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

AHC Fox-Redstone Arsenal Volume
I

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

Executive Summary

Site	Army Health Center (AHC) Fox-Redstone Arsenal
Decision	Transition Army Health Clinic Fox-Redstone outpatient facility to an Active Duty only and Occupational Health clinic (AD/OH). All base support functions and pharmacy workload supporting all beneficiaries will be maintained.

Background and Context:

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

Installation Mission Summary:

Redstone Arsenal's mission is to perform basic and advanced weapon system research and development, placing the right missile and aviation systems with the troops, keeping them ready to fight, providing weapon systems, services and supplies to our allies, to manage weapon systems such as the Cobra and PATRIOT, and to support project managers within the program executive office structure. Redstone is also garrison for several tenants, including but not limited to, the U.S. Army Material Command and Army's Aviation and Missile Command.

Criteria Matrix

Criteria	Rating or Value[1]	Key Takeaways or Findings	Use Case Package
Mission Impact	L	• Proximity of the local network to the base does not indicate excessive time away for Primary Care visits. 96% of non-Active Duty MTF Prime & Plus beneficiaries are living within the 30- minute drive-time boundary for Primary Care, concentrated around the MTF • With the exception of flight medicine, the mission work (science and engineering, logistics management, and acquisition and contracting) does not suggest the need for military specific specialties beyond standard occupational medicine specialties • Installation support services provided by AHC Fox (e.g., industrial hygiene and public health) will need to be resourced appropriately	Section 1.0
Network Assessment	L	• Redstone Arsenal is near a metropolitan area with a current adequate Primary Care network with the impacted population only represents 2.6% of the total Huntsville population • Humana has contracted 145 of the 217 (67%) or network Primary Care providers within a 15- mile radius of the MTF. 140 of the 145 TRICARE providers are currently accepting new patients • Huntsville is projected to grow by 2.6% over the next five years. Based on analytic assumptions, the Humana network could likely meet new demand. However, the network would be challenged, for both primary and Specialty Care over time, without new entrants into the market	Section 2.0

Risk/Concerns and Mitigating Strategies

The Risk/Concerns and Mitigation table below, represents a high-level summary of the risks identified throughout the process as well as the main concerns of the Base and MTF Commanders identified during 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 network may not grow fast enough to accommodate beneficiaries shifting to AHC Fox	• Transition patients to the network in a measured way that allows for network to adjust to the workload. MTF and MCSC monitor progress to identify and address access issues
2	Timely information transfer of care provided to Active Duty Family Members in the network to be included in the patient record	• Genesis is the ultimate solution to this matter. Until deployment, DHA will have to enforce reporting requirements on the TRICARE contract. The MTF to monitor compliance to identify issues and trends

[1]See Appendix B for Criteria Matrix Definitions

3	The impact of AHC Fox Redstone installation support such as, Preventative Medicine, Industrial Hygiene and Public Health services	• Required mission support will be continued
4	The impact of Integrated Disability Evaluation System (IDES). Currently, FAHC conducts all Medical Evaluation Board's (MEB) for Compo, 1, 2, and 3 units in Northern Alabama as far south as Birmingham	• Administrative support needs to be continued to support the mission
5	The networks ability to provide adequate Behavioral Health services in the future	• Maintain Behavioral Health support as needed to support the mission
6	Large number of enrolled retirees at the clinic contain a substantial number of civilians employed in critical positions at the installation (including deployable positions)	• Current statute specifies that retired care be done on a "space available" basis and does not include exclusions for retirees employed as civilians. Mitigation of this would require statutory changes
7	The pace at which the network can absorb new enrollees into Primary Care is unknown. There will be an adjustment period for the network	• The MTF to conduct the transition in a measured way that is tailored to their specific needs and addressed in the implementation plan. The MTF and DHA will monitor progress and address access issues by slowing down the transition
8	The patients' change in expectations from getting care on the base to getting care off the base will have to be monitored and managed	• This risk will be mitigated through the implementation and communications plan as well as care coordination
9	Fox Redstone provides close to 300 flight physicals per year for Active Duty, Civilian and Contractor staff. If Aviation Medicine is reduced to Active Duty only, then Civilians and Contractors will not have access to flight medicine	• This risk will be mitigated through the implementation plan

