

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

45th Medical Group Patrick Air Force Base (AFB)
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	45th Medical Group (MEDGRP) Patrick AFB
Decision	Transition the 45th Medical Group-Patrick 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:

Patrick Air Force Base (AFB) and the 45th MEDGRP are in Brevard County, Florida (FL), approximately 60 miles from Orlando, FL. Patrick AFB's key mission elements include the 45th Space Wing, 920th Rescue Wing, Air Force Technical Applications Center (AFTAC), and Naval Ordnance Test Unit (NOTU). The 45th Space Wing Mission is "One Team... Delivering assured space launch, range, and combat capabilities for the nation."

The 45th MEDGRP supports the 45 Space Wing, Cape Canaveral Air Force Station (AFS), and 35 tenant partners by offering ambulatory medical service to 54,000 eligible beneficiaries, totaling 75,000 outpatient encounters annually. The Medical Group offers healthcare services such as pediatrics, limited gynecological services, family health, flight medicine, medical standards evaluation, immunizations, general dentistry, physical therapy, optometry, mental health, substance abuse, family advocacy, diagnostic imaging, laboratory, and pharmacy.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> The 45th Space Wing relies on the MEDGRP to ensure that the people on base are protected and kept safe during launches and tests. The launching and testing aspects of Patrick AFB's mission require on-site occupational health and emergency support to be provided Some of the organizations/tenant units that the 45 MEDGRP supports have specific healthcare needs. For example, the staff at NOTU have a particularly high risk of mental health issues. While the transition may not directly impact the mission of the 45th Space Wing, these additional support requirements should be taken into consideration 	Section 1.0
Network Assessment	H	<ul style="list-style-type: none"> Network assessments show that commercial providers in both Primary Care and Specialty Care may not have adequate capacity to meet the increased demand The assessment is limited due to the unique geography of the area, which is not underserved, but the population north and south of the base are segmented by the Indian River basin. The nearest population center, Melbourne FL, is potentially stretchable to drive-time (mileage). The commercial population leverages specialty and hospital care in Orlando, which is 50 miles east Patrick has a robust network for Primary Care; however, due to the large number of Non-Active Duty Service Members (ADSM) that would shift to the network, each available provider would have to empanel 103 beneficiaries, which is just above TRICARE Health Plan's threshold of "ability to immediately enroll with great difficulty" Many people come to the Melbourne, FL area and stay. Leadership is worried about the network's ability to support the population on a long-term basis. Panels may fill up quickly, meaning new patients may have trouble accessing care and finding PCMs 	Section 2.0

¹See Appendix B for Criteria Matrix Definitions

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 during 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 ~10,000+ new enrollees into Primary Care is expected to be slow. There will be an adjustment period for the network	<ul style="list-style-type: none">• Proceed very deliberately with a panel at a time, monitoring access and capability of the network to absorb the workload
2	The patients' change in expectations from getting care on base to getting care off base will have to be monitored and measured	<ul style="list-style-type: none">• This risk will be mitigated through the implementation and communications plan, as well as care coordination
3	Impact of the GSU workload on the remaining MTF employees if there is a reduction in staff	<ul style="list-style-type: none">• Adequate clinical, support and administrative staff will need to be sustained to cover the GSU workload or have it realigned to other MTFs
4	The ability to ensure safety for the people on base during launches and tests	<ul style="list-style-type: none">• Required mission support will continue

Next Steps:

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

Patrick AFB and the 45th MEDGRP are in Brevard County, FL, approximately 60 miles from Orlando, FL. Patrick AFB is home to the 45th Space Wing, which has more than 30 mission partners at Patrick AFB and Cape Canaveral Air Force Station. The 45th Space Wing is comprised of an operations group, a mission support group, and a medical group, which is the 45th MEDGRP. The 45th MEDGRP provides medical, dental, environmental, and public health services in support of the 45th Space Wing and Cape Canaveral Air Force Station. Patrick AFB continues to provide increased support for the commercial space mission through coordination with National Aeronautics and Space Administration (NASA), SpaceX, and Boeing.

