Military Health System (MHS) Section 703 Workgroup

Use Case Decision Package

Naval Branch Health Clinic (NBHC) Dahlgren
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) Dahlgren
Decision	Transition Naval Branch Health Clinic Dahlgren outpatient facility to an Active Duty only with 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.

Base Mission Summary

Naval Support Facility (NSF) Dahlgren, Dahlgren, VA; King George County; approximately 50 miles south of Washington, D.C. NSF Dahlgren's currently supported commands include: the Navy Air and Missile Defense Command, Aegis Ballistic Missile Defense Field Activity, Naval Surface Warfare Center Dahlgren Division, the Center for Surface Combat Systems (CSCS), the AEGIS Training and Readiness Center (ATRC), the Joint Warfare Analysis Center, the United States (U.S.) Air Force 20th Space Control Squadron, Detachment 1, and the U.S. Air Force 614th Air and Space Operations Center, Detachment 1. The total MTF enrolled population affected by the decision is approximately 2,200 Primary Care beneficiaries that will need to find a new Primary Care Manager.

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 from duty or job for Primary Care visits. 100% of MTF Prime and Plus beneficiaries are living within the 30- minute drive-time boundary for Primary Care, concentrated around the MTF location • Any changes to NBHC Dahlgren's capabilities will need to consider NSF Dahlgren which are based on board command needs. This may impact the ability to support the training pipeline of different programs, such as the CSCS' that oversees 14 learning sites and provides 1,000 courses a year to over 50,000 Sailors • Base Leadership believes that transitioning retirees and family members into the network would allow the MTF to focus on Individual Medical Readiness (IMR) and effectively providing medical care to Active Duty (AD) members • Approximately 2,000 people that work on base live in Fredericksburg, VA, which is 45-60 minutes from NBHC Dahlgren • All Specialty Care is already referred out to the network or to another MTF. Specialty referrals to MTFs in the National Capital Area generated from NBHC Dahlgren Primary Care of FMs and Retirees may be lost to the network	Section 1.0
Network Assessment	M	• While the TRICARE Health Plan network assessment indicates that the existing network could easily absorb the impacted beneficiaries, the independent government assessment projected Primary Care shortages across much of the market, and may be incapable of accepting new demand, despite the fact that the population comprises well under 10% of the general market population and will not materially impact supply and demand for services • MTF leadership's primary concern is ensuring strong case management associated with the transition of MHS beneficiaries. Leadership is concerned about sending people into the network due to several anecdotal experiences in which providers are listed as accepting TRICARE patients, but the practices are at capacity or are only accepting a limited number of new patients • Beneficiaries rate network health care 22% higher than Dahlgren healthcare, so beneficiary satisfaction should not suffer with network enrollment	Section 2.0

[1] Source: See Appendix B for Criteria Ratings Definitions

		• NBHC Dahlgren is in an isolated location and the largest concentration of healthcare providers are in Fredericksburg, VA, approximately 45-60 minutes away. Many beneficiaries are forced to receive Specialty Care at Fort Belvoir or at Walter Reed in Bethesda, MD. With a large number of young families on base due to the heavy student population, there is concern around OB/GYN care existing almost an hour away in Fredericksburg	

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	Increased time away from training at NSF Dahlgren may prevent recruits and drill instructors from staying on track with training	• Identifying medical transport solutions that can improve accountability without taking drill instructors away from duty may mitigate this issue and improve current care processes
2	The patients change in expectations from getting care on the base to getting care off the base will have to be monitored and measured. This Risk is especially pertinent to the retiree population (~350 enrollees)	• This risk will be mitigated through the implementation and communications plan, as well as care coordination
3	Trust, accountability, quality, and accessibility of services with commercial providers	• This risk will be mitigated through the implementation and communications plan, as well as case management
4	Some practices listed as accepting TRICARE may either no longer accept TRICARE or are accepting patients on a very limited basis	• Maintain contract access standards and judiciously transition to network while monitoring access. Address in implementation plan
5	Potential loss of Specialty referrals to National Capital Region (NCR) MTFs sponsored graduate medical education	• MCSC shall work with NCR Market manager to identify care best suited to support medical force generation and sustainment requirements

