES



Footprint

Total DoD Population 13,810





Part H: MTF Mission Brief

Mission Requirements



1. Ready Medics

- a) UTCs
- b) CMRP
- c) HSMR

2. Medically Ready Airmen

- a) IMR
- b) Health Promotion
- c) Human System Integration

3. Fight The Base

- a) Long-range missions
- b) Bomber Strategic Aircraft Recovery Team (BSART)
- c) Nuclear Alert

4. Regular Large-Scale Deployments

- a) Continuous Bomber Presence
- b) Bomber Task Force
- c) Deployments ISO Range Of Military Operations



Mission Support to 2 BW

Part H: MTF Mission Brief



Provide the United States with lethal combat-ready Airmen and B-52s for nuclear and conventional global strike and combat support operations.





Mission Support to Tenant Units & GSUs



307 BW and Claiborne Range



49th Test & Evaluation Squadron



20th ASOS, Det 1 - Ft. Polk



26th Operational Weather Sq.

340th Weapons Sq.

548th Combat Training Sq.

645th AES – Greenville, TX



Mission Support to Wing Exercises



Home Station Medical Response

- Bayou Knight/Active Shooter
 - Medical Command and Control
 - Medical Support (FRT/DMH)
- Bayou Rampart/Air Show
 - Medical Support
 - Medical Command and Control
- Response Task Force (RTF)
 - Medical (FRT/BIO)
 - Medical Command and Control

SME Support

- Combat Shield
- African Lion
- Bayou Warrior
- Red Flag
- Green Flag

Nuclear Generation

- Global Thunder (14 Days)
 - Ambulance Services
 - Warrior Center Medical Facility
 - Medical Command and Control
- Bayou Vigilance (7 Days)
 - Ambulance Services
 - Medical Command and Control
- Combat Sledge Hammer (7 Days)
 - Medical Command and Control



Bayou Vigilance / Global Thunder



Mission Support to 2 BW Deployments



Personnel Deployment Function

- **FY16 (1771 deployed)**
 - **Red Flag-2 (172); BTF (239); AOR (458); CV (74); Red Flag-3 (186); AOR (431); GT (211); AEF (211)**
- **FY17 (1026)**
 - **BTF 17-1 (232); Red Flag 17-3 (164); BTF 17-2 (232); GT (208); AEF (190)**
- **FY18 (1375)**
 - **CBP (360); AEF (256); CBP (355); AEF (240); GT (164)**

CBP- Continuous Bomber Presence

CV- Constant Vigilance

BTF- Bomber Task Force (RAF Fairford)

AOR- Area of Responsibility

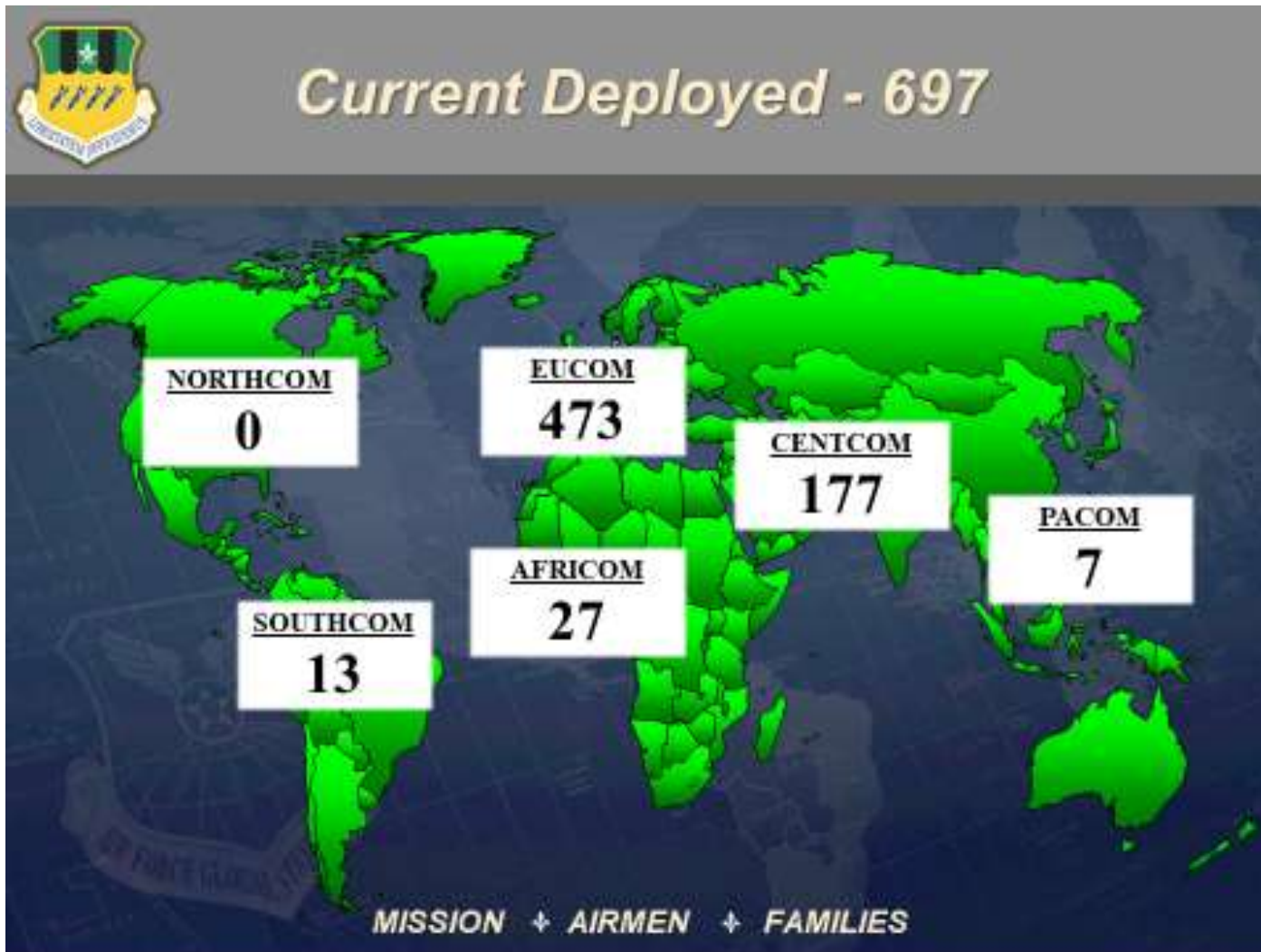
AEF- Air and Space Expeditionary Force

GT- Global Thunder



Part H: MTF Mission Brief

2 BW Deployed





Part H: MTF Mission Brief

Mission Support to Unique Barksdale Missions



NSSAV & NSI



Task Force 204



New START Treaty (NST) Inspections



**ALCM WSEP
Hurricane Evacuation**



Part H: MTF Mission Brief

2d Medical Group



Readiness Requirements



Part H: MTF Mission Brief

CMRP Readiness Skills



AFSC	Title	Assigned	Hours Yr/Person	Total
42E	Optometrist	1	24	24
42G	Physician Assistant	5	336	1680
42P	Clinical Psychologist	2	24	48
42S	Clinical Social Worker	2	24	48
43H	Public Health	1	104	104
43P	Pharmacist	3	144	432
44F/K	Family Physician/Peds	3	954	2862
44P	Psychiatrist	1	24	24
46N	Clinical Nurse	6	104	624
46Y	Privileged Advanced Practice Nurse	2	144	288



Part H: MTF Mission Brief

CMRP Readiness Skills



AFSC	Title	Assigned	Hours Yr/Person	Total
47X/G	Dental	13	64	832
48X	Aerospace	4	184	736
4C0	Mental Health	10	24	240
4E0	Public Health	14	64	896
4J0	Physical Medicine	2	24	48
4N0	Nurse Tech	41	156	6396
4P0	Pharmacy	11	24	264
4R0	Diagnostic Imaging	9	24	216
4V0	Ophthalmic	2	24	48
4Y0	Dental	31	64	1984

[CMRP Gap Analysis Tool](#)

TOTAL: 17,794



Part H: MTF Mission Brief

Impact on UTCs

UTC	UTC Name	AFSC	Requirements	Mission
FFEP2	Command & Control	41A3	1 FTE w/Medical Readiness Experience	EMEDS C2 Team
		4A0X1	1 FTE w/Systems Experience	
		4A2X1	1 FTE	
FFDAB	Flight Medicine	48R3	1 FTE	EMEDS flight medical support or stand-alone outpatient care
		4N0X1	2 FTE's	
FFSRT	Strategic Reconnaissance Team	4N0X1	1 FTE	Flight medical support, Occ-health, and radiation surveillance in high threat environments or STRATCOM request
FFF0C x2	Dental Augmentation Team	47G3X	2 FTE	EMEDS Dental services support
		4Y0X1	2 FTE	

Note: Only includes UTC's with potential negative impacts, based on DHA manpower model



Part H: MTF Mission Brief



Healthcare Operations

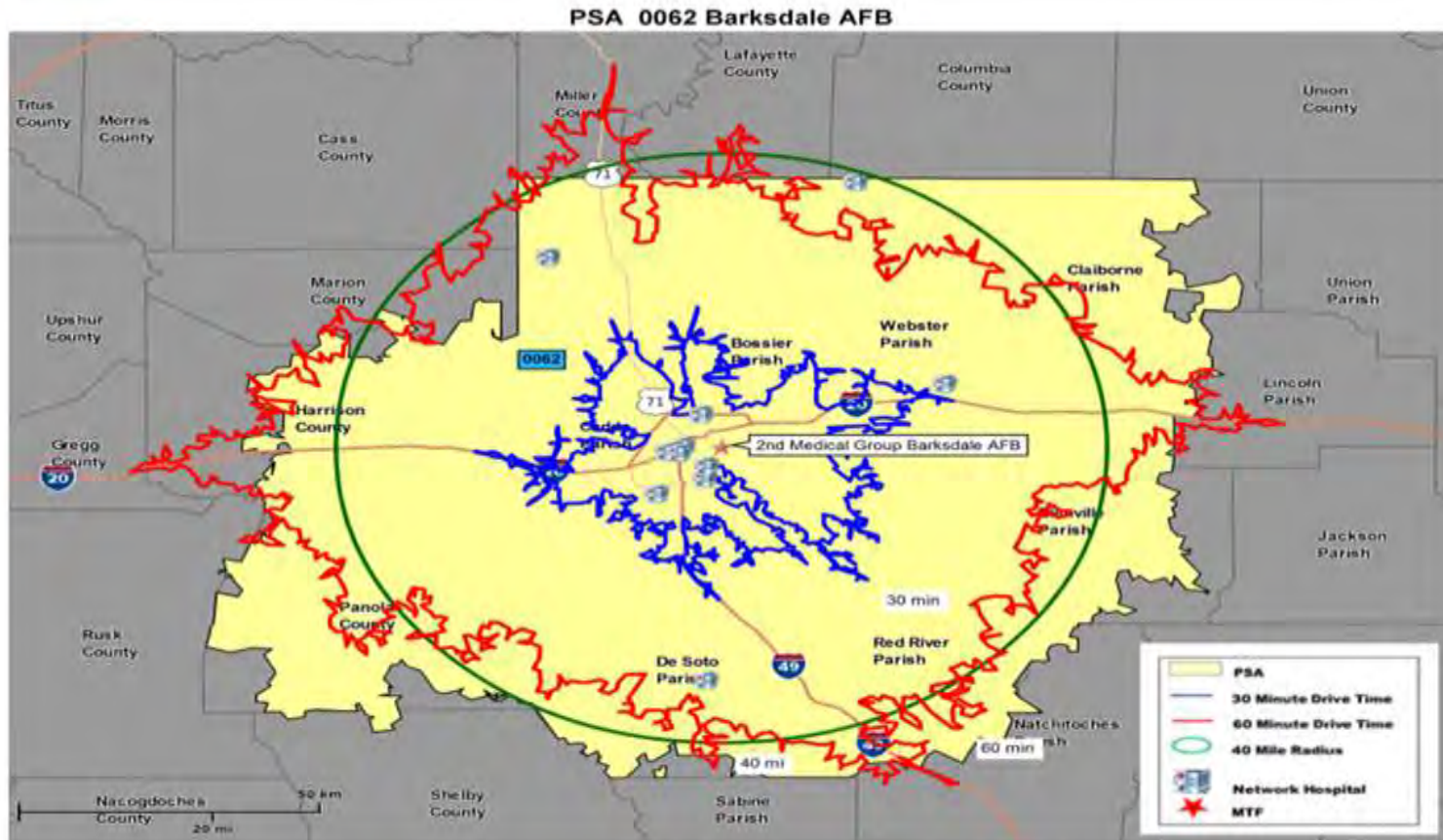


Part H: MTF Mission Brief

Prime Service Area



BLUF: Network appears to be able to support Primary Care for our non-AD and specialty care for AD, but comes with a cost to the mission





Part H: MTF Mission Brief

Enrollment



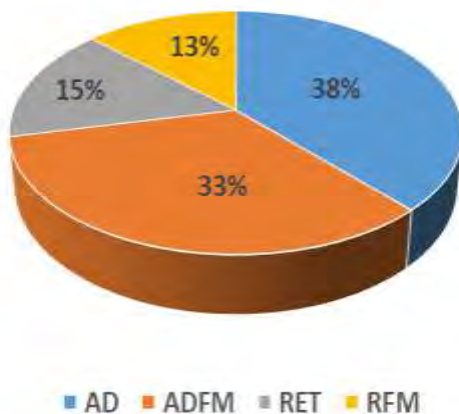
MTF Enrolled

• AD Military	5,480
• AD Family Mbrs	4,796
• Retiree/Family Mbrs	<u>4,094</u>
Total MTF Enrolled	14,370

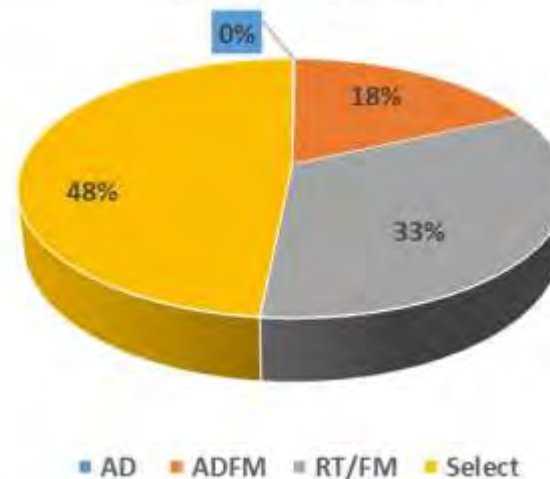
Network Enrolled

• AD Prime Remote	14
• AD Family Mbrs	1,667
• Retiree/Family Mbrs	3,082
• Select	<u>4,474</u>
Total Network Enrolled	9,237

MTF Enrolled



Network Enrolled





Part H: MTF Mission Brief

Network Adequacy



Network Providers	Network Providers	Network Providers accepting patients a/o 21 March 2019
Pediatrics	58	34
Family Medicine	78	45
Internal Medicine	53	24
Nurse Practitioner- Primary Care	10	5
OBGYN	86	86



Part H: MTF Mission Brief

AD Clinical Demand Analysis



AD population: 5,464 (1,091 Female)
Met/unmet demand (Primary Care Leakage) data from FY18

Clinic/Specialty	F2F Encounters/YR	F2F Encounters/DY	TCONS YR	TCONS DY	Notes
Family Health	15,038	70	15,162	70	Includes AD/NG/Res
Women's Health	1,389	7	306	1.4	20% of AD population
Physical Therapy	6,804	32			Includes AD PT leakage
Chiro	2,916	14			



Part H: MTF Mission Brief

AD Lost Time at Work



BLUF: Significant AD time lost from primary mission of the installation

Clinic/Specialty	Lost Time (Hours per Year)
Women's Health	1.4K
Physical Therapy	6.8K
Chiro	2.9K
Peds	*14.8K
<u>Total</u>	<u>25.9k</u>

*Not AD encounters, but assumes sponsor's time away from primary duty



Part H: MTF Mission Brief



Manpower



Part H: MTF Mission Brief

Assigned/Authorized



Unit	Baseline Total	Modeled Total	2 MDG Proposed Total	Gap
AMDS	68	62	69	-7
MDG	24	13	20	-7
MDOS	95	42	70	-28
MDSS	113	44	70	-26
DS	70	65	70	-5
Grand Total	370	226	299	-73

Key Points:

- Agree to 71 of the initial cuts identified
- Delta of 73 positions required for readiness requirements and mission capability



Microsoft Excel
Worksheet



Part H: MTF Mission Brief

MDG Staff



Unit	Baseline Total	Modeled Total	2 MDG Proposed Total	Mil 2 Civ/K	Gap
MDG					
1. Group Practice Management	1 (O)	-1	0		-1
2. Exceptional Family Member Program	1 (K)	-1	0		-1
Grand Total	2	-2	0		-2

Key Points:

- GPM can be either AD or converted to GS/Ctr.
- EFMP capability required for AD PCS'ing and proper placement



Part H: MTF Mission Brief

MDOS



Unit	Baseline Total	Modeled Total	2 MDG Proposed Total	Gap
1. Family Health	37	15	22	-7
042G3	4 (O)	1 (O)	2 (O)	-1
044F3	3 (2-O, 1-K)	2 (O)	2 (O)	0
046N3	6 (2-O, 2-C, 2-K)	2 (1-O, 1-C)	3 (2-O, 1-C)	-1
046Y3H	2 (1-O, 1-K)	1 (O)	1 (O)	0
4A0X1	3 (1-A, 2-C)	1 (C)	2 (1-A, 1-C)	-1
4N0X1	19 (8-A, 2-C, 9-K)	8 (4-A, 2-C, 2-K)	12 (8-A, 2-C, 2-K)	-4
Grand Total	37	15	22	-7



Part H: MTF Mission Brief

MDOS



1. FAMILY HEALTH:

- **Non-Fly/PRAP AD population approx. 3,550**
 - **AD Troop Clinic staffing model:**
 - 6 empaneled provider teams (2 - 44Fs, 1 - 46NY3s, 3 - 46Ns, 12 - 4Ns, 2 - 4As)
 - 6 of 12 4Ns and 1 of 3 Nurses need to be AD to support BW readiness msn – exercises, PDF lines, etc...all hours and days
 - Need adequate staffing to support deployments, TDYs, CMRP training, maternity/paternity leave, Wing and MAJCOM taskings
 - AD Demand is 70 visits per day, would increase to approx **77 per day** if WH care is absorbed by PCM



Part H: MTF Mission Brief

MDOS



Unit	Baseline Total	Modeled Total	2 MDG Proposed Total	Gap
2. Physical Therapy	3	0	6	-6
042B3	1	0	2 (1-O, 1-K)	-2
4J0X2	2 (A)	0	4 (2-A, 2-K)	-4
Grand Total	3	3	6	-6



Part H: MTF Mission Brief

MDOS



2. PHYSICAL THERAPY:

- Currently approx. 6.8K AD visits/yr
- Operational Support Team (OST) not a viable solution
 - Roving team – one unit at time with focus primarily on the “heavy lifting” units
 - Designed for work site evals/ergonomics and education – NOT treatment
 - Would need some facilities/service to perform some minimal clinic functions (approx. 10% of time)
- With **one AD team and one CTR team** (total 2 PTs, 4 PTAs):
 - Can meet 100% AD demand – faster return to msn, less time away from work
 - AD team outreach, site visits (all units), increased group PT sessions – more msn-focused



Part H: MTF Mission Brief

MDOS



Unit	Baseline Total	Modeled Total	2 MDG Proposed Total	Gap
3. Womens' Health	3	0	3	-3
046N3	1 (K)	0	1 (K)	-1
046Y3A	1 (O)	0	1 (O)	-1
4N0X1	1 (C)	0	1 (C)	-1
Grand Total	3	0	3	-3



Part H: MTF Mission Brief

MDOS



3. WOMEN'S HEALTH:

- **Makes up 20% AD population**
- **1,400 AD visits/yr**
- **Critical to mission readiness**
 - 120 enrolled in dysplasia program (11% of AD female population)
 - PRP
- **Timely**
 - Network access
 - Delays in getting pts seen/treated/reports back to MTF could delay readiness by several weeks/months
 - Especially critical if only bare minimum Primary Care providers



Part H: MTF Mission Brief

MDOS



Unit	Baseline Total	Modeled Total	2 MDG Proposed Total	Gap
4. Ambulance Paramedics	7	0	7	-7
4NOX1	7 (A)	0	7 (A)	-7
4. Ambulance Service	6	0	6	-6
4NOX1	6 (A)	0	6 (A)	-6
Grand Total	13	0	13	-13



Part H: MTF Mission Brief

MDOS



4. AMBULANCE SERVICES:

- **22,000 acre installation**
- **DoD response time requirements**
 - ACLS and BLS transport 12 minutes
 - BLS (non-transport) 7 minutes
- **Civilian response up to 30 minutes**
 - Will civilian companies accept risk for delayed response on base?
- **Contract \$\$ required**



Part H: MTF Mission Brief

MDOS



Unit	Baseline Total	Modeled Total	2 MDG Proposed Total	Gap
5. Chiropractic	2	0	2	-2
043B3A	1 (K)	0	1 (K)	-1
4N1X1C	1 (K)	0	1 (K)	-1
Grand Total	2	0	2	-2



