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

Naval Branch Health Clinic (NBHC) Portsmouth
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) Portsmouth
Decision	Transition Naval Branch Health Clinic Portsmouth outpatient facility to an Active Duty only and Occupational Health clinic (AD/OH). All base support functions and pharmacy workload will be maintained.

Background and Context:

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

Installation Summary:

NBHC Portsmouth is in Kittery, ME in York County, approximately 60 miles from Boston. NBHC Portsmouth's key mission elements are the overhaul, repair, and modernization of Virginia and Los Angeles-class submarines, support of the Survival, Evasion, Resistance and Escape School, Outlying Reserve, National Guard Units, and Recruiting districts, Active Duty Force at Pease Air Force Base (AFB), Supervisor of Shipbuilding, Conversion, and Repair (SUPSHIP)/Bath Iron Works, Bath Maine, and USS CONSTITUTION.

Criteria Matrix

Criteria	Rating or Value[1]	Key Takeaways or Findings	Use Case Package
Mission Impact	L	• NBHC Portsmouth provides healthcare for the needs of AD population who support the current overhaul of five (5) Los Angeles and Virginia Class submarines, shipbuilding, iron works and engineering center for new destroyers. AD readiness related provider requirements will continue to be resourced as per Navy and DHA guidance helping mitigate mission risk. This includes medical needs related to Undersea medicine and a Hyperbaric chamber which is essential to conduct dive operations, and requires 100% Undersea Medical Officer (UMO) coverage • Additionally, the proximity of the local network to the base mitigates travel times for Primary Care appointments. Proximity of the local network to the base does not indicate excessive time away from duty or job for Primary Care visits. 99% of non-AD MTF Prime and Plus beneficiaries live within the 30-minute drive-time boundary for Primary Care, concentrated around the MTF • Lastly, NBHC Portsmouth support services will continue to be resourced as per Navy and DHA guidance	Section 1.0
Network Assessment	L	• NBHC Portsmouth is surrounded by a robust Primary Care network. 99% of MTF Prime and Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care. 99% of MTF Prime, Reliant, and Medicare Eligible beneficiaries are living within the 60-minute drive- time boundary for Specialty Care, concentrated around the MTF. 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 Portsmouth market • The current Primary Care population growth is expected to be about 2-3% growth for the next five (5) years (2019 to 2023). This growth will result in an increase in demand for Primary Care services, resulting in a small shortage of General / Family Practice physicians. Demand for Specialty Care is expected to grow within the general market population at about 2-3% over the next five (5) years (2019 to 2023), resulting in a decrease in demand for Psychiatry providers in the general population	Section 2.0

Risk/Concerns and Mitigating Strategies

The Risk/Concerns and Mitigation table below represents a high-level summary of the risks identified throughout the analysis. Though not exhaustive, the mitigation strategies and potential courses of action will be used to help develop a final implementation plan.

[1] See Appendix B for Criteria Matrix Definitions

	Risk/Concerns	Mitigating Strategy
1	Inappropriately adjusting for the Hyperbaric Chamber needs that NBHC Portsmouth provides could result in lack of coverage for dive operations, which require 100% Undersea Medical Officer coverage	• Maintain AD Only care, including 100% UMO coverage
2	The TRICARE network may need to be expanded to cover impacted beneficiaries. Providers' willingness to accept TRICARE patients must be confirmed	• 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
3	The patients' change in expectations from getting care at the MTF to getting care in the market will have to be monitored and managed	• This risk will be mitigated through the implementation and communications plan, as well as case management and close care coordination
4	The pace at which the network can absorb new enrollees into Primary Care is unknown. There will be an adjustment period for the network	• The MTF should conduct the transition in a measured way that is tailored to their specific needs and addressed in the implementation plan. The MTF and DHA will monitor progress and address access issues by slowing down the transition, including maintaining necessary MTF staffing levels as the transition progresses

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

Portsmouth Naval Shipyard's primary mission is the overhaul, repair, and modernization of Virginia and Los Angeles-class submarines. Portsmouth Naval Shipyard provides the United States (U.S.) Navy's nuclear-powered submarine fleet with quality overhaul work in a safe, timely, and affordable manner. This includes a full spectrum of in-house support--from engineering services and production shops, to unique capabilities and facilities, to off-site support--all of which serves the multifaceted assortment of fleet requirements. NBHC Portsmouth supports the maintenance, repair, and modernization of five (5) Navy Submarines.

