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

87th Medical Group-Joint Base McGuire-Dix-Lakehurst
Volume I

Disclaimer: This Use Case provides information relevant to decisions to change capacity and capability of a military treatment facility. A detailed implementation plan is needed to accomplish a transition of clinical services.

Executive Summary

Site	**87th Medical Group (MEDGRP) McGuire**
Decision	Transition the 87th Medical Group-McGuire outpatient facility to an Active Duty only and Occupational Health clinic (AD/OH). All base support functions and pharmacy workload supporting all beneficiaries will be maintained.

Background and Context

The table below summarizes the findings and data informing the decision on the future of the Military Medical Treatment Facility (MTF). Information in the Use Case Package could include, but is not limited to: Base and MTF mission briefs, a site-visit trip report, and two network assessments (TRICARE Health Plan Network Review and an independent government network assessment). When determining the decision for each site, the mission impact and network impact were considered in conjunction with Service and MTF input.

Wing Mission Summary

Joint Base McGuire-Dix-Lakehurst (JBMDL) and the 87th MEDGRP is in McGuire, NJ, and spans Burlington County and Ocean County, and is approximately 20 miles from Trenton, NJ. The 87th Air Base Wing (ABW) is the host wing. The wing's vision is to be America's premier joint warfighting installation and air mobility center of excellence. The 87th ABW provides installation support to more than 88 mission partners spread across 42,000 acres at McGuire, Dix, and Lakehurst – the Department of Defense's (DoD) first joint base and only joint base that consolidated Air Force, Army, and Navy installations.

Criteria Matrix

Criteria	Rating or Value[1]	Key Takeaways or Findings	Use Case Package
Mission Impact	L	• Access to quality and timely primary and specialty care is a readiness issue for the AD, especially given the Exceptional Family Member Program (EFMP) population (the MTF currently supports 316 EFMP in Family Practice and 491 in Pediatrics) • In supporting the joint missions on base, the 87th MEDGRP needs to be staffed in order to have the flexibility to support readiness of the variety and complexity of missions. This includes: understanding transportation from the ranges, as well as the MEDGRP responsibilities as it relates to taking care of entrance physicals and on base trainees • The area immediately surrounding JBMDL is rural and MTF leadership is concerned about enrollees' safety receiving care in nearby cities (e.g., Trenton, Camden). Most of the primary care is west of the base towards Philadelphia. For the populations that live off-base to the west, receiving care from that network will be little disruption. For the approximately 90% of beneficiaries that live within the 30-minute drive time however, shifting to network care will cause productivity issues as the drive times are significant to quality, available care • Joint Base McGuire Dix Lakehurst is a Mobilization Force Generation Installation (MFGI). 87th MEDGRP would be responsible for providing healthcare to reservists moved to JBMDL for readiness-processing of a deploying force	Section 1.0
Network Assessment	M	• JBMDL is located in an area with a limited primary care network. The total impacted population represents 1% of the total population within a 30-minute drive-time radius. This is well below the 10% threshold, and thus will not materially impact the supply and demand of primary care Services • Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market. If MCSC contracts 50% of the non-network Primary Care Providers (PCPs), they would have a total of 182 PCPs accepting new patients. Each PCP would have to enroll 53 new patients to accommodate the more than 9,500 87th MEDGRP enrollees. Based on these assumptions, the MCSC network could expand with moderate difficulty to meet the new demand	Section 2.0

[1] See Appendix B for Criteria Ratings Definitions

		• Projected population growth for this area is between 2-4% over the next five (5) years (2019 to 2023). This moderate level of growth will result in a surplus of Internal Medicine and Pediatric Providers outside of Burlington County, where the MTF is located, but a shortage of General /Family Physicians. New entrants will be needed to mitigate physician shortages	

Risk/Concerns and Mitigating Strategies

The Risk/Concerns and Mitigation table below, represents a high-level summary of the risks identified throughout the process as well as the main concerns of the Base and MTF Commanders identified on the site visit. Though not exhaustive, the mitigation strategies / potential courses of action will be used to help develop a final implementation plan.