Part H: MTF Mission Brief

MDOS



5. CHIROPRACTIC:

- **Approx 2.9K visits/yr**
- **Critical to getting flyers and mission critical support back to work quickly**
- **Poor B-52 ergonomics causes frequent back pain and complimentary modality to PT**



Part H: MTF Mission Brief

MDSS



Unit	Baseline Total	Modeled Total	2 MDG Proposed Total	Gap
1. Medical Logistics	14	7	10	-3
041A3	1 (O)	1 (O)	1 (O)	0
4A1X1	11 (9-A, 2-C)	5 (3-A, 2-C)	7 (6-A, 1-C)	-2
4A2X1	2 (A)	1 (A)	2 (A)	-1
Grand Total	14	7	10	-3



Part H: MTF Mission Brief

MDSS



1. MEDICAL LOGISTICS:

- **Critical to Readiness Mission**
 - **WRM/HSMR programming/management**
 - **Fight the Base supply chain requirements unsupportable by contract/civilian**



Part H: MTF Mission Brief

MDSS



Unit	Baseline Total	Modeled Total	2 MDG Proposed Total	Gap
Outpatient Pharmacy	23	5	9	-4
043P3	6 (3-O, 3-K)	2 (1-O, 1-K)	3 (2-O, 1-K)	-1
4POX1	17 (12-A, 5-C)	3 (1-A, 2-C)	6 (4-A, 2-C)	-3
Grand Total	23	5	9	-4



Part H: MTF Mission Brief

MDSS



2. OUTPATIENT PHARMACY:

- **Critical to Readiness Mission**
 - **HSMR**
 - **Supports 2 BW IEMP and 2 MDG DCP**
 - **Fight the Base requirements unsupportable by contract/civilian**



Part H: MTF Mission Brief

MDSS



Unit	Baseline Total	Modeled Total	2 MDG Proposed Total	Gap
3. Clinical Laboratory	10	2	9	-7
043T3A	1 (O)	0	1 (O)	-1
4TOX1	9 (6-A,3-C)	2 (C)	8 (6-A, 2-C)	-6
Grand Total	10	2	9	-7



Part H: MTF Mission Brief

MDSS



3. CLINICAL LABORATORY:

- **Supports Fight the Base & Response Task Force unsupportable by contract/civilian**
- **Enduring Operations – IMR/DRHA**



Part H: MTF Mission Brief

Initial Cuts Not Addressed



Action	FAC ID	FAC	AFSC ID	Delta
Not addressed	529C00	Chiropractic	043b3a	-1
Not addressed	529C00	Chiropractic	4n1x1c	-1
Not addressed	511H00	Exceptional Family Member Program	042s3	-1
Not addressed	5310	Flight and Missile Medicine	048r3	-1
Not addressed	51S0DS	Medical Squadron Command - Dental	047G3X	-1
Not addressed	51S0SS	Medical Squadron Command - Medical Support Squadron	4a0x1	-1
Not addressed	5514	Radiology	4r0x1b	-1
Not addressed	5730	Residents	047g1c	-5
Not addressed	511D00	Utilization Management	046n3	-1
Not addressed	5255	Womens Health	046n3	-1
Not addressed	5255	Womens Health	4n0x1	-1



Part H: MTF Mission Brief

Wrap-Up



- **Product Lines/Personnel we recommend keeping due to readiness rqmnts**

Priority	Product Line	Recommendation	Risk
1.	AD Primary Care	Only reduce by 15 FTEs vs 22 (need 6 full PCM teams)	CMRP, Deployability, AD Access to Care
2.	Physical Therapy	Plus up one team (2 PTs/4 techs total)	Lost man days/readiness, especially in higher physical demand units
3.	Women's Health	Maintain current 3 FTEs	WWQ readiness – deployability (days)
4.	EMS Services	Maintain 13 existing authorizations or guaranteed contract funding	Delayed response times, care for potentially serious emergencies
5.	Chiropractic	Maintain current 2 FTEs	
6.	GPM	Maintain current 1 FTE	Would require SGA to fulfill
7.	EFMP	Maintain current 1 FTE	
8.	Medical Logistics	Only reduce by 3 FTEs vs 8	
9.	Pharmacy	Only reduce by 9 FTEs vs 12	
10.	Laboratory	Only reduce by 1 FTE vs 8	

QUESTIONS?



A central graphic consisting of a large, light-colored pentagon with a metallic texture. Inside the pentagon is a circular globe divided into four quadrants, each showing a different scene: top-left shows a soccer player in a green jersey; top-right shows a person in a white lab coat using a handheld device; bottom-left shows a group of people in a clinical or office setting; bottom-right shows a person in a white lab coat working at a computer. The pentagon is surrounded by text: "Better Health" in blue at the top left, "Better Care" in red at the top right, "Ready" in green on the left side, and "Best Value" in yellow on the right side. At the bottom of the pentagon, the text "TRUSTED CARE ANYWHERE" is written in blue. The background of the entire slide is a satellite-style view of a coastal region with green land and blue water.



Part I: Due Outs

2d Medical Group



703 Visit: Barksdale

9 Apr 19 Due-Outs



Colonel Christopher Hudson
Commander
9 April 2019

This Briefing is:
UNCLASSIFIED



2d MEDICAL GROUP READINESS & CMRP REQUIREMENTS



- **2d MDG DOC Statement UTCs**
- **2d MDG DOC Statement and non-DOC Statement UTC significant CMRP Gaps**
- **Non-DOC Statement Mission UTC Requirements**
 - **Response Task Force**
 - **Fight the Base**
 - **Bomber Task Force**



Unit Type Codes Assigned to 2 MDG



2 MDG DEPLOYMENT UTCs



- We are not the Pilot Unit for these UTCs; however, we do own them. They belong to the 2 MDG and we have 3 equipment packages that are here in our WRM Warehouse that belong to the UTCs.
- We get assigned the UTCs by AFGSC based on our manning and our ability to fill the UTCs. The UTCs must be fully manned at all times. If they are not properly manned, it will affect our Classified Reporting.

FFEP2 (EMEDS Command and Control Team) P3			
AFSC	DUTY TITLE	NAME	UNIT
040C0C	Medical Commander	Col Christopher Hudson	2 MDG
041A3	Health Services Administrator	Capt Kristine Morris	2 MDG
9G100	Group Superintendent	CMSgt Lisbeth Farnum	2 MDG
4A171	Medical Material Craftsman	TSgt Erika Peralta	2 MDSS
4A271	Biomedical Equipment Craftsman	TSgt Richard Bonnell	2 MDSS
4A071	Health Services Management Craftsman	TSgt Calvin Jones	2 AMDS
FFF0C (Dental Augmentation Team) P5			
AFSC	DUTY TITLE	NAME	UNIT
047G3A	Comprehensive Dentist	Maj Michael Einhorn	2 DS
4Y071	Dental Craftsman	SSgt Christian Gallevo	2 DS
FFDAB (Flight Medicine Team) P5			
AFSC	DUTY TITLE	NAME	UNIT
048R3	Flight Surgeon (Residency Trained)	Maj Dane Newell	2 AMDS
4N071	Aerospace Medicine Technician	SSgt Johanna Esquivel	2 AMDS
4N051	Aerospace Medicine Technician	SSgt Brittany Livingstone	2 AMDS



2 MDG UTC's Continued



FFSRT (Strategic Reconnaissance Team) EX			
AFSC	DUTY TITLE	NAME	UNIT
048G3	Flight Surgeon	Capt Thomas Haycraft	2 AMDS
4N071C	IDMT	*Capt James O'Neal	2 AMDS
4N071	Aerospace Medicine Technician	TSgt Craig Crosby	2 MDOS
4E071	Public Health Craftsman	(S)MSgt Anitra Crosby	2 AMDS
4B071	Bioenvironmental Engineering Craftsman	MSgt Zalman Kosofsky	2 AMDS
4B051	Bioenvironmental Engineering Journeyman	SrA Timothy Roxas	2 AMDS
Non-Medical AFSC's			
UTC	DUTY TITLE	NAME	UNIT
TFRR8	Education & Training Craftsman	MSgt Daniel Benaszkeski (P5)	2 MDG
RFPF8	Personnel Journeyman	SrA Whitney Malone (P5)	2 MDSS
9AFS2	First Sergeant	(S)MSgt Joshua Boor (P5)	2 MDG
War Reserve Material (WRM)			
UTC	ASSEMBLEDGE DESCRIPTION		
FFSR1	Medical Strategic Reconnaissance Equipment Package		
FFLGE-1	Air Transportable Clinic		
FFLGE-2	Air Transportable Clinic		
FFPM3 (Prev/Aero Medicine Team) P3			
AFSC	DUTY TITLE	NAME	UNIT
4E051	Public Health Journeyman	SrA Brennen Johncock	2 AMDS
4B051	Bioenvironmental Engineering Journeyman	TSgt David Westbrook	2 AMDS
4B051	Bioenvironmental Engineering Journeyman	SSgt Dollar Gannon	2 AMDS
FFF0C (Dental Augmentation Team) P3			
AFSC	DUTY TITLE	NAME	UNIT
047G3A	Comprehensive Dentist	Lt Col Brendan Lane	2 DS
4Y071	Dental Craftsman	TSgt Amanda Gilbert	2 DS



2 BW Medical Readiness CMRP CAT 1 Significant Currency Gaps



2 BW Medical Readiness CMRP CAT 1 Significant Currency Gaps



GROUP AFSC	FY20 POM AUTHORIZATION	DUTY AFSC	UMD AUTHORIZED/ ASSIGNED BY SKILL TYPE	CMRP CAT I/II COMPLETED TRAINING	REQUIRED TASKS	TASKS COMPLETED
4N0XX	40	4N031	7 Auth 8 Assigned	5%	21	1
		4N051	23 Auth 25 Assigned	1%	69	1
		4N071	10 Auth 11 Assigned	7%	30	2
	1	4N051C	1 Auth 0 Assigned	0%	3	0
	8	4N051F	6 Auth 4 Assigned	17%	6	1
		4N071F	2 Auth 2 Assigned	8%	12	1
44GX	0	44G1	0 Auth 0 Assigned	0%	2	0
47GX	5	47G1C	5 Auth 6 Assigned	17%	36	6
	0	47G3C	0 Auth 0 Assigned	67%	18	12
48RX	3	C048A3	1 Auth 1 Assigned	0%	2	0



2 BW Medical Readiness CMRP CAT 2 Significant Currency Gaps



GROUP AFSC	FY20 POM AUTHORIZATION	DUTY AFSC	UMD AUTHORIZED/ ASSIGNED BY SKILL TYPE	CMRP CAT I/II COMPLETED TRAINING	REQUIRED TASKS	COMPLETED TASKS
4A0XX	23	4A071	2 Auth/2 Assigned	0%	5	0
4B0XX	0	4B031	2 Auth/2 Assigned	0%	3	0
		4B051	5 Auth/5 Assigned	0%	3	0
		4B071	2 Auth/2 Assigned	0%	2	0
4E0XX	12	4E031	4 Auth/5 Assigned	44%	45	20
		4E051	4 Auth/6 Assigned	50%	54	27
		4E071	3 Auth/3 Assigned	33%	27	9
		D4E091	1 Auth/1Assigned	67%	9	6
4N0XX	40	4N051	23 Auth/25 Assigned	0%	22	0
		4N071	10 Auth/11 Assigned	0%	11	0
43EX	0	43E3(A)	2 Auth/2 Assigned	0%	1	0
	0	43E3B	0	0%	1	0
44GX	0	44G1	0	0%	9	0



2d MDG Non-DOC Statement Mission UTC Requirements



2 BW Medical Readiness In-Garrison Operations Support Requirements



RESPONSE TASK FORCE

UTC	FY20 POM AUTHORIZATION	AFSC	QUANTITY	UMD AUTHORIZED/ ASSIGNED BY SKILL TYPE	CMRP CAT I/II COMPLETED TRAINING
FFRN1	0	043E3G	1	0	0%
		043E3G	1	0	0%
FFRN2	0	4B051	3	5 Auth/5 Assigned	0%
		4B071	1	2 Auth/2 Assigned	0%
	0	043E3G	1	0	0%
		043E3G	1	0	0%



2 BW Medical Readiness In-Garrison Operations Support Requirements



FIGHT THE BASE						
UTC	FY20 POM AUTHORIZATION	AFSC	QUANTITY	UMD AUTHORIZED/ ASSIGNED BY SKILL TYPE	CMRP CAT I/II COMPLETED TRAINING	
FFDAB	3	048R3	1	3 Auth/3 Assigned	100%/90%	
	33 (4N031,51,71)	4N071	1	10 Auth/11 Assigned	4%/0%	
		4N051	1	23 Auth/25 Assigned	4%/0%	
FFPM1	2	43E3A	1	2 Auth/2 Assigned	NA/0%	
	2	043H3	1	2 Auth/1 Assigned	NA/78%	
	1	4N071C	1	1 Auth/0 Assigned	4%/0%	
	1	048A3	1	1 Auth/1Assigned	50%/NA	
FFPM3	12 (4E031,51,71)	4E051	1	4 Auth/6 Assigned	NA/46%	
	9 (4B031, 51, 71)	4B051	2	5 Auth/5 Assigned	NA/0%	
FFGLB	2 (4J072)	4J052	1	0	100%/NA	
	12 (4P031,51,71)	4P051	1	5 Auth/5 Assigned	99%/NA	
	7	42G3	1	8 Auth/6 Assigned	88%/100%	
	33 (4N031,51,71)	4N071	2	10 Auth/11 Assigned	4%/0%	
	31 (4Y031, 51, 71)	4Y051	5	18 Auth/21 Assigned	98%/100%	
	2 (4V031,51,71)	4V051	1	1 Auth/1Assigned	100%	
	9 (4A131,51,71)	4A151	1	4 Auth/4 Assigned	NA/100%	36
	23 (4A031,51,71)	4A051	5	12 Auth/12 Assigned	100%/0%	



2 BW Medical Readiness In-Garrison Operations Support Requirements



BOMBER TASK FORCE (BTF)

UTC	FY20 POM AUTHORIZATION	AFSC	QUANTITY	UMD AUTHORIZED/ ASSIGNED BY SKILL TYPE	CMRP CAT I/II COMPLETED TRAINING
FFDAB	3	048R3	1	3 Auth/3 Assigned	100%/90%
	33 (4N031,51,71)	4N071	1	10 Auth/11 Assigned	4%/0%
		4N051	1	23 Auth/25 Assigned	4%/0%
FFPM1	2	43E3A	1	2 Auth/2 Assigned	NA/0%
	2	043H3	1	2 Auth/1 Assigned	NA/78%
	1	4N071C	1	1 Auth/0 Assigned	4%/0%
	1	048A3	1	1 Auth/1 Assigned	50%/NA
FFPM3	12 (4E031,51,71)	4E051	1	4 Auth/6 Assigned	NA/46%
	9 (4B031, 51, 71)	4B051	2	5 Auth/5 Assigned	NA/0%
FFGLB	2 (4J072)	4J052	1	0	100%/NA
	12 (4P031,51,71)	4P051	1	5 Auth/5 Assigned	99%/NA
	7	42G3	1	8 Auth/6 Assigned	88%/100%
	33 (4N031,51,71)	4N071	2	10 Auth/11 Assigned	4%/0%
	31 (4Y031, 51, 71)	4Y051	5	18 Auth/21 Assigned	98%/100%
	2 (4V031,51,71)	4V051	1	0	100%
	9 (4A131,51,71)	4A151	1	4 Auth/4 Assigned	NA/100%
	23 (4A031, 51, 71)	4A051	5	12 Auth/12 Assigned	100%/0%



Manpower Models



Proposed AD Troop Clinic Model



- This only reviews current MDOS, MDSS, and MDG Staff functions.
- We have no concerns on the proposed AMDS & DS staffing models, so they are not addressed.



Initial Cuts Not Addressed



Action	FAC ID	FAC	AFSC ID	Delta
Not addressed	529C00	Chiropractic	043b3a	-1
Not addressed	529C00	Chiropractic	4n1x1c	-1
Not addressed	5310	Flight and Missile Medicine	048r3	-1
Not addressed	51S0DS	Medical Squadron Command - Dental	047G3X	-1
Not addressed	51S0SS	Medical Squadron Command - Medical Support Squadron	4a0x1	-1
Not addressed	5514	Radiology	4r0x1b	-1
Not addressed	5730	Residents	047g1c	-5
Not addressed	511D00	Utilization Management	046n3	-1
Not addressed	5255	Womens Health	046n3	-1
Not addressed	5255	Womens Health	4n0x1	-1



Assumptions



- **Centralized support of:**
 - Coding and Auditing
 - Medical Appointing
- **Below services maintained with current model & level of support:**
 - Facilities
 - Housekeeping



Assigned/Authorized



Unit	Baseline Total	Modeled Total	2 MDG Proposed Total	Gap
AMDS	68	62	69	-7
MDG	24	13	21	-3
MDOS	95	42	70	-28
MDSS	113	44	70	-26
DS	70	65	70	-5
Grand Total	370	226	300	-69

Key points:

- Agree to 71 of the initial cuts identified
- Delta of 69 positions required for readiness requirements and mission capability



MDG Staff Proposed Model



MDG Staff Required



BL: Below are the MDG Staff FAC's being cut that are necessary to meet the 2BW/CC mission requirements

FAC	Officer	Enlisted	Civilian	Contractor	Gap
Group Practice Management	1*	0	0	0	-1
Exceptional Family Member Program	0	0	1	1	-2
Grand Total	1	1	0	1	-3

Key Points:

- *GPM can be either AD or converted to GS/Ctr.
- EFMP capability required for AD PCS'ing and proper placement



Justification



1. GROUP PRACTICE MANAGEMENT:

FAC	Officer	Enlisted	Civilian	Contractor	Gap
Group Practice Management	1	0	0	0	-1
041a3	1	0	0	0	-1
Grand Total	1 *	0	0	0	-1

This position is responsible for MTF business development and execution. GPMs develop access improvement strategies, manage clinical operations through demand management forecasting, develop utilization access protocols and coordinate with healthcare Integrators for appropriate provider empanelment. Active duty authorization should be sustained to support in-garrison and deployed population health strategy, planning and programming policy processes.

*GPM can be either AD or converted to CC/CTP



Mission Risk



1. GROUP PRACTICE MANAGEMENT:

- If not filled with an AD Officer or Civilian equivalent, the position will be filled by the MTF SGA in addition to their role as the MTF Chief Operating Officer (COO).
- Degradation in population health and demand management forecasting will limit flexibility to support 2 BW on-demand readiness requirements (i.e. accommodating PDF lines, etc).
- Provider empanelment and template mismanagement/misalignment will increase facility cancellations and FMC/PMC rates.



Justification



2. EFMP:

FAC	Officer	Enlisted	Civilian	Contractor	Gap
Exceptional Family Member Program	0	0	1	1	-2
042s3	0	1	0	1	-2
Grand Total	0	0	1	1	-2

- Requirement would be 2FTEs (SNC-ctr, FMRCC). These positions should be CIV or CTR to allow continuity of the program. However FMRCC position could be filled by enlisted personnel (ideally 4A) instead, as is the current model.
- Oversee 600+ families in EFMP-M program
- Maintain accurate picture of true access to specialty services in the region, which in the Barksdale region is NOT reflected on Humana reports
- Increased administrative burden in facilities without full scope specialties with new tri-service FTMS program



Mission Risk



2. EFMP:

- This population will likely increase with the additional AD manpower at Barksdale AFB, which is proposed to be 300-400 additional AD with associated family members (1.15 FM per member per AFMOA model). Becoming a troop only clinic does not rid BAFB of this service/requirement but will increase the administrative burden on both families and the program office.
- Current business rules require first note from referral be tracked and accessioned, thereby creating additional burden on families and EFMP office to obtain off-base clinical notes to assist with determining enrollment and assist with medical clearance.
- Decreasing manpower to EFMP office creates a significant risk to employability and retention rates. Eliminating the position/s increases reliance on HUMANA data thereby potentially increasing humanitarian reassignment applications for care not accessible in network.



MDOS Model



MDOS Staff Required



BL: Below are the MDOS FAC's being cut/reduced that are necessary to meet the 2BW/CC mission requirements

FAC	Officer	Enlisted	Civilian	Contractor	Gap
1. Family Health	7	9	4	2	-7
2. Physical Therapy	1	2	0	3	-6
3. Women's Health	1	0	1	1	-3
4. Ambulance Service	0	6	0	0	-6
4. Ambulance Paramedics	0	7	0	0	-7
5. Chiropractic	0	0	0	2	-2
Grand Total	9	24	5	8	-31



MDOS Staff Required



FAC	Officer	Enlisted	Civilian	Contractor	Gap
1. Family Health	9	9	4	2	-10
042g3	3	0	0	0	-2
044f3	2	0	0	0	0
046n3	3*	0	1	0	-2
046y3h	1	0	0	0	0
4a0x1	0	1	1	0	-1
4n0x1	0	8*	2	2	-4
Grand Total	9	9	4	2	-10

* Has potential to convert some to civilian FTEs (see next slide)



Justification



1. FAMILY HEALTH:

- Non-Fly/PRAP AD population approx. 3,550
- 6 empaneled provider teams (2 - 44Fs, 3 42G3s – 1 46NY3, 3 - 46Ns, 12 - 4Ns, 2 - 4As)
- 6 of 12 4Ns and 1 of 3 Nurses need to be *AD* to support BW readiness mission – exercises, PDF lines, etc...all hours and days

Need adequate staffing to support deployments, TDYs, CMRP training, maternity/paternity leave, Wing and MAJCOM taskings. Predominantly AD staff offer the most flexibility to meet BW Readiness support requirements. Also, PAs are the most logical fit to staff the two additional provider slots as the AF has a robust pipeline. They are also the most versatile AFSC for this model. Although not optimal, we CAN accept two of the provider positions being contract/civilian.