Next Steps:

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

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

Redstone Arsenal and AHC Fox are in Huntsville, AL, approximately nine miles from downtown Huntsville. Redstone Arsenal's key mission elements are the U.S. Army Aviation and Missile Command (AMCOM), the Space and Missile Defense Command, numerous Program Executive Offices (PEO)[2], and major components of the Defense Intelligence Agency (DIA) and the Missile Defense Agency (MDA). The total MTF enrolled population affected by the decision is approximately 12,000[3]or 2.6% of the total population within a 30-minute drive-time radius.

1.1. Installation Description

Name	Redstone Arsenal
Location	Huntsville, AL; approximately 9 miles from downtown Huntsville
Mission Elements	U.S. Army Aviation and Missile Command (AMCOM), Space and Missile Defense Command, numerous Program Executive Offices (PEO)
Mission Description	Redstone Arsenal's mission is to perform basic and advanced weapons system research and development, placing the right missile and aviation systems with the troops, keeping them ready to fight, providing weapon systems, services, and supplies to our allies, to manage weapon systems such as the Cobra and PATRIOT, and to support project managers within the program executive office structure. The Arsenal is a garrison for several tenants including the United States Army Materiel Command, Army's Aviation and Missile Command, the Missile Defense Agency of the Department of Defense, and NASA's Marshall Space Flight Center. The Redstone Arsenal CDP had a population of 1,946 as of the 2010 census. The base contains a government and contractor workforce that averages 36,000 to 40,000 personnel daily
Tenants	• US Army Space and Missile Defense Command / Army Forces Strategic Command • Program Executive Office for Aviation (PEO AVN) • US Army Security Assistance Command (USASAC) • Program Executive Office Missile and Space (PEO MS) • Missile Defense Agency (MDA) • US Army Aviation and Missile Life Cycle Management Command • US Army Futures Command: Future Vertical Lift (FVL) • US Army Contracting Command (ACC) • Marshall Space Flight Center (NASA)
Federal Center of Excellence	• DIA Missile and Space Intelligence Center • US Army Futures Command (APNT) • US Army Engineering and Support Center • Alcohol, Tobacco and Firearm • US Army 2nd Recruiting Brigade • Installation Management Command (IMCOM) • Federal Bureau of Investigation • Logistics Support Activity (LOGSA) • Redstone Test Center (RTC) • US Army Aviation and Missile Research Development and Engineering Center (AMRDEC) • AHC Fox
Base Active or Proposed Facility Projects	• NA

[2] PEO Aviation and PEO Missiles and Space
[3] Source: Non-AD MTF Prime and Plus

1.2. Military Medical Treatment Facility (MTF) Description

Name	Fox Army Health Clinic (AHC)
Location	Huntsville, AL; approximately 9 miles from downtown Huntsville
Market[4]	Stand-alone MTFs (small market)
Mission Description	FAHC provides team-based, patient-centered, high quality healthcare, focused on a medically ready force to support an integrated system for health
Vision Description	AHC Fox is the model for military medical readiness and comprehensive wellness.
Goals	(1) Readiness: Providing for a medically ready force and a ready medical force (2) Access: Enhanced access because of optimized systems (3) Quality and Safety: Continuously striving for an improved patient and staff experience (4) Wellness: Health promotion and disease prevention
Facility Type	Outpatient clinic, no ambulatory surgery
Square Footage	Gross: 146,000, Net Square Footage: 121,133
Deployable Medical Teams	NA
FY17 Annual Budget[6]	$33M
MTF Active or Proposed Facility Projects	Virtual Health
Performance Metrics	See Volume II, Part E for P4I measures
FY18 Assigned FTE (Full Time Equivalents)[6]	(see table below)
Telehealth Services	• Virtual Health (VH) Cart operational • Global Med / Clinical Care Coordination • Current Initiatives: Establishing a DoD VH network and establishing a VA network
Military Civilian Integrated Health Delivery System	• Partnership / Collaboration with Huntsville Hospital, Crestwood, Birmingham Veterans Administration. MOA with Crestwood for Executive Medicine: shared understanding and collaboration in training, referral management and tracking as well as Information technology and interoperability
Garrison Support	• Aviation Medicine (CY18 – 278 flight physicals) • Command and General Staff College (4-month resident intermediate level education (ILE) course) • Integrated Disability Evaluation System (IDES) • Exceptional Family Member Program (EFMP) CY18: 272 cases, CY19: 62 cases • RSA Paramedics • Preventative Medicine • Occupational Health • Environmental Health • Public Health • CBRNE Analytical and Remediation Activity – Personnel Reliability Program
Projected Workforce Impact	(see table below)