	Risk/Concerns	Mitigating Strategy
1	The area directly surrounding the MTF is relatively rural, and the pace at which the network can absorb new enrollees into primary care is unknown. There will be an adjustment period for the network	• Allow AD to remain enrolled to the MTF • The MTF should conduct the transition in a measured way that is tailored to their specific needs and addressed in the implementation plan. The MCSC/THP and MTF will monitor progress and address access issues by slowing down the transition, including maintaining necessary MTF staffing levels as the transition progresses
2	Frustrations with the MCSC could drive some current network providers to drop from the network	• MCSC provider relations representatives will continue regular network provider education and engagement
3	The network's ability to provide adequate Behavioral Health Services in the future	• Access standards for Behavioral Health will be closely monitored and the MTF should work with MCSC/THP to identify additional providers if necessary
4	The patients' change in expectations from getting care on the base to getting care off the base will have to be monitored and measured	• This risk will be mitigated through the implementation and communications plan, as well as case management and care coordination

Next Steps:

Develop the implementation plan for the above decision, with a focus on deliberately shifting enrollees to an expanded civilian network one (1) panel at a time.

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

Joint Base McGuire-Dix-Lakehurst (JBMDL) and the 87th Medical Group (MEDGRP) is in McGuire, NJ, in Burlington County, approximately 20 miles from Trenton, NJ. JBMDL's key mission elements are the United States (U.S.) Air Force Expeditionary Center and the 87th Air Base Wing[2]. The total MTF enrolled population affected by the transition is approximately 9,600[3] empaneled beneficiaries that will need to find a new Primary Care Manager (PCM). Of note, JBMDL has unique population attributes, supporting approximately 800 EFMP beneficiaries.

1.1. Installation Description

Name	Joint Base McGuire-Dix-Lakehurst (JBMDL)
Location	McGuire, NJ; Burlington County; approximately 20 miles from Trenton, NJ
Mission Elements[4]	U.S. Air Force Expeditionary Center, 87th Air Base Wing, 305th Air Mobility Wing, 621st Contingency Response Wing, 514th Air Mobility Wing (AFRC), 108th Wing (ANG), 174th Infantry Brigade, Marine Air Group 49, and Navy Operational Support Command, Army Support Activity
Tenants	99th Readiness Division, Army Communications-Electronics Research, Development and Engineering Center (CERDEC), Naval Air Systems Command, Naval Air Warfare Center Aircraft Division, U.S. Coast Guard Atlantic Strike Team
Mission Description	Mission-ready warriors and professionals delivering innovative Agile Combat Support, enabling a full range of missions across the joint base
Regional Readiness / Emergency Management	No information
Base Active or Proposed Facility Projects	No information
Medical Capabilities and Base Mission Requirements	JBMDL is the only base with an Army Mobilization Force Generation Installation (MFGI) organic mission requirement. Keller Army Community Hospital Leadership team, supporting unit, highlighted that for MFGI sustainment operations there are approximately 1.2 thousand (K) – 1.5K permanent party active duty (AD) soldiers at JBMDL but that number can surge to 3K permanent party AD soldiers MFGI throughput requirement of 10K soldiers per month during real-world or exercise events. The Army will provide the medical staff and resources to serve this increased population, but the individuals who will see the MFGI population will require medical support from the 87th MEDGRP.

1.2. MTF Description

Name	87TH MEDGRP McGuire
Location	McGuire, NJ; Burlington County; approximately 20 miles from Trenton, NJ
Market[5]	Garden State (Small Market)
Mission Description	To enable a medically fit Joint Force, mission-ready medics, and improve the health of our community by delivering patient-centered care
Vision Description	• Integrity First • Service Before Self • Excellence in All We Do • Respect & Compassion for Those We Serve
Goals	• Executing the Defense Health Agency (DHA) transition while keeping readiness at the forefront • Strengthening a culture of Trusted Care and Patient Safety

[2]Source: 87MDG Mission Brief
[3] Source: 87MDG Mission Brief
[4] Source: Non-AD MTF Prime and Plus
[5] Defined by FY17 NDAA Section 702 Transition