AD Demand is *70 visits per day*, would increase to approximately *77 visits per day* if WH care is absorbed by PCM. In addition to the 70+ face-face encounters, providers are responsible for approximately 70 telephone consults per day, over 3500 MHA and PHAs, 330 RILO/MEBs annually, as well as over 300 overseas clearances and EFMP reviews per year.

These functions add a significant administrative burden beyond patient care. While AD care entails a lower acuity than dependents and retirees, the administrative burden is far greater. For this reason, the *ideal empanelment to meet mission requirements is 600 per provider*. This allows for optimum mission support and allows for coverage during deployments, TDYs, extended leaves (maternity) and CMRP training.



Justification



1. FAMILY HEALTH:

- **New CMRP Readiness Skills Requirements for Non-PRAP/Fly Primary Care were recently released**

AFSC	Title	Assigned	Hours per Yr/Person	Total Hours	Days Out of Clinic per Yr/Person	Total Days Out of Clinic per Specialty
44F	Family Physician	2	64	128	8	16
46Y	Priviledged Advanced Practice Nurse	1	24	24	3	3
42G	Physician Assistant	3	144	432	18	54
46N	Clinical Nurse	1	104	104	13	13
4N0	Aerospace Medical Technician	6	104	624	78	468

Total number of CMRP hours out of clinic per year: 1312

This is why we will decrement for CMRP requirements in empanelments.



Mission Risk



1. FAMILY HEALTH:

- If staffed with only 4 provider teams, realistically most weeks would have 2-3 providers in house as there would nearly always be at least 1-2 out with CMRP requirements, deployments, TDY, leave, etc...add to that empanelments would be > 800 per provider, and in reality, each provider would be trying to keep up with 1.5-2 empanelments.
- IMR would be nearly impossible to maintain at 95% as access would likely not meet BW needs.
- RILOS, MEBs and MHA/PHAs would be difficult to accomplish in timely manner – delays would likely drive IMR down significantly.



MDOS Staff Required



FAC	Officer	Enlisted	Civilian	Contractor	Gap
2. Physical Therapy	1	2	0	3	-3
042b3	1	0	0	1	-1
4j0x2	0	2	0	2	-2
Grand Total	1	2	0	3	-3



Justification



2. PHYSICAL THERAPY:

- Currently, PT demand is over 6.8K AD visits/yr

Physical Therapist Encounters in 2018	Physical Therapy Tech Encounters in 2018	Leaked PT Referrals in 2018	*Total AD PT Visits in 2018
1241	4665	898	6804

*We have no data on how many visits AD patients had from referrals, therefore, the true number of visits is significantly higher.

- With two PT teams, we would be able to meet the current demand of over 6.8K AD encounters per year.
- With *one AD team and one CTR team* (total 2 PTs, 4 PTAs):
 - Can meet 100% AD demand – faster return to msn, less time away from work
 - AD team outreach, site visits (all units), increased group PT sessions – more msn-focused. By getting out to the units and conducting work demand assessments, the PT team would not only be able to educate members at the work site and effectively prevent injury, they would also be better equipped to provide treatment that can get the AD members back to full function more effectively and efficiently.
- Operational Support Team (OST) not a viable solution
 - Roving team – one unit at time with focus primarily on the “heavy lifting” units
 - Designed for work site evals/ergonomics and education – NOT treatment
 - Would need some facilities/service to perform some minimal clinic functions (approx. 10% of time)
 - Reliance on OST will still require that vast majority of PT patients get care in town by therapists who don’t understand mission requirements, occupational demands and risks factors.



Mission Risk



2. PHYSICAL THERAPY:

- **Significant delays in returning members to full duty status/WWQ. The MDG is located within 1 mile of 90% of the BW work centers. Having the service in close proximity minimizes missed work.**
- **Off base providers don't have an understanding of mission requirements or job demands.**
- **Leaked PT visits involve an additional visit to the PCM for a 469/profile change**
- **Feedback and correspondence from outside providers is often not timely. Members with ailments that limit deployability are likely to stay down longer, which will negatively impact BW IMR.**



MDOS Staff Required



FAC	Officer	Enlisted	Civilian	Contractor	Gap
3. Women's Health	1	0	1	1	-3
046n3	0	0	0	1	-1
046y3a	1	0	0	0	-1
4n0x1	0	0	1	0	-1
Grand Total	1	0	1	1	-3



Justification



3. WOMEN'S HEALTH:

- Makes up 20% AD population & 1.4K AD visits/yr
- Critical to mission readiness
 - 120 enrolled in dysplasia program (11% of AD female population)
- Timely
 - Network access
 - Delays in getting pts seen/treated/reports back to MTF would delay readiness
 - Referral: 30-60 days
- Especially critical if only bare minimum Primary Care providers. Primary Care has difficulty finding time to perform biopsies, vasectomies, etc...adding colposcopy and dysplasia clinic duties would require longer appointments (at least 30 minutes), thus increasing backlog on access for other appointments.



Barksdale
Dysplasia Program



Mission Risk



3. WOMEN'S HEALTH:

- Slower return to duty rates
 - 72 hour window for TRICARE to approve
 - 2-4 weeks for patient to be seen
- Patient not cleared until results received
 - Out of 8 charts queried, only 2 of the 8 results were received
 - This leads to months of chasing down appropriate information to clear patients
 - Adding/editing profiles (i.e. 469s) will remain the responsibility of PCM; the patient will need a f/u encounter to update their profile after results are received/reviewed
- Improper deployment clearance lapses
 - Leads to gaps in patient care because of missed follow-up while deployed
 - 13% of women who do not have appropriate follow-up are likely to develop cervical cancer within 22 months (Feldman, et al., 2019)
 - Patients develop a preventable cancer



Barksdale
Dysplasia Program



MDOS Staff Required



FAC	Officer	Enlisted	Civilian	Contractor	Gap
4. Ambulance Paramedics	0	7	0	0	-7
4n0x1	0	7	0	0	-7
4. Ambulance Service	0	6	0	0	-6
4n0x1	0	6	0	0	-6
Grand Total	0	13	0	0	-13



Justification



4. AMBULANCE SERVICES:

- 22,000 acre installation
- Total Ambulance responses 2018:
 - ALS 134 (131 by MDG crew)
 - BLS 217 (214 by MDG crew).
- Of the calls from the EAST SIDE in 2018, 27 were ALS and 35 were BLS.
- DoD response time requirements according to DoDI 6055.06 Table E3.T1:
 - ACLS and BLS transport - 12 minutes
 - BLS (non-transport) - 7 minutes
 - Average response time for off-base services has been 20 minutes. Best case 15 minutes
- Barksdale FES trained to perform BLS response only (no transport), and have difficulty providing response due to average of 32% manning shortage.

2017

2018

	Month	Total Calls	East Side		Main Base		Other	Total ALS	Total BLS
			ALS	BLS	ALS	BLS			
1	January	33	1	3	18	11	0	19	14
2	February	20	1	3	9	7	0	10	19
3	March	21	2	2	6	11	0	8	13
4	April	26	1	8	6	10	1	7	18
5	May	32	7	3	9	12	0	16	15
6	June	26	3	3	6	13	0	9	16
7	July	41	4	1	19	15	2	23	16
8	August	30	2	2	6	19	1	8	21
9	September	37	1	6	13	15	1	14	21
10	October	18	3	1	3	11	0	6	12
11	November	23	1	0	6	13	1	7	13
12	December	31	1	3	12	15	0	13	18

Total # of calls 338
Total # East Side calls 62

	Month	Total Calls	East Side		Main Base		Other	Total ALS	Total BLS
			ALS	BLS	ALS	BLS			
1	January	18	0	5	2	9	2	2	14
2	February	15	2	2	5	4	2	7	6
3	March	36	4	5	19	13	5	23	18
4	April	22	2	3	7	9	1	9	12
5	May	20	2	1	5	10	2	7	11
6	June	26	5	1	4	9	7	9	8
7	July	19	0	2	0	16	1	0	18
8	August	27	1	4	7	11	4	8	15
9	September	25	0	3	5	17	0	5	20
10	October	30	2	5	5	16	2	7	21
11	November	21	0	4	6	10	1	6	14
12	December	25	1	2	5	17	0	6	19
Total # of calls		284							
Total # East Side calls		56							



Mission Risk



4. AMBULANCE SERVICES:

- For most ALS medical emergencies, time is of the essence. The extended time it takes off base agencies to respond would put an average of 45% patients at risk for serious injury, permanent illness or death. Barksdale AFB is spread out to 22 thousand acres of land with lakes and hunting areas. It can take 30 to 40 minutes for base agencies to respond to these locations. There were 27 ALS calls from the East Side in 2018.
- Contracted services ON BASE would be required to meet response times.

Warrior Center, FPCON increases, Nuclear Alert:

- Increased FPCON levels would cause a delay for off-base agencies to access the base. In order for civilian off base to access secure areas they would need a Security Forces escort.
- During discussion in regards to the current MOUs with off base agencies, SFS indicated civilian ambulance response teams would not be able to access the APPA or MSA (for security purposes, thus the patient would need to be transported outside the area and transferred to the response crew, which causes further delay care.



Safety Risk



4. AMBULANCE SERVICES:

Bossier Parish EMS Medic 3 to East Reservation Housing: 11 minutes

Caveat: The gate closest to the East Reservation Housing is not open 24/7.

**Bossier Parish EMS Medic 3 to East Reservation Housing using alternate/open gate:
25 – 37 minutes depending on route**

**City of Shreveport EMS to East Reservation Housing:
19 – 25 minutes depending on route**

Essentially - this is not a risk the 2 BW Commander wants to take.



MDOS Staff Required



FAC	Officer	Enlisted	Civilian	Contractor	Gap
5. Chiropractic	0	0	0	2	-2
043b3a	0	0	0	1*	-1
4n1x1c	0	0	0	1*	-1
Grand Total	0	0	0	2	-2

* AD, GS, or Ctr. Would suffice



Justification



5. CHIROPRACTIC:

- Approximately AD 2.9K visits/yr or 14 visits/day
- Critical to getting flyers and mission critical support back to work quickly
- Poor B-52 ergonomics causes frequent back pain for the flying community.
- Barksdale has a high population of physically demanding support units such as Aircraft and Vehicle Maintenance, Security Forces (required to wear IBA daily for 12+ hours) and Explosive Ordnance. Chiropractic care prevents many of these patients from declining to the point of needing WWQ and other duty limitations.

NDA 2001 SEC. 702. CHIROPRACTIC HEALTH CARE FOR MEMBERS ON ACTIVE DUTY. (a) PLAN REQUIRED. - (1) Not later than March 31, 2001, the Secretary of Defense shall complete development of a plan to provide chiropractic health care services and benefits, as a *permanent part of the Defense Health Program* (including the TRICARE program), for all members of the uniformed services who are entitled to care under section 1074(a) of title 10, United States Code.



Mission Risk



5. CHIROPRACTIC:

- Increase in duty-limiting and WWQ limiting conditions
- Higher utilization of the Primary Care teams, which will lengthen access waiting times
- Increases the need for Physical Therapy services
- Overall, expect decreased BW mission readiness and lower IMR rates



MDSS Model



MDSS Staff Required



BL: Below are the MDSS FAC's being reduced that are necessary to meet the 2BW/CC mission requirements

FAC	Officer	Enlisted	Civilian	Contractor	Gap
1. Clinical Laboratory	1	6	2	0	-6
2. Medical Logistics	1	8	1	0	-3
3. Outpatient Pharmacy	2	4	2	1	-4
Grand Total	4	18	5	1	-13



MDSS Staff Required



FAC	Officer	Enlisted	Civilian	Contractor	Gap
1. Clinical Laboratory	1	4	1	0	-3
043t3a	1	0	0	0	0
4t0x1	0	4	1	0	-3
Grand Total	1	4	1	0	-3



Justification



1. CLINICAL LABORATORY

Clinical Laboratory Requirements:

- Phlebotomy Services
- Routine (same day) and ASAP (2 hr TAT) testing capabilities for:
 - Hematology (H&H, CBC w/differential)
 - Chemistry (Lytes, BMP, CMP, Hepatic Panel, Lipid Panel, Renal Panel, quant hCG)
 - Urinalysis (macroscopic UA/microscopic UA, KOH/Wet Preps, Qual hCG)
 - Other miscellaneous tests such as rapid strep, rapid flu, mono
- Processing/Shipping services for tests not performed in-house

Additional Local Operational Requirements:

Home Station Medical Response (JBAIDS/NGDS 866I assemblage) – Lab HSMR team provides rapid bio warfare detection capabilities to support the installation commander in making timely force protection and operational decisions. The 2 mbr team must have completed the formal training course.

After Hours Sample Collection - At least one enlisted member is on call after hours and on weekends to support legal sample collection (OSI, SF, CC-directed, DDRP) and aircraft/ground mishap medical/legal investigations.



Justification Continued



To meet requirements, Barksdale Lab will need:

- **1 Medical Director**
 - Currently, the Medical Director role is fulfilled by the local VA through MOA. Services can also be provided by military pathologist or purchased through local contract
- **1 Lab Officer or certified MLS (C or K) that meets Technical Supervisor/Clinical Consultant qualifications**
- **1 AD enlisted (7/5 level) or certified MLT (C or K) that meets General Supervisor qualifications.**
- **4 additional Testing Personnel (enlisted 5/3 level) or certified MLT (C or K).**
- **Based on the assumptions below, we estimate 4 additional technicians are needed. Likewise, the current Clinical Laboratory 551200 Air Force Manpower Standard can be applied to determine number and skill level of additional personnel needed.**

Assumptions:

Reports are not available to distinguish between AD and non-active duty testing performed. Total FY 18 Lab tests = 154,687. Based on 38% AD empanelment, we estimated that 38% our current workload is in support of our AD population which is approximately 58,781 annual tests. Within AFGSC, Malmstrom AFB's FY18 annual workload was 58,402 tests. Malmstrom AFB currently earns 1 lab officer (43T) and 5 technician positions (4T).

Recommendation: Based on clinical, operational and personnel requirements we recommend 1 lab officer or Civ MLS, 1 AD 7-level, 3 AD 3-5 skill level and 1 Civ MLT.



Other Considerations for Clinical Laboratory Manpower



- While on-call/afterhours/extended hours support and HSMR duties can be provided by GS or contract, these roles are better filled by AD. Additionally, HSMR trained AD can fill Biological Augmentation Team (FFBAT) UTC taskings.
- Lab performs sample collection, in-house and referral testing ordered by off-base providers for TRICARE eligible beneficiaries. Before discontinuing this service for non-AD patients, more data analysis is needed to determine number of tests performed for this population and whether this service is more cost effective performed by the MTF than the network.



Mission Risk



- Laboratory would be limited to draw/ship capabilities with TATs ranging from 48 hrs to 14 days. TATs vary based on tests ordered and performing laboratory.
- Providers not able to treat high acuity patients w/out basic routine and ASAP hematology, chemistry, and urinalysis in-house testing capabilities
- Longer TATs may lead to increased open encounters, delayed return to duty determinations, etc.
- Does not specify qualifications of personnel (MLS vs. MLT vs. Phlebotomist) therefore unable to determine what testing, if any (high complexity, moderate complexity, waived) could be performed.
- Unable to fulfill additional local requirements (HSMR, legal collections, air/ground mishaps)
- STAT/ASAP/Routine testing capabilities for in-house testing requirements may be available by the contracted civilian reference laboratory through a subcontracted laboratory. TATs would vary from 6 to 24 hours. The subcontracted laboratory's computer information system is not interfaced with Barksdale and would require manual order and entry into the EHR, therefore, purchasing these services indirectly from the subcontracted laboratory is not a viable option.
- For Routine testing, LabCorp's closest regional lab is located in Birmingham, AL. TATs would vary from 48 hrs to 14 days. Average monthly Routine TAT for LabCorp in CY 18 was 3.2 days.



MDSS Staff Required



FAC	Officer	Enlisted	Civilian	Contractor	Gap
2. Medical Logistics	1	8	1	0	-3
041a3	1	0	0	0	0
4a1x1	0	6	1	0	-2
4a2x1	0	2	0	0	-1
Grand Total	1	8	1	0	-3



Justification



- Supports Fight the Base & Response Task Force by purchasing & delivering \$11M supplies annually/ \$162K in new technology. Sustainment of \$8.4M in medical equipment for patient care
- Enduring Operations – IFAK Support to LRS & 47 B-52 aircraft, Medical Logistics UTC support with Personnel/Equipment for Humanitarian & Deployments. Maintain Home Station Response Emergency medical support packages

Medical Logistics Requirements:

- Clinical Support
 - Maintains daily support to the Clinic through:
 - Purchasing/processing/delivering \$36K daily supply demands for MTF
 - Maintain \$66M Medical Campus through the use of AF supported Contract/Civil Service personnel executing \$635K in non-medical supplies/funds
 - Handle 1.5K Medical Equipment in accordance with Healthcare compliance agencies
 - Support approx. 25% MTF manning through 73 FTE's averaging \$6M in MDG funds

Additional Local Operational Requirements:

- Supporting Pharmacy \$8M Operations by providing Forward Logistics outside of our Medical Support Service Delivery Model in support of access to care initiatives
- Insure Line side agencies are coordinating appropriate documentation and approval for purchase of any medical assets for PAD program and First Aid



Justification Continued



To meet requirements, Barksdale Logistics will need:

- 1 Accountable Base Medical Supply Officer
- 1 Facility Manager - Civil Service or Equivalent. 1 Facility Assistant & 1 Wage Grade employee's for facility assistance and project costs
- 1 Service Contract Liaison - Civil Service or Equivalent for ensuring continuity and compliance with contracted patient support
- 1 AD enlisted (7 level) for management of daily ops; 3 AD enlisted (5/3 Level) Inventory Management, 1 AD enlisted (7/5 level) Contingency Medical prgm; 3 AD enlisted (5/3 level) Customer Service/Acquisition Management, 1 AD enlisted (7/5) Equipment Management, 1 AD (5/3) equipment repair technicians

Based on the assumptions below, we estimate all bodies are currently needed to run daily based off Medical Logistics/Biomedical equipment Manpower Standards

Assumptions:

Footprint of actual MDG assets will not change drastically. Amount of support and time for tasks will balance out with current manning. Amount of MTF square footage will have to be maintained to all current standards. War Reserve and Home Station Medical Response assets may increase support of more line duties & deployments or imbedded troop clinics with units.

Recommendation:

Maintain current number of personnel to maintain safe level of supply-line in-garrison and deployed support (1 Base Medical Supply Officer, 2 GS Civilians, 2 AD 7-level, 6 4A1 3-5 level, and 2 AD 4A2 3-7 skill level).



Other Considerations for Logistics Manpower



- **High-operations and volume within the Satellite and Main Pharmacy requires forward logistics operations to perform duties as supply custodian and forward logistics tech, encompassing a full-day of work.**
- **Logistics Biomedical Equipment Repair department performs inspection, preventive maintenance and calibration of all medical equipment assets, ensuring equipment functionality within manufacture specification. Removal of manpower from this section will inherently delay medical equipment repairs, both scheduled and unscheduled maintenance, resulting in a patient safety risk. In addition, administrative support management will quickly deteriorate resulting in a potential failure in The Joint Commission, Unit Effectiveness, Ground Safety, and Nuclear Surety Inspections.**



Mission Risk



- **Medical Logistics would eliminate the ability to provide Forward Logistics to Satellite Pharmacy and Family Health Clinic, providing valuable service of over 20+ hrs per week being given back to clinical personnel to see patients.**
- **Execution of medical orders and delivery will see massive delays, creating potential loss of care or inability to provide medical service to our enrollees.**
- **Loss in manpower support will result in delay in resolving all items placed on recall via ECRI system. Delay in addressing all recalls could result in a possible uptake in patient mishap.**
- **Potential delay in GPC document control and reconciliation may result in GPC program audit failure or procurement mishap.**
- **Elimination of equipment management personnel may lead to delayed equipment procurement and impact access.**



MDSS Staff Required



FAC	Officer	Enlisted	Civilian	Contractor	Gap
3. Outpatient Pharmacy	2	4	2	1	-4
043p3	2	0	0	1	-1
4p0x1	0	4	2	0	-3
Grand Total	2	4	2	1	-4



Justification



3. OUTPATIENT PHARMACY:

- **Critical to Readiness Mission**
 - **HSMR**
 - **Supports 2 BW IEMP and 2 MDG DCP**
 - **Fight the Base**

Per our current guidance, AFI 44-102 para 8.4.4:

“Pharmacies may not curtail or withdraw civilian prescription service, nor restrict formulary drugs to any beneficiary class, regardless of the source of the prescription. NOTE: Limiting drug availability to specific patients is acceptable when the limitations are based on clinical considerations, such as efficacy and/or potential toxicity. Such limitations shall be accomplished using published disease management guidelines, or those developed cooperatively between members of the medical staff and the pharmacy.”



