

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

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Tripler Army Medical Center (TAMC)  
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

<b>Site</b>	<b>Tripler Army Medical Center (TAMC)</b>
<b>Decision</b>	Tripler will be considered for recapitalization of the aging platform with the final location and capability dependent on further analysis of Hawaii market capabilities and military demand.

## 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

Fort Shafter is in Honolulu, Honolulu County, Hawaii and it is the home of the U.S. Army Pacific (USARPAC) command. USARPAC is supported by more than 5,000 Soldiers, civilians, contractors, and military families living and working on the 589-acres of Fort Shafter. USARPAC is engaged throughout the Asia-Pacific region, providing trained and ready, Active and Reserve Component combat and enabling forces, and playing a key role in U.S. Pacific Command's theater security programs.

Tripler Army Medical Center is located in Honolulu, Hawaii. Tripler Army Medical Center is the only federal tertiary care hospital in the Pacific Basin. It supports 264,000 local active duty and retired military personnel, their families, and veteran beneficiaries. In addition, the referral population includes 171,000 military personnel, family members, veteran beneficiaries, residents of nine U.S. affiliated jurisdictions (American Samoa, Guam, and the former Trust Territories), and forward-deployed forces in more than 40 countries throughout the Pacific. TAMC supports several major Army operating components including the US Army Pacific, 25<sup>th</sup> Infantry Division, 8<sup>th</sup> Theater Sustainment Command, 311<sup>th</sup> Signal Command, 94<sup>th</sup> Army Air Missile Defense Command, 9<sup>th</sup> Missile Support Command, 516<sup>th</sup> SIG BDE, 500<sup>th</sup> MI BDE.

## Criteria Matrix

Not applicable

## Risk/Concerns and Mitigating Strategies

The Risk/Concerns and Mitigation table below, represents a high-level summary of the risks identified throughout the process as well as the main concerns of the Base and MTF Commanders identified on the site visit. Though not exhaustive, the mitigation strategies / potential courses of action were established by the 703 Workgroup and will be used to help develop a final implementation plan.

	<b>Risk/Concerns</b>	<b>Mitigating Strategy</b>
1	Risks will be determined as part of the recapitalization analysis.	<ul style="list-style-type: none"><li>• N/A</li></ul>

## Next Steps:

No action until market study is completed.

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## 1.0. Installation and Military Medical Treatment Facility (MTF) Description

Fort Shafter is in Honolulu, Honolulu County, Hawaii and it is the home of the U.S. Army Pacific (USARPAC) command. USARPAC is supported by more than 5,000 Soldiers, civilians, contractors, and military families living and working on the 589-acres of Fort Shafter. USARPAC is engaged throughout the Asia-Pacific region, providing trained and ready, Active and Reserve Component combat and enabling forces, and playing a key role in U.S. Pacific Command's theater security programs.

### 1.1. Installation Description

<b>Name</b>	Fort Shafter
<b>Location</b>	Honolulu, Honolulu County, Hawaii
<b>Mission Elements</b>	US Army Pacific, 25 <sup>th</sup> Infantry Division, 8 <sup>th</sup> Theater Sustainment Command, 311 <sup>th</sup> Signal Command, 94 <sup>th</sup> Army Air Missile Defense Command, 9 <sup>th</sup> Missile Support Command, 516 <sup>th</sup> SIG BDE, 500 <sup>th</sup> MI BDE
<b>Mission Description</b>	The 25th Infantry Division deploys to conduct Decisive Actions in support of Unified Land Operations. The division conducts continuous persistent engagement with regional partners to shape the environment and prevent conflict across the Pacific Operational Environment
<b>Regional Readiness/ Emergency Management</b>	Unknown
<b>Base Active or Proposed Facility Projects</b>	Tripler Army Medical Center (TAMC) Recapitalization
<b>Medical Capabilities and Base Mission Requirements</b>	Sustaining integrated core services to maintain a medically ready force and a ready medical force. Integrated core services support the full scope of readiness requirements. The core services included, but are not limited to combat casualty care training, global health engagement, senior mission commander support, virtual health (global SPT) and tertiary health support