- Enhancing relationships with Sister Service Medics to improve patient care for all Services
- Lean Daily Management initiatives to foster and improve communication
- Process Improvement projects for enhancements of the deployment clearance process and maximizing the medical readiness of the force through optimal appointment utilization
- Leveraging our Performance Improvement Function to enhance readiness, safety, and innovation
- Improved civilian personnel hiring and management
- Pursuing joint staffing of the MTF and expanding internal/external partnerships
- Empanelment's by unit to better align with unique warfighter readiness needs

Facility Type

Outpatient clinic, no ambulatory surgery

Square Footage

100,000 Net Square Feet

Deployable Medical Teams

Behavioral Health Rapid Response Psychiatric-Mental Health Nurse Provider (P-MHNP) – 1 officer, 1 enlisted Global Reach Laydown Team – 3 officer, 1 enlisted
Logistics Manpower Augmentation Team – 2 enlisted
Patient Movement Element – 2 officer, 6 enlisted

FY18 Annual Budget[6]

$23.1M

Sustainment, Restoration, and Maintenance (SRM) renovation project ($7.5 million (M))

MTF Active or Proposed Facility Projects

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

Performance Metrics

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

	Active Duty	Civilian	Contractor	Total
Medical	207.2	58.4	0	**265.6**

Healthcare Services

(1) Primary & Specialty Services:
- Family Health
- Flight Medicine
- Pediatrics
- Women's Health
- Physical Therapy
- Chiropractic Services
- Immunizations Mental Health
- Alcohol & Drug Abuse Prevention & Treatment (ADAPT)
- Family Advocacy
- Optometry
- Audiology
- Health Promotion
- Aerospace Physiology
- Public Health
- Bioenvironmental Engineering

(2) Diagnostic & Therapeutic Services:
- Clinical Laboratory
- Radiology
- Pharmacy

(3) Dental Services:
- Comprehensive Dentistry
- Endodontics Periodontics
- Prosthodontics

[6] Source: 87th MDG Mission Brief
[7] Source: 87th Med Grp-McGuire MTF Portfolio

Network Considerations	3,000 average referrals in a month 350 commonly used off-base providers $42M in annual purchased care

Projected Workforce Impact

Active Duty	Civilian	Total
33	18	**51**

2.0. Healthcare Market Surrounding the MTF

Description	In the McGuire drive-time standard, there are currently 221 Primary Care Practices, which account for 318 Primary Care Physicians.
Top Hospital Alignment	• Robert Wood Johnson University Hospital (New Brunswick, NJ) • Community Medical Center (Toms River, NJ) • Saint Mary Medical Center (Langhorne, PA) • Ocean Medical Center (Brick Township, NJ)
Likelihood of Offering Primary Care Services to TRICARE Members[8]	

	Number of Practices	Number of Physicians
Contracted with TRICARE	55	62
High Likelihood	25	31
Medium Likelihood	122	188
Low Likelihood	19	37
Total	**221**	**318**

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- McGuire Air Force Base (AFB), New Jersey (JBMDL), located approximately 20 miles southeast of Trenton, NJ, has a market area population of approximately 6.5M[9]
- JBMDL is a MFGI. 87th MEDGRP would be responsible for providing healthcare to reservists moved to JBMDL for readiness-processing of a deploying force
- The 87th MEDGRP has 9,654[10]non-AD enrollees who could enroll to the network; 4,010 enrollees are non-AD on-base residents of JBMDL
- Managed Care Support Contractor (MCSC) has contracted 46[11] of 318[12] (14%) Primary Care Providers (PCPs) within a 15-mile radius of the MTF. All 46 are accepting new patients
- Rolling 12-month JOES-C scores ending October 2018 with a "health care rating" scored as a nine (9) or 10 on a scale of 0-10:
    - 87th MEDGRP patients: 43.5% (124 respondents)
    - Network patients: 78.4% (622 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members[13]
    - Preventive Care Visit: $0
    - Primary Care Outpatient Visit: $20
    - Specialty Care Outpatient or Urgent Care Center Visit: $30
    - Emergency Room Visit: $61
- TRICARE Prime enrollees should expect to drive no more than:
    - 30 minutes to a PCM for primary care
    - 60 minutes for specialty care
    - 60 minutes for specialty care