1.1. Installation Description

Name	Portsmouth Naval Shipyard
Location	Kittery, ME; York County; approximately 60 miles from Boston
Mission Description	We are Portsmouth. Together we are honor bound to support and defend the Constitution of the United States. We do so proudly by maintaining, repairing and modernizing our Navy's submarines so that they can go in harm's way, defeat our enemies in war and return their crews home safely
Mission Elements	• Portsmouth Naval Shipyard (PNSY) - Primary mission is overhaul of Los Angeles and Virginia Class submarines • Five (5) submarines in overhaul • Three (3) Coast Guard Cutters homeported • Survival, Evasion, Resistance, and Escape (SERE) School • Submarine Maintenance, Engineering, Planning and Procurement (SUBMEPP) • Harbor Patrol • Security Detachment • Defense Logistics Agency (DLA) • Naval Facilities Engineering Command (NAVFAC)
Base Active or Proposed Facility Projects	• Approved Military Construction for new clinic facility o Contract awarded 31 Million o Completion date January 2021 • Expanding Shipyard o Two (2) new dry-docks = capacity for seven (7) subs in overhaul o 3,000 new hires, end strength 9,000+ o Potential for addition of submarine refueling capability

1.2. MTF Description

Name	NBHC Portsmouth
Location	Kittery, ME; York County; approximately 60 miles from Boston
Market[2]	New England (Small Market)
Mission Description	Support the warfighter by ensuring readiness, health, and wellness for all entrusted to our care
Vision Description	Naval Health Clinic (NHC) New England will be the preferred patient-centered healthcare choice:
Goals	(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, no ambulatory surgery
Square Footage[3]	57,467 sq. ft.
Deployable Medical Teams	• EXPEDMED FAC (EMF 150) JULIET (VA, PORTSMOUTH) • EXPEDMED FAC (EMF 150) GOLF (SC, BEAUFORT) • 4TH MARDIV H&S CO 2/25 MAR

[2] Defined by FY17 NDAA Section 702 Transition
[3] Source: 703 WG requested net SF data TSG 4-15-19.xlsx

	• 4TH MARDIV H&S CO 2/25 MAR
Services	1. Health Services a. Family Medicine b. Undersea Medicine i. Hyperbaric chamber ii. Military Physicals c. Behavioral Health/Substance Abuse Rehabilitation Program 2. Public Health a. Occupational Health b. Industrial Hygiene c. Radiation Health d. Preventive Medicine e. Audiology f. Optometry 3. Dental a. General Dentistry 4. Clinical Support a. Laboratory b. Pharmacy c. Radiology d. Physical Therapy 5. Administrative a. Patient Admin b. Facilities c. Education and Training d. Quality Management e. Human Resources f. Material Management 6. Other Mission Support a. Outlying Reserve, National Guard Unit and Recruiting districts b. AD Air Force at Pease AFB c. SUPSHIP/Bath Iron Works, Bath ME d. USS CONSTITUTION
FY18 Annual Budget	Unknown
MTF Active or Proposed Facility Projects	• Approved MILCON for new clinic facility – Contract awarded $31 Million – Completion date January 2021 • Expanding Shipyard – Two (2) new dry-docks = capacity for seven (7) subs in overhaul – 3,000 new hires, end strength 9,000+ – Potential for addition of submarine refueling capability
Performance Metrics	See Volume II, Part E and F for P4I measures and JOES-C data

Projected Workforce Impact

Active Duty	Civilian	Total
24	12	**36**

FY18 Assigned Full-Time Equivalents[4]

	Active Duty	Civilian	Contractor	Total
Medical	42.7	60.2	7.2	**110.2**

[4] Source: NBHC Portsmouth MTF Portfolio

2.0. Healthcare Market Surrounding the MTF

Description	Of the approximately 2,900 impacted Primary Care beneficiaries attributed to Portsmouth, 99% are represented within the 15-mile radius boundary. Within that market area, there are 169 Primary Care providers in 68 practice sites (not limited to TRICARE). Of the 8,867 impacted Specialty Care beneficiaries attributed to Portsmouth, 99% are represented within the 40-mile radius boundary and within that market area there are 270 psychiatrists (not limited to TRICARE) at 111 practice sites
Top Hospital Alignment	▪ Wentworth-Douglass Hospital, Dover, NH ▪ York Hospital, York, ME ▪ Portsmouth Regional Hospital, Portsmouth, NH ▪ Frisbie Memorial Hospital, Rochester, NH ▪ Exeter Hospital, Exeter, NH