1.1. Installation Description

Name	Patrick AFB
Location	Brevard County, FL; approximately 60 miles from Orlando, FL
Mission Elements	<ul style="list-style-type: none"> • 45th Space Wing • 45th Medical Group • 920th Rescue Wing • AFTAC • NOTU
Mission Description	One Team... Delivering Assured Space Launch, Range, and Combat Capabilities for the Nation
Regional Readiness/Emergency Management	Part of the responsibilities of 45 th Space Wing leadership is to protect the public and ensure they do not endanger the public with launches and tests
Base Active or Proposed Facility Projects	The 45 th MEDGRP is currently undergoing renovations to its Pharmacy which are scheduled to be complete in 2019
Medical Capabilities and Base Mission Requirements	The 45 th MEDGRP supports the mission of the 45 th Space Wing and 35 other tenant partners by offering ambulatory medical services to 54,000 eligible beneficiaries. All launch efforts at Patrick AFB, as well as the people supporting those launch efforts, are cared for by the 45 th MEDGRP

1.2. MTF Description

Name	45th Medical Group
Location	Brevard County, FL; approximately 60 miles from Orlando, FL
Market²	Stand-Alone MTF; Small Market and Stand-Alone Office (SSO)
Mission Description	Ensure a medically ready force and a ready medical force. Deploying is our job. Home station healthcare increases our competency
Vision Description	Base our daily decisions and actions on mission, respect, and accountability
Goals	No Information
Facility Type	Outpatient facility
Square Footage	69,273 Net Square Feet
Deployable Medical Teams	No Information
Fiscal Year (FY) 2017 Annual Budget	No Information

² Defined by FY17 NDAA Section 702 Transition

MTF Active or Proposed Facility Projects	The 45 th MEDGRP is currently undergoing renovations to its Pharmacy which are scheduled to be complete in 2019													
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	<table border="1"> <thead> <tr> <th>Active Duty</th> <th>Civilian</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>32</td> <td>82</td> </tr> </tbody> </table>				Active Duty	Civilian	Total	50	32	82				
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FY18 Assigned Full-time Equivalents (FTEs)³	<table border="1"> <thead> <tr> <th></th> <th>Active Duty</th> <th>Civilian</th> <th>Contractor</th> <th>Total</th> </tr> </thead> <tbody> <tr> <th>Medical</th> <td>162.2</td> <td>68.2</td> <td>0.0</td> <td>230.5</td> </tr> </tbody> </table>					Active Duty	Civilian	Contractor	Total	Medical	162.2	68.2	0.0	230.5
	Active Duty	Civilian	Contractor	Total										
Medical	162.2	68.2	0.0	230.5										
Healthcare Services	<ul style="list-style-type: none"> • Primary Care • Orthopedics • Mental Health • Obstetrics/Gynecology • Optometry 													

³ AF-C-45th MEDGRP-Patrick MTF Portfolio

2.0. Healthcare Market Surrounding the MTF

Description	<p>Within the Patrick AFB drive-time standard, there are currently 155 Primary Care Practices, which account for 155 Primary Care Physicians. Within the 30-minute drive-time standard for Primary Care, Patrick has a population of more than 10,000 impacted beneficiaries.</p> <p>Within the Patrick drive-time standard for Specialty Care, there are currently 70 practices, which account for 121 Specialty Care Physicians. Within the 60-minute drive-time standard for Specialty Care, Patrick has a population of more than 26,000 impacted beneficiaries.</p>																				
Top Hospital Alignment	<ul style="list-style-type: none"> • Arcand Family Practice (Melbourne, FL) • Atlantic Coast Pediatrics (Merritt Island, FL) • Atlantic Medical Group (West Melbourne, FL) • Brevard Health Center (Melbourne, FL) • Florida Pediatric Group (West Melbourne, FL) • Health First Medical Group (Melbourne, FL) • Health Journeys Inc (Melbourne, FL) • Healthy Living Clinic (Melbourne, FL) • Healthy Partners Primary Care (Pembroke Pines, FL) • Internal Medicine of Brevard PLLC (Rockledge, FL) • Atlantic Psychiatric Centers (Cocoa, FL) • Steward Medical Group Inc (Melbourne, FL) 																				
Likelihood of Offering Primary Care Services to TRICARE Members⁴	<table border="1"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>52</td> <td>44</td> </tr> <tr> <td>High Likelihood</td> <td>22</td> <td>25</td> </tr> <tr> <td>Medium Likelihood</td> <td>65</td> <td>70</td> </tr> <tr> <td>Low Likelihood</td> <td>16</td> <td>16</td> </tr> <tr> <td>Total</td> <td>155</td> <td>155</td> </tr> </tbody> </table>		Number of Practices	Number of Physicians	Contracted with TRICARE	52	44	High Likelihood	22	25	Medium Likelihood	65	70	Low Likelihood	16	16	Total	155	155		
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Contracted with TRICARE	52	44																			
High Likelihood	22	25																			
Medium Likelihood	65	70																			
Low Likelihood	16	16																			
Total	155	155																			