Assumptions:

- MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000[14]

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

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

[10] M2

[11] MCSC

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

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

[14] MGMA

- PCPs generally have relatively full panels, able to immediately enroll:
    - Up to 2.5% more enrollees (49) easily
    - 2.5% - 5% (50-99) with moderate difficulty
    - > 5% (100+) with great difficulty
- Rural networks will grow more slowly than metropolitan networks to accommodate demand
- Beneficiaries are reluctant to waive the 30-minute drive time standard for primary care

Analysis:

- JBMDL is in an area with a currently adequate primary care network
- Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market
- If MCSC contracts 50% of the non-network PCPs, they would have a total of 182 PCPs accepting new patients
- After the MCSC expansion to 182 PCPs, each PCP would have to enroll 53 new patients to accommodate the 9,654 87th MEDGRP enrollees
- Based on the assumptions above, the MCSC network could expand with moderate difficulty to meet the new demand
- Beneficiaries rate network health care 35% higher than 87th MEDGRP healthcare, so beneficiary satisfaction is not likely to suffer with network enrollment
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- Base non-AD residents will have to travel farther for primary care if enrolled to the network

Implementation Risks:

- MCSC network may not grow fast enough to accommodate beneficiaries shifted from 87th MEDGRP
- MCSC may be unable to contract enough PCPs within the 30-minute drive time
- Retirees and their family members may seek less primary care due to out-of-pocket costs (+/-)

2.2. Network Insight Assessment Summary (Independent Government Assessment)

- **Primary Care:** The MHS impacted population for primary care represents approximately 1% of the population within a 30-minute drive- time radius. This is well below the 10% threshold, and thus will not materially impact the supply of, and demand for, care. Projected population growth for this area is between 2-4% over the next five (5) years (2019 to 2023). This moderate level of growth will result in a surplus of Internal Medicine and Pediatric Providers, but a shortage of General / Family Physicians
- **Specialty Care:** The MHS impacted population for specialty care represents approximately 0.3% of the population within a 60-minute drive-time radius. This is well below the 10% threshold, and thus will not materially impact the supply of, and demand for, care. Projected population growth for this area is between 2-4% over the next five (5) years (2019 to 2023). Current supply of specialty care physicians is adequate to cover increased demand from population growth

Assumptions:

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

Analysis:

- **Primary Care:** Commercial primary care providers within the 30-minute drive-time could potentially absorb the incremental demand from beneficiaries who are being transitioned out of the MTF. Although Primary Care shortages are projected in Burlington County, where the MTF is located, a major surplus of Internal Medicine and Pediatric physicians in Mercer & Monmouth counties can take on excess demand of general / family practice Services. There is an adequate supply of internal medicine and pediatric physicians to cover the increased demand for the impacted TRICARE beneficiaries. As shortages can be attributed to population growth, new entrants will be needed to mitigate physician shortages
- **Specialty Care:** There is a surplus of physicians in all impacted specialties (Obstetrics and Gynecology (OB/GYN) and Psychiatry) across the 60-min drive time radius
    - **OB/GYN:** Although, there is a small shortage of OB/GYN physicians in Burlington County where the majority of beneficiaries reside, surpluses in neighboring counties provide sufficient coverage
    - **Psychiatry:** Current Psychiatry providers in the market Service are covering current demand. There is capacity to accept the incremental MHS population with the current supply of providers. There are adequate Psychiatry providers in the market to Service the incremental MHS beneficiaries within the 60-minute drive-time standard

3.0. Appendices

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Appendix B	Criteria Ratings Definition
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Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service Quadruple Aim Performance Plan (QPP)
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs)
6. The average PCP panel is approximately 2000[15]

