

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

Naval Branch Health Clinic (NBHC) Albany
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	Naval Branch Health Clinic (NBHC) Albany
Decision	Transition Naval Branch Health Clinic Albany 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

The Marine Corps Logistics Base (MCLB) Albany, Georgia in Dougherty County, approximately 180 miles south of Atlanta, GA is one (1) of six (6) commands under Marine Corps Installations East and is the home of Marine Corps Logistics Command and Marine Depot Maintenance Command Albany. MCLB Albany provides efficient facilities, infrastructure, and a range of support for quality of life Services that enable its tenants to deliver optimal readiness to Operational Forces. The major tenants of MCLB Albany include the Marine Corps Logistics Command, Marine Corps Systems Command, NBHC Albany, Defense Distribution Depot Albany, and Department of Defense (DoD) Humanitarian Assistance Program. The base has over 4,600 civilian Marines, around 300 Active Duty Marines, and 108 residents. MCLB Albany also supports several other missions, including Safe Haven Support Services in the event of natural disasters or the need for evacuation of personnel from surrounding areas.

NBHC Albany, located on MCLB Albany, is one of Naval Hospital Jacksonville's six (6) health care facilities. NBHC Albany provides outpatient Services to 1,165 Primary Care beneficiaries and supports over 8,000 beneficiaries in the MCLB Albany Headquarters Element and the Marine Corps Logistics Command. NBHC Albany has customers located throughout Southwest GA and North Florida (FL) providing physicals and suitability screenings as well as occupational health and industrial hygiene support. The occupational health and industrial hygiene support provided by the clinic are important to the safety of the base's 5,000+ employees.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> Base and MTF leadership feel that the closure or reduction in care offered at NBHC Albany could negatively impact the mission of MCLB Albany NBHC serves a unique mission of providing funeral honors for the area, which can take several staff members away from the clinic for a full-day and leave the clinic short-staffed. A reduction in the number of positions at the clinic could impact the ability to manage the funeral honors mission and readiness mission MCLB and NBHC Albany serve as a Safe Haven during hurricane season and can have a large increase in population if one (1) of the surrounding installations were to evacuate to Albany. MCRD Parris Island brings their own medical team but the Gulf Coast areas do not 	Section 1.0
Network Assessment	L	<ul style="list-style-type: none"> Base leadership expressed that there are limited numbers of providers in the area that accept TRICARE and those that do may lack quality of care The Military Health System (MHS) impacted population for Primary Care is over 1,000; 100% are within the 15-mile radius boundary for Primary Care The population has declined over the last five (5) years (2014 to 2018) averaging a 3-4% contraction and is projected to increase slightly over the next five (5) years at 0-1%. While there are slight shortages projected across the total market area, the surplus in Dougherty county will fill gaps in counties where most beneficiaries reside. Furthermore, to accommodate for 	Section 2.0

¹ See Appendix B for Criteria Ratings Definitions

		<p>MHS beneficiaries each network Primary Care provider would have to enroll ~20 new patients to accommodate the non-AD Albany enrollees</p> <ul style="list-style-type: none"> Given the forecasted population change and accounting for the increased demands, both TRICARE Health Plan (THP) and an independent government assessment conclude that the provider market should be capable of accepting the increased demand from impacted beneficiaries 	
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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 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 is unknown. There will be an adjustment period for the network. Trust, accountability, quality, and accessibility of Services with commercial providers	<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 MTF and Defense Health Agency (DHA) will monitor progress and address access issues by slowly transitioning
2	Families with single cars (i.e., one mode of transportation) could lead to extended time away from duty for Active Duty Service Members (ADSM)	<ul style="list-style-type: none"> The installation and MTF should coordinate to develop alternative modes of transportation for ADSM dependents
3	The patients' change in expectations from getting care on the base to getting care off the base will have to be monitored and measured	<ul style="list-style-type: none"> This risk will be mitigated through the implementation and communications plan, as well as care coordination
4	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
5	Not having the required capabilities during Hurricane Season could negatively impact MCLB's ability to provide Safe Haven	<ul style="list-style-type: none"> This risk will be mitigated through an implementation and communications plan and increased coordination with MCRD Parris Island's medical teams

Next Step:

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

The Marine Corps Logistics Base (MCLB) Albany is one (1) of six (6) commands under Marine Corps Installations East and is the home of Marine Corps Logistics Command and Marine Depot Maintenance Command Albany. MCLB Albany provides efficient facilities, infrastructure, and a range of support and quality of life Services that enable its Tenants to deliver optimal readiness to Operational Forces. The major tenants of MCLB Albany include the Marine Corps Logistics Command, Marine Corps Systems Command, Naval Branch Health Clinic (NBHC) Albany, Defense Distribution Depot Albany, and Department of Defense (DoD) Humanitarian Assistance Program. The base has over 4,600 civilian Marines, around 300 Active Duty Marines, and 108 residents. MCLB Albany also supports several other missions, including Safe Haven Support Services in the event of natural disasters or the need for evacuation of personnel from surrounding areas.

1.1. Installation Description

Name	MCLB Albany
Location	Albany, Georgia; Dougherty County; approximately 180 miles south of Atlanta, GA
Mission Elements	<ul style="list-style-type: none"> • Marine Corps Logistics Command <ul style="list-style-type: none"> ○ Marine Depot Maintenance Command/Plant Albany ○ Marine Forces Storage Command • Marine Corps Systems Command • Naval Hospital Jacksonville, Branch Medical Clinic, Albany • Defense Distribution Depot Albany GA/Defense Logistics Agency • DoD Humanitarian Assistance Program
Mission Description	<p>As a component of the Marine Corps' supporting establishment, Marine Corps Logistics Base Albany provides facilities infrastructure and a range of tailored support Services enabling supported commands aboard the installation to accomplish their assigned missions in support of the warfighter.</p> <p>MCLB Albany is one (1) of six (6) commands under Marine Corps Installations East (headquartered at Camp Lejeune, North Carolina) and the proud home of Marine Corps Logistics Command and Marine Depot Maintenance Command/Production Plant Albany.</p> <p>MCLB Albany is dedicated to supporting the warfighter by providing high quality, cost-effective installation support Services to its tenant commands. The base's priority is to its tenants, whose focus of effort is the warfighter</p>
Regional Readiness/ Emergency Management	<p>MCLB Albany operates as the Marine Corps Depot Maintenance Command in support of all major United States Marine Corps Global operations generating and sustaining readiness efforts. These include:</p> <ul style="list-style-type: none"> • Management of the depot-level maintenance program for ground weapon systems, equipment and reparable components ▪ Execution of the integrated logistics functions for Prepositioning and War Reserve to include Global Capabilities in Guam / Saipan, Diego Garcia, Norway, Kuwait; planning for major security operations, aiding Technical Assistance Teams deploy to support the Force, and aiding in logistics for War Reserve Planning and Sustainment ▪ Conducting enterprise-level storage, stock readiness, and Care of Supplies in Storage (COSIS) for weapon systems and equipment ▪ Providing enterprise-level distribution management as the distribution process manager for the Marine Corps ▪ Providing planning and analysis support to Marine Corps Systems Command and Program Executive Officer Land Systems for the Life Cycle Sustainment Plan during acquisition, and execute logistics chain integration for fielded weapon systems through disposition ▪ The integration of strategic-level logistics capabilities to satisfy tactical-level logistics requirements that are beyond the capability and/or capacity of the Marine Air Ground Task Force • Supporting disaster relief efforts and Safe Haven: <ul style="list-style-type: none"> ○ Tier I Incident Support Base (ISB) – FEMA ○ Tier I Base Support Installation (BSI) – GANG, ACOE

Base Active or Proposed Facility Projects	Three (3) Large Scale Renewable Energy projects (Solar and Steam) Two (2) Ground Source Heat pumps to realize 50% electrical savings
Medical Capabilities and Base Mission Requirements	Leadership feels that if the clinic's scope of responsibility is reduced, this could impact the clinic's ability to provide physicals and suitability screenings and support the occupational health mission. Leadership feels that reducing or eliminating the health care capabilities offered at NBHC Albany would result in the overall mission of Marine Corps Logistics Command and MCLB Albany being negatively its ability to provide seasonal Safe Haven during Hurricane Season and maintain organizational readiness

