

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

Naval Health Clinic (NHC) Corpus Christi 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, Service representation, TRICARE Health Plan, and the Defense Health Agency (DHA). It is assumed that most Use Case risks related to resourcing and network adequacy will be discussed and mitigated during the planning and implementation phase.

Executive Summary

Site	Naval Health Clinic (NHC) Corpus Christi
Decision	Transition Branch Health Clinic Corpus Christi outpatient facility to an Active Duty only and Occupational Health clinic (AD/OH). All base support functions and pharmacy workload supporting all beneficiaries will be maintained.

Background and Context

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

Base Mission Summary

Surrounded on three (3) sides by water -- Corpus Christi Bay, Oso Bay, and the Laguna Madre -- Naval Air Station (NAS) Corpus Christi has been home to Naval pilot training since 1941. Today, Navy, Marine Corps, Coast Guard, and foreign student pilots earn their wings training in the four (4) squadrons of Training Air Wing Four, using NAS' Truax Field and outlying airfields. NAS Corpus Christi is also home to the Corpus Christi Army Depot, the primary aviation depot maintenance for Department of Defense (DoD) rotary wing aircraft, as well as dozens of other tenant organizations.

NAS Corpus Christi's overall command assignment is pilot training. The Chief of Naval Air Training (CNATRA), headquartered here, which oversees the training operation throughout the Southeast Region, from Texas to Florida. Under CNATRA's command are five (5) training air wings, 16 training squadrons, more than 14,000 Navy and civilian personnel, the Blue Angels Flight Demonstration Squadron, the Naval Aviation Schools Command, and the National Museum of Naval Aviation. The training program is approximately 18 months due to the increased complexity of today's aircraft. Currently, Training Air Wing Four produces approximately 600 newly qualified aviators each year.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	M	<ul style="list-style-type: none"> NAS Corpus Christi supports pilot training, which brings about 300-500 initial students and 100- 400 advanced students each year. Additionally, there are Coast Guard, Marine Corps, and Army missions that require support. The Army employs a large portion of retirees (average workforce age is 54) that need to maintain healthcare on base, so the mission is not impacted The principle mission of this base is the training wing. Caring for the AD trainees and their family members is important to MTF leadership. Currently, there are four (4) flight surgeons billeted and about 900 people rotating in the flight medicine program. In terms of a ready medical of a ready medical force, NHC Corpus Christi wants to ensure that training is well-rounded for providers to deploy There is a large junior officer population stationed for training. The rigorous training program places a lot of stress on student aviators and their families so maintaining mental health capabilities is imperative. The Corpus Christi area is limited in terms of mental health support so any mental health reduction on base will put strain on the limited network capabilities A large portion of the workforce are retirees currently employed as DoD civilians. Base leadership expressed that these retirees have earned the right to military medical care and if they have to move to the network, their absence will negatively impact the mission. Base leadership requested that any retirees working on base have access to healthcare at the MTF Readiness of medical providers needs to be maintained. The providers need to sustain their Knowledge, Skills, and Abilities (KSAs) to be deployable Mental health is a large concern for NHC Corpus Christi leadership. Currently, all beneficiaries are going into the network for care because the clinic does not have the capacity to care for them. Recently, NHC Corpus Christi obtained a psychiatrist because all AD were going to the 	Section 1.0

¹ See Appendix B for Criteria Ratings Definitions

		network and they weren't getting the care they required to deploy or make a permanent change of station (PCS). To mitigate the limited capacity, NHC Corpus Christi works with Brooke Army Medical Center to complete telehealth appointments	
Network Assessment	M	<ul style="list-style-type: none"> The commercial Primary Care providers within the 30-minute drive time standard may be capable of accepting the specific demand from the over 6,000 impacted beneficiaries. Both the TRICARE Health Plan and Independent Government Assessments agree that maintaining an adequate network for impacted beneficiaries would likely require network expansion and new provider entrants to the market Base and MTF leadership expressed concerns over the ability of the network to care for retirees and AD family members if capabilities are reduced The Managed Care Support Contractor (MCSC) has contracted 56 of 213 (not limited to TRICARE) Primary Care providers (PCP) within a 15-mile radius of the MTF. 42 of the 56 TRICARE providers are accepting new patients. Assuming the MCSC could contract 50% of the 158 non- network Primary Care Managers (PCM) within the 15-mile radius, each PCM would have to empanel 60 beneficiaries 	Section 2.0