### 1.2. MTF Description

Tripler Army Medical Center located in Honolulu, Hawaii. Tripler Army Medical Center is the only federal tertiary care hospital in the Pacific Basin. It supports 264,000 local active duty and retired military personnel, their families, and veteran beneficiaries. In addition, the referral population includes 171,000 military personnel, family members, veteran beneficiaries, residents of nine U.S. affiliated jurisdictions (American Samoa, Guam, and the former Trust Territories), and forward-deployed forces in more than 40 countries throughout the Pacific. TAMC supports several major Army operating components including the US Army Pacific, 25<sup>th</sup> Infantry Division, 8<sup>th</sup> Theater Sustainment Command, 311<sup>th</sup> Signal Command, 94<sup>th</sup> Army Air Missile Defense Command, 9<sup>th</sup> Missile Support Command, 516<sup>th</sup> SIG BDE, 500<sup>th</sup> MI BDE. Under the Regional Health Command-Pacific (RHC- P), Tripler has a geographic area of responsibility spanning more than 52 percent of the earth's surface, from the western coasts of the Americas to the eastern shores of Africa. Nearly 450,000 beneficiaries in the Pacific Basin are eligible to receive care at the facility, also a premier teaching medical center, to include active-duty service members of all branches of service, their eligible families, eligible retirees and their families, veterans, and many residents of the Pacific Islands.

<b>Name</b>	Tripler Army Medical Center
<b>Location</b>	Honolulu, Honolulu County, Hawaii
<b>Market<sup>1</sup></b>	Hawaii – Defense Health Region Indo-Pacific
<b>Mission Description</b>	Tripler Army Medical Center serves as the premier Health Readiness Platform in the Pacific by providing high quality, safe, patient centered healthcare; sustaining and building medical capacity and capability and ensuring a medically ready force in order to optimize the health, readiness and resiliency of America's Fighting Forces and all we are honored to serve.
<b>Vision Description</b>	To be the Premier Healthcare System of Choice, Harmonizing Readiness and Healthcare Across the Pacific
<b>Priorities</b>	<ul style="list-style-type: none"> <li>• Generate a Medical Ready Force               <ul style="list-style-type: none"> <li>○ Primary job of Army Medicine</li> <li>○ Stay left of illness/injury</li> </ul> </li> </ul>