1.2. MTF Description

Naval Branch Health Clinic (NBHC) Albany in Dougherty County, Georgia (GA), approximately 180 miles south of Atlanta, GA, is one of Naval Hospital Jacksonville's six (6) health care facilities. NBHC Albany, provides outpatient Services to more than 1,100 Primary Care beneficiaries enrolled and supports over 8,000 beneficiaries in the MCLB Albany Headquarters Element and the Marine Corps Logistics Command. NBHC Albany has customers located throughout Southwest GA and North Florida and provides physicals and suitability screenings as well as occupational health and industrial hygiene support. The occupational health and industrial hygiene support provided by the clinic are important to the safety of the base's 5,000+ employees.

Name	NBHC Albany				
Location	Albany, Georgia; Dougherty County; approximately 180 miles south of Atlanta, GA				
Market²	Southwest Georgia (Large Market)				
Mission Description	NBHC Albany is one (1) of Naval Hospital (NH) Jacksonville's six (6) health care facilities. The Medical Home Port care team (Olive Team) is focused on meeting all beneficiary health care needs preventive, routine, and urgent				
Vision Description	Unknown				
Goals	<ul style="list-style-type: none"> (1) Readiness: We will keep the warfighter fit to fight (2) Health: We will provide safe, quality healthcare (3) Partnerships: We will optimize health through partnerships with the communities we serve 				
Facility Type	Outpatient Clinic				
Square Footage	18,460 Net Square Feet; 6,981 Square Feet are allocated to the VA				
Deployable Medical Teams	<ul style="list-style-type: none"> • EMEDS Basic • EMF 				
FY18 Annual Budget³	Unknown				
MTF Active or Proposed Facility Projects	Unknown				
Performance Metrics	See Volume II Part E for performance measures (Partnership for Improvement) (P4I) measures. For Joint Outpatient Experience Survey (JOES-C) data see Volume II Part F.				
FY18 Assigned Full Time Equivalents (FTES)⁵		Active Duty	Civilian	Contractor	Total
	Medical	29.4	12.5	2.7	44.6
Healthcare Services⁶	<ul style="list-style-type: none"> • Primary Care • Pharmacy • Radiology 				

² Defined by FY17 NDAA Section 702 Transition

³ Source: No Budget

⁴ Tricare Health Plan Network Assessment Summary references JOES-C Question #31 "Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate your health care?"

⁵ Source: NH Jacksonville MTF Portfolio

⁶ Source: NH Jacksonville MTF Portfolio

	<ul style="list-style-type: none"> Laboratory Services 						
Network Considerations - Average days to care by specialty category	NBHC Albany and its surrounding network are in an area with a high poverty rate. Despite the potential for high demand in the network, leadership feels that there is not actually a high amount of money going into the facilities in the network. Attempting to coordinate with this network is concerning to leadership and may present unique challenges if NBHC Albany is closed or sees its scope reduced						
Projected Workforce Impact	<table border="1"> <thead> <tr> <th>Active Duty</th> <th>Civilian</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>1</td> <td>5</td> </tr> </tbody> </table>	Active Duty	Civilian	Total	4	1	5
Active Duty	Civilian	Total					
4	1	5					

2.0. Healthcare Market Surrounding the MTF

Description	The market analysis for NBHC Albany, located in Albany, GA includes 267 zip codes, 12 complete counties, and 15 partial counties. Within that area, there are approximately 82 Primary Care providers in 41 practice sites in the market and three (3) physical medicine / rehabilitation providers																		
Top Hospital Alignment	<ul style="list-style-type: none"> Phoebe Putney Memorial Hospital (Albany, Georgia) Phoebe Putney Memorial Hospital North Campus (Albany, Georgia) Phoebe Worth Medical Center (Sylvester, Georgia) 																		
Likelihood of Offering Primary Care Services to TRICARE Members⁷	<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>40</td> <td>81</td> </tr> <tr> <td>High Likelihood</td> <td>0</td> <td>0</td> </tr> <tr> <td>Medium Likelihood</td> <td>1</td> <td>1</td> </tr> <tr> <td>Low Likelihood</td> <td>0</td> <td>0</td> </tr> <tr> <td>Total</td> <td>41</td> <td>82</td> </tr> </tbody> </table>		Number of Practices	Number of Physicians	Contracted with TRICARE	40	81	High Likelihood	0	0	Medium Likelihood	1	1	Low Likelihood	0	0	Total	41	82
	Number of Practices	Number of Physicians																	
Contracted with TRICARE	40	81																	
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Medium Likelihood	1	1																	
Low Likelihood	0	0																	
Total	41	82																	