Risk / Concerns and Mitigating Strategies

The Risk / Concerns and Mitigation table below, represents a high-level summary of the risks identified throughout the process as well as the main concerns of the Base and MTF Commanders identified 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 into Primary Care is unknown. There will be an adjustment period for the network	<ul style="list-style-type: none"> The MTF should conduct the transition in a measured way that is tailored to their specific needs and addressed in the implementation plan. The MCSC/TRICARE Health Plan and MTF will monitor progress and address access issues by slowing down the transition, including maintaining necessary MTF staffing levels as the transition progresses
2	The network's ability to provide adequate Behavioral Health services in the future	<ul style="list-style-type: none"> Access standards for Behavioral Health will be closely monitored and the MTF should work with MCSC/TRICARE Health Plan to identify new providers if necessary
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 extended care coordination to assist with the transition
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

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 Air Station (NAS) Corpus Christi provides service and material to support operations of aviation facilities and units of the Naval Air Training Command and other tenant activities and units. NAS Corpus Christi's overall command assignment is pilot training. The Chief of Naval Air Training (CNATRA) is headquartered at NAS Corpus Christi and oversees the training operation that supports five (5) air training wings throughout the Southeast Region. On average, there are 300-350 initial students and 100-140 advanced students training at NAS Corpus Christi each year.

1.1. Installation Description

Name	NAS Corpus Christi
Location	Corpus Christi, TX
Mission Elements	Five (5) training air wings, 16 training squadrons, more than 14,000 Navy and civilian personnel, the Blue Angels Flight Demonstration Squadron, the Naval Aviation Schools Command, and the National Museum of Naval Aviation.
Mission Description	<p>To provide the best possible service and facilities to our customers with pride. Our function is to maintain and operate facilities, and provide service and material, to support operations of aviation facilities and units of the Naval Air Training Command and other tenant activities and units.</p> <p>Through clear and concise communications, a continual pursuit of improvement, and teamwork, we will optimize the use of our diverse workforce and Air Station resources to support tenant commands, and regional goals and objectives.</p>
Regional Readiness/ Emergency Management	No information provided.
Base Active or Proposed Facility Projects	Construction Projects in Corpus Christi: Recently, there have been an influx of construction and pipeline workers in the Corpus Christi area, further limiting the capacity of the network to take on additional demand. There is a new harbor bridge project, Exxon Mobil pipeline project, and a new overpass project that is bringing thousands of people to the area.
Medical Capabilities and Base Mission Requirements	<p>NAS Corpus Christi supports pilot training, which brings about 300-350 initial students and 100-140 advanced students each year. The rigorous training program places a lot of stress on student aviators and their families so mental health capabilities are important for base mission requirements.</p> <p>NAS Corpus Christi also supports the missions of US Coast Guard (USCG), the US Marine Corps (USMC) and US Army units:</p> <ul style="list-style-type: none"> • Corpus Christi Army Depot (CCAD): Primary aviation depot maintenance for DoD rotary wing aircraft. A large percentage of employees at CCAD are retirees • USCG: Medical Home Port staff care for the USCG population

1.2. MTF Description

Name	Naval Health Clinic (NHC) Corpus Christi
Location	Corpus Christi, TX
Market²	Corpus Christi (Small Market)
Mission Description	We provide safe, quality healthcare services for our patients.

