

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

Army Health Clinic (AHC) Rock Island Arsenal
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	Army Health Clinic (AHC) Rock Island Arsenal
Decision	Transition Army Health Clinic Rock Island Arsenal outpatient facility to an Active Duty only with Occupational Health clinic (AD/OH). Active Duty Family Members (ADFM) will be enrolled as necessary to round out the physician panels and maintain readiness. 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.

Base Mission Summary

Rock Island Arsenal Garrison (RIA-G) is an Army base that serves all branches of service, including our National Guard and Army Reserve Troops. They are primarily a civilian installation with more than 8,000 civilian employees located in the Quad-City area. The Active Duty (AD) military population is around 800. RIA-G also hosts a handful of AD Marines, Navy, and Coast Guard in the Navy Marine Corps Reserve Center located on the West end of the installation. Major commands on the installation include First Army, Army Sustainment Command (ASC), Joint Munitions Command (JMC), and the Joint Manufacturing and Technology Center (JMTC).

Criteria Matrix

Decision Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	M	<ul style="list-style-type: none"> AHC Rock Island Arsenal provides healthcare services in support of Rock Island Arsenal, including Primary Care and occupational health. AHC Rock Island Arsenal enables the missions of the various commands that are hosted on the installation at Rock Island Given that this is a largely industrial base, an Occupational Health clinic needs to be sustained Rock Island Arsenal (RIA) serves all branches of service, including National Guard and Army Reserve Troops. RIA is primarily a civilian installation with more than 8,000 civilian employees and an AD population of approximately 553. RIA is a significant industrial base, and the nation's largest government owned and operated arsenal RIA leadership believes that the surrounding community would be able to absorb disenrollment of over 800 retirees if it was done slowly over a one (1) to two (2) year period Currently, the clinic sees about 553 AD enrolled patients. The clinic has capacity to see approximately 1,700 patients per year. In the past, the clinic required retirees to enroll to the clinic to keep their enrollment numbers up and maintain the readiness of the physicians. Clinic leadership feels that they have the capacity to serve the active duty, active duty family members and the employees of RIA, and that any reduction in capabilities would have a negative impact on physician readiness 	Section 1.0
Network Assessment	M	<ul style="list-style-type: none"> Both the TRICARE Health Plan (THP) and the independent government network assessments concluded that the commercial Primary Care market surrounding RIA could likely absorb impacted beneficiaries is RIA transitioned to AD only. However, the market would need to expand, and be monitored closely to ensure it maintained adequacy There is a large surplus of General / Family Practice physicians expected in Scott County which may help fill gaps in supply in the counties where most beneficiaries reside (Scott and Rock Island) 	Section 2.0

¹ See Appendix B for Criteria Ratings Definitions

	<ul style="list-style-type: none"> The Managed Care Support Contractor (MCSC) has contracted with only 19% of Primary Care Providers within a 15-mile radius around the MTF and thus there is strong potential for the MCSC Primary Care network to expand to meet the new demand 	
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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 were established by the 703 Workgroup and will be used to help develop a final implementation plan

	Risk/Concerns	Mitigating Strategy
1	The pace at which the network can absorb new enrollees into Primary Care is unknown. There will be an adjustment period for the network	<ul style="list-style-type: none"> 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	The patients' change in expectations from getting care on base to getting care off base will have to be monitored and measured	<ul style="list-style-type: none"> MTF, Defense Health Agency (DHA), MCSC should work closely together to ensure that patients are receiving the care they need in the network and their expectations are being met
3	The TRICARE network may need to be expanded to cover impacted beneficiaries. Providers' willingness to accept TRICARE patients must be confirmed	<ul style="list-style-type: none"> Maintain Primary Care for the AD population Shift beneficiaries to the network slowly, and continuously monitor the network to ensure access standards are being met

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

Rock Island Arsenal Garrison is an Army base that serves all branches of service, including our National Guard and Army Reserve Troops. Rock Island Arsenal is primarily a civilian installation with over 8,170 civilian employees. The Active Duty (AD) military population is approximately 817. Rock Island Army Garrison (RIA-G) also hosts a handful of AD Marines, Navy, and Coast Guard in the Navy Marine Corps Reserve Center located on the West end of the installation. Major commands on the installation include First Army, Army Sustainment Command (ASC), Joint Munitions Command (JMC), and the Joint Manufacturing and Technology Center (JMTC).