AD Prescriptions Filled per Year



Report By Fiscal Year					
Year (FY Dispensed)	Service Category (Claim)	Site MTF	Ben Group	# RX	# of Utilizers
2017	MTF	BARKSDALE	Active Duty Sponsor	27,198	4,797
2018	MTF	BARKSDALE	Active Duty Sponsor	27,716	4,782
2019	MTF	BARKSDALE	Active Duty Sponsor	17,521	3,690

- The Pharmacy Flight fills 245K total prescriptions per year.
- The Pharmacy Flight fills roughly 27K prescriptions per fiscal year for AD only.
- Therefore, roughly 11% of our workload is for AD only (89% non-AD).

This report was pulled from the DHA Pharmacy Analytics Support Section (PASS) on 12 APR 2019.



Mission Risk



3. OUTPATIENT PHARMACY:

- Loss of AD personnel will reduce readiness posture and result in mission degradation supporting:
 - ESF #8 requirements (i.e.) HSMR
 - DCP
 - Fight the Base
 - Deployment/Re-Deployment Processing



Lost Duty Time



AD Lost Time at Work



BLUF: Significant AD time lost from primary mission of the installation

Clinic/Specialty	Lost Time (Hours per Year)
Women's Health	1.4K
Physical Therapy	6.8K
Chiro	2.9K
Peds	*14.8K
<u>Total</u>	<u>25.9K</u>

*Not AD encounters, but assumes sponsor's time away from primary duty

Methodology: This calculation assumes an average 20 minute drive, for a round-trip time away from work of 40 minutes per visit. This model also assumes both the wait and evaluation time are the same between on-base and off-base care.



AD Lost Time at Work



From Hoban Hall (Flight line) without traffic

Network Physical Therapy

Core Physical Therapy and Performance: 22 min drive

Haughton Physical Therapy: 18 min drive

Massey Physical Therapy : 16 min drive

WK Physical Medicine & Rehab: 17 min drive

Network GYN

Doctors for Women: 16 min drive

Obgyn Associates of Shreveport: 15 min drive

WK OB-GYN Concepts: 15 min drive

WK Pierremont Women's Clinic: 16 min drive



Empanelments



A Rounded Empanelment



- Recommend following the Predictive Analytics enrollment model (AFMS attachment) in determining empanelments amongst PA/NP and physicians.
- Propose rounded empanelment including 10% retirees (all ages) to maintain family practice physician's clinical currency. Due to increased ACG RUB of the physician's population recommend a 5-10% decrement in the overall empanelment numbers to account for not only additional encounters but also increased administrative burden of higher # patients likely undergoing MEB or requiring ARILOs

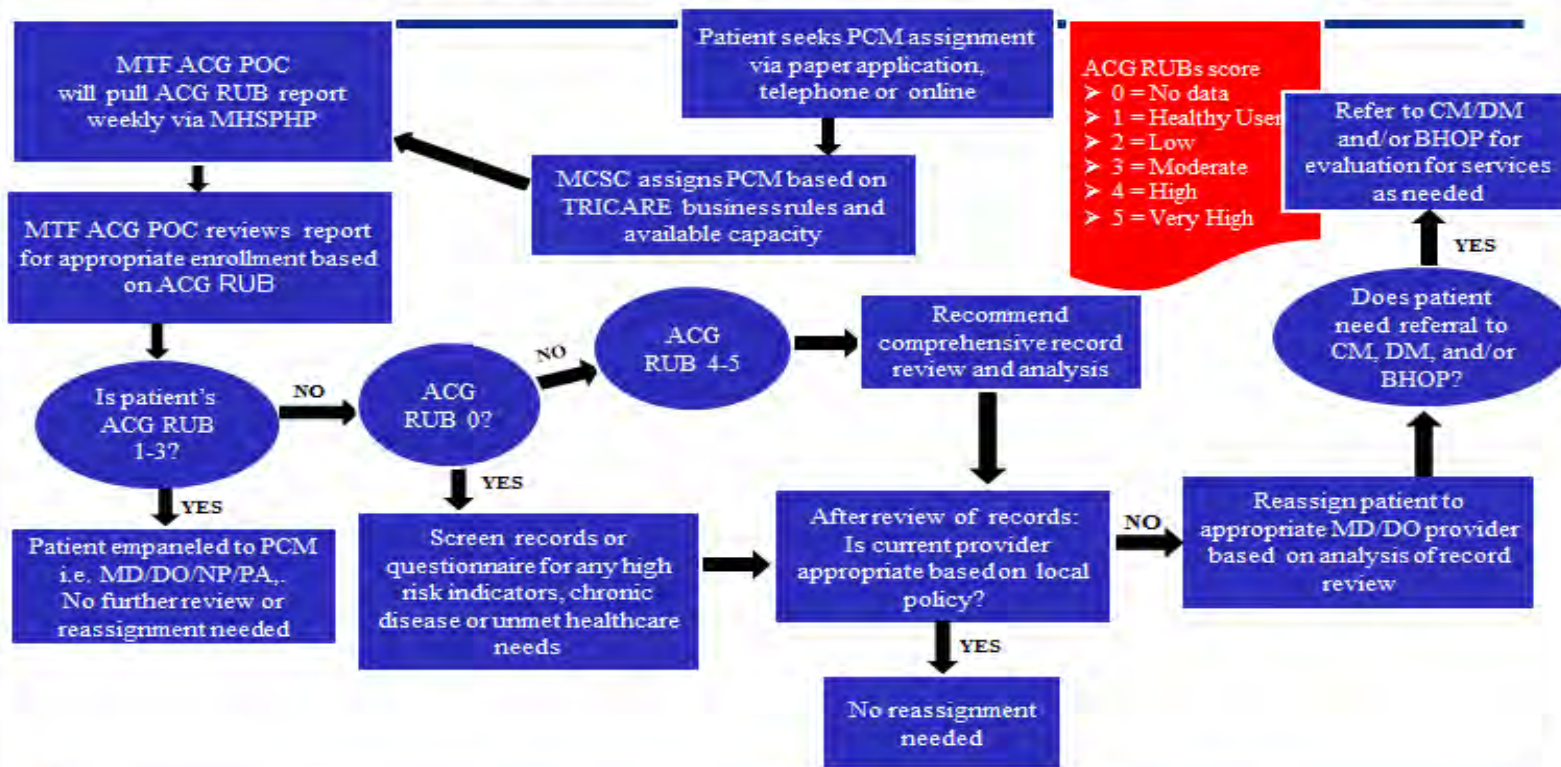


PREDICTIVE
ANALYTICS ENROLLM



Predictive Analysis

Sample Workflow for Patient Enrollment to Provider Utilizing ACG



Coaching and Partnering for Improved Performance



Empanelment Standards



Per DHA-PI 6025.11 9-Oct-18 Appendix A

EMANELMENT STANDARDS PER PRIMARY CARE MANAGER BY SPECIALTY

Primary Care Specialty	Minimum Empanelment	Upper Range Empanelment
Family Medicine and Pediatrics	1,100	1,300
Internal Medicine IBI > 3.0	850	927
Internal Medicine IBI > 2.5 and ≤ 3.0	900	982
Internal Medicine IBI > 2.0 and ≤ 2.5	950	1,036
Internal Medicine IBI ≤ 2.0	1,100	1,200
Operational Medicine (ADSM Clinics)	550	650
Executive Medicine Clinics	500	700



According to these guidelines, ADSM Clinics are empaneled between 550 – 650 patients. We would need to empanel nearly 600 patients per provider to provide care to our 3.5-3.6K AD members.



Empanelments



PCM Team Decrements & Empanelments for a Barksdale TMC

	Initial FTE	Adjustment for Personal Readiness & Admin Related Items	Local MTF Commander Adjustment for CMRP	Adjustment for AD Assigned to a UTC	Adjustment for Pain Champion	Adjustment for Leadership Role	Enrollment Capacity: 3552 - 4884	Empanelment per Provider
Decrement		0.06	0.1	0.1	0.1	0.1		
PCM 1	1	0.94	0.84	0.74			592 ¹ - 814 ²	600
PCM 2	1	0.94	0.84	0.74			592 - 814	600
PCM 3	1	0.94	0.84	0.74			592 - 814	600
PCM 4	1	0.94	0.84	0.74			592 - 814	600
PCM 5 (MTF Pain Champion)	1	0.94	0.84		0.74		592 - 814	600
PCM 6 (Leadership Role)	1	0.94	0.84			0.74	592 - 814	600

¹ Based on 2 MDG model of upper limit of 800 per provider

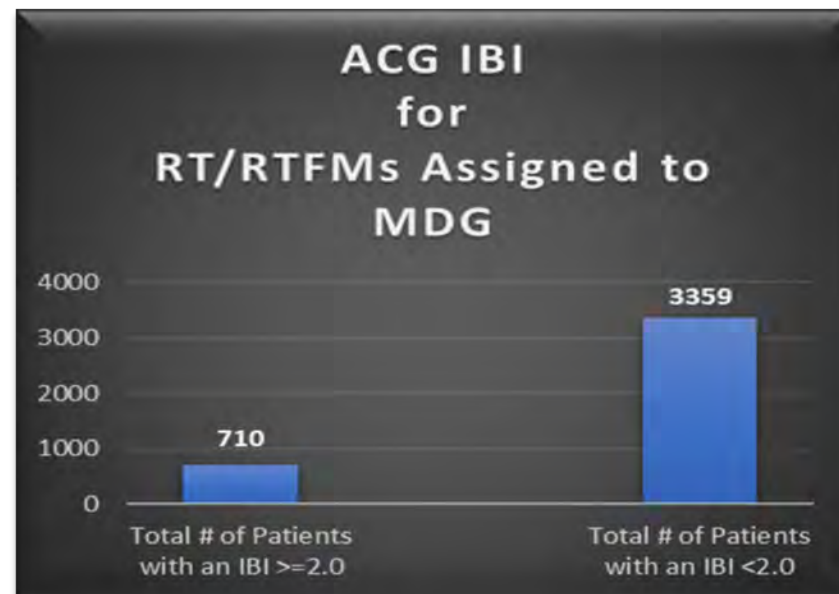
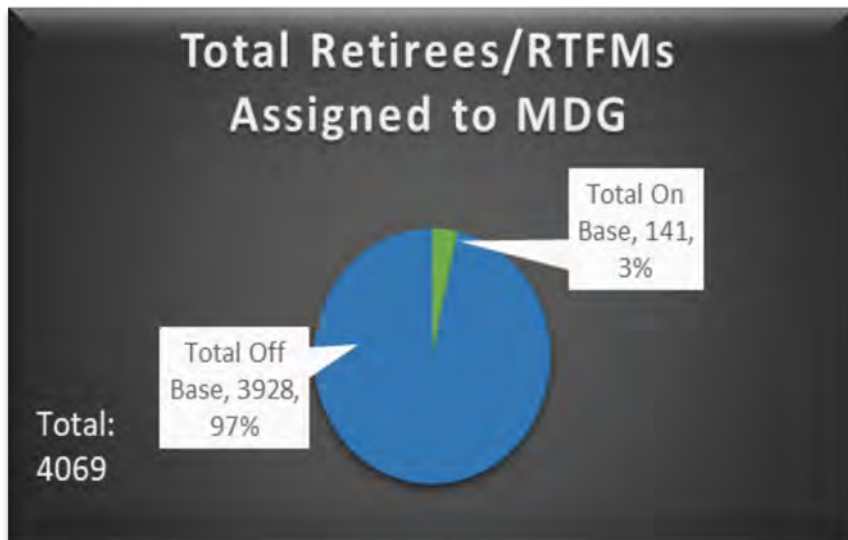
² Based on PCMH model of 1100 per provider



Retiree Demographics & ACG IBI



Retirees Currently Assigned to a PCM at the MDG: 4069



*Note:
3,082 Retirees/RTFMs are assigned to a Network PCM in the local area*

Data Source: MHSPHP on 12 APR 2019



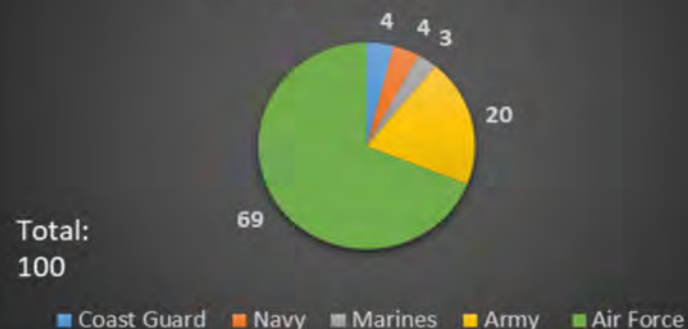
Retirees/RTFMs Living on Base & Currently Enrolled at the MDG: 141



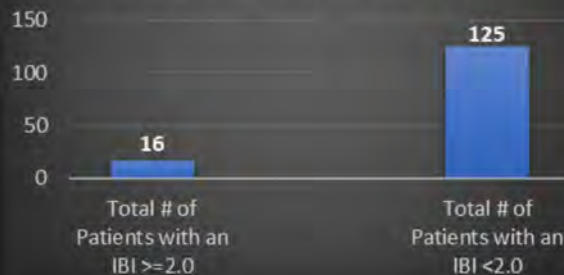
Retirees Living on Base Assigned to MDG



RTFMs Living on Base Assigned to MDG



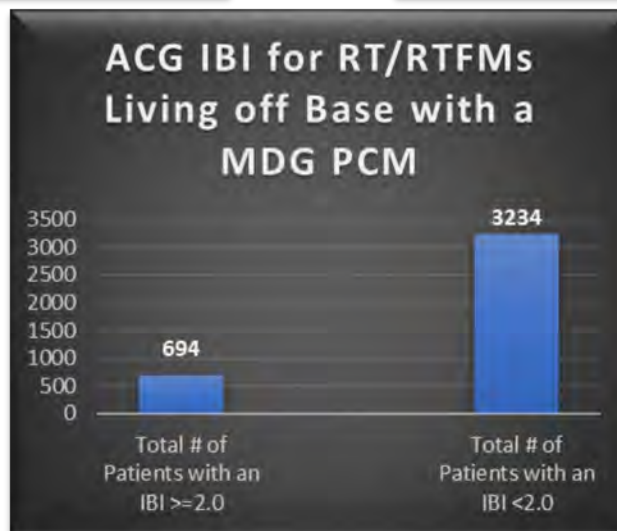
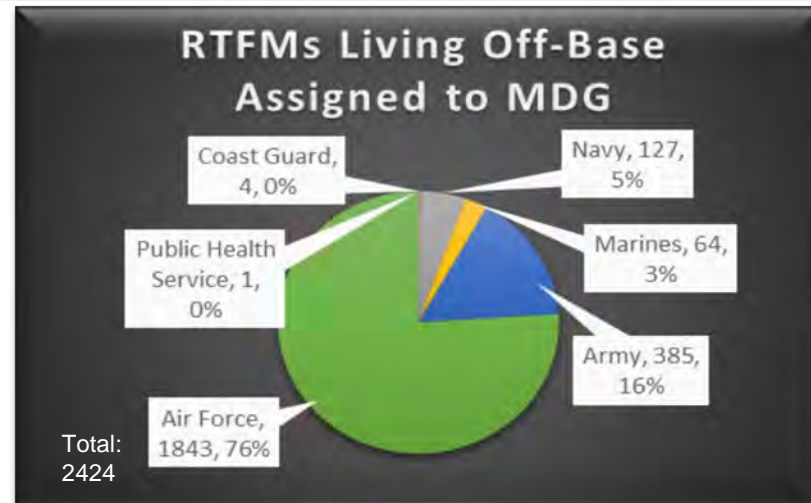
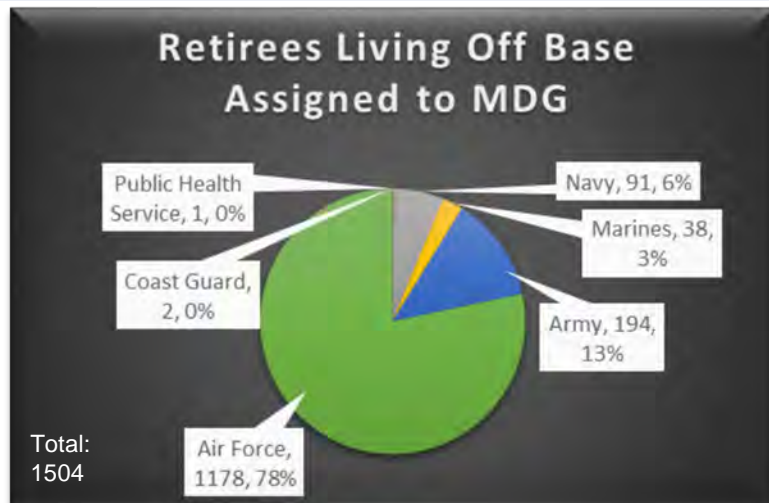
ACG IBI for RT/RTFMs Living on Base with a MDG PCM



Data Source: MHSPHP on 12 APR 2019



Retirees/RTFMs Living off Base & Currently Enrolled at the MDG: 3928



Data Source: MHSPHP on 12 APR 2019



Wrap-Up



- **Product Lines/Personnel we recommend keeping due to mission requirements**

Priority	Product Line	Recommendation	Risk
1.	AD Primary Care	Only reduce by 15 FTEs vs 22 (need 6 full PCM teams)	CMRP, Deployability, AD Access to Care
2.	Physical Therapy	Plus up one team (2 PTs/4 techs total)	Lost man days/readiness, especially in higher physical demand units
3.	Women's Health	Maintain current 3 FTEs	WWQ readiness – deployability (days)
4.	EMS Services	Maintain 13 existing authorizations or guaranteed contract funding	Delayed response times, care for potentially serious emergencies
5.	Chiropractic	Maintain current 2 FTEs	
6.	GPM	Maintain current 1 FTE	Would require SGA to fulfill
7.	EFMP	Maintain current 1 FTE	
8.	Medical Logistics	Only reduce by 3 FTEs vs 8	
9.	Pharmacy	Only reduce by 9 FTEs vs 12	
10.	Laboratory	Only reduce by 1 FTE vs 8	



Questions



Barksdale POCs:

1. MDG/CC – Col Christopher Hudson

- Comm: 318-456-6004
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2. MDG/CCC – CMSgt Lisbeth Farnum

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1. Project Officers:

A. Capt Josh Smart

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B. 2d Lt Lauren Rose

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Part J: MTF Portfolio (Full)

2ND MEDICAL GROUP – BARKSDALE

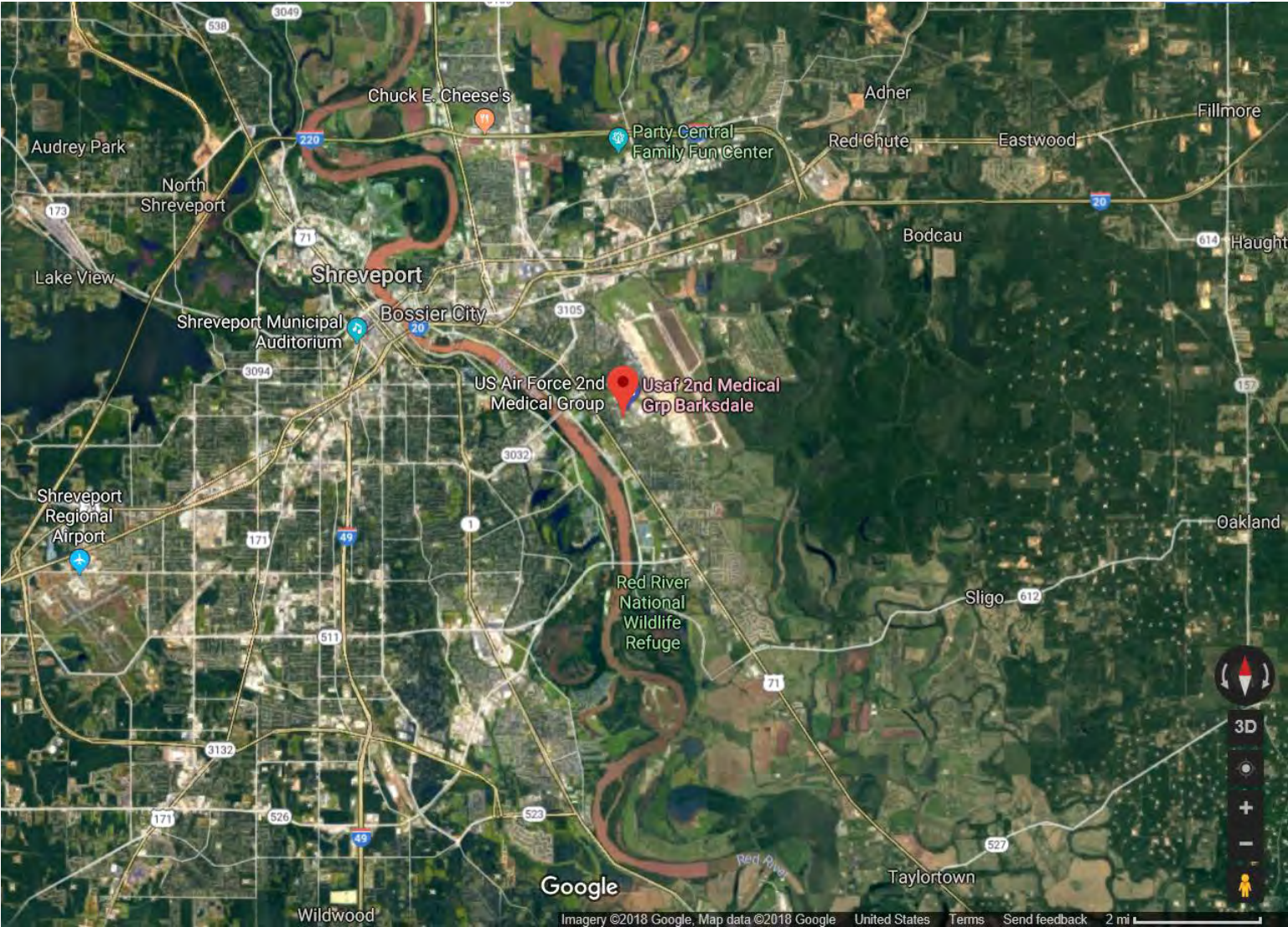


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Barksdale – Overview

❑ # of Buildings and Min/Max Age¹: 3, 23 / 48

❑ Avg # of Encounters per day²:

Tmt DMIS ID	Tmt DMIS ID Name	2014	2015	2016	2017	2018
0062	AF-C-2nd MEDGRP-BARKSDALE	563	479	526	516	497

❑ ER or Immediate Care³: No

¹ Source: DHA / Facilities Management Division

² Source: M2 CAPER, MEPRS B only, ER (BIA) and Immediate Care (BHI) omitted, Monday-Friday only

³ Source: M2 CAPER, ER (BIA) or Immediate Care (BHI) coded

Inpatient Care

Barksdale – Prime/Plus Enrollment Inpatient Care¹

0062 AF-C-2nd MEDGRP-BARKSDALE Prime/Plus Enrollees Treated in Direct Care										
Product Line	Tmt DMIS ID Name	FY 2016			FY 2017			FY 2018		
		DC Disps	DC CMI	DC Cost per RWP ³	DC Disps	DC CMI	DC Cost per RWP ³	DC Disps	DC CMI	DC Cost per RWP ³
MED	AMC BAMC-FSH	1	2.2629	\$ 18,223	2	0.5782	\$ 5,319	1	0.4492	\$ 7,233
	LANDSTUHL REGIONAL MEDCEN	2	0.7097	\$ 13,820				1	2.4907	\$ 11,029
	NH GUAM-AGANA							4	0.6936	\$ 11,623
	WALTER REED NATL MIL MED CNTR							4	1.4259	\$ 21,790
SURG	AMC BAMC-FSH	3	2.8429	\$ 10,448						
OB	AMC BAMC-FSH	2	3.0170	\$ 22,059						
NEWBORN	AMC BAMC-FSH	2	3.0548	\$ 15,873				1	0.1229	\$ 17,474
Total/Overall		13	2.0926	\$ 15,662	6	0.6219	\$ 14,430	15	1.0208	\$ 18,329

0062 AF-C-2nd MEDGRP-BARKSDALE Prime/Plus Enrollees Treated in Purchased Care									
Product Line	FY 2016			FY 2017			FY 2018		
	PC Adms	PC CMI	PC Paid per RWP ²	PC Adms	PC CMI	PC Paid per RWP ²	PC Adms	PC CMI	PC Paid per RWP ²
MED	196	0.7751	\$ 8,368	195	0.7722	\$ 8,275	155	0.8938	\$ 8,337
SURG	183	2.2758	\$ 7,010	186	2.9702	\$ 8,287	139	2.7322	\$ 7,822
OB	370	0.5957	\$ 8,236	316	0.5642	\$ 8,809	313	0.5989	\$ 8,817
NEWBORN	345	0.4833	\$ 7,248	284	0.2704	\$ 8,200	169	0.4519	\$ 7,801
MH	2	0.4739	\$ 7,178	0	0.0000	\$ 0	4	0.9133	\$ 8,060
Total/Overall	1,096	0.8727	\$ 7,550	981	0.9767	\$ 8,375	780	1.0074	\$ 8,149

¹ Source: Direct Care: MDR SIDR (Detail truncated for low volume; Total/Overall includes truncated volume); Purchased Care: MDR TED-Institutional. Prime/Plus enrolled to the Parent Site. Includes "fix" to newborn enrollment information.

² Purchased Care includes 13% increase for overhead burdening.

³ FY16-17 Direct Care costs based on respective FY MEPRS expenses; FY18 based on FY17 costs, adjusted for inflation.

Barksdale – Prime/Plus Enrollment Inpatient Care¹ – AD Only

0062 AF-C-2nd MEDGRP-BARKSDALE Prime/Plus Enrollees Treated in Direct Care - AD ONLY										
Product Line	Tmt DMIS ID Name	FY 2016			FY 2017			FY 2018		
		DC Disps	DC CMI	DC Cost per RWP ³	DC Disps	DC CMI	DC Cost per RWP ³	DC Disps	DC CMI	DC Cost per RWP ³
MED	AMC BAMC-FSH	1	2.2629	\$ 18,223	2	0.5782	\$ 5,319	1	0.4492	\$ 7,233
	LANDSTUHL REGIONAL MEDCEN	2	0.7097	\$ 13,820				1	2.4907	\$ 11,029
	NH GUAM-AGANA							4	0.6936	\$ 11,623
	WALTER REED NATL MIL MED CNTR							4	1.4259	\$ 21,790
SURG	AMC BAMC-FSH	3	2.8429	\$ 10,448						
Total/Overall		8	2.4230	\$ 15,292	4	0.6558	\$ 9,222	11	1.1578	\$ 16,280

0062 AF-C-2nd MEDGRP-BARKSDALE Prime/Plus Enrollees Treated in Purchased Care - AD ONLY									
Product Line	FY 2016			FY 2017			FY 2018		
	PC Adms	PC CMI	PC Paid per RWP ²	PC Adms	PC CMI	PC Paid per RWP ²	PC Adms	PC CMI	PC Paid per RWP ²
MED	28	0.8184	\$ 9,054	25	0.9133	\$ 7,632	30	0.8050	\$ 7,818
SURG	49	2.8943	\$ 6,857	55	2.5334	\$ 7,134	48	2.4423	\$ 7,287
OB	76	0.6386	\$ 8,465	61	0.6348	\$ 8,635	73	0.6073	\$ 9,078
Total/Overall	153	1.3939	\$ 7,459	141	1.4248	\$ 7,480	151	1.2299	\$ 7,784

¹ Source: Direct Care: MDR SIDR (Detail truncated for low volume; Total/Overall includes truncated volume); Purchased Care: MDR TED-Institutional. Prime/Plus enrolled to the Parent Site. Includes "fix" to newborn enrollment information.

² Purchased Care includes 13% increase for overhead burdening.

³ FY16-17 Direct Care costs based on respective FY MEPRS expenses; FY18 based on FY17 costs, adjusted for inflation.

Ambulatory Care

Barksdale – Direct Care Appointments by Appointment Status¹

Appointment Status	0062 - AF-C-2nd MEDGRP-BARKSDALE					
	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total
2 Kept	61,870	37%	63,301	39%	57,065	36%
3 Canceled	20,904	13%	20,267	13%	21,027	13%
4 No Show	4,943	3%	4,675	3%	3,937	2%
5 Walk In	11,034	7%	14,632	9%	14,427	9%
6 Sick Call	6	0%	5	0%		
7 Telcon	66,975	40%	56,042	35%	52,711	33%
8 LWOBS	192	0%	268	0%	251	0%
9 Admin	19	0%	11	0%	3	0%
10 Occ-Svc	130	0%	1,122	1%	8,863	6%
Grand Total	166,073		160,323		158,284	

¹ Source: M2 Appointment, includes MEPRS Codes B**, FBI, and FBN.

Barksdale – Direct Care Appointments by Appointment Type¹

Appt Type Group	0062 - AF-C-2nd MEDGRP-BARKSDALE					
	2016 - # Appts	2016 - % Total	2017 - # Appts	2017 - % Total	2018 - # Appts	2018 - % Total
24HR	16,428	10%	18,426	11%	12,435	8%
ACUTE	1,029	1%	853	1%	1,413	1%
FTR	58,658	35%	57,669	36%	55,328	35%
GRP	1,101	1%	1,242	1%	1,185	1%
PROC	7,061	4%	9,858	6%	8,079	5%
ROUT	2,447	1%	4,015	3%	3,992	3%
SPEC	5,019	3%	3,888	2%	8,093	5%
T-CON*	70,007	42%	59,807	37%	64,192	41%
WELL	4,323	3%	4,565	3%	3,567	2%
Grand Total	166,073		160,323		158,284	

¹ Source: M2 Appointment, includes MEPRS Codes B**, FBI, and FBN.

Barksdale – FY18 Direct Care Ambulatory Encounters¹

PRODUCT LINE	0062 - AF-C-2nd MEDGRP-BARKSDALE			
	Seen	Telcon	Total	% of Total
IMSUB	447	106	553	0.42%
MH	7,883	6,256	14,139	10.81%
OBGYN	2,545	905	3,450	2.64%
OPTOM	3,055	166	3,221	2.46%
ORTHO	8,654	31	8,685	6.64%
OTHER	3,345	0	3,345	2.56%
PC	45,536	51,915	97,451	74.48%
TOTAL	71,465	59,379	130,844	

¹ Source: M2 CAPER, includes MEPRS Codes B**, FBI, and FBN.

Barksdale – Direct Care Ambulatory Surgery¹

This facility did not report any workload coded Same Day Surgery.

¹ Source: M2 CAPER, based on the Same Day Surgery Flag. Based on Parent Tmt DMIS ID.

² Based on the Optum grouping (e.g., CPT codes 20000-29999 are for the Musculoskeletal System). Only the 1st procedural CPT investigated.

Barksdale – FY18 Direct Care Ambulatory Surgery¹

Top 20 Procedure Codes

This facility did not report any workload coded Same Day Surgery.

¹ Source: M2 CAPER, based on the Same Day Surgery Flag. Based on Parent Tmt DMIS ID. Only Procedure 1 analyzed. Prov Agg Total RVU is for the entire encounter.

Barksdale – Ambulatory Workload and Cost¹

DC = work performed in the MTF; PC = work performed by a provider within the site's PRISM (parent)

	Product Line	Encounters/Services		Average RVU		Cost/Paid per RVU	
		DC	PC	DC	PC	DC	PC ²
		Encounters	Services	RVU / Encounters	RVU / Services	Full Cost / RVU	Amount Paid / RVU
FY 2018 ³	PC	97,451	199,686	0.92	0.86	\$ 161	\$ 46
	OBGYN	3,450	12,496	2.08	1.91	\$ 149	\$ 52
	MH	14,139	51,998	1.64	1.28	\$ 125	\$ 56
	OTHER	15,804	234,344	2.71	1.23	\$ 45	\$ 50
	TOTAL	130,844	498,524	1.25	1.10	\$ 125	\$ 50
FY 2017 ³	PC	99,286	183,636	1.05	0.77	\$ 154	\$ 48
	OBGYN	2,691	17,954	2.41	1.88	\$ 139	\$ 51
	MH	12,813	41,342	1.63	1.57	\$ 136	\$ 60
	OTHER	20,275	232,920	2.83	1.20	\$ 43	\$ 51
	TOTAL	135,065	475,852	1.40	1.09	\$ 118	\$ 51
FY 2016 ³	PC	106,581	187,455	1.05	0.71	\$ 143	\$ 55
	OBGYN	1,872	17,620	2.60	1.86	\$ 150	\$ 55
	MH	10,696	26,787	1.63	2.16	\$ 135	\$ 56
	OTHER	20,833	239,356	2.96	1.17	\$ 40	\$ 56
	TOTAL	139,982	471,218	1.40	1.07	\$ 110	\$ 56

¹ Source: DC = M2 CAPER; PC = MDR TED Non-Institutional (using "ambulatory" defined by eMSM workgroup; drug costs included; OHI omitted). Includes all beneficiaries. Use caution when making comparisons between DC and PC. Encounters and Services are not comparable. They are provided to give a sense of volume.

² Purchased Care includes 13% increase for overhead burdening.

³ FY16-17 Direct Care costs based on respective FY MEPRS expenses; FY18 based on FY17 costs, adjusted for inflation.

Barksdale – FY18 Direct and Purchased Care Ambulatory Workload by Enrollment Category¹

Work performed by Barksdale (parent)³:

AF-C-2nd MEDGRP-BARKSDALE - FY 2018 DIRECT CARE AMBULATORY WORKLOAD																					
Product Line	Prime-Site			Reliant			Prime-Other			Plus			TFL			Not Enrolled			Total		
	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU
PC	94,296	0.92	\$ 160	489	1.11	\$ 180	1,488	1.17	\$ 173	3	0.98	\$ 166	69	0.35	\$ 174	1,106	0.92	\$ 178	97,451	0.92	\$ 161
OBGYN	3,319	2.10	\$ 149	11	2.97	\$ 139	55	1.18	\$ 141	0	0.00	\$ 0	1	4.04	\$ 140	64	1.52	\$ 152	3,450	2.08	\$ 149
MH	13,463	1.66	\$ 125	176	1.37	\$ 140	335	1.36	\$ 139	0	0.00	\$ 0	0	0.00	\$ 0	165	1.39	\$ 116	14,139	1.64	\$ 125
OTHER	15,044	2.74	\$ 46	110	3.16	\$ 48	277	2.30	\$ 36	1	5.78	\$ 58	55	1.14	\$ 38	317	1.78	\$ 29	15,804	2.71	\$ 45
TOTAL	126,122	1.25	\$ 125	786	1.48	\$ 131	2,155	1.34	\$ 137	4	2.18	\$ 94	125	0.73	\$ 79	1,652	1.15	\$ 125	130,844	1.25	\$ 125

↑
45% MCSC; 11% ACH BAYNE-JONES-POLK

Work performed by a provider within Barksdale’s PRISM (parent)²:

AF-C-2nd MEDGRP-BARKSDALE - FY 2018 PURCHASED CARE AMBULATORY WORKLOAD																					
Product Line	Prime-Site			Reliant			Prime-Other			Plus			TFL			Not Enrolled			Total		
	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU
PC	52,123	1.17	\$ 48	311	1.01	\$ 50	71,950	0.68	\$ 47	2	2.31	\$ 17	6,539	0.86	\$ 49	68,761	0.80	\$ 42	199,686	0.86	\$ 46
OBGYN	6,233	2.23	\$ 53	41	1.29	\$ 57	1,963	1.82	\$ 53	0	0.00	\$ 0	55	1.95	\$ 30	4,204	1.48	\$ 50	12,496	1.91	\$ 52
MH	30,937	1.37	\$ 56	1	1.89	\$ 53	15,188	0.62	\$ 97	0	0.00	\$ 0	80	3.12	\$ 32	5,792	2.47	\$ 32	51,998	1.28	\$ 56
OTHER	154,611	1.20	\$ 51	279	1.82	\$ 56	45,877	1.19	\$ 51	7	1.42	\$ 30	4,531	1.47	\$ 48	29,039	1.42	\$ 42	234,344	1.23	\$ 50
TOTAL	243,904	1.24	\$ 51	632	1.39	\$ 54	134,978	0.86	\$ 53	9	1.62	\$ 26	11,205	1.13	\$ 48	107,796	1.08	\$ 41	498,524	1.10	\$ 50

↑
90% MCSC

¹ Source: DC = M2 CAPER; PC = MDR TED Non-Institutional (using “ambulatory” defined by eMSM workgroup; drug costs included; OHI omitted). Includes all beneficiaries. Use caution when making comparisons between DC and PC. Encounters and Services are not comparable. They are provided to give a sense of volume.

² Purchased Care includes 13% increase for overhead burdening.

³ Direct Care costs based on FY17 MEPRS expenses, adjusted for inflation.

Barksdale – FY17 Direct and Purchased Care Ambulatory Workload by Enrollment Category¹

Work performed by Barksdale (parent)³:

AF-C-2nd MEDGRP-BARKSDALE - FY 2017 DIRECT CARE AMBULATORY WORKLOAD																					
Product Line	Prime-Site			Reliant			Prime-Other			Plus			TFL			Not Enrolled			Total		
	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU	Encs	Avg RVU	Cost/RVU
PC	96,631	1.04	\$ 153	461	1.29	\$ 171	850	1.37	\$ 187	18	1.09	\$ 179	77	0.62	\$ 173	1,249	1.23	\$ 161	99,286	1.05	\$ 154
OBGYN	2,624	2.44	\$ 139	6	3.70	\$ 120	17	0.53	\$ 179	0	0.00	\$ 0	0	0.00	\$ 0	44	1.41	\$ 135	2,691	2.41	\$ 139
MH	11,991	1.64	\$ 136	316	1.62	\$ 136	211	1.32	\$ 136	0	0.00	\$ 0	1	1.34	\$ 125	294	1.45	\$ 134	12,813	1.63	\$ 136
OTHER	19,408	2.86	\$ 43	164	2.70	\$ 43	275	2.47	\$ 41	2	5.77	\$ 59	27	1.54	\$ 54	399	1.90	\$ 30	20,275	2.83	\$ 43
TOTAL	130,654	1.39	\$ 117	947	1.66	\$ 123	1,353	1.58	\$ 134	20	1.56	\$ 135	105	0.86	\$ 118	1,986	1.40	\$ 121	135,065	1.40	\$ 118

↑
39% MCSC; 18% ACH BAYNE-JONES-POLK

Work performed by a provider within Barksdale’s PRISM (parent)²:

AF-C-2nd MEDGRP-BARKSDALE - FY 2017 PURCHASED CARE AMBULATORY WORKLOAD																					
Product Line	Prime-Site			Reliant			Prime-Other			Plus			TFL			Not Enrolled			Total		
	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU	Svcs	Avg RVU	Paid/RVU
PC	39,850	1.16	\$ 52	251	1.03	\$ 59	61,999	0.45	\$ 50	0	0.00	\$ 0	10,790	1.04	\$ 52	70,746	0.78	\$ 44	183,636	0.77	\$ 48
OBGYN	9,728	2.17	\$ 52	4	2.26	\$ 50	1,620	2.34	\$ 52	0	0.00	\$ 0	76	1.91	\$ 37	6,526	1.35	\$ 50	17,954	1.88	\$ 51
MH	32,783	1.39	\$ 67	36	1.45	\$ 56	4,073	1.75	\$ 54	0	0.00	\$ 0	110	3.15	\$ 30	4,340	2.78	\$ 41	41,342	1.57	\$ 60
OTHER	160,268	1.16	\$ 52	276	2.03	\$ 54	32,359	1.31	\$ 54	14	3.88	\$ 41	5,935	1.45	\$ 51	34,068	1.27	\$ 44	232,920	1.20	\$ 51
TOTAL	242,629	1.23	\$ 54	567	1.55	\$ 56	100,051	0.81	\$ 53	14	3.88	\$ 41	16,911	1.20	\$ 51	115,680	1.03	\$ 44	475,852	1.09	\$ 51

↑
94% MCSC

¹ Source: DC = M2 CAPER; PC = MDR TED Non-Institutional (using “ambulatory” defined by eMSM workgroup; drug costs included; OHI omitted). Includes all beneficiaries. Use caution when making comparisons between DC and PC. Encounters and Services are not comparable. They are provided to give a sense of volume.

² Purchased Care includes 13% increase for overhead burdening.

³ Direct Care costs based on FY17 MEPRS expenses.

Barksdale – Prime Enrollment Ambulatory Care¹ – DIRECT CARE

Tmt Parent Barksdale?	Product Line	Tmt Parent DMIS ID Name	2017					2018				
			Encounters	Enh Total RVU	Full Cost ²	Avg RVU	Cost ² /RVU	Encounters	Enh Total RVU	Full Cost ²	Avg RVU	Cost ² /RVU
YES	PC	AF-C-2nd MEDGRP-BARKSDALE	96,631	100,487.48	\$ 15,388,070	1.04	\$ 153	94,296	86,479.29	\$ 13,842,454	0.92	\$ 160
	OBGYN	AF-C-2nd MEDGRP-BARKSDALE	2,624	6,398.69	\$ 892,369	2.44	\$ 139	3,319	6,964.49	\$ 1,034,794	2.10	\$ 149
	MH	AF-C-2nd MEDGRP-BARKSDALE	11,991	19,610.18	\$ 2,660,638	1.64	\$ 136	13,463	22,325.14	\$ 2,790,103	1.66	\$ 125
	OTHER	AF-C-2nd MEDGRP-BARKSDALE	19,408	55,507.85	\$ 2,392,369	2.86	\$ 43	15,044	41,271.59	\$ 1,884,293	2.74	\$ 46
Yes Total			130,654	182,004.20	\$ 21,333,446	1.39	\$ 117	126,122	157,040.51	\$ 19,551,645	1.25	\$ 125
NO	PC	AF-C-36th MEDGRP-ANDERSEN	6	7.04	\$ 897	1.17	\$ 127	889	786.00	\$ 182,028	0.88	\$ 232
	PC	AMC DARNALL-HOOD	83	202.54	\$ 13,481	2.44	\$ 67	128	201.18	\$ 12,868	1.57	\$ 64
	OTHER	AF-ASU-59th MDW-WHASC-LACKLAND	419	3,664.49	\$ 266,905	8.75	\$ 73	193	1,439.99	\$ 109,737	7.46	\$ 76
	OTHER	AMC BAMC-FSH	83	241.48	\$ 32,704	2.91	\$ 135	161	387.02	\$ 53,373	2.40	\$ 138
	OTHER	WALTER REED NATL MIL MED CNTR	13	49.61	\$ 4,686	3.82	\$ 94	149	365.99	\$ 71,303	2.46	\$ 195
	OTHER	AF-C-36th MEDGRP-ANDERSEN	1	0.88	\$ 0	0.88	\$ 0	135	316.73	\$ 18,928	2.35	\$ 60
	OTHER	AF-MC-81st MEDGRP-KEESLER	130	641.98	\$ 71,788	4.94	\$ 112	101	457.26	\$ 52,698	4.53	\$ 115
No Total			2,367	8,024.81	\$ 767,463	3.39	\$ 96	3,535	7,157.20	\$ 1,030,726	2.02	\$ 144
Total/Overall			133,021	190,029.01	\$ 22,100,909	1.43	\$ 116	129,657	164,197.71	\$ 20,582,371	1.27	\$ 125

¹ Source: Direct Care: M2 CAPER, Prime Enrolled, MEPRS B, FBI, FBN. Data truncated for small volumes. Use caution when making comparisons between DC and PC. Encounters and Services are not comparable. They are provided to give a sense of volume.