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- NBHC Albany provides Primary Care, it is in Albany, GA (85 miles SE of Columbus) and has a market area population of approximately 400K⁸
- NBHC Albany has 527 AD enrollees⁹ and 668 non-AD enrollees who could enroll to the network
- The Managed Care Support Contractor (MCSC) has contracted 29¹⁰ of 82¹¹ (35%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 27 of the 29 TRICARE providers are accepting new patients
- Rolling 12-month Joint Outpatient Experience Survey (JOES-C) scores ending November 2018 with a “health care rating” scored as a 9 or 10 on a scale of 0-10:
 - NBHC Albany patients: NA (not enough respondents)
 - Network patients (NBHC Albany): 67.3% (77 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members¹²
 - 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 Primary Care Manager (PCM) for Primary Care
 - 60 minutes for Specialty Care

Assumptions:

- The MCSC could contract an additional 50% of the existing non-network PCPs

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>

- The average PCP panel is approximately 2000¹³
- 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:

- NBHC Albany is in a suburban area with a currently adequate Primary Care network
- If the MCSC contracts 50% of the non-network PCPs, they would have a total of 54 PCPs accepting new patients
- Each PCP would have to enroll only 23 new patients to accommodate the 1,215 AD and non-AD Albany enrollees
- Based on the assumptions above, the MCSC network could easily meet the new demand
- Beneficiaries rate network health care high, so beneficiary satisfaction should not suffer with network enrollment
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- On based residents will have to travel farther for Primary Care if enrolled to the network

Implementation Risks:

- Retirees and their family members may seek less Primary Care due to out-of-pocket costs (+/-)
- Closure may delay care for ADSMs

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

- **Primary Care:** The MHS impacted population for Primary Care is approximately 1,100; 100% are represented within the 15-mile radius boundary for Primary Care, concentrated around the MTF location. The population has declined over the last five (5) years (2014 to 2018) averaging a 3-4% contraction and is projected to increase slightly over the next five (5) years at 0-1%. This slight level of growth will result in an adequate level of providers across the market area

Assumptions:

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

Analysis:

- **Primary Care:** The current supply of Primary Care physicians is concentrated in Dougherty county, where the MTF is located and 80% of the beneficiaries reside, should be capable of accepting the specific demand from the ~1,100 impacted beneficiaries. Given this forecasted increase in demand coupled with the expected population growth, we project slight shortages across the total market area. However, the existing surplus of physicians in Dougherty county will fill gaps in counties where most beneficiaries reside

¹³ MGMA

3.0. Appendices

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 2000¹⁴

¹⁴ 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

<i>Term (alphabetical)</i>	<i>Definition</i>
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	Occupancy- Current Persons by UIC
Part J	MTF Portfolio (Full)

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: Naval Branch Health Clinic (NBHC) Albany 2
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:

- The Marine Corps Logistics Base (MCLB) Albany is one of six commands under Marine Corps Installations East and is the home of Marine Corps Logistics Command and Marine Depot Maintenance Command Albany. MCLB Albany provides efficient facilities, infrastructure, and a range of support and quality of life services that enable its Tenants to deliver optimal readiness to Operational Forces.
- The major tenants of MCLB Albany include the Marine Corps Logistics Command, Marine Corps Systems Command, Naval Branch Health Clinic Albany, Defense Distribution Depot Albany, and DoD Humanitarian Assistance Program. The base has over 4,600 civilian Marines and around 300 Active Duty Marines. MCLB Albany also supports several other missions, including Safe Haven Support Services in the event of natural disasters or the need for evacuation of personnel from surrounding areas.
- Base and MTF leadership feel that the closure or reduction in services offered at NBHC Albany could negatively impact the mission of MCLB Albany. Being in a poor geographic location and based on anecdotal support provided, leadership is concerned about the quality and safety of care that is available in the network.