1.1. Installation Description

Name	Rock Island Arsenal
Location	Rock Island, IL. Approximately 60 miles from Iowa City, IA
Mission Elements	First United States (U.S.) Army, U.S. Army Sustainment Command, U.S. Army Joint Munitions Command, Rock Island Arsenal-Joint Manufacturing and Technology Center, U.S. Army Contracting Command-Rock Island, U.S. Army Garrison Rock Island Arsenal, U.S. Army Corps of Engineers Rock Island District
Mission Description	An innovative, professional workforce providing sustainable facilities and efficient, effective services and support for our Nation's Warfighters. IMCOM integrates and delivers base support to enable readiness for a globally- responsive Army
Regional Readiness/ Emergency Management	Unknown
Base Active or Proposed Facility Projects	Unknown
Medical Capabilities and Base Mission Requirements	Given that Rock Island Arsenal is a largely industrial base, Occupational Health is a requirement for the base. The base employs primarily civilians so maintaining Occupational Health for those individuals is imperative. The clinic supports the Army Sustainment Command, First Army Command, Joint Munitions Command, U.S. Army Installation and Management Command

1.2. MTF Description

Name	Army Health Clinic (AHC) Rock Island Arsenal				
Location	Rock Island, IL. Approximately 60 miles from Iowa City, IA				
Market²	Stand-Alone				
Facility Type	Outpatient				
Square Footage	120,707 sq. ft				
Fiscal Year (FY) 2017 Annual Budget	Unknown				
MTF Active or Proposed Facility Projects	Unknown				
Performance Metrics	See Volume II Part E for Partnership for Improvement (P4I) measures and Volume II Part F for Joint Outpatient Experience Survey – Consumer (JOES-C) data				
FY18 Assigned Full Time Equivalents (FTE)³		Active Duty	Civilian	Contractor	Total
	Medical	3.9	24.5	0	28.4
Healthcare Services	<ul style="list-style-type: none"> • Primary Care • Behavioral Health • Occupational Health 		<ul style="list-style-type: none"> • Laboratory • Hearing/Vision Conservation • Pharmacy 		

² Defined by FY17 NDAA Section 702 Transition

³ Ireland ACH- Ft. Knox MTF Portfolio

Projected Workforce Impact	Active Duty	Civilian	Total
	3	7	10

2.0. Healthcare Market Surrounding the MTF

Description	<ul style="list-style-type: none"> • Of the approximately 2,000 impacted Primary Care beneficiaries attributed to Rock Island Arsenal, 100% are represented within the 15-mile radius boundary • The supply of Primary Care physicians is concentrated in Rock Island county, where the MTF is located, and Scott counties, which is located directly adjacent to the MTF • While ability and willingness to accept TRICARE patients must be confirmed, the vast majority of providers in the Rock Island Arsenal market are accepting government-sponsored insurance 																		
Top Hospital Alignment	<ul style="list-style-type: none"> • Genesis Medical Center Davenport West (Davenport, IA) • Genesis Medical Center-East (Davenport, IA) • Unitypoint Health Trinity Rock Island (Rock Island, IL) • Genesis Medical Center Silvis (Silvis, IL) • Unitypoint Health Trinity Bettendorf (Bettendorf, IA) • Unitypoint Health Trinity Muscatine (Muscatine, IA) • Trinity Medical Center Moline (Moline, IL) • Genesis Medical Center De Witt (DeWitt IA) • Hammond Henry Hospital (Genesco, IA) • University of Iowa Hospitals & Clinics (Iowa City, IA) 																		
Likelihood of Offering Primary Care Services to TRICARE Members⁴	<table border="1"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>54</td> <td>93</td> </tr> <tr> <td>High Likelihood</td> <td>3</td> <td>2</td> </tr> <tr> <td>Medium Likelihood</td> <td>34</td> <td>66</td> </tr> <tr> <td>Low Likelihood</td> <td>1</td> <td>1</td> </tr> <tr> <td>Total</td> <td>92</td> <td>162</td> </tr> </tbody> </table>		Number of Practices	Number of Physicians	Contracted with TRICARE	54	93	High Likelihood	3	2	Medium Likelihood	34	66	Low Likelihood	1	1	Total	92	162
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Total	92	162																	

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- Rock Island Arsenal, (Moline, IL) has a market area population of approximately 634K⁵
- Rock Island Army Health Clinic offers Primary Care only
- Rock Island Army Health Clinic has 2,286⁶ non-AD enrollees who could enroll to the network
- MCSC has contracted 30⁷ of 162⁸ (19%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 22 of the 30 TRICARE providers are accepting new patients
- There are four urgent care centers within 25 miles of the AHC Rock Island Arsenal
- Rolling 12-month JOES-C scores ending December 2018 with a “health care rating” scored as a 9 or 10 on a scale of 0-10:
 - Rock Island patients: 60.1% (27 respondents)
 - Network patients: 75.2% (88 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members⁹
 - Preventive Care Visit: \$0
 - Primary Care Outpatient Visit: \$20
 - Specialty Care Outpatient or Urgent Care Center Visit: \$30
 - Emergency Room Visit: \$61