² Direct Care costs based on FY17 MEPRS expenses, with FY18 adjusted for inflation.

Barksdale – Prime Enrollment Ambulatory Care¹ – PURCHASED CARE

Product Line	2017					2018				
	# Svcs	Enh Total RVU	Amt Paid ²	Avg RVU	Paid ² / RVU	# Svcs	Enh Total RVU	Amt Paid ²	Avg RVU	Paid ² / RVU
PC	48,381	51,733.36	\$ 2,730,141	1.07	\$ 53	56,644	67,093.25	\$ 3,363,956	1.18	\$ 50
OBGYN	10,034	21,457.59	\$ 1,144,650	2.14	\$ 53	6,357	14,145.73	\$ 777,580	2.23	\$ 55
MH	33,056	45,783.06	\$ 3,132,417	1.39	\$ 68	31,193	43,071.19	\$ 2,465,997	1.38	\$ 57
OTHER	164,143	191,303.80	\$ 10,142,675	1.17	\$ 53	161,327	192,671.81	\$ 10,260,379	1.19	\$ 53
TOTAL	255,614	310,277.81	\$ 17,149,883	1.21	\$ 55	255,521	316,981.98	\$ 16,867,911	1.24	\$ 53

¹ Source: Purchased Care: MDR TED Non-institutional, Prime Enrolled to the Parent Site (using “ambulatory” defined by eMSM workgroup; drug costs included; OHI omitted). Use caution when making comparisons between DC and PC. Encounters and Services are not comparable. They are provided to give a sense of volume.

² Purchased Care includes 13% increase for overhead burdening.

Barksdale – Direct Care ER/Immed. Care (MEPRS BIA/BHI)¹

This facility did not report any workload in BIA or BHI.

¹ Source: M2 CAPER. Based on Treatment Parent DMIS ID. BIA=Emergency Room (ER); BHI=Immediate Care (IC).

Barksdale – Direct Care ER/IC Disposition Code²

This facility did not report any workload in BIA or BHI.

¹ Numeric values and R are for outpatient encounters; alphanumeric A-G are for inpatient encounters.

² Source: M2 CAPER. Based on Treatment Parent DMIS ID. BIA=Emergency Room (ER); BHI=Immediate Care (IC).

Barksdale – Direct Care ER/IC Top 15 Diagnosis Codes¹ (Reason for being seen)

This facility did not report any workload in BIA or BHI.

Pharmacy

Barksdale – Direct Care Pharmacy¹ by Enrollment Group

PARENT 0062 AF-C-2nd MEDGRP-BARKSDALE										
Enr Group	2017					2018				
	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day
Prime-MTF	94,946	4,240,510	\$ 3,695,597	\$ 39	\$ 0.87	85,377	3,973,640	\$ 3,744,737	\$ 44	\$ 0.94
Prime-MCSC	12,570	770,691	\$ 688,476	\$ 55	\$ 0.89	13,905	832,955	\$ 819,218	\$ 59	\$ 0.98
Reliant	332	12,860	\$ 12,207	\$ 37	\$ 0.95	333	20,560	\$ 12,098	\$ 36	\$ 0.59
Plus	784	56,140	\$ 31,251	\$ 40	\$ 0.56	852	58,890	\$ 38,748	\$ 45	\$ 0.66
Overseas Prime	16	328	\$ 269	\$ 17	\$ 0.82	0	0	\$ 0	\$ 0	\$ 0.00
Other	117,672	8,289,825	\$ 4,846,881	\$ 41	\$ 0.58	120,031	8,497,585	\$ 5,818,476	\$ 48	\$ 0.68
Grand Total	226,320	13,370,354	\$ 9,274,681	\$ 41	\$ 0.69	220,498	13,383,630	\$ 10,433,276	\$ 47	\$ 0.78

¹ Source: M2 PDTS, Source System D (Direct Care) and C (Clinician Administered Drug).

Barksdale – Direct Care Pharmacy¹ by Enrollment Group

0062 AF-C-2nd MEDGRP-BARKSDALE										
Enr Group	2017					2018				
	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day	# Scripts	Days Supply	Full Cost	Cost / Script	Cost / Day
Prime-MTF	94,946	4,240,510	\$ 3,695,597	\$ 39	\$ 0.87	85,377	3,973,640	\$ 3,744,737	\$ 44	\$ 0.94
Prime-MCSC	12,570	770,691	\$ 688,476	\$ 55	\$ 0.89	13,905	832,955	\$ 819,218	\$ 59	\$ 0.98
Reliant	332	12,860	\$ 12,207	\$ 37	\$ 0.95	333	20,560	\$ 12,098	\$ 36	\$ 0.59
Plus	784	56,140	\$ 31,251	\$ 40	\$ 0.56	852	58,890	\$ 38,748	\$ 45	\$ 0.66
Overseas Prime	16	328	\$ 269	\$ 17	\$ 0.82	0	0	\$ 0	\$ 0	\$ 0.00
Other	117,672	8,289,825	\$ 4,846,881	\$ 41	\$ 0.58	120,031	8,497,585	\$ 5,818,476	\$ 48	\$ 0.68
Grand Total	226,320	13,370,354	\$ 9,274,681	\$ 41	\$ 0.69	220,498	13,383,630	\$ 10,433,276	\$ 47	\$ 0.78

¹ Source: M2 PDTS, Source System D (Direct Care) and C (Clinician Administered Drug).

Barksdale – FY18 Direct Care Pharmacy

Top 20 Products Dispensed¹ by # of Scripts and Cost/Day

0062 AF-C-2nd MEDGRP-BARKSDALE					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Full Cost	Cost / script	Cost / Day
SYNTHROID	5,180	418,313	\$ 106,373	\$ 21	\$ 0.25
ATORVASTATIN CALCIUM	4,506	376,777	\$ 84,132	\$ 19	\$ 0.22
CETIRIZINE HCL	4,079	315,795	\$ 66,069	\$ 16	\$ 0.21
SIMVASTATIN	3,999	349,944	\$ 69,778	\$ 17	\$ 0.20
FLUTICASON PROPRIONATE	3,930	245,871	\$ 74,052	\$ 19	\$ 0.30
OMEPRAZOLE	3,571	287,068	\$ 72,762	\$ 20	\$ 0.25
LISINAPRIL	3,479	288,483	\$ 52,966	\$ 15	\$ 0.18
AMLODIPINE BESYLATE	3,387	276,225	\$ 60,975	\$ 18	\$ 0.22
PROTONIX	3,376	265,051	\$ 82,516	\$ 24	\$ 0.31
MONTELUKAST SODIUM	3,350	250,758	\$ 77,571	\$ 23	\$ 0.31
IBUPROFEN	3,031	55,886	\$ 48,098	\$ 16	\$ 0.86
GABAPENTIN	2,953	186,713	\$ 79,226	\$ 27	\$ 0.42
TOPROL XL	2,800	232,983	\$ 76,417	\$ 27	\$ 0.33
HYDROCODONE-ACETAMINOPHEN	2,779	40,470	\$ 50,570	\$ 18	\$ 1.25
METFORMIN HCL	2,412	201,381	\$ 39,928	\$ 17	\$ 0.20
HYDROCHLOROTHIAZIDE	2,279	190,449	\$ 34,425	\$ 15	\$ 0.18
LORATADINE	2,103	170,565	\$ 33,698	\$ 16	\$ 0.20
MELOXICAM	2,086	135,775	\$ 32,661	\$ 16	\$ 0.24
PROAIR HFA	1,999	72,807	\$ 56,077	\$ 28	\$ 0.77
COZAAR	1,917	160,455	\$ 37,900	\$ 20	\$ 0.24

0062 AF-C-2nd MEDGRP-BARKSDALE					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Full Cost	Cost / script	Cost / Day
EMVERM	1	1	\$ 388	\$ 388	\$ 387.81
SOMATULINE DEPOT	2	56	\$ 15,686	\$ 7,843	\$ 280.11
ERLEADA	1	90	\$ 21,354	\$ 21,354	\$ 237.27
MEKINIST	5	150	\$ 33,803	\$ 6,761	\$ 225.36
ALBENZA	3	11	\$ 2,416	\$ 805	\$ 219.67
SIVEXTRO	1	6	\$ 1,264	\$ 1,264	\$ 210.68
TAFINLAR	5	120	\$ 22,852	\$ 4,570	\$ 190.44
GANIRELIX ACETATE	1	3	\$ 528	\$ 528	\$ 175.93
SYNAGIS	17	194	\$ 29,180	\$ 1,716	\$ 150.41
REBIF	2	120	\$ 17,640	\$ 8,820	\$ 147.00
ESBRIET	2	60	\$ 7,540	\$ 3,770	\$ 125.67
TECFIDERA	4	360	\$ 44,861	\$ 11,215	\$ 124.61
PHENOHYTRO	1	3	\$ 370	\$ 370	\$ 123.21
NOXAFIL	1	30	\$ 3,627	\$ 3,627	\$ 120.89
STELARA	11	744	\$ 72,886	\$ 6,626	\$ 97.97
PREPOPIK	1	5	\$ 468	\$ 468	\$ 93.67
HUMIRA PEN CROHN-UC-HS STAR	2	43	\$ 3,536	\$ 1,768	\$ 82.24
LEUPROLIDE ACETATE	1	20	\$ 1,534	\$ 1,534	\$ 76.71
ALMOTRIPTAN MALATE	1	15	\$ 1,087	\$ 1,087	\$ 72.45
TETRACYCLINE HCL	1	14	\$ 766	\$ 766	\$ 54.73

¹ Source: M2 PDTS, Source System D (Direct Care) and C (Clinician Administered Drug).

Barksdale – Purchased Care Pharmacy¹ based on “Parent” PRISM Area ID by Enrollment Group

PARENT PRISM 0062 AF-C-2nd MEDGRP-BARKSDALE											
Source System	Enrollment Group	2017					2018				
		# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day	# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
MCSC (Retail)	Prime-MTF	38,928	726,010	\$ 2,329,538	\$ 60	\$ 3.21	40,817	748,233	\$ 2,356,107	\$ 58	\$ 3.15
	Prime-MCSC	16,015	408,348	\$ 1,496,299	\$ 93	\$ 3.66	18,179	466,573	\$ 2,870,567	\$ 158	\$ 6.15
	Reliant	179	3,786	\$ 9,029	\$ 50	\$ 2.38	219	3,745	\$ 6,893	\$ 31	\$ 1.84
	Plus	214	7,191	\$ 18,538	\$ 87	\$ 2.58	256	7,121	\$ 8,371	\$ 33	\$ 1.18
	Overseas Prime	1	4	\$ 0	\$ 0	\$ 0.03	0	0	\$ 0	\$ 0	\$ 0.00
	Other	103,941	2,787,469	\$ 6,551,985	\$ 63	\$ 2.35	99,253	2,694,518	\$ 6,113,412	\$ 62	\$ 2.27
MCSC Total		159,278	3,932,808	\$ 10,405,388	\$ 65	\$ 2.65	158,724	3,920,190	\$ 11,355,350	\$ 72	\$ 2.90
Mail Order	Prime-MTF	4,321	352,605	\$ 1,670,351	\$ 387	\$ 4.74	3,307	266,619	\$ 1,214,648	\$ 367	\$ 4.56
	Prime-MCSC	8,125	685,903	\$ 1,292,783	\$ 159	\$ 1.88	6,808	567,574	\$ 1,344,292	\$ 197	\$ 2.37
	Reliant	15	1,263	\$ 1,692	\$ 113	\$ 1.34	26	2,591	\$ 2,681	\$ 103	\$ 1.03
	Plus	303	26,217	\$ 30,999	\$ 102	\$ 1.18	248	21,574	\$ 34,884	\$ 141	\$ 1.62
	Overseas Prime	7	630	\$ 624	\$ 89	\$ 0.99	0	0	\$ 0	\$ 0	\$ 0.00
	Other	60,953	5,248,009	\$ 7,324,387	\$ 120	\$ 1.40	53,303	4,587,368	\$ 6,972,668	\$ 131	\$ 1.52
Mail Order Total		73,724	6,314,627	\$ 10,320,835	\$ 140	\$ 1.63	63,692	5,445,726	\$ 9,569,172	\$ 150	\$ 1.76
Grand Total		233,002	10,247,435	\$ 20,726,223	\$ 89	\$ 2.02	222,416	9,365,916	\$ 20,924,522	\$ 94	\$ 2.23

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Parent PRISM is a derived field and includes all children of the Parent DMIS ID.

Barksdale – Purchased Care Pharmacy¹ based on PRISM Area ID by Enrollment Group

0062 AF-C-2nd MEDGRP-BARKSDALE											
Source System	Enrollment Group	2017					2018				
		# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day	# Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
MCSC (Retail)	Prime-MTF	38,928	726,010	\$ 2,329,538	\$ 60	\$ 3.21	40,817	748,233	\$ 2,356,107	\$ 58	\$ 3.15
	Prime-MCSC	16,015	408,348	\$ 1,496,299	\$ 93	\$ 3.66	18,179	466,573	\$ 2,870,567	\$ 158	\$ 6.15
	Reliant	179	3,786	\$ 9,029	\$ 50	\$ 2.38	219	3,745	\$ 6,893	\$ 31	\$ 1.84
	Plus	214	7,191	\$ 18,538	\$ 87	\$ 2.58	256	7,121	\$ 8,371	\$ 33	\$ 1.18
	Overseas Prime	1	4	\$ 0	\$ 0	\$ 0.03	0	0	\$ 0	\$ 0	\$ 0.00
	Other	103,941	2,787,469	\$ 6,551,985	\$ 63	\$ 2.35	99,253	2,694,518	\$ 6,113,412	\$ 62	\$ 2.27
MCSC Total		159,278	3,932,808	\$ 10,405,388	\$ 65	\$ 2.65	158,724	3,920,190	\$ 11,355,350	\$ 72	\$ 2.90
Mail Order	Prime-MTF	4,321	352,605	\$ 1,670,351	\$ 387	\$ 4.74	3,307	266,619	\$ 1,214,648	\$ 367	\$ 4.56
	Prime-MCSC	8,125	685,903	\$ 1,292,783	\$ 159	\$ 1.88	6,808	567,574	\$ 1,344,292	\$ 197	\$ 2.37
	Reliant	15	1,263	\$ 1,692	\$ 113	\$ 1.34	26	2,591	\$ 2,681	\$ 103	\$ 1.03
	Plus	303	26,217	\$ 30,999	\$ 102	\$ 1.18	248	21,574	\$ 34,884	\$ 141	\$ 1.62
	Overseas Prime	7	630	\$ 624	\$ 89	\$ 0.99	0	0	\$ 0	\$ 0	\$ 0.00
	Other	60,953	5,248,009	\$ 7,324,387	\$ 120	\$ 1.40	53,303	4,587,368	\$ 6,972,668	\$ 131	\$ 1.52
Mail Order Total		73,724	6,314,627	\$ 10,320,835	\$ 140	\$ 1.63	63,692	5,445,726	\$ 9,569,172	\$ 150	\$ 1.76
Grand Total		233,002	10,247,435	\$ 20,726,223	\$ 89	\$ 2.02	222,416	9,365,916	\$ 20,924,522	\$ 94	\$ 2.23

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Barksdale – FY18 Purchased Care Pharmacy¹

Top 20 Products Dispensed by # of Scripts and Cost/Day

0062 AF-C-2nd MEDGRP-BARKSDALE					
TOP 20 BASED ON VOLUME					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
HYDROCODONE-ACETAMINOPHEN	5,951	83,388	\$ 32,021	\$ 5	\$ 0.38
LEVOTHYROXINE SODIUM	3,964	255,539	\$ 18,942	\$ 5	\$ 0.07
AZITHROMYCIN	3,866	19,911	\$ 10,536	\$ 3	\$ 0.53
AMOXICILLIN	3,681	32,986	\$ 1,685	\$ 0	\$ 0.05
ATORVASTATIN CALCIUM	3,521	244,512	\$ 216,654	\$ 62	\$ 0.89
PREDNISONE	3,460	44,740	\$ 2,866	\$ 1	\$ 0.06
OXYCODONE-ACETAMINOPHEN	3,053	53,242	\$ 41,574	\$ 14	\$ 0.78
PANTOPRAZOLE SODIUM	2,951	187,781	\$ 315,740	\$ 107	\$ 1.68
GABAPENTIN	2,885	137,893	\$ 66,343	\$ 23	\$ 0.48
TRAMADOL HCL	2,794	57,515	\$ 30,216	\$ 11	\$ 0.53
AMLODIPINE BESYLATE	2,770	176,163	\$ 48,862	\$ 18	\$ 0.28
MONTELUKAST SODIUM	2,659	152,720	\$ 15,348	\$ 6	\$ 0.10
OMEPRAZOLE	2,599	167,565	\$ 40,229	\$ 15	\$ 0.24
LISINAPRIL	2,169	140,653	\$ 1,879	\$ 1	\$ 0.01
SIMVASTATIN	2,148	168,594	\$ 160,941	\$ 75	\$ 0.95
OSELTAMIVIR PHOSPHATE	2,045	12,863	\$ 124,888	\$ 61	\$ 9.71
FUROSEMIDE	1,953	116,325	\$ 17,495	\$ 9	\$ 0.15
LOSARTAN POTASSIUM	1,935	123,718	\$ 86,735	\$ 45	\$ 0.70
METHYLPREDNISOLONE	1,917	11,942	\$ 5,150	\$ 3	\$ 0.43
AMOXICILLIN-CLAVULANATE POT	1,895	18,150	\$ 12,098	\$ 6	\$ 0.67

0062 AF-C-2nd MEDGRP-BARKSDALE					
TOP 20 BASED ON COST PER DAY					
Product Name	Number of Scripts	Days Supply	Paid by TRICARE	Paid / Script	Paid / Day
FIRAZYR	1	1	\$ 32,213	\$ 32,213	\$ 32,213.15
STRENSIQ	16	448	\$ 1,238,461	\$ 77,404	\$ 2,764.42
H.P. ACTHAR	6	102	\$ 231,551	\$ 38,592	\$ 2,270.10
HAEGARDA	5	140	\$ 111,823	\$ 22,365	\$ 798.74
CINRYZE	3	56	\$ 43,892	\$ 14,631	\$ 783.79
ORKAMBI	10	280	\$ 207,589	\$ 20,759	\$ 741.39
HUMIRA PEN CROHN-UC-HS STAR	3	73	\$ 43,028	\$ 14,343	\$ 589.42
POMALYST	7	196	\$ 107,066	\$ 15,295	\$ 546.26
ALPHANATE	28	736	\$ 386,633	\$ 13,808	\$ 525.32
LENVIMA	11	330	\$ 172,359	\$ 15,669	\$ 522.30
AFINITOR	2	56	\$ 29,077	\$ 14,539	\$ 519.24
REVLIMID	43	1,197	\$ 604,018	\$ 14,047	\$ 504.61
PROLASTIN C	13	364	\$ 163,640	\$ 12,588	\$ 449.56
TRIENTINE HCL	1	90	\$ 34,620	\$ 34,620	\$ 384.66
IMBRUVICA	28	810	\$ 298,522	\$ 10,662	\$ 368.55
INLYTA	8	300	\$ 105,390	\$ 13,174	\$ 351.30
DIFICID	4	36	\$ 12,537	\$ 3,134	\$ 348.24
PICATO	3	8	\$ 2,775	\$ 925	\$ 346.93
SIVEXTRO	1	6	\$ 2,031	\$ 2,031	\$ 338.51
IBRANCE	51	1,540	\$ 514,452	\$ 10,087	\$ 334.06

¹ Source: M2 PDTS, Source System M (MCSC) and T (Mail Order). Based on PRISM Area ID.