MTF Impact:

- Naval Branch Health Clinic (NBHC) Albany, which is located on board MCLB Albany, provides outpatient services to 1,160 enrolled patients and supports over 8,000 beneficiaries in the MCLB Albany Headquarters Element and the Marine Corps Logistics Command. NBHC Albany has customers located throughout Southwest GA and North FL and provides physicals and suitability screenings as well as occupational health and industrial hygiene support.
- The occupational health and industrial hygiene support provided by the clinic are important to the safety of the base's 5,000+ employees
- NBHC also serves a unique mission of providing funeral honors for the area, which can take several staff members away from the clinic for a full-day and leave the clinic short-staffed. A reduction in the number of positions at the clinic could impact the ability to manage the funeral honors mission and readiness mission.
- The MTF currently has a Memorandum of Understanding (MOU) in place with the VA to support NBHC mental health patients, and leadership has considered attempting to further expand this MOU to assure accessibility to Active Duty service members.

Network Impact:

- Humana targeted having 62 Primary Care Managers (PCMs) in the network and they have 117 PCMs. Overall the network probably has adequate capacity, but there are certain providers that the base population would like to avoid due to negative perceptions of care and location (i.e. downtown Emergency Room serves a large indigent population).
- According to leadership, past efforts to work with the network have led to bureaucratic issues and some referrals not being accepted.
- NBHC Albany and its surrounding network are in an area with a high poverty rate. Despite the potential for high demand in the network, leadership feels that there is not actually a high amount of money going into the facilities in the network. Attempting to coordinate with this network is concerning to leadership and may present unique challenges if NBHC Albany is closed or sees its scope reduced.

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
BGen Joseph Shrader	Commanding General, Marine Corps Logistics Command (MARCORLOGCOM)	MARCORLOGCOM
Col Alphonso Trimble	Commanding Officer, MCLB Albany	MCLB Albany
SgtMaj Michael J. Rowan	Sergeant Major, MARCORLOGCOM	MARCORLOGCOM
SgtMaj Johnny Higdon	Sergeant Major, MCLB Albany	MCLB Albany
Capt Beau Pillot	Executive Assistant to the Commanding General, MARCORLOGCOM	MARCORLOGCOM
Mr. Leonard Housley	Base Executive Director	MCLB Albany
Ms. Sarah Lukes	Director of Command Operations	MARCORLOGCOM
Mr. Chase Minett	Future Operations Officer, Marine Depot Maintenance Command (MDMC)	MARCORLOGCOM
CAPT Matthew Case	Commander, NH Jacksonville	NH Jacksonville
CDR Jeremy Pyles	Officer in Charge, NBHC Albany	NBHC Albany
CPO Louis Simpson	SEL, NBHC Albany	NBHC Albany
RDML Gayle D. Shaffer	Director, Health Services HQMC	HQMC
CAPT Gordon Smith	Chief of Staff, Navy Medicine East	Navy Medicine East
Dr. David Smith	Reform Leader for Health Care Management for the Department	703 Workgroup
CDR Debra Manning	Director of Clinical Programs, Medical Corps, US Navy	703 Workgroup
CAPT Nate Price	Chief of the Facilities Enterprise for the Defense Health Agency	703 Workgroup
Lt Col Mary Marquez	Chief – Region/Market Support Section TRICARE Health Plan Division	THP
Mr. Asasi Francois-Ashbrook	Contract Support	703 Workgroup

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

Base Mission Overview:

- MCLB Albany is a base dedicated to supporting the warfighter by providing high-quality, cost-effective installation support services to its tenant commands. The base's priority is to its tenants, whose focus of effort is the warfighter.
- MCLB is the power projection platform for the Marine Corps Logistics Command, which is the logistics hub of the USMC. The Marine Corps Logistics Command provides a global and persistent presence for the Marine Operating Forces and supports operational-level logistics in coordination with strategic-level and tactical-level logistics.
- Marine Corps Logistics Command also provides support through depot-level maintenance, prepositioning and war reserve, storage, ground equipment inventory management, distribution, and weapon system life cycle support.
- MCLB Albany also operates as a Seasonal Safe Haven during hurricane season, coordinating with Marine Corps Recruiting Depot Parris Island and Naval Air Technical Training Center. The base provides safe

shelter in its warehouses in cases of weather emergencies in Southwest GA or North FL and supports Natural Disaster recovery efforts.