<sup>1</sup> Defined by FY17 NDAA Section 702 Transition

	<ul style="list-style-type: none"> <li>○ Healthcare as a key enabler</li> <li>● Deliver a Ready Medical Force <ul style="list-style-type: none"> <li>○ Current and proficient</li> </ul> </li> <li>● Ensure Patient Satisfaction with Quality of and Access to Care</li> </ul>										
<b>Facility Type</b>	Inpatient										
<b>Square Footage</b>	1,567,994 Square Feet										
<b>Deployable Medical Teams</b>	Unknown										
<b>Annual Appropriations<sup>2</sup></b>	\$420 Million										
<b>MTF Active or Proposed Facility Projects</b>	By 2033 TAMC main campus will be fully recapitalized, reestablishing itself as one of DoD's premier readiness platforms in the Pacific Region. The End State will include an increased capability for TAMC as a Level II Trauma Support Center										
<b>Performance Metrics</b>	See Volume II, Part C for performance measures (Partnership for Improvement) (P4I) measures and Part D for Joint Outpatient Experience Survey (JOES-C) data										
<b>FY18 Assigned Full-Time Equivalents (FTEs)<sup>3</sup></b>	<table border="1"> <thead> <tr> <th></th> <th>Active Duty</th> <th>Civilian</th> <th>Contractor</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Medical</td> <td>1,450.9</td> <td>2,020.1</td> <td>0.0</td> <td>3,471.0</td> </tr> </tbody> </table>		Active Duty	Civilian	Contractor	Total	Medical	1,450.9	2,020.1	0.0	3,471.0
	Active Duty	Civilian	Contractor	Total							
Medical	1,450.9	2,020.1	0.0	3,471.0							
<b>Healthcare Services<sup>4</sup></b>	<ul style="list-style-type: none"> <li>● Allergy</li> <li>● Audiology</li> <li>● Behavioral Health</li> <li>● Cardiology</li> <li>● Chiropractic</li> <li>● Dermatology</li> <li>● Emergency medicine</li> <li>● Endocrinology</li> <li>● Flight medicine</li> <li>● Gastroenterology</li> <li>● Hematology / Oncology</li> <li>● Intensive Care Unit Services</li> <li>● Infectious Disease</li> <li>● Internal Medicine</li> <li>● Laboratory Services</li> <li>● Neonatologist</li> <li>● Nephrology</li> <li>● Neurology</li> <li>● Nuclear Medicine</li> <li>● Nutrition</li> <li>● OB/GYN</li> <li>● Occupational Health</li> <li>● Occupational Therapy</li> <li>● Ophthalmology</li> <li>● Optometry</li> <li>● Orthopedics</li> <li>● Otolaryngology</li> <li>● Pain Management</li> <li>● Pathology</li> <li>● Pediatric Subspecialties</li> <li>● Pediatrics</li> <li>● Physical Medicine</li> <li>● Physical Therapy</li> <li>● Podiatry</li> <li>● Preventive Medicine</li> <li>● Primary Care</li> <li>● Psychiatry</li> <li>● Pulmonology</li> <li>● Radiation Therapy</li> <li>● Radiology</li> <li>● Respiratory Therapy</li> <li>● Rheumatology</li> <li>● Sleep Laboratory</li> <li>● Speech Pathology</li> <li>● Surgery – Cardio Thoracic</li> <li>● Surgery – General</li> <li>● Surgery – Colorectal</li> <li>● Surgery – Neuro</li> <li>● Surgery – Plastic</li> <li>● Surgery – Vascular</li> <li>● Urology</li> <li>● Vascular and Interventional Rad</li> </ul>										
<b>Network Considerations - Average days to care by specialty category</b>	MTF leadership has sited large shortages of Medical Specialty Providers in the network (384) across Family Practice, General Surgery, Pathology, Cardiology, Infectious Diseases, Orthopedic Surgery, Pulmonology, Radiology, OBGYN, Neurology, Urology, and Hematology/ Oncology										
<b>Community Partnerships</b>	Healthcare Association of Hawaii, U.S. Department of Veterans Affairs, U.S. Coast Guard, U.S. Army Reserve, Hawaii Trauma Committee, Hawaii State Department of Health										

<sup>2</sup> MTF Mission Brief

<sup>3</sup> Parent 0052 Tripler AMC-Ft Shafter MTF Portfolio

<sup>4</sup> MTF Mission Brief

**Global Health Engagements**

- Mongolia- Med Log & Behavioral Health SMEE
- Nepal- Med Log & Behavioral Health SMEE
- Taiwan- Health Physics CBRNE Surgeon General Visit
- Bangladesh- Fistula Repair SMEE
- Vietnam- Senior Leader Visit- HI
- Japan- Public Health Assessment
- Thailand- Surgeon General Visit
- Indonesia- Surgeon General Visit
- South Korea- UFG/KR
- China- PLA anesthesiology Conference & Hawaii Acupuncture SMEE
- Cambodia- Blood Safety Program
- Palau- ENT & Urology Surgical SMEE
- Singapore- Outbreak Intervention Workshop

**Base Plan Impact**

This MTF is in the Continental United States (CONUS) Patient Distribution Plan (CPDP), which addresses CONUS patient distribution in support of large scale overseas contingency operations. It coordinates DoD and other United States Government (USG) strategic stakeholder efforts to care for and move patients from CONUS arrival to definitive medical care. The CPDP model identifies a network of regional “hubs,” to initially receive casualties from overseas locations and deliver timely specialty care, and “spokes,” to maintain casualty flow at the hubs while alleviating problems related to casualty bottlenecking at larger specialty facilities. Spoke sites also allow the added benefit of providing locations for casualties to receive care closer to their home units and/or family members, offering additional support during treatment and recovery