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 MTF Description

Naval Support Facility (NSF) Dahlgren, Dahlgren, VA; King George County; approximately 50 miles south of Washington, D.C. NSF Dahlgren's currently supported commands include: the Navy Air and Missile Defense Command, Aegis Ballistic Missile Defense Field Activity, Naval Surface Warfare Center Dahlgren Division, the Center for Surface Combat Systems (CSCS), the AEGIS Training and Readiness Center (ATRC), the Joint Warfare Analysis Center, the United States (U.S.) Air Force 20th Space Control Squadron, Detachment 1, and the U.S. Air Force 614th Air and Space Operations Center, Detachment 1. The total Military Treatment Facility (MTF) enrolled population affected by the recommendation is approximately 2,252 Primary Care beneficiaries that will need to find a new Primary Care manager (PCM).

1.1. Installation Description

Name	Naval Support Facility (NSF) Dahlgren
Location	Dahlgren, VA; King George County; approximately 50 miles south of Washington, D.C.
Mission Elements	NSF Dahlgren; Naval Branch Health Clinic (NBHC) Dahlgren
Mission Description	NSF Dahlgren is on 4,000 acres bounded by the Potomac River and Machodoc Creek in King George County as a remote extension of Maryland's Indian Head Proving Ground. It operates as a Naval gun test facility and supports numerous scientific and response-force missions serving all branches of the U.S. armed forces. Additionally, the NBHC Dahlgren provides routine and acute family practice health care with limited ancillary services of pharmacy, laboratory, and radiology. It also includes Occupational Health and a Dental clinic for Active Duty (AD) personnel.
Regional Readiness / Emergency Management	NSF Dahlgren Supports: • Nine (9) tenant commands – 9,000 personnel (AD, Government Service (GS), and Contractors) • Navy Air and Missile Defense Command • Aegis Ballistic Missile Defense Field Activity • Naval Surface Warfare Center Dahlgren Division • Center for Surface Combat Systems • ATRC • Joint Warfare Analysis Center • U.S. Air Force 20th Space Control Squadron, Detachment 1 • U.S. Air Force 614th Air and Space Operations Center, Detachment 1
Base Active or Proposed Facility Projects	Unknown
Medical Capabilities and Base Mission Requirements	NBHC Dahlgren supports the different training requirement of NSF Dahlgren's supported commands, any decisions under evaluation should consider the potential impacts to the supported populations such as the CSCS' that oversees 14 learning sites and provides 1,000 courses a year to over 50,000 Sailors.

1.2. MTF Description

NBHC Dahlgren provides routine and acute family practice health care, dental services, and behavioral health to AD Service members and their families, retirees, and their family members. Provides Occupational Health, Industrial Hygiene, and limited ancillary support services. This clinic also provides operational screenings and Primary Care to approximately 2,000 – 2,500 students of the ATRC annually.

Name	NBHC Dahlgren, VA
Location	Dahlgren, VA; King George County; approximately 50 miles south of Washington, D. C.
Market[2]	National Capital Region (NCR)