² Defined by FY17 NDAA Section 702 Transition

Vision Description	We will become the leading high reliability organization for all military medicine.				
Goals	Priorities <ul style="list-style-type: none"> • Readiness • Health • Partnerships 				
Facility Type	Outpatient clinic				
Square Footage	206, 921 sq. ft				
Deployable Medical Teams	Unknown				
Fiscal Year (FY) 2018 Annual Budget	Unknown				
MTF Active or Proposed Facility Projects	No Information				
Performance Metrics	See Volume II, Part E and F for Partnership for Improvement (P4I) measures and Joint Outpatient Experience Survey –Consumer Assessment of Health Providers and Systems (JOES-C) data				
Projected Workforce Impact	Active Duty		Civilian		Total
	81		35		116
FY18 Assigned Full Time Equivalents (FTE)³		Civilian	Contractor	Military	Total
	Medical	89.0	22.0	209.6	320.6
Healthcare Services	<ul style="list-style-type: none"> • Aviation Medicine • Audiology • Primary Care • Optometry • Orthopedics • Mental Health • Dental • Operational Medicine • Immunizations • Internal Medicine • Industrial Hygiene • Laboratory • Medical Home Port • Physical Therapy • Preventive Medicine • Radiology • Substance Abuse Rehab Program (SARP) • Telehealth • Wellness Clinic 				

³ MTF Portfolio: NHC Corpus Christi

2.0. Healthcare Market Surrounding the MTF

Description	In the Corpus Christi drive-time standard, there are currently 130 Primary Care Practices, which account for 213 Primary Care Physicians		
Top Hospital Alignment	<ul style="list-style-type: none"> ▪ Driscoll Children's Hospital (Corpus Christi, TX) ▪ Doctors Regional Medical Center (Corpus Christi, TX) ▪ Christus Spohn Hospital Corpus Christi Sh (Corpus Christi, TX) ▪ Christus Spohn Hospital Corpus Christi Me (Corpus Christi, TX) ▪ Christus Spohn Hospital Kleberg (Kingsville, TX) ▪ Christus Spohn Hospital Corpus Christi So (Corpus Christi, TX) 		
Likelihood of Offering Primary Care Services to TRICARE Members⁴		Number of Practices	Number of Physicians
	Contracted with TRICARE	35	107
	High Likelihood	31	29
	Medium Likelihood	54	62
	Low Likelihood	10	15
	Total	130	213

2.1. TRICARE Health Plan (THP) Network Assessment

Summary Facts:

- NHC Corpus Christi, TX has a market area population of approximately 600K⁵
- NHC Corpus Christi offers Primary Care and physical therapy
- There are nine network facilities within drive time of NHC Corpus Christi that offer like services currently provided by the MTF with more than adequate access to care
- There are six urgent care centers within 25 miles of the NHC Corpus Christi
- NHC Corpus Christi has 7,273⁶ non-AD enrollees who could enroll to the network
- Humana has contracted 56⁷ of 213⁸ (26%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 42 of the 56 TRICARE providers are accepting new patients
- Rolling 12-month JOES-C scores ending December 2018 with a "health care rating" scored as a 9 or 10 on a scale of 0-10:
 - NHC Corpus Christi patients: 53.0% (156 respondents)
 - Network patients: 74.6%% (137 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members⁹
 - Preventive Care Visit: \$0
 - Primary Care Outpatient Visit: \$20
 - Specialty Care Outpatient or Urgent Care Center Visit: \$30
 - Emergency Room Visit: \$61

⁴ Contracted with TRICARE: Providers are currently contracted to provide services to TRICARE beneficiaries; High Likelihood: Providers are connected to organizations currently providing services to TRICARE beneficiaries; Medium Likelihood: Providers are accepting Medicare and/or Medicaid; Low Likelihood: Providers are neither providing Medicare nor Medicaid

⁵ Independent Government Network Assessment

⁶ M2

⁷ MCSC

⁸ Independent Government Network Assessment

⁹ <http://www.TRICARE.mil/costs>

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

Assumptions:

- Humana could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000¹⁰
- PCPs generally have relatively full panels, able to immediately enroll:
 - Up to 2.5% more enrollees (49) easily
 - 2.5% - 5% (50-99) with moderate difficulty
 - > 5% (100+) with great difficulty
- Beneficiaries are reluctant to waive the 30-minute drive time for Primary Care
- Metropolitan networks will grow more rapidly than rural networks to accommodate demand