FY18 Assigned FTE (Full Time Equivalents)[6]:

	Active Duty	Civilian	Contractor	Total
Medical	19.1	202.1	0	**221.2**

Projected Workforce Impact:

Active Duty	Civilian	Total
15	71	**86**

[4] Defined by FY17 NDAA Section 702 Transition
[5] Source: FAHC Cmd Brief.pdf
[6] Source: AHC Fox-Redstone Arsenal MTF Portfolio – Version 5 – 2019 March.pdf

2.0. Healthcare Market Surrounding the MTF

Description	In the Fox AHC drive-time standard, there are currently 175 Primary Care Practices, which account for 217 Primary Care Physicians. In addition, Huntsville is an up and coming "Research Triangle" that has tripled in size over the past several years. New technology companies are moving in to the area, as is a new FBI facility and a Toyota plant. Historically growing populations tend to attract a more robust healthcare network
Top Hospital Alignment	▪ The Healthcare Authority of the City of Huntsville, Huntsville, AL ▪ Crestwood Medical Center, Huntsville, AL ▪ Huntsville Hospital, Huntsville, AL
Likelihood of Offering Primary Care Services to Tricare Members[7]	(see table below)

	Number of Practices	Number of Physicians
Contracted with Tricare	123	161
High Likelihood	0	0
Medium Likelihood	44	47
Low Likelihood	8	9
Total	**175**	**217**

2.1. TRICARE Health Plan Network Assessment

Summary Facts:

- Redstone Arsenal, Alabama (Huntsville) has a market area population of approximately 440K[8]
- Fox Army Health Clinic has 12,359[9] non-AD enrollees who would enroll to the network
- Humana has contracted 145[10] of 217[11] (67%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 140 of the 145 TRICARE providers are accepting new patients
- Rolling 12-month JOES-C scores ending October 2018 with a "health care rating" scored as a 9 or 10 on a scale of 0-10:
  - Fox patients: 62.5% (250 respondents)
  - Network patients: 71.9% (536 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members[12]
  - Preventive Care Visit: $0
  - Primary Care Outpatient Visit: $20
  - Specialty Care Outpatient or Urgent Care Center Visit: $30
  - Emergency Room Visit: $61

Assumptions:

- Humana could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000[13]
- PCPs generally have relatively full panels, able to immediately enroll
  - Up to 2.5% more enrollees (49) easily

[7]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
[8] Network Insight Assessment Summary (Independent Government Assessment)
[9] M2
[10] MCSC
[11] Network Insight Assessment Summary (Independent Government Assessment)
[12] http://www.tricare.mil/costs
[13] MGMA

    - 2.5% - 5% (50-99) with moderate difficulty
    - > 5% (100+) with great difficulty
- Metropolitan networks will grow more rapidly than rural networks to accommodate demand

Analysis:

- Redstone Arsenal is near a metropolitan area with a currently adequate Primary Care network
- Enrollment of additional beneficiaries to the network would depend on Humana network expansion and potentially the entry of additional physicians into the market
- If Humana contracts 50% of the non-network PCPs, they would have a total of 176 PCPs accepting new patients
- Each PCP would have to enroll 70 new patients to accommodate the 12,359 Fox enrollees
- Based on the assumptions above, the Humana network could likely expand with moderate difficulty to meet the new demand
- Beneficiaries rate network health care 9% higher than Fox healthcare, so beneficiary satisfaction is not likely to suffer with network enrollment
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- On base non-AD residents will have to travel farther for Primary Care if enrolled to the network

Implementation Risks:

- Humana network may not grow fast enough to accommodate beneficiaries shifted from Fox
- Retirees and their family members may seek less Primary Care due to out-of-pocket costs (+/-)

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts

- **Primary Care:** The MHS impacted population for Primary Care is approximately 11,000, which represents ~3.0% 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 3.3% over the next five years (2019 to 2023)
- **Specialty Care:** The MHS impacted population for Specialty Care is approximately 23,000, which represents ~3.0% 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 2.6% over the next five years (2019 to 2023)

Assumptions

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

Analysis

- **Primary Care:** Commercial Primary Care providers within the 30-minute drive-time could potential absorb the incremental demand from the beneficiaries who are being transitioned out of the MTF. The network would be challenged to maintain this level of adequacy over time (2019 to 2023) without new entrants

- **Specialty Care:** Commercial Specialty Care providers within the 60-minute drive-time likely cannot absorb the incremental demand from beneficiaries who are being transitioned out of the MTF. The network ***would be challenged to maintain this level adequacy over time*** (2019 to 2023)
    - Current **Psychiatry** providers in the market service area are covering current demand. There is limited capacity to accept the incremental MHS population with the current supply of providers
    - The population is forecasted to grow slightly (2.6%) over the next five years. Without new **Psychiatry** providers entering the market, we would expect a shortage to develop

3.0. Appendix

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition
Appendix C	Glossary
Appendix D	Volume II Contents
Appendix E	MTF Trip Report

Appendix A: Use Case

Assumptions General Use Case

Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service QPP
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs)
6. The average PCP panel is approximately 2000[14]

[14] MGMA

Appendix B: Criteria Matrix Definitions 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)
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 must 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	Title
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)
Part E	P4I Measures
Part F	JOES-C 12-month Rolling Data
Part G	Base Mission Brief
Part H	MTF Portfolio (Full)

Appendix E: MTF Trip Report

MHS Section 703 Workgroup
Site Visit Trip Report

Redstone Arsenal, Fox Army Health Center

27 February, 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

Key Findings	Description
Overall	• Redstone, located in Huntsville, AL, has been the heart of Army's rocket and missile program for over 40 years. In addition to acting as the headquarters of Army Materiel Command (AMC), they are home to U.S. Army Aviation and Missile Command (AMCOM), the Space and Missile Defense Command, numerous Program Executive Offices (PEO), and major components of the Defense Intelligence Agency and the Missile Defense Agency. Redstone has a workforce containing roughly 1,000 AD and 36,000 to 40,000 personnel daily • Of the 13,286-enrolled population at Fox Army Health Center only 994 are Active Duty (587 Officers and 407 Enlisted) • Fox AHC is fiscally solvent year after year. The clinic provides executive medicine to retired civilian executives and their families (73% of the assigned beneficiary enrollment are retirees and family members), plus close to 100 enrolled active and retired general officers, SESs and their family members
Base/Mission Impact	• A shift of 12K+ non-AD Prime and Prime plus beneficiaries to the civilian market (only 2.8% of the total Huntsville population) should not materially impact the base or the mission, however could, without an effective communication plan from THP and the MCSC, lead to satisfaction issues as beneficiaries get acclimated to new provider's, policies and processes
MTF Impact	• Reduction in staff and associated services as the clinic will be "right-sized" for an AD clinic population. Capabilities will focus on taking care of all AD readiness related needs including occupational health
Network	• Huntsville is an up and coming "Research Triangle" that has tripled in size over the past several years. New technology companies are moving in to the area, as is a new FBI facility and a Toyota plant. There is concern that the growth in population would saturate the existing civilian healthcare network, however historically growing populations tend to attract a more robust healthcare network • Both the TRICARE Health Plan and the independent commercial healthcare network assessment tool indicate the networks capacity to absorb the population (only 2.4% of the total Huntsville population) over the next two to three years, however there should be an effort by THP and the MCSC to determine how many of the existing providers are currently accepting TRICARE patients • There are opportunities to improve communication and coordination between Fox AHC and THP and the MCSC, especially related to referral management, and the accuracy of network directories

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Commander discussion (in no order):