- MCLB Albany will be the first installation in the Department of Navy to achieve Net Zero Energy status and full resilience and has several major renewable energy projects in operation.

Voice of the Customer Summary:

- Leadership feels that reducing or eliminating the health care capabilities offered at NBHC Albany would result in the overall mission of Marine Corps Logistics Command and MCLB Albany being negatively impacted
- Sending people out into the network can cause delays in critical operations and impact readiness. The workforce is one (1) staff member deep in some specialties and if they are off the assembly line for a day or a half-day it can set back the mission.
- Base leadership expressed that there are limited numbers of providers in the area that accept TRICARE and those that do may not be the best quality. The local hospital has been ranked in publications as one of the worst hospitals in America. Leadership and AD members have peace of mind sending family members to the clinic as there are no concerns about quality of care.
- There are 110 housing units on base: 95 units for enlisted members and 15 for officers. Everyone living in the housing area is AD or ADFM. Typically, the residents receive medical care from the clinic and would require additional travel time for the ADFM to receive care in the network
 - 108 AD members living in Hill Village (PPV housing). There are 245 dependents living in PPV housing: 105 adults and 140 children.

Summary of MTF Commander Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
CAPT Matthew Case	Commander, NH Jacksonville	NH Jacksonville
CDR Jeremy Pyles	Officer in Charge, NBHC Albany	NBHC Albany
CPO Louis Simpson	SEL, NBHC Albany	NBHC Albany
LT Lauren Fisher	Clinic Manager, NBHC Albany	NBHC Albany
RDML Gayle D. Shaffer	Director, Health Services HQMC	HQMC
CAPT Gordon Smith	Chief of Staff, Navy Medicine East	Navy Medicine East
Dr. David Smith	Reform Leader for Health Care Management for the Department	703 Workgroup
CDR Debra Manning	Director of Clinical Programs, Medical Corps, US Navy	703 Workgroup
CAPT Nate Price	Chief of the Facilities Enterprise for the Defense Health Agency	703 Workgroup
Lt Col Mary Marquez	Chief – Region/Market Support Section TRICARE Health Plan Division	THP
Mr. Asasi Francois-Ashbrook	Contract Support	703 Workgroup

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

MTF Medical Mission Overview:

- NBHC Albany provides medical support to the MCLB Albany Headquarters Element, the Marine Corps Logistics Command, and the Systems Command Detachment on board MCLB Albany. In support of the MCLB mission, NBHC Albany performs physicals and suitability screenings as well as occupational health services in support of the Marine Corps Active Duty and Civilians on base.
- In FY18, NBHC Albany encountered over 9,000 medical visits and over 1,000 dental visits and delivered care to 193 activated reservists. The clinic also provided occupational health and Industrial Hygiene support to 3,000 Federal employees.
- NBHC has the responsibility of supporting Southwest GA Regional Funeral Honors for Navy retirees or veterans. If a retiree or veteran dies in Southwest Georgia, the clinic provides honors as the only Navy installation in the area. A funeral for an Active Duty member comes with more responsibility and requires additional support than what the clinic is accustomed to providing.
- MCLB and NBHC Albany serve as the Safe Haven during hurricane season and can have a large increase in population if one of the surrounding installation were to evacuate to Albany. MCRD Parris Island brings their own medical team but the Gulf Coast areas do not.

Voice of the Customer Summary:

- Leadership feels that if the clinic's scope of responsibility is reduced, this could impact the clinic's ability to provide physicals and suitability screenings and support the occupational health mission.
- The clinic puts a large focus on case management and ensures that the case management and clinic manager roles are fully manned to get people the care they need.
- Leadership noted that Albany can be a difficult place to hire health care professionals.
- Leadership is concerned about the capacity of emergency care, both on base and in the network. Leadership feels that the local community in Albany has grown accustomed to using the ER as the place to receive primary care, and this can lead to extremely long wait times for emergency care.
- Lee County (adjacent to Albany) has been approved to build its own hospital which will probably increase network capacity within