[2] Source: Defined by FY17 NDAA Section 702 Transition

Mission Description	Support the warfighter by ensuring readiness, health, and wellness for all entrusted to our care
Vision Description	Set the standard in Navy installation readiness and common operating support by challenging assumptions with an eye toward innovative solutions
Goals	(1) Maintain the health of our beneficiaries (2) Maintain the operational readiness of forces in our AOR to include Occupational Medicine (3) Maintain the staff's operational readiness to deploy
Facility Type	Outpatient clinic, no ambulatory surgery
Square Footage[3]	14,799 Net Square Feet
Deployable Medical Teams	• EFM ALPHA • EFM BRAVO • EFM CHARLIE • EFM KILO • Marine Wing Support Squadron 471 (MWSS-471) Marine Aircraft Group 41 (MAG -41) • Headquarters & Service Company - Combat Logistics Battalion 25 (CLB 25) • Headquarters & Service Company - Combat Logistics Regiment 45 (CLR 45) • 4th Marine Logistics Group (MLG) 14th Dental Company, 4th Dental Battalion • 4th Marine Logistics Group Surgical Company B - 4th Medical Battalion • Marine Wing Support Squadron 479 (MWSS-479) Marine Aircraft Group 49 (MAG-49) • 4th Marine Aircraft Wing (MAW) Headquarters Marine Aircraft Group 49 (MAG-49) • United States Naval Ship Comfort – Medical Support Vessel (TAH 20 COMFORT MED)
Fiscal Year (FY) 2017 Annual Budget[4]	Unknown
MTF Active or Proposed Facility Projects	Unknown
Performance Metrics	See Volume II Part D for performance measures (Partnership for Improvement) (P4I) measures and Part E for Joint Outpatient Experience Survey (JOES-C) data

Projected Workforce Impact

Active Duty	Civilian	Total
7	3	**10**

FY18 Assigned Full-time Equivalents (FTEs)[6]

	Active Duty	Civilian	Contractor	Total
Medical	20.6	12.0	1.0	33.5

Healthcare Services[7]

Primary Care
- Well baby checks
- Physical exams
- School and sport physicals
- Ongoing health maintenance

Military Medicine
Pharmacy
Dental care
- General dentistry
- Minor oral surgery
- Prophylaxis, dental hygiene
- Endodontics (root canals)
- Prosthetics (limited)

[3] Source: 703 WG requested net SF data TSG 4-15-19
[4] Source: No Budget Data Provided
[5] Source: 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?"
[6] Source: Patuxent River MTF Portfolio
[7] Source: https://www.med.navy.mil/sites/paxriver/pages/aboutD.html

	Laboratory Radiology • Diagnostic X-ray • X-ray studies Health promotion • Tobacco cessation • Healthy eating • Diabetes monitoring • Cholesterol monitoring • Women's Health Occupational health • Medical Surveillance • Certification exams • Treatment, referral, and case management of acute, chronic occupational injurie, and illnesses • Occupational audiology services in support of the hearing conservation program • Preventive services such as immunizations to prevent disease due to occupational exposure • Health promotion Mental Health
Network Considerations - Average days to care by specialty category	• Geographically Isolated Area • The MTF's main concern ensuring strong case management associated with the transition of MHS beneficiaries. Leadership is concerned about sending people into the network due to several anecdotal experiences where providers are listed as accepting TRICARE patients, but the practices are at capacity or only accepting a very limited number of new patients

2.0. Healthcare Market Surrounding the MTF

Description	In the NBHC Dahlgren drive-time standard, there currently are commercial Primary Care providers (PCP) within the 30-minute drive-time standard capable of accepting the specific demand from more than 2,200 impacted Primary Care beneficiaries (not limited to TRICARE). Current PCP in the market service area are covering current demand. There is potential capacity to accept the incremental MHS population with the current supply of providers.
Top Hospital Alignment	• Sentara Northern Virginia Medical Center (Woodbridge, VA) • Inova Alexandria Hospital (Alexandria, VA) • Mary Washington Hospital (Fredericksburg, VA) • Medstar Southern Maryland Hospital Center (Clinton, MD) • Inova Mount Vernon Hospital (Alexandra, VA) • Calvert Memorial Hospital (Prince Frederick, MD)

Likelihood of Offering Primary Care Services to TRICARE Members[8]

	Number of Practices	Number of Physicians
Contracted with TRICARE	54	95
High Likelihood	38	43
Medium Likelihood	198	318
Low Likelihood	23	56
Total	**313**	**512**

2.1. TRICARE Health Plan Network Assessment

Summary Facts:

- Dahlgren has a market area population of approximately 6.6M[9]
- NBHC Dahlgren provides Primary Care/Dental/Occupational Health/Ancillary Services/Behavioral Health
- NBHC Dahlgren has 1,069 AD enrollees[10] and 1,482 non-AD enrollees who could enroll to the network
- Managed Care Support Contract (MCSC) has contracted 211[11] of 512[12] (41%) PCP within a 15-mile radius of the MTF. Only 203 of the 211 TRICARE providers are accepting new patients
- Rolling 12-month JOES-C scores ending November 2018 with a "health care rating" scored as a nine (9) or 10 on a scale of 0-10:
    - NBHC Dahlgren patients: 57.9% (22 respondents)
    - Network patients (Naval Health Clinic (NHC) Quantico-NBHC Dahlgren): 79.8% (29 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members[13]
    - Preventive Care Visit: $0
    - Primary Care Outpatient Visit: $20
    - Specialty Care Outpatient or Urgent Care Center Visit: $30
    - Emergency Room Visit: $61
- TRICARE Prime enrollees should expect to drive no more than:
    - 30 minutes to a PCM for Primary Care

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

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

[10] M2

[11] MCSC

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

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

- 60 minutes for Specialty Care

Assumptions:

- MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000[14]
- 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 Dahlgren is in a rural area with a currently adequate Primary Care network
- Even without contracting new providers, each PCP would have to enroll only three (3) to four (4) new patients to accommodate the non- AD Dahlgren's enrollees
- If MCSC contracts 50% of the non-network PCPs, they would have a total of 353 PCPs accepting new patients
- Each PCP would have to enroll only four (4) new patients to accommodate the 2,551 AD and non-AD Dahlgren enrollees
- Based on the assumptions above, the MCSC network could easily meet the new demand
- Beneficiaries rate network health care 22% higher than Dahlgren healthcare, 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 base 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 Active Duty Service Members (ADSMs)

Network Insight Assessment Summary (Independent Government Assessment) Facts:

- **Primary Care:** The MHS impacted population for Primary Care is around 2,200; 100% of MTF Prime, Plus and Reliant beneficiaries are living within the 30-minute drive-time boundary for Primary Care, concentrated around the MTF location. The potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups and thus will not materially impact supply and demand of services in the Dahlgren market and the population is forecasted to grow (4.5%) over the next five (5) years (2019 to 2023)

[14] MGMA

- **Specialty Care:** The MHS impacted population for Specialty Care is approximately 3,400; 96% of MTF Prime, Reliant, & Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty Care, concentrated around the MTF location. he potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups and thus will not materially impact supply and demand of services in the Dahlgren market

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 may not be capable of accepting the incremental demand from beneficiaries who are being transitioned out of the MTF. Given the expected population growth rate and the influx of MHS beneficiaries we expect major shortages across Primary Care providers across most of the region
- Given these conditions the market may be incapable of accepting increased demand due to population growth and the incremental demand of impacted TRICARE beneficiaries
- While ability and willingness to accept TRICARE patients must be confirmed, the vast majority of providers in the Dahlgren market are accepting government-sponsored insurance, and many are already contracted to provide services to TRICARE beneficiaries

3.0. Appendices

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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 PPCPs
6. The average PCP panel is approximately 2000[15]

[15] MGMA

Appendix B: Criteria Ratings Definition Criteria

Ratings Definition

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

Appendix C: Glossary

Term (alphabetical)	*Definition*
Ambulatory Care	Ambulatory care 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	Data Call
Part B	DHA TRICARE Health Plan Network Review
Part C	Network Insight Assessment Summary (Independent Government Assessment) P4I Measures
Part D	JOES-C 12-month Rolling Data
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Appendix E: MTF Trip Report