Name	Title	Affiliation
LTG Edward M. Daly	Senior Commander, Redstone Arsenal	AMC
COL Anthony A. Meador	Commander, FAHC	Army
SGM Eric Galvan	Chief Medical NCO / FAHC	Army
COL Cory Costello	Command Surgeon, AMC	Army
COL Gary Hughes	Optometry Consultant and Program Manager OTSG	703 Workgroup
Dr. Mark Hamilton	Program Analyst, OASD, Health Affairs	703 Workgroup
Dr. Kimberlyn Ard	TRICARE Health Plan Division West Deputy Assistant Director, Healthcare Operations	703 Workgroup
Mr. Tim Small	Contract Support	703 Workgroup

Summary of the Base Commander Discussion Agenda

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

Topic	Key Discussion Points
Opening Remarks and Introductions	• Introductions and roles and responsibilities of the delegation
Background and Timeline	• A brief history of the FY17 NDAA Section 703, the MHS Modernization study, the 703 Workgroup as well as an overview of the process for the Final Report (703d) to Congress was provided
703 Workgroup Objective	• Delegation is on a fact-finding visit to assist the MHS Section 703 Workgroup develop MTF specific capability and capacity options • This process will provide a template for expansion of the effort beyond the initial MTFs as needed to address direction given in the FY17 NDAA section 703(d)
Overview of the Visit	• The group intends to meet with Base leadership and MTF leadership in order to get their perspective of the local healthcare network as well as the unique mission aspects of the base and the clinic
Voice of the Customer	• Measures and criteria for decision making should be established, with agreed upon data driven decisions • Decisions should include a holistic view and made strategically starting with the input of the Army command and regional levels. In addition to Fox, other clinics and MTFs could possibly be reviewed under AMC's command • The process should be collaborative and iterative across all milestones of the process, including the implementation plan in the final report to Congress • This is also an opportunity to clarify Title 10 responsibilities during the 702 and 703 transitions
Next Steps	• Army OTSG rep to coordinate recommended communication and process changes between AMEDD and Redstone • Redstone to review and approve final Trip Report • Redstone to review and approve Use Case

Summary of MTF Leadership Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion (in no particular order):

Name	Title	Affiliation
Dr. Mark Hamilton	Program Analyst, OASD, Health Affairs	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager OTSG	703 Workgroup
COL Anthony Meador	Commander / FAHC	Army
COL Cory Costello	Command Surgeon / AMC	AMC
MAJ Todd Eaves	DCA, FAHC	Army
Dr. Michael Madkins	Director, PCMH / FAHC	Army
LTC Kurt Martin	Chief, Managed Care	RHC – Army
Mr. Matt Gorski	Director, Decision Support (PA&E) at Army OTSG	RHC - Army
Dr. Kimberlyn Ard	TRICARE Health Plan Division West Deputy Assistant Director, Healthcare Operations	703 Workgroup
SGM Eric Galvan	Chief Medical NCO/ FAHC	Army
Ms. Margaret Bats	DCQS, FAHC	Army
Mr. Tim Small	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
Opening Remarks and Introductions	• The decision is to convert Fox AHC to an AD only clinic. The 703 Workgroup needs to understand what is happening at the local level that might not be captured in the data. This will help leadership make the best decision possible to be included in the final report to Congress
MTF Medical Mission Overview	• The mission of Fox AHC is to provide team-based, patient centered, high quality healthcare, focused on a medically ready force to support an integrated delivery system. Their vision is to be the model for military medical readiness and comprehensive wellness • RSA deployability is currently 87.1% • Partnership / Collaboration with local health systems include: Huntsville Hospital, Crestwood, Birmingham Veterans Administration, Quarterly Health Summit, Network Charter and an MOA with Crestwood for Executive Medicine • 3,510 Active Duty and Active Duty Family Members are currently enrolled • Fox AHC provides Executive Medicine healthcare services to approximately 100 enrolled active and retired GOs, SES, and family members • Fox AHC provides over 40,000 non-enrolled patients ancillary services (i.e. laboratory, pharmacy and wellness) • Extension of After-Hours Care (0800 to 1800) will begin May 1st due to limited network urgent care options, long wait times, and peak urgent care usage by beneficiaries