Radiology

Barksdale – Direct Care Radiology¹ Services by Ordering Product Line and Enrollment Category

0062 AF-C-2nd MEDGRP-BARKSDALE							
FY 2017 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Dental	32				2		34
Ancillary	4						4
Special Programs	380		16		26	32	454
OB/GYN	844		4			4	852
Orthopedics	448	4	2			14	468
Primary Care	9,696	68	48	2	4	110	9,928
Total	11,404	72	70	2	32	160	11,740

0062 AF-C-2nd MEDGRP-BARKSDALE							
FY 2018 RADIOLOGY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Dental	20		2				22
Special Programs	622		34		36	12	704
Mental Health	8						8
OB/GYN	652		4			18	674
Orthopedics	208					2	210
Primary Care	8,458	58	68		12	48	8,644
Total	9,968	58	108	0	48	80	10,262

¹ Source: M2 Radiology Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Barksdale – FY18 Direct Care Top 20 Radiology Procedures¹ by Number of Services and Cost/Svc

0062 AF-C-2nd MEDGRP-BARKSDALE						
TOP 20 RADIOLOGY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
76856	US,PELV,REAL TME W IMG DOC;CMP	694	1,072.23	\$ 76,417	1.55	\$ 110.11
72110	RAD EXM,SPINE,LUMBO;MIN 4 VIEW	658	444.15	\$ 31,656	0.68	\$ 48.11
76830	US EXAM, TRANSVAGINAL	652	1,118.18	\$ 79,694	1.72	\$ 122.23
71020	RAD EXM,CHEST,2,FRONTAL & LAT;	612	235.62	\$ 16,793	0.39	\$ 27.44
73620	RADIOLOGIC EXAM,FOOT; 2 VIEWS	604	216.61	\$ 15,440	0.36	\$ 25.56
73030	RAD EXM,SHLDR;COMP,MIN 2 VIEW	510	205.96	\$ 14,679	0.40	\$ 28.78
76536	US,SOFT TISS HEAD/NCK	442	724.34	\$ 51,625	1.64	\$ 116.80
71046	RADIOLOGIC EXAM,CHEST;2 VIEWS	422	177.24	\$ 12,633	0.42	\$ 29.94
73130	RAD EXAM, HAND; MIN OF 3 VIEWS	412	179.90	\$ 12,820	0.44	\$ 31.12
73564	RAD EXAM, KNEE; COMP, 4+ VIEWS	396	217.80	\$ 15,521	0.55	\$ 39.20
76705	US,ABDM,REAL TME W IMG DOC;LTD	340	436.46	\$ 31,107	1.28	\$ 91.49
73562	RADIOLOGIC EXAM, KNEE; 3 VIEWS	306	151.47	\$ 10,796	0.50	\$ 35.28
73502	RAD EXAM,HIP,UNILAT;2-3 VIEWS	288	165.60	\$ 11,802	0.58	\$ 40.98
72040	RADLOG EXM,SPIN,CERV;2/3 VIEWS	284	130.33	\$ 9,288	0.46	\$ 32.70
73610	RAD EXAM,ANK;COMP,MIN 3 VIEWS	268	116.58	\$ 8,308	0.44	\$ 31.00
73560	RADIOLOGIC EXAM,KNEE;1/2 VIEWS	248	106.30	\$ 7,576	0.43	\$ 30.55
73110	RAD EXM,WRIST;COMP,MIN 3 VIEWS	242	117.65	\$ 8,385	0.49	\$ 34.65
76700	US,ABDM,REAL TME W IMG DOC;CMP	224	385.02	\$ 27,441	1.72	\$ 122.50
72070	RAD EXM,SPINE;THORACIC,2 VIEWS	202	94.94	\$ 6,766	0.47	\$ 33.50
76770	US,RETROPRT,R TME W IMG DC;CMP	184	292.33	\$ 20,834	1.59	\$ 113.23

0062 AF-C-2nd MEDGRP-BARKSDALE						
TOP 20 RADIOLOGY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
74170	CT ABDOM WO CNTRST MAT FUR SEC	6	22.02	\$ 1,569	3.67	\$ 261.56
93925	LOWER EXTREMITY STUDY	22	80.65	\$ 5,748	3.67	\$ 261.27
71270	CT THRAX WO CNTST MAT FUR SEC	2	6.57	\$ 468	3.29	\$ 234.12
74160	CT, ABDOM W CONTRAST MATERIAL	96	309.45	\$ 22,054	3.22	\$ 229.73
72193	CT PELVIS, W CONTRAST MATERIAL	88	277.50	\$ 19,777	3.15	\$ 224.74
70491	CT SFT TISE NECK W CNTRST MATL	6	18.78	\$ 1,338	3.13	\$ 223.08
71260	CT THORAX W CONTRAST MATERIAL	10	28.32	\$ 2,018	2.83	\$ 201.84
72125	CT CRVICL SPINE WO CNTRST MAT	4	10.30	\$ 734	2.58	\$ 183.52
72131	CT LUMBAR SPNE, WO CNTRST MAT	10	25.09	\$ 1,788	2.51	\$ 178.82
73700	CT LW EXTRM WO CNTRAST MATERIA	4	10.03	\$ 715	2.51	\$ 178.71
70490	CT SFT TISE NECK WO CNTRST MAT	4	9.36	\$ 667	2.34	\$ 166.78
71250	CT THORAX WO CONTRAST MATERIAL	84	193.26	\$ 13,774	2.30	\$ 163.97
76776	US TRANSPALT KIDNEY,W IMG DOC	110	243.01	\$ 17,319	2.21	\$ 157.45
74150	CT, ABDOM WO CNTRAST MATERIAL	2	4.16	\$ 296	2.08	\$ 148.24
72192	CT PELVIS, WO CONTRAST MATERIA	70	142.10	\$ 10,127	2.03	\$ 144.68
70486	CT MAXILLOFACIAL WO CNTRST MAT	74	143.40	\$ 10,220	1.94	\$ 138.11
76700	US,ABDM,REAL TME W IMG DOC;CMP	224	385.02	\$ 27,441	1.72	\$ 122.50
76830	US EXAM, TRANSVAGINAL	652	1,118.18	\$ 79,694	1.72	\$ 122.23
93971	EXTREMITY STUDY	58	97.89	\$ 6,977	1.69	\$ 120.29
76536	US,SOFT TISS HEAD/NCK	442	724.34	\$ 51,625	1.64	\$ 116.80

¹ Source: M2 Radiology Detail, includes both Technical and Professional services.

Barksdale – Purchased Care Radiology¹ Services by Product Line² and Enrollment Category

0062 AF-C-2nd MEDGRP-BARKSDALE PARENT PRISM AREA							
FY 2017 RADIOLOGY SERVICES							
Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	1,117	8	442		6,543	735	8,845
Anesth	133		11		71	20	235
ENT	52		10		22	16	100
ER	4,552	47	851	2	4,862	1,497	11,811
Facility	2,657	12	958		5,054	1,259	9,940
IMSub	368	1	115		562	122	1,168
OBGYN	3,577	1	79		41	999	4,697
Optom	41		15		92	15	163
Ortho	2,645	23	520		2,189	773	6,150
PC	2,872	18	1,287	2	7,140	1,395	12,714
Path					3		3
Rad	4,258	15	1,443		6,679	1,829	14,224
Surg	86		17		80	26	209
SurgSub	415		65		286	111	877
Other	52		13		67	11	143
None	21		15		218	11	265
Total	22,846	125	5,841	4	33,909	8,819	71,544

0062 AF-C-2nd MEDGRP-BARKSDALE PARENT PRISM AREA							
FY 2018 RADIOLOGY SERVICES							
Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	1,322	4	490		6,101	656	8,573
Anesth	92		20		66	20	198
ENT	33		4		25	15	77
ER	4,440	59	995		4,612	1,222	11,328
Facility	3,530	8	1,154		5,940	1,455	12,087
IMSub	386		100		624	109	1,219
OBGYN	1,528	10	102		48	477	2,165
Optom	52		15		146	12	225
Ortho	2,405	12	584		2,493	699	6,193
PC	3,035	12	1,465		6,521	1,498	12,531
Path	3		1		6	2	12
Rad	5,149	15	1,592		7,308	1,981	16,045
Surg	73		6		28	22	129
SurgSub	382		55		397	77	911
Other	32		6		19	18	75
None	20		14		183	4	221
Total	22,482	120	6,603	0	34,517	8,267	71,989

¹ Source: M2 TED Non-Institutional Detail (Procedure Code = 7****), includes both Technical and Professional services. Based on "Parent" PRISM. Prime-Site defined based on Enrollment Site Parent.

² Inpatient defined as Service Type = I, otherwise based on standard Product Line (derived from Provider Specialty).

Barksdale – FY18 Purchased Care Top 20 Radiology Procedures¹ by Number of Services and Paid/Svc

0062 AF-C-2nd MEDGRP-BARKSDALE PARENT PRISM AREA						
TOP 20 RADIOLOGY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		Number of Services	Enhanced Total RVU	Amount Paid ²	Avg RVU	Paid ² / Svc
71045	RADIOLOG EXM,CHEST;SINGLE VIEW	5,598	1,257.60	\$ 65,717	0.22	\$ 11.74
71046	RADIOLOGIC EXAM,CHEST;2 VIEWS	4,520	1,978.86	\$ 78,677	0.44	\$ 17.41
70450	CT HEAD/BRAIN W/O CONTST MATRL	2,565	3,075.85	\$ 110,335	1.20	\$ 43.02
73630	RAD EXM,FOOT;COMP, MIN 3 VIEWS	2,201	1,521.41	\$ 35,857	0.69	\$ 16.29
77067	SCRN MAMMOG,BILAT,CAD WHN PERF	2,122	3,845.60	\$ 141,447	1.81	\$ 66.66
71010	CHEST X-RAY	1,911	447.10	\$ 22,596	0.23	\$ 11.82
71020	RAD EXM,CHEST,2,FRONTAL & LAT;	1,577	635.56	\$ 27,369	0.40	\$ 17.36
74176	CT,ABDOM & PELV;WO CONTRAS MAT	1,547	3,207.91	\$ 161,826	2.07	\$ 104.61
73130	RAD EXAM, HAND; MIN OF 3 VIEWS	1,419	980.73	\$ 23,307	0.69	\$ 16.42
73030	RAD EXM,SHLDR;COMP,MIN 2 VIEW	1,382	883.49	\$ 19,317	0.64	\$ 13.98
77014	COMP TOM GD,PLC,RAD THERPY FLD	1,381	2,819.66	\$ 48,401	2.04	\$ 35.05
73562	RADIOLOGIC EXAM, KNEE; 3 VIEWS	1,355	1,243.91	\$ 28,285	0.92	\$ 20.87
72148	MAGNETIC IMAGE, LUMBAR SPINE	1,311	3,552.77	\$ 155,800	2.71	\$ 118.84
72100	RAD EXM,SPINE,LUMBO; 2/3 VIEWS	1,294	850.88	\$ 22,338	0.66	\$ 17.26
74177	CT,ABDOM & PELV;W CONTRAST MAT	1,174	2,841.63	\$ 150,099	2.42	\$ 127.85
73721	MRI,JNT,LOW EXT;WO CNTRST MAT	1,155	2,548.95	\$ 165,017	2.21	\$ 142.87
73620	RADIOLOGIC EXAM,FOOT; 2 VIEWS	1,075	749.02	\$ 20,879	0.70	\$ 19.42
77300	RADIATION THERAPY DOSE PLAN	997	1,166.53	\$ 30,889	1.17	\$ 30.98
70553	MAGNETIC IMAGE, BRAIN (MRI)	970	3,568.52	\$ 184,404	3.68	\$ 190.11
73560	RADIOLOGIC EXAM,KNEE;1/2 VIEWS	952	560.27	\$ 11,431	0.59	\$ 12.01

0062 AF-C-2nd MEDGRP-BARKSDALE PARENT PRISM AREA						
TOP 20 RADIOLOGY PROCEDURES BY PAID/SVC						
Procedure Code	Description	FY 2018				
		Number of Services	Enhanced Total RVU	Amount Paid ²	Avg RVU	Paid ² / Svc
77372	SRS,CRN LS,1SESS;LIN ACCEL BSD	5	121.78	\$ 15,868	24.36	\$ 3,173.53
77371	SRS,CRN LS,1SESS;MLT CBLT 60BS	1	34.70	\$ 1,514	34.70	\$ 1,514.20
75705	ARTERY X-RAYS, SPINE	36	120.92	\$ 22,568	3.36	\$ 626.88
72295	DISCOGRPHY,LMBR,RAD SPRV&INTRP	22	15.55	\$ 12,597	0.71	\$ 572.58
78816	PET W CONCUR ACQ CT;WHOLE BODY	24	312.33	\$ 12,773	13.01	\$ 532.22
77385	IMRT DELIVERY,GUID&TRAC;SIMPLE	42	0.00	\$ 21,669	0.00	\$ 515.93
77373	STEREOTACTIC RAD TRMT DELIVERY	54	1,905.80	\$ 26,531	35.29	\$ 491.31
77525	PROTON TREAT DELIVERY; COMPLEX	109	1,797.39	\$ 46,048	16.49	\$ 422.46
73525	CONTRAST X-RAY OF HIP	6	0.78	\$ 2,397	0.13	\$ 399.57
73722	MAG RES IMG,ANY JT,LW EXT;W CM	60	73.59	\$ 22,499	1.23	\$ 374.99
78492	HEART IMAGE (PET), MULTIPLE	230	3,496.00	\$ 85,589	15.20	\$ 372.13
73222	MRI JOINT UPR EXTREM W/ DYE	115	150.54	\$ 42,386	1.31	\$ 368.57
71552	MAG RES IMAG,CHEST;WO CONT MAT	5	48.75	\$ 1,756	9.75	\$ 351.25
78099	ENDOCRINE NUCLEAR PROCEDURE	1	0.00	\$ 349	0.00	\$ 349.48
75957	EVASC REPR,DTA;NO CVRG,L SUBCL	1	7.38	\$ 347	7.38	\$ 346.55
77301	RADIOTHERAPY DOS PLAN, IMRT	126	3,475.89	\$ 42,406	27.59	\$ 336.56
75822	VEIN X-RAY, ARMS/LEGS	6	11.69	\$ 1,942	1.95	\$ 323.73
71555	MAGNETIC IMAGE, CHEST (MRA)	2	11.21	\$ 610	5.61	\$ 304.98
73720	MRI LWR EXTREMITY W/O&W DYE	38	117.27	\$ 11,538	3.09	\$ 303.64
74182	MAG RES IMG,ABDOMEN;W CONT MAT	5	4.76	\$ 1,489	0.95	\$ 297.81

¹ Source: M2 TED Non-Institutional Detail (Procedure Code = 7****), includes both Technical and Professional services. Based on "Parent" PRISM.

² Purchased Care includes 13% increase for overhead burdening.

Laboratory

Barksdale – Direct Care Laboratory¹ Services by Ordering Product Line and Enrollment Category

0062 AF-C-2nd MEDGRP-BARKSDALE							
FY 2017 LABORATORY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Dental	83	5			2		90
Ancillary						24	24
Special Programs	2,901	9	358		876	913	5,057
IM Subspecialty	4						4
Mental Health	1,367	37	24			12	1,440
OB/GYN	3,405	8	2		2	29	3,446
Optometry	23						23
Orthopedics	1						1
Primary Care	37,323	295	426	16	41	1,464	39,565
TOTAL	45,107	354	810	16	921	2,442	49,650

0062 AF-C-2nd MEDGRP-BARKSDALE							
FY 2018 LABORATORY SERVICES							
Ordering Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Dental	94	1	2			2	99
Ancillary						139	139
Special Programs	3,163	16	462	4	954	1,480	6,079
Mental Health	1,975	59	76			13	2,123
OB/GYN	4,202	30	40		3	79	4,354
Optometry	10						10
Orthopedics	2						2
Primary Care	35,365	265	494		37	1,229	37,390
TOTAL	44,811	371	1,074	4	994	2,942	50,196

¹ Source: M2 Laboratory Detail, includes both Technical and Professional services. Prime-Site defined as Enrollment Site Parent equal to Tmt Parent. Ordering Product Line based on Ordering MEPRS Code.

Barksdale – FY18 Direct Care Top 20 Laboratory Procedures¹ by Number of Services and Cost/Svc

0062 AF-C-2nd MEDGRP-BARKSDALE						
TOP 20 LABORATORY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	3,970	1,217.94	\$ 102,456	0.31	\$ 25.81
86703	ANTIBDY;HIV-1 & HIV-2,SING RES	3,911	195.55	\$ 16,465	0.05	\$ 4.21
85025	COMPLETE CBC W/AUTO DIFF WBC	3,299	1,055.68	\$ 88,809	0.32	\$ 26.92
80053	COMPREHENSIVE METABOLIC PANEL	3,215	5,618.58	\$ 472,636	1.75	\$ 147.01
80061	LIPID PANEL	2,860	2,898.64	\$ 243,829	1.01	\$ 85.25
84443	ASSAY THYROID STIM HORMONE	2,074	1,272.56	\$ 107,057	0.61	\$ 51.62
99499	UNLISTED E&M SERVICE	1,808	0.00	\$ 0	0.00	\$ 0.00
81003	URINALYSIS, AUTO, W/O SCOPE	1,759	144.89	\$ 12,188	0.08	\$ 6.93
84703	CHORIONIC GONADOTROPIN ASSAY	1,620	433.26	\$ 36,442	0.27	\$ 22.50
99000	HANDL,SPECIM,TRANSF,OFF TO LAB	1,446	0.00	\$ 0	0.00	\$ 0.00
87800	INF AG,NUC ACID,MULT;DIR PROBE	1,299	64.95	\$ 5,469	0.05	\$ 4.21
82306	VITAMIN D, 25 HYDROXY	1,076	967.90	\$ 81,419	0.90	\$ 75.67
87210	SMR,PRI SRC;WET MT,INFECT AGNT	1,028	164.48	\$ 13,837	0.16	\$ 13.46
84439	ASSAY OF FREE THYROXINE	919	248.82	\$ 20,933	0.27	\$ 22.78
87804	INFLUENZA ASSAY W/OPTIC	866	398.36	\$ 33,510	0.46	\$ 38.70
87880	STREP A ASSAY W/OPTIC	721	331.66	\$ 27,903	0.46	\$ 38.70
81015	MICROSCOPIC EXAM OF URINE	701	73.62	\$ 6,191	0.11	\$ 8.83
82043	ALBUMIN;URINE(MICROALB),QUANT	646	32.30	\$ 2,720	0.05	\$ 4.21
88164	CYTOPATH TBS, C/V, MANUAL	639	31.95	\$ 2,690	0.05	\$ 4.21
86735	MUMPS ANTIBODY	626	31.30	\$ 2,635	0.05	\$ 4.21

0062 AF-C-2nd MEDGRP-BARKSDALE						
TOP 20 LABORATORY PROCEDURES BY COST/SVC						
Procedure Code	Description	FY 2018				
		# of Svcs	Total RVU	Full Cost	Avg RVU	Cost / Svc
80053	COMPREHENSIVE METABOLIC PANEL	3,215	5,618.58	\$ 472,636	1.75	\$ 147.01
80069	RENAL FUNCTION PANEL	249	308.76	\$ 25,973	1.24	\$ 104.31
80061	LIPID PANEL	2,860	2,898.64	\$ 243,829	1.01	\$ 85.25
80048	BASIC METABOL PANEL (CA,TOTAL)	594	588.06	\$ 49,468	0.99	\$ 83.28
80076	HEPATIC FUNCTION PANEL	243	234.89	\$ 19,760	0.97	\$ 81.31
82306	VITAMIN D, 25 HYDROXY	1,076	967.90	\$ 81,419	0.90	\$ 75.67
84443	ASSAY THYROID STIM HORMONE	2,074	1,272.56	\$ 107,057	0.61	\$ 51.62
80051	ELECTROLYTE PANEL	5	2.73	\$ 230	0.55	\$ 45.93
80320	ALCOHOLS	263	141.35	\$ 11,890	0.54	\$ 45.21
84481	FREE ASSAY (FT-3)	332	177.81	\$ 14,958	0.54	\$ 45.05
84702	CHORIONIC GONADOTROPIN TEST	131	66.45	\$ 5,590	0.51	\$ 42.67
82951	GLUCOSE TOLERANCE TEST (GTT)	1	0.49	\$ 41	0.49	\$ 41.22
87880	STREP A ASSAY W/OPTIC	721	331.66	\$ 27,903	0.46	\$ 38.70
87804	INFLUENZA ASSAY W/OPTIC	866	398.36	\$ 33,510	0.46	\$ 38.70
83718	ASSAY OF LIPOPROTEIN	16	7.35	\$ 618	0.46	\$ 38.65
87807	INFECTIOUS AGNT ANTIGEN DETECT	27	12.02	\$ 1,011	0.45	\$ 37.45
82365	CALCULUS SPECTROSCOPY	1	0.44	\$ 37	0.44	\$ 37.01
84478	ASSAY OF TRIGLYCERIDES	147	47.61	\$ 4,005	0.32	\$ 27.25
85025	COMPLETE CBC W/AUTO DIFF WBC	3,299	1,055.68	\$ 88,809	0.32	\$ 26.92
87070	CULT,BACT;SOURC EXC URIN/BLD	437	135.54	\$ 11,403	0.31	\$ 26.09

¹Source: M2 Laboratory Detail, includes both Technical and Professional services.