⁴ 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

⁵ Independent Government Assessment (Network Insight)

⁶ M2

⁷ MCSC

⁸ Independent Government Assessment (Network Insight)

⁹ <http://www.TRICARE.mil/costs>

- TRICARE Prime enrollees should expect to drive no more than:
 - 30 minutes to a PCP for Primary Care
 - 60 minutes for Specialty Care

Assumptions:

- MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000¹⁰
- 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
- Beneficiaries are reluctant to waive the 30-minute drive time for Primary Care
- Metropolitan networks will grow more rapidly than rural networks to accommodate demand

Analysis:

- Rock Island Arsenal is in a metropolitan 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 88 PCPs accepting new patients
- Each PCP would have to enroll 26 new patients to accommodate the 2,286 Rock Island enrollees
- Based on the assumptions above, the MCSC network could likely expand easily to meet the new demand
- Beneficiaries rate network health care 15% higher than Rock Island healthcare, so beneficiary satisfaction is not likely to suffer with network enrollment
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- On base non-AD residents will have to travel farther for Primary Care if enrolled to the network

Implementation Risks:

- MCSC network may not grow fast enough to accommodate beneficiaries shifted from Rock Island
- 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:** Of the more than 2,000 impacted Primary Care beneficiaries attributed to Rock Island Arsenal, 100% are represented within the 15-mile radius boundary. The supply of Primary Care physicians is concentrated in Rock Island county, where the MTF is located, and Scott county, which is located directly adjacent to the MTF. 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
- Population growth over the last five (5) years (2014 to 2018) has been stagnant at 0.8%. Over the next five (5) years (2019 to 2023) growth is forecasted to increase slightly to 1.9%

Analysis:

- The commercial Primary Care providers within the 30-minute drive-time standard may be capable of accepting the specific demand from approximately 2,000 impacted beneficiaries
- Shortages of Internal Medicine and Pediatric physicians are projected across the market area, although a large surplus of General / Family Practice physicians is expected in Scott county. The large surplus in Scott county may help fill gaps in counties where most beneficiaries reside (Scott and Rock Island)

¹⁰ MGMA

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition
Appendix C	Glossary
Appendix D	Volume II Contents
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Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service QPP
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs).
6. The average PCP panel is approximately 2000.¹¹

¹¹ MGMA

Appendix B: Criteria Ratings Definition

Criteria Ratings Definition

Mission Impact Risk	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 Risk	High: Both network assessments confirm inadequate network for primary and Specialty Care. Low probability of network growth or MCSC recruitment in the future Medium: Mixed findings from both network assessments for primary and Specialty Care. Moderate probability of network growth in the future Low: Both network assessments confirm adequate network for Primary Care and Specialty Care