Analysis:

- NHC Corpus Christi AFB is in a small, isolated metropolitan area with a currently adequate Primary Care network
- Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market
- If the MCSC contracts 50% of the non-network PCPs, they would have a total of 121 PCPs accepting new patients
- Each PCP would have to enroll 60 new patients to accommodate the 7,273 NHC Corpus Christi enrollees
- Based on the assumptions above, the Humana network would accommodate the new demand with moderate difficulty
- Beneficiaries rate network health care 21% higher than NHC Corpus Christi healthcare, so beneficiary satisfaction is not likely to suffer with network enrollment
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- On base non-AD residents will have to travel farther for Primary Care if enrolled to the network

Implementation Risks:

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

¹⁰ MGMA

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

- **Primary Care:** The Military Health System (MHS) impacted population for Primary Care is more than 6,500, 99% of which is within the 30-minute drive-time standard. 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 market. Population growth over the last five years (2014 to 2018) has been high at 5.5% and is projected to level out to 2.7% over the next five years (2019 to 2023)
- **Specialty Care:** The MHS impacted population for Specialty Care is more than 12,000, 100% of which is within the 60-minute drive-time standard. Population growth over the last five years (2014 to 2018) has been high at 5.1%, and is projected to level out to 2.6% over the next five (5) years (2019 to 2023)

Assumptions:

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

Analysis:

- **Primary Care:** The commercial Primary Care network within the 30-minute drive-time standard may be capable of accepting the specific demand from the over 6,000 impacted beneficiaries. Nueces county is projected to have a large surplus of pediatric providers, with slight shortages of General / Family Practice and Internal Medicine providers. The market may be challenged to sustain this level of adequacy over time without the addition of new entrants to the market
- **Specialty Care:** The commercial Specialty Care network within the 60-minute drive-time standard may not be capable of accepting the specific demand from the over 12,000 impacted beneficiaries
 - **Psychiatry:** Large shortages of Psychiatric providers are projected across the market area. Without new entrants to the market, the market would be incapable of accepting increased demand due to population growth and the incremental demand of impacted TRICARE beneficiaries

3.0. Appendices

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Appendix B	Criteria Ratings Definition Glossary
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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 Quadruple Aim Performance Plan (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 2000¹¹

¹¹ 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 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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Part B	Relevant Section 703 Report Detail Glossary DHA
Part C	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 MTF
Part I	Portfolio (Full)

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: NHC Corpus Christi

19 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:

- Naval Air Station Corpus Christi supports pilot training, which brings about 300-350 initial students and 100-140 advanced students each year. Additionally, there are Coast Guard, Marine Corps and Army missions that require support. The Army employs a large portion of retirees (average workforce age is 54) that need to maintain healthcare on base so the mission is not impacted

MTF Impact:

- The principle mission of this base is the training wing. Caring for the active duty trainees and their family members is important to MTF leadership. Currently, there are four flight surgeons billeted and about 900 people rotating in the flight medicine program. In terms of a ready medical force, NHC Corpus Christi wants to ensure that training is well-rounded for providers to deploy. Additionally, MTF leadership focused on the limited capabilities for mental health. The clinic is understaffed, impacting the care for the active duty

Network Impact:

- The network surrounding Naval Air Station Corpus Christi has limited provider availability. Base and MTF leadership expressed concerns over the ability of the network to care for retirees and active duty family members if capabilities are reduced