**Projected Workforce Impact**

Active Duty	Civilian	Total
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## 2.0. Healthcare Market Surrounding the MTF

<b>Description</b>	The market analysis for Tripler Army Medical Center (TAMC) , located in Honolulu, Hawaii includes 10 inpatient facilities within a 40-mile urban area designated radius. Within the catchment area there are approximately 125,000 beneficiaries, representing 12.8% of the total population.
<b>Community Hospital Alliances</b>	<ul style="list-style-type: none"> <li>The Queen's Medical Center</li> <li>Kapi'olani Medical Center for Women &amp; Children</li> <li>Shriners Hospitals for Children</li> </ul>
<b>Network Considerations</b>	<ul style="list-style-type: none"> <li>There is a high level of health system and physician integration in Honolulu, particularly at Hawaii Pacific Health and Kaiser Permanente</li> <li>The formation of ACOs and the willingness of organizations to take on risk puts Honolulu on the forefront of value-based care</li> </ul>

### 2.1. TRICARE Health Plan Network Assessment Summary

Not available at this time.

### 2.2. Network Insight Assessment Summary (Independent Government Assessment)

#### Facts:

- There are a total of **10 civilian hospitals within the 60-min drive-time radius** of TAMC. Eight of these facilities are General Medical / Surgical hospitals, with one Children's Orthopedic hospital and one Specialty Women & Children's hospital
- Current civilian inpatient facilities in the market service area are operating at 81.6% capacity, which is slightly above the recommended maximum capacity of 80%
- AMC Tripler-Shafter is operating at **69.4% capacity, which is significantly lower than civilian facilities in the market service area**
- Of the 10 civilian hospitals within the 60-minute drive-time radius of AMC Tripler-Shafter, **three facilities have Trauma Centers**, of which one is a Pediatric Trauma Center

Civilian Inpatient Facility <sup>1</sup>	Admissions	Inpatient Days	Staffed Beds	ALOS	Max Capacity	Used Capacity
Pali Momi Medical Center	5,757	31,671	118	5.5	43,070	73.5%
Kahuku Medical Center	539	5,647	21	10.5	7,665	73.7%
Adventist Health Castle	7,585	32,257	160	4.3	58,400	55.2%
Wahiawa General Hospital	4,104	43,674	160	10.6	58,400	74.8%
The Queen's Medical Center	27,156	189,280	517	7.0	188,705	100.3%
Straub Clinic And Hospital	7,230	42,027	118	5.8	43,070	97.6%
Kuakini Medical Center	3,854	25,456	100	6.6	36,500	69.7%
Kaiser Foundation Hospital	11,539	64,142	295	5.6	107,675	59.6%
Shriners Hospital For Children	410	2,082	16	5.1	5,840	35.7%
Kapiolani Medical Center For Women & Children	9,740	66,898	185	6.9	67,525	99.1%
<b>Current Capacity of Area Civilian Hospitals</b>	<b>77,914</b>	<b>503,134</b>	<b>1,690</b>	<b>6.5</b>	<b>616,850</b>	<b>81.6%</b>

  

Military Inpatient Facility <sup>2</sup>	Admissions	Inpatient Days	Staffed Beds	ALOS	Max Capacity	Used Capacity
<b>AMC Tripler-Shafter</b>	<b>11,710</b>	<b>47,849</b>	<b>189</b>	<b>4.1</b>	<b>68,985</b>	<b>69.4%</b>

1. Occupancy rates for Civilian facilities derived from 2018 American Hospital Association volume and staffed beds data  
2. Occupancy rates for Military facilities derived from MDR & SIDR FY18 Daily Patient Load and staffed beds data