MHS Section 703 Workgroup
Site Visit Trip Report

NBHC Dahlgren

25 March 2019

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Purpose of the Visit

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

Summary of Site Visit

Base/Mission Concerns or Takeaways

- The Base is home of the Advanced Electronic Guidance and Instrumentation Systems (AEGIS) Training and Readiness Center which brings approximately 2,000 – 2,500 students annually
- There are some general concerns with providing medical care to a transitory population such as connecting with their previous primary care providers and connecting them with specialty care in the area if needed
- This population is forecasted to increase between 10-15% every year for the foreseeable future
- Approximately 2000 people live in Fredericksburg but work on the Base
- 800 family members are enrolled at the MTF and most of them live on Base
- Around 350 Retirees are enrolled and while they are most likely also employees, the Base could not provide exact numbers
- There are benefits to keeping this population at the MTF because military medical providers can help provide perspective on certain diagnoses that civilian medical providers cannot

MTF Leadership Concerns or Takeaways

- Transitioning Retirees and family members into the network would allow the MTF to focus on Individual Medical Readiness (IMR) and effectively providing medical care to Active Duty members
- The MTF has some challenges around staffing including recruiting due to location and a gap of billets for the Medical Home Port
- The MTF's main concern is making sure there is strong case management associated with the transition to help individuals who are currently enrolled at the MTF find health care providers in the network
    - There has been anecdotal evidence that practices listed as accepting TRICARE either no longer do or are accepting patients on a very limited basis

Network:

- NBHC Dahlgren is in an isolated location and the largest concentration of healthcare providers are in Fredericksburg, approximately 45 – 60 minutes away, with many beneficiaries receiving specialty care at Ft. Belvoir or Bethesda, MD

- There are a number of young families due to the large student population. There is a concern with the existing medical care for OBGYN is 45-60 minutes at Mary Washington in Fredericksburg
- There is concern about sending people into the network due to several experiences where providers are listed as accepting TRICARE patients, but the practices end up being full or only accepting a very limited number of new patients (unconfirmed)

Summary of MTF Leadership Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
CAPT Kathleen Hinz	Commanding Officer	NHC Patuxent River/NBHC Dahlgren
CAPT Chad McKenzie	Executive Officer	NHC Patuxent River
CDR Scott Coon	Director for Branch Health Clinics at NHC Patuxent River / OIC NBHC Dahlgren	NBHC Dahlgren
LCDR Ashlyn Lobenberg	Behavioral Health Provider	NBHC Dahlgren
HMCM CJ Eison	Command Master Chief	NHC Patuxent River
HMCS April Harrison	Senior Enlisted Leader	NBHC Dahlgren
CAPT Gordon Smith	Chief of Staff	Navy Medicine East
CAPT Christine Dorr	Acting Assistant Deputy Chief for Health Care Operations, M3 BUMED	703 Workgroup
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
Mr. Ricky Allen	Business Operations Specialist, THP	703 Workgroup

Summary of MTF Commander Discussion Agenda

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

MTF Medical Mission Overview:

- NBHC Dahlgren provides routine and acute family practice health care, dental services and behavioral health to active duty service members and their families, retirees and their family members. Provides Occupational Health, Industrial Hygiene and limited ancillary support services. This clinic also provides operational screenings and primary care to approximately 2,000 – 2.500 students of the AEGIS Training and Readiness Center (ATRC) annually. Over 50 percent of the students are enrolled to the clinic. The remaining students are non-enrolled short term “must see” students. The Clinic is staffed with 27 active duty, 14 government service and 1 contract personnel

Voice of the Customer Summary:

- The MTF has some challenges around staffing that they wanted to include in the discussion:
    - The AMD does not reflect requirements
    - There is a gap in key billets as Dahlgren is not staffed to Med Home Port Standards
    - It can take 6 to 12 months to recruit and onboard civilian staff due to the location
    - There is currently only one Registered Nurse (RN) at the clinic
    - Due to the inadequate staffing, extended hours are difficult to maintain and could affect access standards
- The geographic location makes it difficult to attract staff and creates issues for access to specialty care
- The BHC has outgrown their facilities at Dahlgren and need more space to see the number of beneficiaries they currently receive
    - NBHC Dahlgren stated that if some of the Retirees were transitioned into the network that would allow the clinic to be more efficient and effective in serving the AD members and Individual Medical Readiness (IMR)
- Behavioral Health at Dahlgren is an excellent program and high quality BH programs are hard to find in the network
- There are concerns that while some providers show as accepting TRICARE patients that the list may be outdated or only accepting a limited amount
    - E.g. If 2,000 beneficiaries are being transitioned into the network and the primary care provider is only accepting 6 TRICARE patients a month, this would cause a strain on the Retirees and families looking for medical care
- The MTF wants to make sure there will be a strong case management element to support the young families who may not be experienced with the U.S. healthcare system

Summary of Installation Leadership Discussion

List of Attendees

The following were in attendance during the Installation Leadership discussion:

Name	Title	Affiliation
CAPT Mike O'Leary	Commanding Officer	NSA South Potomac
CAPT David Zook	Commanding Officer	ATRC
CAPT Scott Jones	Chief of Staff, AEGIS BMD	Missile Defense Agency
CDR Steven Perchalski	SML	NSWC DD
CMDCM Joe Medina	CMC	NSASP
FCACM Harrell	SEL	ATRC
FCACM Keith Russell		ATRC
CAPT Kathleen Hinz	Commanding Officer	NHC Patuxent River/NBHC Dahlgren
CAPT Chad McKenzie	Executive Officer	NHC Patuxent River
CDR Scott Coon	Director for Branch Health Clinics at NHC Patuxent River / OIC NBHC Dahlgren	NBHC Dahlgren
LCDR Ashlyn Lobenberg	Behavioral Health Provider	NBHC Dahlgren
HMCM CJ Eison	Command Master Chief	NHC Patuxent River
HMCS April Harrison	Senior Enlisted Leader	NBHC Dahlgren
Mr. Thomas Stanley	Installation Program Integrator	NSA South Potomac
Stephen Eckel		NSWC, Dahlgren Division
CAPT Gordon Smith	Chief of Staff	Navy Medicine East
CAPT Christine Dorr	Acting Assistant Deputy Chief for Health Care Operations, M3 BUMED	703 Workgroup
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
Mr. Ricky Allen	Business Operations Specialist, THP	703 Workgroup

Summary of Base Commander Discussion Agenda

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

Voice of the Customer Summary:

- The majority of the Base's workforce is civilian, however the Base was not sure how many are Retirees

    - Around 350 Retirees are enrolled and while they are most likely also employees, the Base could not provide exact numbers
    - This population is also more likely to live in Fredericksburg than in the immediate surrounding area
    - There are benefits to keeping this population at the MTF because military medical providers can help provide perspective on certain diagnoses that civilian medical providers cannot
- 800 family members are enrolled at the MTF and most of them live on Base
    - There are 205 homes on Base and occupancy is at 97%. The Base estimates that the average household has three people so around 600 people are living on the Base, 400 of which are family members
    - There are a number of young families due to the large student population and there is a concern with the existing medical care for OBGYN is 45-60 minutes at Mary Washington in Fredericksburg
    - Currently almost everyone goes to Ft. Belvoir or Bethesda, MD for specialty care
- Approximately 2000 people live in Fredericksburg but work on the Base
- The AEGIS Training and Readiness Center (ATRC) has 2,000 – 2,500 students annually and over 50% are enrolled at the MTF. That number is understated because the MTF sees 100% of them. The MTF is the link between the students and any specialty care they may need
    - This population is forecasted to increase between 10-15% every year for the foreseeable future
    - 85% of the students do not have cars and require duty drivers if they are going into the network to get medical care
- NBHC Dahlgren does not have the staff or space to do all that the BHC is being asked to do. The clinic must prioritize the different requirements put on them by DoD/MHS. If they were to see fewer beneficiaries, they would likely be rightsized