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- Patrick AFB, Melbourne, FL has a market area population of approximately 1M⁵
- 45th Medical Group offers Primary Care, Mental Health, Gynecology and Optometry
- There are six network facilities within drive time of 45th Med Grp –Patrick that offer like services currently provided by the MTF with more than adequate access to care
- There are 22 urgent care centers within 25 miles of the 45th Med Grp –Patrick
- 45th Medical Group has 11,330⁶ non-AD enrollees who could enroll to the network
- Humana has contracted 131⁷ of 155⁸ (85%) Primary Care Providers (PCP) within a 15-mile radius of the MTF. Only 98 of the 131 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:
 - 45th Med Grp patients: 50.0% (229 respondents)

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 Network Insight Assessment Summary (Independent Government Assessment)

⁶ M2

⁷ MCSC

⁸ Network Insight Assessment Summary (Independent Government Assessment)

- o Network patients: 74.2%% (874 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members ⁹
 - o Preventive Care Visit: \$0
 - o Primary Care Outpatient Visit: \$20
 - o Specialty Care Outpatient or Urgent Care Center Visit: \$30
 - o Emergency Room Visit: \$61
- TRICARE Prime enrollees should expect to drive no more than:
 - o 30 minutes to a PCM for Primary Care
 - o 60 minutes for Specialty Care

Assumptions:

- Humana could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000
- PCPs generally have relatively full panels, able to immediately enroll:
 - o Up to 2.5% more enrollees (49) easily
 - o 2.5% - 5% (50-99) with moderate difficulty
 - o > 5% (100+) with great difficulty
- Beneficiaries are reluctant to drive 30-minutes for Primary Care
- Metropolitan networks will grow more rapidly than rural networks to accommodate demand

Analysis:

- Patrick AFB is in an urban area with a robust Primary Care network
- Enrollment of additional beneficiaries to the network would depend on Humana network expansion and potentially the entry of additional physicians into the market
- If Humana contracts 50% of the non-network PCPs, they would have a total of 110 PCPs accepting new patients
- Each PCP would have to enroll 103 new patients to accommodate the 11,330 45th Med Grp enrollees
- Based on the assumptions above, the Humana network would accommodate the new demand with great difficulty
- Beneficiaries rate network health care 24% higher than 45th Med Grp 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:

- Humana network may not grow fast enough to accommodate beneficiaries shifted from 45th Med Grp
- Retirees and their family members may seek less Primary Care due to out-of-pocket costs (+/-)

⁹ <http://www.TRICARE.mil/costs>

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 10,000, which represents 2.4% of the population within a 30-minute drive-time radius. This is well below the 10% threshold, and thus will not materially impact the supply of, and demand for, care. Population growth for this area over the past five (5) years (2014 to 2018) has been considerable at 9.6% and is expected to level out to 3.9% over the next five (5) years (2019 to 2023)
- **Specialty Care:** The MHS impacted population for Specialty Care is more than 20,000, which represents 2.5% of the population within a 60-minute drive-time radius. This is well below the 10% threshold, and thus will not materially impact the supply of, and demand for, care. Population growth for this area over the past five (5) years (2014 to 2018) has been very high at 15.3% and is expected to level out to 6.1% 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 PCPs within the 30-minute drive-time standard may not be capable of accepting the specific demand from the 10,000 impacted beneficiaries due to population growth and incremental demand
- **Specialty Care:** The commercial Specialty Care network within the 60-minute drive-time standard may not be capable of meeting the specific demand of the 26,000 impacted beneficiaries. Unless additional practitioners enter the market, large shortages are projected in the market amongst specialty providers, particularly with Psychiatry providers
- Based on the number of Psychiatry practices accepting TRICARE or other government-sponsored insurance and offering after hours care, we expect some providers to meet MHS access standards
- There is also an expectation that based on the number of OB/GYN practices accepting TRICARE or other government-sponsored insurance and offering after hours care, we do not expect a large number of providers to meet MHS access standards