[15] MGMA

Appendix B: Criteria Ratings Definition

Criteria Ratings Definition

Mission Impact	High: High probability of impacting the mission or readiness with the impacted population receiving network care Medium: Moderate probability of impacting the mission or readiness with the impacted population receiving network care Low: Low probability of impacting the mission or readiness with the impacted population receiving network care
Network Assessment	High: Both network assessments confirm inadequate network for primary and specialty care. Low probability of network growth or MCSC recruitment in the future Medium: Mixed findings from both network assessments for primary and specialty care. Moderate probability of network growth in the future Low: Both network assessments confirm adequate network for primary care and specialty care

Appendix C: Glossary

Term (alphabetical)	*Definition*
Ambulatory Care	**Ambulatory care** or outpatient **care** is medical **care** provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services (Source: Wikipedia)
Beneficiary	Individuals who have been determined to be entitled to or eligible for medical benefits and therefore authorized treatment in a military treatment facility or under Department of Defense auspices (Source: health.mil)
Critical Access Designation	**Critical Access** Hospital is a **designation** given to eligible rural hospitals by the Centers for Medicare and Medicaid Services (CMS). ... The CAH **designation** is designed to reduce the financial vulnerability of rural hospitals and improve **access** to healthcare by keeping essential services in rural communities (Source: Ruralhealthinfo.org)
Direct Care	Hospitals and clinics that are operated by military medical personnel (Source: health.mil)
Eligible	To use TRICARE, you must be listed in DEERS as being eligible for military health care benefits. TRICARE-eligible persons include the following: Military members and their families, National Guard/Reserve members and their families, Survivors, Some former spouses, Medal of Honor recipients and their families (Source: Military.com)
Enrollee	An eligible MHS beneficiary that is currently participating in one of the TRICARE plans
JOES	Joint Outpatient Experience Survey
JOES-C	Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems
Managed Care Support Contractor	Managed Care Support Contractors. Each TRICARE region has its own managed care support contractor (MCSC) who is responsible for administering the TRICARE program in each region. The MCSCs establish the provider networks and conduct provider education. Humana is the MCSC in the East, and HealthNet is the MCSC in the West (Source: health.mil)
Network	A provider network is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to its members. These providers are called "network providers" or "in-network providers." (Source: cms.org)
Occupational Therapy	Occupational therapy is the use of assessment and intervention to develop, recover, or maintain the meaningful activities, or occupations, of individuals, groups, or communities. It is an allied health profession performed by occupational therapists and Occupational Therapy Assistants
Overseas Remote	TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations: Eurasia-Africa, Latin America and Canada, Pacific
P4I	A set of MHS clinical, quality, safety and readiness performance measures (Partnership for Improvement)
Panel	"Provider panel" means the participating providers (Primary Care physician) or referral providers who have a contract, agreement or arrangement with a health maintenance organization or other carrier, either directly or through an intermediary, and who have agreed to provide items or services to enrollees of the health plan (Source: Definedterm.com)
Physical Medicine	The branch of medicine concerned with the treatment of disease by physical means such as manipulation, heat, electricity, or radiation, rather than by medication or surgery. the branch of medicine that treats biomechanical disorders and injuries (Source: Dictionary.com)
Plus	With TRICARE Plus, you get free Primary Care at your military hospital or clinic. The beneficiary does not pay nothing out-of- pocket. TRICARE Plus doesn't cover Specialty Care (Source: health.mil)
Prime	TRICARE Prime is a health insurance program offered to active duty members, retirees, activated guard & reserve members, and families. If you're on active duty, you have to enroll in TRICARE Prime, all others can choose to enroll or use TRICARE Select. TRICARE Prime offers fewer out-of-pocket costs than TRICARE Select, but less freedom of choice for providers (Source: health.mil)
Purchased Care	Supplementing the direct care component, the purchased care component of TRICARE is composed of TRICARE-authorized civilian health care professionals, institutions, pharmacies, and suppliers who have generally entered into a network participation agreement with a TRICARE regional contractor.
Reliant	Active Duty Service Members who are not enrolled to TRICARE Prime (e.g. students and recruits) (Source. MHS Modernization Study, Feb 2016)
Value Based Payment	**Value Based Payment** (VBP) is a concept by which purchasers of health care (government, employers, and consumers) and payers (public and private) hold the health care delivery system at large (physicians and other providers, hospitals, etc.) accountable for both quality and cost of care (Source: AAFP)