	• FY17 Direct Care Workload
	  o Primary Care: 90,538 encounters
	  o Virtual Health (SMS): 23,310 encounters
	  o Behavioral Health: 7,356 encounters
	  o Pharmacy: 331,467 prescriptions
	  o Radiology: 6,552 procedures
	  o Laboratory: 78,874 procedures
	  o Network Referrals: 26,250

Background and Timeline	• An overview was provided on the history of the FY17 NDAA Section 703, the Modernization Study, the 703 Workgroup as well as an overview of the process for the June 2019 Final Report to Congress
703 Workgroup Objective	• The group is on fact finding mission to assist the MHS Section 703 Workgroup develop MTF specific capability and capacity options and decisions for senior leadership • This process will provide a template for expansion of the effort beyond the initial MTFs as needed to address direction given in the FY17 NDAA Section 703(d)
Overview of the Visit	• The group intends to meet with Base leadership and MTF leadership to get their perspective on the local healthcare network as well as the unique mission aspects of the base and clinics
Key Takeaways from the Voice of the Customer	• On October 1, 2019, Fox AHC comes will come under the DHA, however all MTF readiness roles and responsibilities will stay with the Services. The DHA and the Services will work together to establish the appropriate resourcing requirements depending on future decisions • Readiness of the Active Duty is key. Currently, Fox AHC has 2 occupational health nurses providing physicals but no providers on staff and Emergency Services are contracted through NASA • There are concerns at the local level regarding the impact of MHS Genesis on this transition, and new model of health **Network Assessment Discussion:** • This population has a number of commands, with over 60% of the Army's budget coming through Redstone. As mentioned previously, Fox AHC caters to a retiree population that has over 100 GOs, Flags and SES's. Due to the nature of their jobs, such as testing, acquisition and other mission related activities, Redstone AD and retirees must travel around the world on short notice. This could impact the families' access to healthcare. Fox is responsive in addressing these healthcare needs and is concerned that the local network will be less responsive • Additionally, Fox has 272 EFMP cases from CY18, with 62 cases in CY19 and is trending up. EFMP must be considered when making decisions about sending families into the network for care in the future • Recently, there has been an influx of new residents in Madison county. The City Board prohibited builders from building new homes in the area because the school system could not handle any new students. This concern is applied to the current supply of providers in the market given the recent growth in population. Given the growth, Fox is concerned that there will not be enough primary care and specialist providers in two to three years • Regarding the MCSC, there are opportunities to improve communication and coordination of care with the local MCSC and providers, specifically regarding referral management and validating provider network directories. The clinic requires 5 to 8 personnel daily to help navigate civilian network issues. A highlighted issue was receiving clinical reports from network physicians on

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referred patients. This is highly prevalent with urgent care as well as certain specialties such as dermatology, where there could be up to a 2-hour drive one way for care
It is understood that service for the active duty population will not change, however there is general concern across leadership about the networks ability to manage family members care to what they are accustomed to

There are also additional opportunities to improve coordination between the MCSC and the MTF when it comes to pharmacy prescriptions. It would be beneficial for the MCSC to know who the point of contact for the family members on the purchased care side. Developing a feedback mechanism will be key in the future

Dental Discussion

DHA will need to get a better understanding of the dental capabilities at the MTF. Though dental services are for AD only, is there a business case to have civilian dentists provide care in the future?
Currently there are Dental Lab techs shortages across the Nation and the Army is in compensation competition. If we do not have the dental lab techs available to do the work quickly, this could be a readiness issue downstream.
More analysis is needed to determine the impact on readiness and cost

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<tr><td>Next Steps</td><td>

Fox AHC to review draft Trip Report
Fox AHC to review draft Use Case

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<tr><td>Closing Remarks</td><td>

Currently, there would be challenges with existing number of MCSC providers absorbing this workload as of right now. With 174 PCMs in the market that would mean each PCM accepting roughly an additional 70 new beneficiaries. This would become more feasible overtime as (1) new providers enter the market due to the growth of Huntsville, and (2) providers that currently do not accept TRICARE start accepting new TRICARE patients
Redstone and Fox AHC will need a better understanding of what the civilian network will be able to do in the future and how they can be held accountable

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