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
CDR Brian Bradford	TW-4 Chief Staff Officer	NAS Corpus Christi
(Rank) Allan Huebner	TW-4 Operations Officer	NAS Corpus Christi
Mr. James Pitcock	Chief of Naval Air Training	NAS Corpus Christi
SGT MAJ Michael Ryan	SGTMAJ MATSG-22	NAS Corpus Christi
Dr. Maria DeArmar, M.D.	Coast Guard	NAS Corpus Christi
CAPT Phil Brock	NAS CC CO	NAS Corpus Christi
(Rank) George Sterns	OIH	NBH Kingsville
HMCS Martinez	SEL	NAS Corpus Christi
CAPT Miguel Cubano	NHCCC CO	NHC Corpus Christi
CAPT David Thomas	NHCCC XO	NHC Corpus Christi
Dr. Mark Hamilton	DHA J-5	703 Workgroup
CAPT Christine Dorr	BUMED Healthcare Operations M3	703 Workgroup
CAPT Gordon Smith	Chief of Staff, NAVMEDEAST	703 Workgroup
Dr. Jim King	TRICARE Health Plan	TRICARE Health Plan
Ms. Summer Church	Contract Support Team	703 Workgroup

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

Base Mission Overview:

- Naval Air Station (NAS) Corpus Christi provides service and material to support operations of aviation facilities and units of the Naval Air Training Command and other tenant activities and units. NAS Corpus Christi's overall command assignment is pilot training. The Chief of Naval Air Training (CNATRA) is headquartered at NAS Corpus Christi and oversees the training operation that supports five air training wings throughout the Southeast Region. On average, there are 300-350 initial students and 100-140 advanced students training at NAS Corpus Christi each year

Voice of the Customer Summary:

- Mission-Driven Medical Requirements: As an air training command, there are over 500 students and families stationed at NAS Corpus Christi. Base leadership expressed concerns about the impact to the training mission if medical capabilities are reduced. Any time away from the base results in degradation of the mission. NAS Corpus Christi needs fliers to receive care when they need it. To meet the mission, students and instructors need access for flight physicals and prompt access for sick calls
- Additional Medical Requirements:
 - Mental Health: There is a large junior officer population stationed for training. The rigorous training program places a lot of stress on student aviators and their families so maintaining mental health capabilities is imperative. The Corpus Christi area is limited in terms of mental health support so any mental health reduction on base will put strain on the limited network capabilities
 - Retirees: A large portion of the workforce is GS retirees. Base leadership expressed that these retirees have earned the right to military medical care and if they have to move to the network, their absence will negatively impact the mission. Base leadership requested that any retirees working on base have access to healthcare at the MTF

- Screening for Pilots: As an air training station, health screening for pilots is necessary. Primarily, optometry and dental are required for screening and maintaining the overall health of the students and instructors. Unfortunately, the billet for optometry has been earmarked for divestiture. NAS Corpus Christi is hoping to employ a contractor in order fulfill the requirements for optometry
- Network Adequacy:
 - The network surrounding Corpus Christi has limited capacity to accept beneficiaries. Population growth over the last five years has been high at 5.5%, impacting the ability of providers to care for an increase in population
 - Construction Projects in Corpus Christi: Recently, there have been an influx of construction and pipeline workers in the Corpus Christi area, further limiting the capacity of the network to take on additional demand. There is a new harbor bridge project, Exxon Mobil pipeline project and a new overpass project that is bringing thousands of people to the area.
- Unique Base Challenges:
 - Joint Service Missions: NHC Corpus Christi supports the missions of Coast Guard, Marine Corps and Army units.
 - Corpus Christi Army Depot (CCAD): CCAD is the primary aviation depot maintenance for DoD rotary wing aircraft. Primarily GS retirees supporting the CCAD mission. Base leadership expressed that they rely on CCAD and worry about the sensitive nature of moving these retirees into the network
 - Coast Guard: Medical Home Port Staff care for the Coast Guard population at Corpus Christi
 - Marine Corps: With the closure of Kingsville, there will be increased demand for healthcare to consider. This will further increase the demand on the market, and will require increased THP/network coordination