Appendix D: Volume II Contents

Part A	Data Call
Part B	Relevant Section 703 Report Detail Glossary
Part C	DHA TRICARE Health Plan Network Review
Part D	Network Insight Assessment Summary (Independent Government Assessment) P4I
Part E	Measures
Part F	JOES-C 12-month Rolling Data
Part G	Base Mission Brief
Part H	MTF Mission Brief
Part I	MTF Portfolio (Full)

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: AF-C-87th MEDGRP JBMDL-MCGUIRE

11 March 2019

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Purpose of the Visit:

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

Summary of Site Visit

Key Findings	Description
Base/Mission Impact	• JBMDL supports Army, USMC, Navy, USAF, and USCG missions as well as contingency response missions and advisory missions including POTUS support and UN General Assembly support. The major concern voiced by Base leadership is that there are unknown losses to productivity from changing the on-site medical capabilities • JBMDL is the only base with a Mobile Force Generation Integration requirement. There will be approximately 1500-3000 additional service members coming to JBMDL. The Army will provide the medical staff and resources to serve this increased population but the individuals who will see the MFGI population will require medical support from the 87th MDG
MTF Impact	• The Medical Mission is at the center of all the missions of the nine wing/brigade equivalents on base. This provides a unique challenge for delivery of care and maintenance of readiness • While MTF leadership agree the AD readiness is the primary mission for the 87th MDG, they voiced concerns that the network is not sufficient to support beneficiaries living on base, and that this can pose a productivity and readiness issue for AD, as well as potentially shift the population living on base to one primarily living off base (i.e. closer to quality medical care for AD families)
Network	• JBMDL is in a rural location and the provider availability does not seem to accurately reflect the capacity for new patients. Access to quality care is a readiness issue for the Active Duty, especially given the EFMP population (the MTF currently supports 316 EFM in Family Practice and 491 in Pediatrics)

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
COL Durr	Army Deputy Commander	JB McGuire-Dix-Lakehurst
CMSgt Brian Eastman	305 AMW/CCC	JB McGuire-Dix-Lakehurst
CMDCS T.G. Alex	NSA Lakehurst/ CSEL	JB McGuire-Dix-Lakehurst
COL John Cosgrove	108 WG/CC	JB McGuire-Dix-Lakehurst
COL Thom Pemberton	514 AMW/CC	JB McGuire-Dix-Lakehurst
COL James Hall	621 CRW/CC	JB McGuire-Dix-Lakehurst
Dr. Roderick David	87 ABW/EG	JB McGuire-Dix-Lakehurst
Ken Arteaga, GS-14, DAFC	USAF EOS/CD	JB McGuire-Dix-Lakehurst
COL Jason Lennen	87 MDG/CC	JB McGuire-Dix-Lakehurst
John Foody	NAVAIR-Lakehurst Mission Safety	JB McGuire-Dix-Lakehurst
Lt Col Szabo		JB McGuire-Dix-Lakehurst

Peter Tonn	99th RDC	JB McGuire-Dix-Lakehurst
LTC Ken Bria	99th Div (R)	JB McGuire-Dix-Lakehurst
MAJ Ira Wait	RHC-A Chief Nurse	JB McGuire-Dix-Lakehurst
CAPT Gordon Smith	Chief of Staff, NAVMEDEAST	703 Workgroup
Dr. Mark Hamilton	ASD (HA)	703 Workgroup
COL James Mullins	Director BSC OPS, AFMOA	703 Workgroup
CAPT Christine Dorr	BUMED M3 and 703 WG	703 Workgroup
COL Ron Merchant	AMC/SG Division Chief, Med Spt	USAF Delegation
COL Marshall Malinowski	US Army West Point	703 Workgroup
Mr. Ricky Allen	TRICARE Health Plan	703 Workgroup
Ms. Summer Church	Contract Support	703 Workgroup