Appendix C: Glossary

<i>Term (alphabetical)</i>	<i>Definition</i>
Ambulatory Care	Ambulatory care is care provided by health care professionals in outpatient settings. These settings include medical offices and clinics, ambulatory surgery centers, hospital outpatient departments, and dialysis centers (AHRQ.gov)
Beneficiary	Individuals who have been determined to be entitled to or eligible for medical benefits and therefore are authorized to receive treatment in a military treatment facility or under Department of Defense auspices (Source: health.mil)
Critical Access Hospital Designation	Critical Access Hospitals (CAHs) is a designation given to eligible hospitals by the Centers for Medicare and Medicaid Services (CMS)..... (CAHs) represent a separate provider type with their own Medicare Conditions of Participation (CoP) as well as a separate payment method. CoPs for CAHs are listed in the Code of Federal Regulations (CFR) at 42 CFR 485.601–647 (Source: CMS.gov)
Direct Care	Care provided to eligible beneficiaries throughout the Military Health System at DoD hospitals, clinics, and pharmacies (usually MTFs) (Direct Care); (Source: McEvoy, L. N., 2Lt, USAF. (2018). A Study of Military Health Care Costs: Direct Versus Purchased Care in a Geographical Region. Defense Technical Information Center, 1-6. Retrieved from https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf .)
Eligible	To use TRICARE, you must be listed in DEERS as being eligible for military health care benefits. TRICARE-eligible persons include the following: Military members and their families, National Guard/Reserve members and their families, Survivors, Some former spouses, Medal of Honor recipients and their families (Source: TRICARE.mil)
Enrollee	The Cambridge Dictionary defines Enrollee as “someone who is on the official list of members of a group, course, or college.” For the purposes of this Use Case, Enrollee is defined as an eligible Military Health System beneficiary that is currently participating in one of the TRICARE Health plans
JOES	Joint Outpatient Experience Survey (Source: health.mil)
JOES-C	Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems (Source: health.mil)
Managed Care Support Contractor (MCSC)	Each TRICARE region has its own MCSC who is responsible for administering the TRICARE program in each region. The MCSCs establish the provider networks and conduct provider education. 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 individualized evaluations, customized intervention strategies, and outcome evaluations to help people across their lifespan participate in activities they want and need through the therapeutic use of everyday activities (occupations) (Source: The American Occupational Therapy Association)
Remote Overseas	TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations: Eurasia-Africa, Latin America and Canada, Pacific (Source: TRICARE.mil)
P4I	A set of MHS clinical, quality, safety and readiness performance measures (Partnership for Improvement)
Panel	A panel is a list of patients assigned to each care team in the practice. The care team (e.g., a physician, a medical assistant, and a health educator) is responsible for preventive care, disease management, and acute care for all the patients on its panel. This means that a patient will have the opportunity to receive care from the same clinician and his or her care team. The panel's population are the patients associated with a provider or care team, the physician care team is concerned with the health of the entire population of its patient (Source: AHRQ.gov)
Plus	With TRICARE Plus patients receive free Primary Care at their respective military hospital or clinic. The beneficiary is not required to pay anything out-of-pocket. TRICARE Plus does not cover Specialty Care (Source: health.mil)
Prime	TRICARE Prime is a health insurance program offered to active duty members, retirees, activated guard and reserve members, and families. Active Duty members are required to enroll in TRICARE Prime, while all others may choose to enroll or use 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	TRICARE provides care to its eligible beneficiaries in two broad settings: a system of DoD hospitals, clinics, and pharmacies (usually MTFs) (Direct Care); and a supplemental network of participating civilian health care professionals, institutions, pharmacies, and suppliers (Purchased Care) (Source: McEvoy, L. N., 2Lt, USAF. (2018). A Study of Military Health Care Costs: Direct Versus Purchased Care in a Geographical Region. Defense Technical Information Center, 1-6. Retrieved from https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf .)
Reliant	Active Duty Service Members who are not enrolled to TRICARE Prime (e.g. students and recruits) (Source: MHS Modernization Study, Feb 2016)
Value Based Payment	Value Based Payment (VBP) is a concept by which purchasers of health care (government, employers, and consumers) and payers (public and private) hold the health care delivery system at large (physicians and other providers, hospitals, etc.) accountable for both quality and cost of care (Source: AAFP)

Appendix D: Volume II Contents

Part A	Relevant Section 703 Report Detail Glossary DHA
Part B	TRICARE Health Plan Network Review
Part C	Network Insight Assessment Summary (Independent Government Assessment) P4I
Part D	Measures
Part E	Base Mission Brief
Part F	MTF Mission Brief
Part G	MTF Portfolio (Full)

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: Army Health Clinic (AHC) Rock Island Arsenal
30 April 2019

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Purpose of the Visit

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

Summary of Site Visit

Base/Mission Impact:

- Rock Island Arsenal (RIA) serves all branches of service, including National Guard and Army Reserve Troops. RIA is primarily a civilian installation with more than 8,000 civilian employees and an Active Duty population of approximately 553. RIA is a significant industrial base, and the nation's largest government owned and operated arsenal
- Rock Island Arsenal has several tenant commands, including the Navy Marine Corps Reserve Center, First Army, Army Sustainment Command (ASC), Joint Munitions Command (JMC), and the Joint Manufacturing and Technology Center (JMTC)

MTF Impact:

- Army Health Clinic Rock Island Arsenal provides healthcare services in support of Rock Island Arsenal, including primary care and occupational health. AHC Rock Island Arsenal enables the missions of the various commands that are hosted on the installation at Rock Island
- Given that this is a largely industrial base, an Occupational Health clinic needs to be sustained

Network Impact:

- The network surrounding Rock Island Arsenal may be capable of accepting the demand that would be created by closing the MTF
- The RIA staff has significant concerns that the surrounding community would be able to absorb disenrollment of over 800 retirees if it was not done slowly over a 1-2 year period