Barksdale – Purchased Care Laboratory¹ Services by Product Line² and Enrollment Category

0062 AF-C-2nd MEDGRP-BARKSDALE PARENT PRISM AREA							
FY 2017 LABORATORY SERVICES							
Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	706	1	91		814	159	1,771
Anesth	126		29		77	35	267
Derm	944	4	101	4	999	138	2,190
ENT	32		6		2	17	57
ER	316	6	60		263	103	748
Facility	12,957	72	6,453		2,525	10,714	32,721
IMSub	1,061		349		123	248	1,781
MH						6	6
OBGYN	1,786		100		60	831	2,777
Optom	11		32		89	39	171
Ortho	92		24		41	53	210
PC	7,974	32	6,189	1	13,406	10,753	38,355
Path	2,982	20	598	1	2,381	983	6,965
Rad					1		1
Surg	375		47			68	490
SurgSub	1,428		354		1,341	402	3,525
Other	1					1	2
None	11,811	48	3,921		1,469	6,202	23,451
Total	42,602	183	18,354	6	23,591	30,752	115,488

0062 AF-C-2nd MEDGRP-BARKSDALE PARENT PRISM AREA							
FY 2018 LABORATORY SERVICES							
Product Line	Prime - Site	Reliant	Prime - Other	Plus	TFL	Not Enrolled	Total
Inpatient	401		152		996	493	2,042
Anesth	124		37		133	40	334
Derm	673		70		925	102	1,770
ENT	22				11	8	41
ER	221		45		209	93	568
Facility	12,267	30	8,450		2,181	9,891	32,819
IMSub	690	1	312		571	284	1,858
OBGYN	1,341	19	116		54	498	2,028
Optom	2,717	17	760		78	881	4,453
Ortho	111	1	50		74	49	285
PC	10,580	47	9,483		11,820	11,506	43,436
Path	2,983	3	880		3,502	1,242	8,610
Rad			3				3
Surg	385		26		4	90	505
SurgSub	1,297	1	306		1,665	334	3,603
Other	7					2	9
None	9,898	54	4,364		612	6,287	21,215
Total	43,717	173	25,054	0	22,835	31,800	123,579

¹ Source: M2 TED Non-Institutional Detail (Procedure Code = 8****), includes both Technical and Professional services. Based on “Parent” PRISM.

Prime-Site defined based on Enrollment Site Parent.

² Inpatient defined as Service Type = I, otherwise based on standard Product Line (derived from Provider Specialty).

Barksdale – FY18 Purchased Care Top 20 Laboratory Procedures¹ by Number of Services and Paid/Svc

0062 AF-C-2nd MEDGRP-BARKSDALE PARENT PRISM AREA						
TOP 20 LABORATORY PROCEDURES BY VOLUME						
Procedure Code	Description	FY 2018				
		Number of Services	Enhanced Total RVU	Amount Paid ²	Avg RVU	Paid ² / Svc
85025	COMPLETE CBC W/AUTO DIFF WBC	9,661	2,680.20	\$ 74,820	0.28	\$ 7.74
88305	LEV IV-SRG PATH,GROS&MICRO EXM	8,749	10,200.17	\$ 230,374	1.17	\$ 26.33
80053	COMPREHENSIVE METABOLIC PANEL	5,907	2,182.24	\$ 59,447	0.37	\$ 10.06
87804	INFLUENZA ASSAY W/OPTIC	5,581	2,567.26	\$ 72,895	0.46	\$ 13.06
87880	STREP A ASSAY W/OPTIC	5,545	2,550.70	\$ 84,982	0.46	\$ 15.33
81003	URINALYSIS, AUTO, W/O SCOPE	4,614	381.15	\$ 7,761	0.08	\$ 1.68
80061	LIPID PANEL	3,832	2,044.42	\$ 45,496	0.53	\$ 11.87
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	2,837	962.93	\$ 23,131	0.34	\$ 8.15
86003	ALLERG SPEC IGE;QUANT/SEMI,EA	2,746	502.62	\$ 18,486	0.18	\$ 6.73
84443	ASSAY THYROID STIM HORMONE	2,678	1,589.90	\$ 48,984	0.59	\$ 18.29
87502	INF AGT DET,NA;INFLU,MLT,1ST 2	2,002	5,973.22	\$ 212,017	2.98	\$ 105.90
82306	VITAMIN D, 25 HYDROXY	1,644	1,716.92	\$ 53,819	1.04	\$ 32.74
84439	ASSAY OF FREE THYROXINE	1,632	517.14	\$ 17,429	0.32	\$ 10.68
81001	URINALYSIS, AUTO W/SCOPE	1,462	164.70	\$ 4,244	0.11	\$ 2.90
87086	CULT,BACT;QUANTIT COLONY COUNT	1,380	397.20	\$ 14,179	0.29	\$ 10.27
80050	GENERAL HEALTH PANEL	1,184	1,560.43	\$ 50,662	1.32	\$ 42.79
86140	C-REACTIVE PROTEIN	1,165	214.98	\$ 5,789	0.18	\$ 4.97
81025	URINE PREGNANCY TEST	1,127	270.48	\$ 9,715	0.24	\$ 8.62
82570	ASSAY OF URINE CREATININE	1,075	198.52	\$ 4,607	0.18	\$ 4.29
88175	CYTP,COLLD PRESRV;W/SCRN AUT	1,046	977.76	\$ 36,421	0.93	\$ 34.82

0062 AF-C-2nd MEDGRP-BARKSDALE PARENT PRISM AREA						
TOP 20 LABORATORY PROCEDURES BY PAID/SVC						
Procedure Code	Description	FY 2018				
		Number of Services	Enhanced Total RVU	Amount Paid ²	Avg RVU	Paid ² / Svc
81415	EXOME; SEQUENCE ANALYSIS	3	299.97	\$ 19,619	99.99	\$ 6,539.70
81416	EXOME;SEQ ANAL,EA COMPARAT EXO	4	399.96	\$ 21,908	99.99	\$ 5,477.11
81545	ONC(THY),GEN EXPR ANAL,142 GEN	1	99.99	\$ 4,400	99.99	\$ 4,399.71
81519	ONC(BRST),MRNA,RT-PCR,21 GENES	3	299.97	\$ 8,915	99.99	\$ 2,971.50
81229	CYTO CON MICROAR ANAL;COPY&SNP	1	0.00	\$ 2,408	0.00	\$ 2,408.20
81162	BRCA1,BRCA2 GEN ANAL;FULL&DUP	1	62.58	\$ 1,698	62.58	\$ 1,698.27
81211	BRCA1,2 GEN ANAL;FUL,COM,BRCA1	32	2,075.80	\$ 52,552	64.87	\$ 1,642.24
81408	MOLECULAR PATHOLOGY PROC, LV 9	3	111.12	\$ 4,317	37.04	\$ 1,438.99
81223	CFTR GENE ANAL; FULL GENE SEQ	1	13.86	\$ 1,420	13.86	\$ 1,420.41
81479	UNLISTED MOLECULAR PATH PROC	24	0.00	\$ 28,913	0.00	\$ 1,204.73
81406	MOLECULAR PATHOLOGY PROC,LEV 7	25	188.64	\$ 29,188	7.55	\$ 1,167.50
81201	APC GENE ANAL;FULL GENE SEQ	1	21.67	\$ 1,130	21.67	\$ 1,130.00
81405	MOLECULAR PATHOLOGY PROC,LEV 6	4	33.48	\$ 3,899	8.37	\$ 974.63
81220	CFTR GENE ANAL;COMMON VARIANTS	22	278.28	\$ 16,469	12.65	\$ 748.57
81420	FET CHR ANEUP GEN SEQ,13,18,21	28	608.16	\$ 17,380	21.72	\$ 620.72
87507	INF AGNT,DNA/RNA;GI,12-25 TARG	16	231.92	\$ 9,788	14.50	\$ 611.78
81528	ONC(COLOREC),QUANT,10 DNA MARK	18	254.52	\$ 10,774	14.14	\$ 598.56
81317	PMS2 GENE ANAL; FULL SEQ ANAL	4	78.56	\$ 2,372	19.64	\$ 592.92
81292	MLH1 GENE ANAL; FULL SEQ ANAL	5	93.80	\$ 2,775	18.76	\$ 554.94
81298	MSH6 GENE ANAL; FULL SEQ ANAL	4	71.32	\$ 2,153	17.83	\$ 538.26

¹ Source: M2 TED Non-Institutional Detail (Procedure Code = 8****), includes both Technical and Professional services. Based on "Parent" PRISM.

² Purchased Care includes 13% increase for overhead burdening.

Staffing

Barksdale – Staffing¹

All MEPRS Codes, No Limitation on Skill Type

Assigned FTEs

Tmt Parent DMIS ID	Tmt DMIS ID	Tmt DMIS ID Name	2017					2018				
			CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
0062	0062	AF-C-2nd MEDGRP-BARKSDALE	54.1		204.6		258.7	51.2		200.4		251.6
	1763	AF-D-2nd DENTAL SQ-BARKSDALE	5.3		54.5		59.8	5.2		53.3		58.6
0062 Total			59.4	0.0	259.1	0.0	318.5	56.5	0.0	253.7	0.0	310.2

Available FTEs

Tmt Parent DMIS ID	Tmt DMIS ID	Tmt DMIS ID Name	2017					2018				
			CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
0062	0062	AF-C-2nd MEDGRP-BARKSDALE	44.7	75.8	200.4	2.9	323.8	42.8	72.1	191.1	2.9	308.7
	1763	AF-D-2nd DENTAL SQ-BARKSDALE	3.4	5.6	37.4		46.4	3.6	6.0	38.4		48.0
0062 Total			48.1	81.3	237.8	2.9	370.2	46.4	78.0	229.4	2.9	356.7

¹ Source: M2 MEPRS Personnel Detail. Based on Parent DMIS ID, information listed by Child DMIS ID.

Barksdale – Staffing (Available FTEs)¹

MEPRS B

0062 AF-C-2nd MEDGRP-BARKSDALE											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1P	PHYSICIAN		3.3	5.9		9.2		3.2	5.8		9.0
2N	NURSE PRACTITIONER		3.7	3.6		7.2		3.6	2.1		5.7
2P	PHYSICIAN ASSISTANT		1.8	5.0		6.8		1.7	5.6		7.3
2W	STUDENT-NON GME/GDE					0.0			0.0		0.0
2Z	ALL OTHERS IN SKILL TYPE 2	0.8	4.5	4.6		10.0	0.8	5.9	4.3		11.0
3R	REGISTERED NURSE	2.6	5.7	2.4		10.7	1.9	6.4	3.8		12.2
3Z	ALL OTHERS IN SKILL TYPE 3			0.0		0.0			0.0		0.0
4A	NURSING ASSISTANT	0.8				0.8	0.8				0.8
4L	LPN/LVN	1.6				1.6	1.4				1.4
4W	STUDENT-NON GME/GDE					0.0					0.0
4Z	ALL OTHERS IN SKILL TYPE 4	1.0	7.7	34.9		43.6	0.8	7.7	29.2		37.7
5A	ADMINISTRATORS	0.1		0.8		0.8	0.4		0.0		0.4
5C	CLERICAL		1.3	4.0	0.0	5.3		1.7	3.7		5.4
5M	MEDICAL RECORD AUDITOR/CODER	0.0				0.0					0.0
5Z	ALL OTHERS IN SKILL TYPE 5	2.9		0.0		2.9	3.3		0.8		4.1
Grand Total		9.7	27.9	61.2	0.0	98.8	9.4	30.1	55.3	0.0	94.9

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Barksdale – Staffing (Available FTEs)¹

All MEPRS

0062 AF-C-2nd MEDGRP-BARKSDALE											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1D	DENTIST			2.8		2.8			2.3		2.3
1P	PHYSICIAN		3.3	10.2		13.6		3.3	9.7		13.1
1U	RESIDENT-DENTAL			0.6		0.6			0.4		0.4
2N	NURSE PRACTITIONER		3.7	4.0		7.7		3.8	2.9		6.7
2P	PHYSICIAN ASSISTANT		1.9	6.9		8.8		1.8	6.4		8.3
2W	STUDENT-NON GME/GDE					0.0			0.0		0.0
2Z	ALL OTHERS IN SKILL TYPE 2	2.5	9.2	9.6		21.3	1.8	12.3	11.0		25.1
3R	REGISTERED NURSE	4.8	11.0	5.9		21.8	5.3	10.7	6.3		22.3
3Z	ALL OTHERS IN SKILL TYPE 3			2.4		2.4			1.1		1.1
4A	NURSING ASSISTANT	0.8				0.8	0.8				0.8
4L	LPN/LVN	1.6				1.6	1.4				1.4
4W	STUDENT-NON GME/GDE					0.0			0.0		0.0
4Z	ALL OTHERS IN SKILL TYPE 4	10.7	12.3	91.4		114.4	9.3	10.7	86.0		106.1
5A	ADMINISTRATORS	4.5		8.3		12.8	5.8		7.6		13.4
5C	CLERICAL	4.6	29.1	20.1	2.9	56.8	4.2	24.1	20.6	2.9	51.9
5L	LOGISTICS	0.9	5.2	10.5		16.6	0.6	5.3	10.5		16.4
5M	MEDICAL RECORD AUDITOR/CODER	2.4				2.4	1.8				1.8
5W	STUDENT-NON GME/GDE					0.0			0.0		0.0
5Z	ALL OTHERS IN SKILL TYPE 5	11.7		27.6		39.3	11.8		26.2		37.9
Grand Total		44.7	75.8	200.4	2.9	323.8	42.8	72.1	191.0	2.9	308.7

1763 AF-D-2nd DENTAL SQ-BARKSDALE											
Skill Type	Skill Type and Suffix Desc	2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
1D	DENTIST		0.7	9.7		10.4		0.8	10.1		10.8
1U	RESIDENT-DENTAL			3.3		3.3			3.1		3.1
2Z	ALL OTHERS IN SKILL TYPE 2					0.0			0.0		0.0
3R	REGISTERED NURSE			0.0		0.0					0.0
4W	STUDENT-NON GME/GDE					0.0					0.0
4Z	ALL OTHERS IN SKILL TYPE 4	3.3	4.8	24.4		32.5	3.2	5.2	25.2		33.6
5C	CLERICAL	0.2				0.2	0.4		0.0		0.4
5Z	ALL OTHERS IN SKILL TYPE 5	0.0				0.0					0.0
Grand Total		3.4	5.6	37.4	0.0	46.4	3.6	6.0	38.4	0.0	48.0

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Barksdale – Skill Type 1P (Physician) by DoD Occupation Code¹ (Available FTEs)

0062 AF-C-2nd MEDGRP-BARKSDALE											
DoD Occ Code		2017					2018				
		CIV	CON	MIL	OTH	TOTAL	CIV	CON	MIL	OTH	TOTAL
260101	AVIATION/AEROSPACE MEDICINE, RESIDENCY TRAINED AER			0.4		0.4			0.6		0.6
260105	EXECUTIVE MEDICINE			0.0		0.0			0.0		0.0
260109	GENERAL MEDICINE					0.0			0.6		0.6
260111	FAMILY PRACTICE		0.9	2.4		3.3		0.6	1.6		2.2
260115	OBSTETRICS/GYNECOLOGY			0.1		0.1			0.0		0.0
260116	OCCUPATIONAL MEDICINE		1.5			1.5		1.7			1.7
260121	PEDIATRICS, GENERAL		0.9	0.9		1.8		0.9	0.9		1.8
260125	PSYCHIATRY			0.6		0.6			0.7		0.7
260132	ORTHOPEDIC SURGERY			0.0		0.0			0.0		0.0
260151	AVIATION/AEROSPACE MEDICINE, RESIDENCY TRAINED OTH			0.7		0.7			1.3		1.3
260152	AVIATION/AEROSPACE MEDICINE NON-RESIDENCY TRAINED			0.7		0.7					0.0
TOTAL		0.0	3.3	5.9	0.0	9.2	0.0	3.2	5.8	0.0	9.0

MEPRS B
Only

¹ Source: M2 MEPRS Personnel Detail. Based on Child DMIS ID.

Eligible Population and Enrollment

Barksdale – Eligibles and Enrollees¹ by PRISM and Enrollment Site (Child)

PRISM (for Elig) / Enrollment Site (for Enr)		FY	Eligibles					Prime and Plus Enrolled				
			ADFM	RET	OTHER ²	AD	TOTAL	ADFM	RET	OTHER ²	AD	TOTAL
0062	AF-C-2nd MEDGRP-BARKSDALE	2014	8,386	5,940	10,010	6,277	30,612	6,784	1,672	2,634	5,819	16,909
0062	AF-C-2nd MEDGRP-BARKSDALE	2015	7,729	5,998	10,353	5,569	29,648	6,188	1,768	2,787	5,447	16,190
0062	AF-C-2nd MEDGRP-BARKSDALE	2016	7,548	5,980	10,224	5,433	29,185	6,020	1,820	2,789	5,341	15,971
0062	AF-C-2nd MEDGRP-BARKSDALE	2017	7,547	5,971	10,190	5,530	29,237	5,957	1,830	2,820	5,386	15,993
0062	AF-C-2nd MEDGRP-BARKSDALE	2018	7,404	5,882	10,259	5,747	29,293	5,430	1,754	2,916	5,490	15,589

¹ Source: Eligibles = M2 DEERS Person Detail; Enrollees = M2 TRICARE Relationship Detail. Eligibles based on PRISM Area ID. Enrollees based on Enrollment Site and ACV Group = Prime or Plus.

² Includes FM of Retired, Survivors, Other, Unknown, Inactive Guard/Reserve, FM of Inactive Guard/Reserve

Barksdale – Eligibles¹ by PRISM Area ID

0062 AF-C-2nd MEDGRP-BARKSDALE										
Gender by Age Group										
Gender	FY	0-4	5-14	15-17	18-24	25-34	35-44	45-64	65+	Total
Female	2014	1,049	1,810	482	1,636	2,030	1,541	2,868	3,493	14,909
	2015	1,007	1,734	474	1,569	1,962	1,484	2,791	3,502	14,524
	2016	975	1,718	478	1,498	1,874	1,489	2,766	3,460	14,255
	2017	977	1,741	493	1,455	1,871	1,541	2,784	3,425	14,286
	2018	971	1,739	508	1,510	1,883	1,551	2,737	3,415	14,314
Male	2014	1,109	1,865	547	2,333	2,503	1,656	2,913	2,778	15,703
	2015	1,052	1,785	535	2,263	2,389	1,516	2,802	2,780	15,123
	2016	1,051	1,760	546	2,159	2,346	1,530	2,785	2,755	14,930
	2017	1,037	1,800	556	2,114	2,335	1,593	2,772	2,745	14,951
	2018	985	1,801	548	2,152	2,347	1,652	2,740	2,752	14,976
Total	2014	2,159	3,675	1,029	3,969	4,533	3,196	5,781	6,271	30,612
	2015	2,060	3,519	1,009	3,833	4,352	3,000	5,593	6,283	29,648
	2016	2,025	3,478	1,023	3,656	4,220	3,019	5,550	6,214	29,185
	2017	2,014	3,541	1,049	3,569	4,206	3,133	5,557	6,170	29,237
	2018	1,956	3,540	1,056	3,662	4,231	3,203	5,477	6,168	29,291

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Gender by Ben Cat Common						
Gender	FY	ADFM	RET	OTHER	AD	Total
Female	2014	5,402	396	8,012	1,099	14,909
	2015	4,984	442	8,143	957	14,525
	2016	4,827	471	8,017	940	14,256
	2017	4,806	501	7,981	998	14,286
	2018	4,758	475	7,965	1,117	14,315
Male	2014	2,984	5,545	1,997	5,177	15,703
	2015	2,745	5,557	2,211	4,612	15,123
	2016	2,721	5,509	2,207	4,492	14,930
	2017	2,742	5,469	2,209	4,532	14,951
	2018	2,646	5,407	2,294	4,629	14,976
Total	2014	8,386	5,940	10,010	6,277	30,612
	2015	7,729	5,998	10,353	5,569	29,648
	2016	7,548	5,980	10,224	5,433	29,185
	2017	7,547	5,971	10,190	5,530	29,237
	2018	7,404	5,882	10,259	5,747	29,293

¹ Source: M2 DEERS Person Detail

Update History

- ❑ Version 1: New portfolio template. Direct Care costs for FY13 are based on FY13 MEPRS expenses; FY14 is based on FY13 MEPRS with inflation factors applied. May 2015.
- ❑ Version 2: Updated FY14 data; added FY15 data; added Pharmacy, Radiology, and Laboratory data; added additional views of eligible data; added Ambulatory Surgery Top 20 Procedures. FY14 Direct Care Costs are based on FY14 MEPRS expenses; FY15 Direct Care Costs are based on FY14 MEPRS with inflation factors applied. March 2016.
- ❑ Version 3: Updated FY15 data; added FY16 data; added Appointment Data. FY15 Direct Care Costs are based on FY15 MEPRS expenses; FY16 Direct Care Costs are based on FY15 MEPRS with inflation factors applied. March 2017.
- ❑ Version 4: Updated FY16 data; added FY17 data. FY16 Direct Care Costs are based on FY16 MEPRS expenses; FY17 Direct Care Costs are based on FY16 MEPRS with inflation factors applied. March 2018.
- ❑ Version 5: Updated FY17 data; added FY18 data. FY17 Direct Care Costs are based on FY17 MEPRS expenses; FY18 Direct Care Costs are based on FY17 MEPRS with inflation factors applied. March 2019.