#### Assumptions:

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

#### Network Analysis:

- The area's hospitals are all pushing for construction in the coming years. Adventist Health Castle, while smaller than the other three major health systems, has a massive expansion planned
- Hawaii Medical Service Association's (HMSA's) BlueCross BlueShield Hawaii remains the region's main carrier, which has created a highly consolidated market for health insurance in the Honolulu market. HMSA has used its clout to push value-based reimbursement
- There is a large number of independent physician groups in the market, in addition to several associated with major health systems. Hawaii's physician shortage is a continuing problem, and the local medical community may have little incentive to dilute the market with additional physicians

#### Trauma Analysis:

- The Queen's Medical Center is the only Level I Trauma Center in the state of Hawaii
- AMC Tripler-Shafter has treated civilian trauma patients on the island of Oahu as a Level III Trauma Center since 2012

Inpatient Facility	Trauma Level
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The Queen's Medical Center	I
AMC Tripler-Shafter	II
Pali Momi Medical Center	II
	I
Kapiolani Medical Center For Women & Children	II
	I

**Knowledge, Skills and Abilities (KSA) Analysis:**

- AMC Tripler-Shafter may need to engage with private sector partners to capture the identified high value procedures

Clinical Service Category	Average of KSA Score*	Growth of Top KSA Procedures in CSC in Tripler-Shafter 2018-2023	Overall CSC Growth in Tripler-Shafter 2018-2023	Percentage Point Difference
Orthopedics	324.0	8.9%	7.3%	1.6%
Podiatry	251.9	4.8%	4.8%	0.0%
Neurosurgery	239.1	8.2%	8.1%	0.1%
Neurology	184.5	-1.5%	6.8%	-8.3%
General Surgery	187.3	13.2%	6.7%	6.5%
Physical & Occupational Therapy	146.3	1.6%	8.2%	-6.6%
Colorectal Surgery	135.6	2.3%	2.3%	0.0%
Cardiothoracic	112.5	11.9%	11.9%	0.0%
Vascular Surgery	110.5	9.6%	9.6%	0.0%
Otolaryngology	69.6	8.4%	5.3%	3.1%



With the exception of Neurology and Physical & Occupational Therapy, procedures with high value KSA scores will grow as much as or more than other procedures in their Clinical Service Category over the 5 year period. Access to high value procedures in the market can be obtained via engaging in private sector partnerships and accepting non-Tricare patients



## 3.0. Appendices

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

## Appendix A: Use Case Assumptions

### General Use Case Assumptions

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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<sup>5</sup>

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<sup>5</sup> 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>
<b>Ambulatory Care</b>	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)
<b>Beneficiary</b>	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)
<b>Critical Access Hospital Designation</b>	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)
<b>Direct Care</b>	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 <a href="https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf">https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf</a> .)
<b>Eligible</b>	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)
<b>Enrollee</b>	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
<b>JOES</b>	Joint Outpatient Experience Survey (Source: health.mil)
<b>JOES-C</b>	Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems (Source: health.mil)
<b>Managed Care Support Contractor (MCSC)</b>	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)
<b>Network</b>	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)
<b>Occupational Therapy</b>	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)
<b>Remote Overseas</b>	TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations: Eurasia-Africa, Latin America and Canada, Pacific (Source: tricare.mil)
<b>P4I</b>	A set of MHS clinical, quality, safety and readiness performance measures (Partnership for Improvement)
<b>Panel</b>	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)
<b>Plus</b>	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)
<b>Prime</b>	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)
<b>Purchased Care</b>	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 <a href="https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf">https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf</a> .)
<b>Reliant</b>	Active Duty Service Members who are not enrolled to TRICARE Prime (e.g. students and recruits) (Source: MHS Modernization Study, Feb 2016)
<b>Value Based Payment</b>	<b>Value Based Payment (VBP)</b> 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 A	Data Tool
Part B	Relevant Section 703 Report Detail
Part C	Network Insight Assessment Summary (Independent Government Assessment)
Part D	P4I Measures
Part E	JOES-C 12-month Rolling Data
Part F	Base Mission Brief
Part G	MTF Portfolio (Full)