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
Maj. Gen. Duane Gamble	Commanding General	US Army Sustainment Command
CSM Joe Ulloth	Command Sergeant Major	US Army Sustainment Command
SFC Eugenio Lolli	Clinic NCOIC	BACH
MAJ Frederick A. Hauser	JMC Surgeon	JMC
COL Lance Cordoni	Command Surgeon	First Army
Mr. Anthony T. Williams, Sr.	Community Ready & Resilient	USAG-RIA
COL Scot A Dobeszelski	DEP CoS ASC	US Army Sustainment Command
COL Ken Letcher	Commander, JMTC-RIA	RIA-JMTC
COL Gordon Troy Prairie	Chief of Primary Care	BACH
Mr. Joe Perez	ASC Health Readiness Coordinator	US Army Sustainment Command
MAJ Jennifer Benincasa	Incoming ASC Command Surgeon	25th CAB, 25th ID
COL Arthur B. Cajigal	Command Surgeon	US Army Sustainment Command
Mr. Joel G. Himsl	Deputy to Garrison Commander	USAG-RIA
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager OTSG	703 Workgroup
Ms. Summer Church	Contract Support	703 Workgroup

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

Base Mission Overview:

- Rock Island Arsenal serves all branches of service and hosts several Major commands on the installation, including First Army, Army Sustainment Command (ASC), Joint Munitions Command (JMC), and the Joint Manufacturing and Technology Center (JMTC)
- The mission of the Joint Munitions Command is to provide the Joint Force with ready, reliable, lethal munitions at the speed of war sustaining global readiness

Voice of the Customer Summary:

- Mission Specific Requirements:
 - Solider Readiness Services provided by AHC include immunizations, deployment health assessments, hearing and vision tests, in/out process readiness evaluation and more
 - Medical personnel/physician's skills maintenance requirements include continuing medical education and specialty-dependent patient encounter opportunities
 - As a largely industrial base, Occupational Health is required to care for the workforce. In order to sustain occupational health, an occupational health physician, industrial hygiene operation, radiology, laboratory and Safety and Occupational Health Advisory Council (SOHAC) is necessary. Additionally, a

Public Health Emergency Office (PHEO) and Medical Director is needed to support emergent medical services in case of workplace accidents

- Occupational Health:
 - Throughout the discussion, the group concluded that one Occupational Health physician and one nurse practitioner will service the active duty, active duty family members and the DAC employees on base. The retiree population will be shifted to the network slowly over a two-year period to ensure surrounding community is capable of safely and effectively absorbing the population. The laboratory function and audiology functions will remain the same, and the x-ray capability will be referred to the local community
- Specialty Care:
 - All of the enrollees will go to the network or to Blanchfield Army Community Hospital (BACH), located at Fort Campbell, Kentucky, for their specialty care.

Summary of MTF Commander Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
SFC Eugenio Lolli	NCOIC	RIA
COL Troy Prairie	Chief of Primary Care	BACH
MAJ Elizabeth Hamilton	Admin Officer	BACH
Dr. Aaron Jacob	Chief	RIA
Ms. Heather Claus	Primary Care NP	RIA
Ms. Tracy Warren	CNOIC Primary Care	RIA
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager OTSG	703 Workgroup
Ms. Summer Church	Contract Support	703 Workgroup

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

MTF Medical Mission Overview:

- Army Health Clinic Rock Island Arsenal provides healthcare services in support of Rock Island Arsenal, including primary care and occupational health. AHC Rock Island Arsenal enables the missions of the various commands that are hosted on the installation at Rock Island

Voice of the Customer Summary:

- Mission-Specific Services:
 - Given that RIA is an industrial base, occupational health capabilities must be sustained. In order to sustain the mission, active duty and employees must have access to timely and quality care
- Specialty Care:
 - The clinic experiences long wait times for mental health patients when they must be sent to the network. Mental health access in the clinic is outstanding with two behavioral providers currently assigned. Clinic leadership expressed concerns over sending mental health cases to the network as they feel that civilian care is not as robust as military care for mental health
 - Given the industrial nature of the base, there is a requirement for optometry capability to care for the welders
- Readiness:
 - Soldier readiness is a top priority. Maintaining an occupational health physician and a primary care nurse practitioner will ensure that soldiers get the care they need
 - To keep up with demand, the clinic is establishing telehealth capabilities
- Network:
 - Clinic leadership expressed concerns that providers in the network may not accept Tricare Health Plan but they did not express concerns over the network's ability to enroll patients
- Enrollment:
 - Currently, the clinic sees about 553 active duty enrolled patients. The clinic has capacity to see approximately 1700 patients. In the past, the clinic required retirees to enroll to the clinic to keep their enrollment numbers up and maintain the readiness of the physicians. Clinic leadership feels that they have the capacity to serve the active duty, active duty family members and the employees of RIA, and that any reduction in capabilities would have a negative impact on physician readiness