Summary of MTF Commander Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
CAPT Miguel Cubano	NHCCC CO	NHC Corpus Christi
CAPT David Thomas	NHCCC XO	NHC Corpus Christi
LCDR Cardio M. Wilson	CHB, Command Legal Officer	NHC Corpus Christi
LCDR Kaia Robinson	Comptroller	NHC Corpus Christi
LCDR Garret Hand	Director Clinical Support Services	NHC Corpus Christi
CAPT Kimberly Taylor	SNE/DBC	NHC Corpus Christi
CAPT Steven Yaden	DMS	NHC Corpus Christi
LCDR Gretchen Jackson	DFA	NHC Corpus Christi
Ms. Reece Sheeler	Facilities	NHC Corpus Christi
HMC Brandy Whittington	Clinic Manager Behavioral Health	NHC Corpus Christi
HMCS Raymod Manahan	LCPOS DCSS	NHC Corpus Christi
Dr. Samuel Rivera	Health Promotion & Wellness	NHC Corpus Christi
Mr. John Tortorelli	PT	NHC Corpus Christi
HMC Ryan Faulhaber	LCPO DPHS	NHC Corpus Christi
LSC LaCarol Williams	LCPO MATMAN	NHC Corpus Christi
HTC Michael L. Graham	LCPO Patient Admin	NHC Corpus Christi
LCDR George Sterns	OIC NBH Kingsville	NHC Corpus Christi
RN Janemarie Schoonover	Department Head, Occupational Health	NHC Corpus Christi
HMC Yesenia Minaya	LCPO Human Resources	NHC Corpus Christi
SHCS Jose H. Martinez	Senior Enlisted Leader DFA	NHC Corpus Christi
Mr. Michael Wettick	Facilities Manager	NHC Corpus Christi
Dr. Mark Hamilton	DHA J-5	703 Workgroup
CAPT Christine Dorr	BUMED Healthcare Operations M3	703 Workgroup
CAPT Gordon Smith	Chief of Staff, NAVMEDEAST	703 Workgroup
Dr. Jim King	TRICARE Health Plan	TRICARE Health Plan
Ms. Summer Church	Contract Support Team	703 Workgroup

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

MTF Medical Mission Overview:

- **MDG Mission:** The principle mission of this base is the training wing. Caring for the active duty trainees and their family members is important to MTF leadership. Currently, there are four flight surgeons billeted and about 900 people rotating in the flight medicine program. In terms of a ready medical force, NHC Corpus Christi wants to ensure that training is well-rounded for providers to deploy. Additionally, MTF leadership focused on the limited capabilities for mental health. The clinic is understaffed, impacting the care for the active duty
- **Enrollment:** 13,149 total enrollment, 5,282 of which are retirees and their family members. There are 5,313 active duty and 2,554 active duty dependents

Voice of the Customer Summary:

- Readiness: Proximity, timeliness and access to care are imperative to readiness. For example, optometry is required for flight physicals and it takes NHC Corpus Christi one (1) day to complete physicals. In the network, the optometry exams are not as in depth and take much longer to complete
 - Additionally, the readiness of medical providers needs to be maintained. The providers need to sustain their Knowledge, Skills, Abilities (KSAs) to be deployable. Anecdotally, NHC Corpus Christi had a female nurse practitioner that cared for all of the female patients which burdened her capacity and limited the KSAs for the male providers. MTF leadership expressed that employing a gynecologist on base would tremendously increase their throughput.
- Network Adequacy:
 - Specialty Care: Getting specialty care appointments in seven (7) days is challenging. Typically, for OB/GYN it takes about 14 days, dermatology takes 30 days, orthopedics takes 60 days and mental health takes six (6) months. It is perceived by beneficiaries on base that many network providers take appointments based on the payout share so THP patients are taken last
 - All obstetrics are outsourced, primarily to Bayview hospital
 - Neurology providers in Corpus Christi don't accept THP so patients have to travel to San Antonio or Houston for care
 - Mental health is a big concern for NHC Corpus Christi. Currently, all beneficiaries are going into the network for care because the clinic does not have the capacity to care for them. Recently, NHC Corpus Christi obtained a psychiatrist because all active duty were going to the network and they weren't getting the care they required to deploy or PCS. To mitigate the limited capacity, NHC Corpus Christi works with Brooke Army Medical Center to complete telehealth appointments