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition
Appendix C	Glossary
Appendix D	Volume II Contents
Appendix E	MTF Trip Report

Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service QPP
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs)
6. The average PCP panel is approximately 2000¹⁰

¹⁰ 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 D	Network Insight Assessment Summary (Independent Government Assessment) P4I
Part E	Measures
Part F	JOES-C 12-month Rolling Data
Part G	MTF Mission Brief
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Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: Patrick Air Force Base – 45 Medical Group
23 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:

- Patrick Air Force Base (AFB) is located in Melbourne, FL and is home to the 45 Space Wing. The mission of the 45 Space Wing is "One Team... delivering assured space launch, range, and combat capabilities." The 45 Space Wing works to provide assured access to space for our nation and its warfighters
- The 45 Medical Group (MDG) at Patrick AFB provides healthcare services in support of the Patrick and 45 Space Wing missions. The mission of the 45 MDG is to "Ensure a medically ready force and a ready medical force. Deploying is our job. Home station healthcare increases our competency"

MTF Impact:

- There are some concerns about converting the 45 MDG to an AD-only clinic, mainly whether the network has adequate capacity to handle the more-than-10,000 non-AD beneficiaries
- MDG leadership is concerned with the long-term impacts of shifting non-AD care to the network and the willingness of beneficiaries to incur the costs that come along with receiving care in the network
- Leadership noted that a successful conversion to an AD-only clinic would require adequate time to develop a detailed implementation plan and communicate the shift with their beneficiary population

Network Impact:

- Network assessments show that commercial providers in both primary care and specialty care may not have adequate capacity to meet the increasing demand of impacted TRICARE beneficiaries
- Quality of care in the network is not a concern, but it is unclear whether the network will be able to expand to meet the increase in demand that would be caused if 45 MDG converts to AD-only

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
BG Douglas A. Schiess	Commander, 45 Space Wing Director, Eastern Range	Patrick AFB
Col Thomas Ste. Marie	Vice Commander, 45 Space Wing	Patrick AFB
CMSgt Scott King	Command Chief, 45 Space Wing	Patrick AFB
Col Gigi Simko	Commander, 45 Medical Group	Patrick AFB
Lt Col Cang Bui	Medical Operations Squadron Commander	Patrick AFB
SMSgt Denisse Portunato	Medical Operations Squadron Superintendent	Patrick AFB
Lt Col Tara Lovell	Medical Support Squadron Commander	Patrick AFB
SMSgt Bonnie Selman	Medical Support Squadron Superintendent	Patrick AFB
Lt Col Ian Rybczynski	Aerospace Medicine Squadron Commander	Patrick AFB
Maj David Dy	Chief of Medical Staff	Patrick AFB
Lt Col Jimmy Scott	Chief Nurse	Patrick AFB
Dr. David Smith	MHS Reform Leader for Healthcare Management	703 Workgroup
Col James A. Mullins	Director, Biomedical Sciences Corps (BSC) Operations	703 Workgroup
Lt Col Maryann Marquez	TRICARE Regional Office	TRICARE Health Plan
Mr. Jake Salzman	Contract Support	703 Workgroup

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

Base Mission Overview:

- The 45 Space Wing is the host wing for both Patrick AFB and Cape Canaveral Air Force Station (CCAFS) has more than 30 major mission partners and tenants including Defense Equal Opportunity Management Institute (DEOMI), Air Force Technical Applications Center (AFTAC), National Aeronautics and Space Administration (NASA), and Naval Ordnance Test Unit (NOTU)
- The 45 Space Wing is organized into three main groups
 - **Operations group:** Operates the Eastern Range and launches space vehicles for the Department of Defense, National Aeronautics and Space Administration (NASA), the United States, and international commercial customers. They are also responsible for mission success through their seamless partnership with launch and satellite systems directorates in order to satisfy National, Civil, and Combatant Commander requirements for space access
 - **Mission Support Group:** Provides quality mission support to assure success of the wing's launch, range, and expeditionary operations and provides comprehensive support to the wing's mission partners
 - **Medical Group:** provides medical, dental, environmental, and public health services in support of the 45 Space Wing and Cape Canaveral Air Force Station
- Patrick AFB continues to provide increased support for the commercial space mission through coordination with NASA, SpaceX, and Boeing. Patrick has 28 launches on schedule for this year, and approximately five (5) of them are related to national security

- 45 Space Wing Leadership has three main responsibilities related to the mission
 - Protect the public and ensure the 45 Space Wing do not endanger the public with launches and tests
 - Perform resource protection and support the U.S. Government's goal of having at least two (2) ways to launch into space
 - Perform mission assurance by providing government oversight of buildup of rockets and satellites that is being completed by contractors
- The 45 Space Wing supports a deployment mission that sees approximately 125-150 people deployed each year

Voice of the Customer Summary:

- Patrick AFB currently has several mutually beneficial agreements with commercial organizations around the space mission and launch efforts
- The 45 MDG helps base leadership ensure that they are protecting the public and keeping them safe during launches and tests that occur on base
- Leadership is concerned with how pharmacy will operate in the future and wants to ensure that they do not have to send beneficiaries out to the network for prescription fills and refills. Leadership wants to make sure that families do not incur additional costs, such as pharmacy-related costs, as a result of the transition
- Leadership noted that there will be pushback from whatever portions of the population are sent to the network. While leadership feels comfortable that they can manage sending the retiree community to the network, they are more concerned about where Active Duty dependents receive their care in the future. Families are accustomed to the 45 MDG and appreciate having access when they need it
- Leadership is concerned that if family members have to put in the effort of finding a PCM in the network, finding appointments with network providers, and traveling to the network for care, they will be less likely to seek the care they need. Additionally, continuity of care will be a challenge for families as network facilities may not be in proximity with one another
- Leadership feels that the quality of care in the network is strong, but there may not be enough capacity at the moment to handle what Patrick would send to the network. The network will need to be tested slowly as Patrick has a current beneficiary population of 12,000 and converting to an AD- only clinic would send approximately 10,000 of these beneficiaries to the network. Additionally, there is concern about network adequacy as it relates to the recent growth in the local area, as captured within the market analysis/network assessment. Based on analysis performed by the workgroup, recent growth in the local area does not support the civilian network adequacy
- Leadership wants to ensure that they have adequate time and resources to properly communicate this large-scale change with their beneficiaries

Summary of MTF Commander Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
Col Gigi Simko	Commander, 45 Medical Group	Patrick AFB
Lt Col Cang Bui	Medical Operations Squadron Commander	Patrick AFB
SMSgt Denisse Portunato	Medical Operations Squadron Superintendent	Patrick AFB
Lt Col Tara Lovell	Medical Support Squadron Commander	Patrick AFB
SMSgt Bonnie Selman	Medical Support Squadron Superintendent	Patrick AFB
Lt Col Ian Rybczynski	Aerospace Medicine Squadron Commander	Patrick AFB
Maj David Dy	Chief of Medical Staff	Patrick AFB
Lt Col Jimmy Scott	Chief Nurse	Patrick AFB
Dr. David Smith	MHS Reform Leader for Healthcare Management	703 Workgroup
Col James A. Mullins	Director, Biomedical Sciences Corps (BSC) Operations	703 Workgroup
Lt Col Maryann Marquez	TRICARE Regional Office	TRICARE Health Plan
Mr. Jake Salzman	Contract Support	703 Workgroup

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

MTF Medical Mission Overview:

- The 45 MDG supports the 45 Space Wing, Cape Canaveral AFS, and 35 tenant partners by offering ambulatory medical service to 54,000 eligible beneficiaries, totaling 75,000 outpatient encounters annually. The MDG offers healthcare services such as pediatrics, limited gynecological services, family health, flight medicine, medical standards evaluation, immunizations, general dentistry, physical therapy, optometry, mental health, substance abuse, family advocacy, diagnostic imaging, laboratory, and pharmacy
- The 45 MDG ensures a medically ready force and a ready medical force for Patrick AFB and the 45 Space Wing. The 45 MDG also provides medical support to enable the missions of several organizations, including AFTAC, 920 Rescue Wing Air Force Reserve Command, DEOMI, NOTU, and NASA
- The 45 MDG provides the contracting office's representative (COR) for the clinic at Ascension Island. Once a year, the 45 MDG sends a biomedical equipment technician to Ascension Island to perform maintenance on the clinic's equipment. The 45 MDG also consults on laboratory, public health, and bioenvironmental engineering issues/factors
- All launch efforts and DoD personnel supporting these efforts at the 45 Space Wing are supported by the MDG with occupational health services
- The 45 MDG Satellite Pharmacy currently serves a population of approximately 53,000 beneficiaries and dispenses 383,000 prescriptions per year with a \$13M budget. Several technological upgrades have been resourced in 2018-2019 to include PharmAssist Servers, Innovation robotic upgrade, GSL will call cabinets, Q-flow patient queuing system, as well as a \$12M renovation project underway, which is expected to be completed in September 2019
- The Patrick area has a large "snowbird" population resulting in increased pharmacy workload during the months of October-March every year. Additionally, the satellite pharmacy serves an elderly retiree population. The average patient is between 65-80 years of age, with typically 4-5 prescriptions per patient.

Most beneficiaries would incur hardships associated with the cost of co-pays from retail pharmacies and/or TRICARE Mail Order

Voice of the Customer Summary:

Mission-Specific Needs:

- Some of the organizations/tenant units that the 45 MDG supports have specific healthcare needs. For example, the staff at NOTU have a particularly high risk of mental health issues, and the AFTAC nuclear mission leads to a potential for occupational health issues
- Leadership is concerned about how the Service reductions planned as a part of the "AFMS 4,684 Redux" will impact the ability to provide safe, quality care without the manpower billets for services retained as a part of the 703 Workgroup study
- As a part of the Air Force Medical Service '4,684 Reduction,' the 45 MDG is projected to lose 72 Active Duty authorizations. If pharmacy services are to remain open, the 45 MDG is asking who (DHA or Air Force) will fund the contractors and/or government civilian positions to keep pharmacy services operational
- Pharmacy is a significant priority for base and MTF leadership; they are building a new pharmacy location on base
- Leadership feels that flexibility around how they currently handle their workload will greatly decrease as the scope is reduced and resources become more limited. Currently, they have enough providers that they can handle is someone is out, but that may be a huge problem in the future if their staffing is reduced
- Leadership is concerned about how they will ensure funding for any services that do remain onbase

Network:

- MTF leadership is concerned about the network's capacity to handle the 10,000 beneficiaries that would be sent away from the clinic
- Quality of care in the network is strong, but family members are not used to paying for care the way they would need to in the network
- Many people tend to come to the Melbourne, FL area and stay there, so leadership is worried about the network's ability to support the population on a long-term basis. Panels may fill up quickly, meaning new folks down the line may have trouble accessing care and finding PCMs

Transition Concerns:

- Leadership is concerned about how to ensure a successful implementation. Not only would they like to be able to effectively communicate the change to the base populations, especially the impacted beneficiaries, but they want to make sure they are given adequate time and resources to plan for how to meet the requirements for the implementation
- Leadership understands the reasoning for the proposed transition, given that Patrick is a low- readiness base, but they do have concerns about how the network will handle such an increase in demand. There is some confidence that the network will eventually be able to handle the increased workload, but leadership urged that this transition will need to occur slowly, and the network will need time to grow and adjust
- Leadership is concerned about the likelihood of contracting a significant number of PCMs that are not currently contracted by Humana. Many providers may not want to incur the costs associated with enrolling a new family especially knowing that these families tend to move every few years
- Leadership feels that changing the 45 MDG to an AD-only clinic would incur significant push back from the impacted population