Likelihood of Offering Primary Care Services to TRICARE Members[5]

	Number of Practices	Number of Physicians
Contracted with TRICARE	31	92
High Likelihood	3	4
Medium Likelihood	26	63
Low Likelihood	8	10
Total	**68**	**169**

2.1. TRICARE Health Plan (THP) Network Assessment

Summary Facts:

- Portsmouth, NH (60 miles north of Boston) has a market area population of approximately 1.9M[6]
- NBHC Portsmouth provides Primary Care, Audiology, Mental Health, Optometry and Physical Therapy, as well as Undersea Medicine, Occupational Health, Industrial Hygiene, Preventive Medicine, Dental, and ancillary services
- NBHC Portsmouth has 971 AD enrollees[7] and 1,715 non-AD enrollees who could enroll to the network[8]
- Managed Care Support Contractor (MCSC) has contracted 100[9] of 169[10] (59%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 94 of the 100 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 Portsmouth patients: 40.1% (24 respondents)
    - Network patients: 77.4% (166 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members[11]
    - 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

[5] 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

[6] Network Insight Assessment (Independent Government Assessment)

[7] M2

[8] Note: NHCNE indicates the following AD enrollment figures (M2 data) from January 2019. AD enrollment–1,883: 953 AD, 160 must see (FY18 M2 CAPER), 770 op forces

[9] MCSC

[10] Network Insight Assessment (Independent Government Assessment)

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

Assumptions:

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

- The average PCP panel is approximately 2000[12]
- 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 Portsmouth is in an urban area north of Boston with an adequate Primary Care network
- If MCSC contracts 50% of the non-network PCPs, they would have a total of 129 PCPs
- Each PCP would have to enroll 13 new patients to accommodate the 1,715 enrollees
- Based on the assumptions above, the MCSC network could easily meet the new demand
- Beneficiaries rate network health care 37% higher than NBHC Portsmouth 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 (relatively small population) 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 (+/-)

[12] MGMA

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts

- **Primary Care:** The MHS impacted population for Primary Care is approximately 2,900 (MTF Prime, Plus, and Reliant); 99% of MTF Prime and Plus 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 Portsmouth market and the population is forecasted to grow (2 – 3%) over the next five (5) years (2019 to 2023). This growth will result in an increase in demand for Primary Care services, resulting in a small shortage of General / Family Practice physicians
- **Specialty Care:** The MHS impacted population for Specialty Care is approximately 8,800 (MTF Prime, Reliant, and Medicare Eligible), additionally 99% of MTF Prime, Reliant and Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty 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 Portsmouth market. The population growth over the past five years (2014 to 2018) has been strong at 4.7% and is expected to level out to 2-3% growth for the next five (5) years (2019 to 2023). Despite this growth, we expect to see a decrease in demand for Psychiatry providers within the general population

Assumptions:

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

Analysis:

- **Primary Care:** There is an adequate supply of physicians in the key adult and pediatric Primary Care specialties to cover the increased demand for the impacted TRICARE beneficiaries. There is potential capacity to accept the incremental MHS population with the current supply of providers. We expect a minor shortage of General and Family Practice and Internal Medicine providers near the MTF however, these shortages can be covered by large surpluses in adjacent areas
- **Specialty Care:** There is an adequate supply of physicians in the key specialties to cover the increased demand for the impacted TRICARE beneficiaries. We expect to see a large surplus of Psychiatry providers
    - Current **Psychiatry** providers in the market service area are covering the general population's current demand. There is capacity to accept the incremental MHS population with the current supply of providers. The population is forecasted to grow (2 – 3%) over the next five years. Despite this growth, we expect a large surplus of **Psychiatry** providers within the 60-minute drive-time radius. However, the areas nearest to the MTF are projected to experience minor shortages

3.0. Appendix

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[13]

[13] 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

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