Summary of Base Leadership Discussion Agenda

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

Topic	Key Discussion Points
Base Mission Overview	• **Base Population**: JBMDL is the second largest employer in NJ after the state of NJ. Over 52,000 people live and work on JBMDL including 19,694 students, 5,672 ADSM, 8,102 reservists 6,098 civilians, 6,962 dependents and 4,439 prisoners. • **Tri-service Mission**: JBMDL supports Army, USMC, Navy, USAF, and USCG missions as well as contingency response missions and advisory missions including POTUS support and UN General Assembly support o **Army:** Sustainment Training Center, Range Management, Multi-service training, and aviation support and flight testing o **USMC**: Assault Support Transport, Offensive Air Support, Utility Support, Artillery Support o **Navy**: Research, Test and Evaluation, Launch and Recovery Production, Fleet Logistics, and Operational Support o **USAF**: Expeditionary Combat Support, Rapid Global Mobility, Contingency Response, Installation Support o **USCG**: Rapid Environmental Response, Incident Management
Voice of the Customer / Key Concerns of Base Leadership	• **Productivity**: Concerns that there are unknown losses from changing the on- site medical capabilities. From a readiness perspective, the annual physicals already have an overflow problem and there are delays. Additionally, getting care for family members if they have to go out into the network will have a huge impact on overall productivity. If people choose to move their living location off- base to make access to medical care easier, this will increase the drive times for people to get to work on-base. • **Continuity of Care**: Concerned that there is a smooth transition of care and no break in coverage as this could affect member families and negatively impact the overall mission readiness • **Surge Medical Needs:** When troops need to be mobilized or when weekend trainings come through the JB, medical needs surge. The Army will have weekend trainings that introduce 7500 people to the Base, and who will potentially require urgent care and lines of duty investigations. Additionally, when troops are mobilized there are a number of medical screenings to ensure readiness (from 5,000-10,000 soldiers a day)

- **Network:** JBMDL is in a rural location and the provider availability does not seem to accurately reflect the capacity for new patients. Access to quality care is a readiness issue for the Active Duty, especially given the EFMP population (the MTF currently supports 316 EFM in Family Practice and 491 in Pediatrics)

Summary of MTF Leadership Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
CDR Marjorie Wytzka	OIC NBHC Earle/Lakehurst	JB McGuire-Dix-Lakehurst
LT COL Lisa F. Guzman	87th MDG Administrator and Dep CC	JB McGuire-Dix-Lakehurst
Maj Stephen Edstrom	87 MDG Chief of Medical Staff	JB McGuire-Dix-Lakehurst
CMSgt Tori M. Hill	108th MDG Superintendent	JB McGuire-Dix-Lakehurst
MAJ Anna Barrows	108th MDG Chief Nurse	JB McGuire-Dix-Lakehurst
MAJ Ira Waite	RHC-A Chief Nurse	JB McGuire-Dix-Lakehurst
Lt Col Clifton Bailey	87 DS/CC	JB McGuire-Dix-Lakehurst
LT COL Mark Ballesteros	87 MDSS/CC	JB McGuire-Dix-Lakehurst
Lt Col Richard Kipp	87 AMDS/CC	JB McGuire-Dix-Lakehurst
Lt Col Stacey G. Friesen	87 MDOS/CC	JB McGuire-Dix-Lakehurst
MAJ Jessica Scirica	87 MDG/SGN	JB McGuire-Dix-Lakehurst
CMSgt Mynor Guzman	514 AMDS/ SGAA	JB McGuire-Dix-Lakehurst
CAPT Gyusi Mann	108 MDG/ SGPM & MAO	JB McGuire-Dix-Lakehurst
HMC Luis Reyes	SEL, BHC Earle	JB McGuire-Dix-Lakehurst
LMC Justin Hradk	SEL, BHC Lakehurst	JB McGuire-Dix-Lakehurst
SEF Boatwright Ronald	174th MEDO NCO	JB McGuire-Dix-Lakehurst
LTC Peter Tonon	99th RD	JB McGuire-Dix-Lakehurst
LTC Ken Bria	99th RD	JB McGuire-Dix-Lakehurst
CAPT Gordon Smith	Chief of Staff, NAVMEDEAST	703 Workgroup
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
Col James Mullins	USAF AFMOA	703 Workgroup
Col Ronald Merchant	USAF AMC	703 Workgroup
CAPT Christine Dorr	BUMED Healthcare Operations M3	703 Workgroup
COL Marshall Malinowski	US Army West Point	703 Workgroup
Mr. Ricky Allen	TRICARE Health Plan	703 Workgroup
Ms. Summer Church	Contract Support	703 Workgroup

Summary of MTF Commander Discussion Agenda

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

Topic	Key Discussion Points

MTF Medical Mission Overview	• **Tri-service Base:** The Medical Mission is at the center of all the missions of the Services on base (i.e. Army soldier training center to Coast Guard hazard response). There are nine wing/brigade equivalents and the MTF supports them all by delivering safe care. Because of the size of the base (26 miles across) the drive times for medical care even on-base can be challenging. The 87th MDG is on the McGuire/Dix border. Additionally, there are branch clinics at Lakehurst and Earle, and a vacant clinic at Army Mills (see map in MTF Brief Deck) • **Facility Projects**: $7.5 million for SRM projects (update medical records, pharmacy etc.) • **Population Served:** Enrollment is approximately 16,700 across all services, with approximately 7,118 Active Duty, 6,566 AD Family, 1,246 Retiree, and 1,647 Retiree Family enrollment. The AD enrolled population is expected to grow over the next five years due to KC-46, MFGI, and Lakehurst. Approximately 900 EFMP members are served across all Services. The MTF supports 384 GSUs across the eastern seaboard, as well as providing medical care for Guard and Reserve populations across all available specialties on base (see slide 13 of MTF Mission Brief)
Voice of the Customer / Key Concerns of MTF Leadership	• **Joint Force Readiness**: In supporting the joint missions on base, the 87th MDG needs to be staffed, and to have the flexibility to support readiness of the variety of missions. This includes understanding transportation from the ranges, as well as understanding the MDG responsibilities as it relates to taking care of especially for entrance physicals and on base trainees. On JBMDL, there are a number of medical partnerships including the Joint Base Health Council which helps create medically unified efforts and addresses delivery issues. In addition to the 87th MDG, there are medical assets in the 99th Readiness Division, the 174th Infantry Brigade and the Navy Operational Support Center. • **Network:** Nearly everyone who is enrolled at the MTF live on base. If care for AD families is moved off-base, the MTF will need to sustain some case management for the dependents living on base. Additionally, there is limited availability of quality care in the area surrounding the base. o Primary Care: The area immediately surrounding the JB is very rural and cities in the immediate proximity pose safety concerns for MTF leadership (i.e. Trenton, Camden). Most of the primary care is west of the base towards Philadelphia. For the populations that live off-base to the west, receiving care from that network will not be much disruption. For the populations on base however, shifting to network care will cause productivity issues as the drive times are significant to quality, available care. o Specialty Care: Distance to area hospitals make management of specialty care challenging. Many of the hospitals are specialty care (i.e. Deborah Heart and Lung, Virtua Memorial for Stroke). There is a Level 1 trauma center (Cooper Hospital) an hour away, but it is in an unsafe neighborhood. While this provides good training grounds for field surgical teams, it is not an ideal location for seeking care for AD and families.

Appendix F: Supplemental Materials

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NARRATIVE SUMMARY

20 May 2019

SUBJECT: Patient Self-Reported Experience at McGuire Network Care

1. Purpose. To provide information on Patient Experience in the McGuire TRICARE Network.

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

a. **JOES-C.**

(1) Overall Provider Communication at McGuire Clinic has increased over the past year and is currently at 82.4%. This score is above the MHS Average (81.2%) but below the CAHPS Benchmark (88%). Satisfaction with Access (Timely appointments, care and information) has increased over the past year and is currently at 43.3% (below the MHS average and CAHPS benchmark).

(2) Overall Provider Communication (purchased care) in the McGuire Prime Service area has improved over the past year and is currently at 86.6%. This is below the CAHPS benchmark (88%) but above the direct care score (82.4%). Satisfaction with Access (Timely appointments, care and information) has improved over the past year and is currently 72.7% (significantly above the direct care score).