

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

Branch Health Clinic (BHC) Earle
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	Branch Health Clinic (BHC) Earle
Decision	Transition the Branch Health Clinic Colts Neck Earle 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

Naval Weapons Station (NWS) Earle and BHC Earle are located in Colts Neck, New Jersey; 46 miles from Trenton, NJ. NWS Earle provides ordnance for all Atlantic Fleet Carrier and Expeditionary Strike Groups and support strategic Department of Defense (DoD) ordnance requirements. The mission of BHC Earle is to optimize the health and readiness of locally stationed and Active and Reserve Forces as well as remotely stationed personnel needing military specific exams and services.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> Currently, the BHC Earle is meeting all of the base mission requirements. Base leadership opines as long as the clinic sustains Occupational Health, the mission will not be impacted The MTF does not anticipate an impact to their mission as a result of the transition to an active duty only clinic Branch Health Clinic (BHC) Lakehurst is a nearby facility that will be transitioning Primary Care on June 1, 2019. There will be additional 300+ AD personnel added to NHBC Earle enrollment. Transition of FM and Retirees to the network and increase in otherwise health AD population will narrow the sole AD Family Medicine provider's scope of practice reducing currency in dealing with more complex care. 	Section 1.0
Network Assessment	L	<ul style="list-style-type: none"> There is a robust civilian network within 30 minutes of the NWS Earle, with both primary and Specialty Care providers. The total impacted population represents <1% of the total 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 Primary Care services The Managed Care Support Contractor (MCSC) network could likely expand rapidly to meet the new demand, even as the population is expected to grow 2-4% over the next five (5) years (2019 to 2023) Even without contracting new providers, each Primary Care Providers (PCP) would have to enroll only three (3) to four (4) new patients to accommodate the approximately 3,500 non-AD Colts Neck enrollees Beneficiaries rate network health care 6% higher than Colts Neck healthcare, so beneficiary satisfaction is not likely to suffer with network enrollment The civilian provider market potentially has capacity to absorb the incremental demand from impacted beneficiaries who are being transitioned out of the MTF 	Section 2.0

¹ See Appendix B for Criteria Ratings 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 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 patients' change in expectations from getting care on the base to getting care off the base and incremental associated costs 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 case management
2	Base residents will have to travel farther for Primary Care if enrolled to the network	<ul style="list-style-type: none">• Transition patients to the network in a measured way that is tailored to their specific needs and addressed in the implementation plan. MTF and MCSC will monitor progress to identify and address access issues
3	Adjusting BHC Earle's capabilities may impact the necessary workload to maintain its providers' readiness	<ul style="list-style-type: none">• The risk may be mitigated through the establishment of External Resource Sharing Agreements allowing providers to operate at nearby network facilities

Next Steps:

Develop the implementation plan for the above decision, with a focus on deliberately shifting enrollees to an expanded civilian network.

Table of Contents

1.0. Installation and MTF Description	5
1.1. <i>Installation Description</i>	5
1.2. <i>MTF Description</i>	5
2.0. Healthcare Market Surrounding the MTF	7
2.1. <i>TRICARE Health Plan (THP) Network Assessment Summary</i>	7
2.2. <i>Network Insight Assessment Summary (Independent Government Assessment)</i>	8
3.0. Appendices	10
<i>Appendix A: Use Case Assumptions</i>	11
<i>Appendix B: Criteria Ratings Definition</i>	12
<i>Appendix C: Glossary</i>	13
<i>Appendix D: Volume II Contents</i>	14
<i>Appendix E: MTF Trip Report</i>	15

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

NWS Earle and BHC Earle are located in Colts Neck, New Jersey, approximately 46 miles from Trenton, NJ. NWS Earle is made up of 11,851 total acres and bordered by five (5) municipalities: Middletown, Colts Neck, Tinton Falls, Howell, and Wall. NWS Earle provides all ordnance for all Atlantic Fleet Carrier and Expeditionary Strike Groups and support strategic Department of Defense (DoD) ordnance requirements. BHC Earle has a total enrollment of more than 1,000 and in addition “must sees” include Reservists and recruiters from the New Jersey, New York, and Pennsylvania region. BHC Earle provides care to service members of the Army, Coast Guard, and United States (U.S.) Marines. The Occupational Health provides surveillance monitoring for 800 civilians in various monitoring programs.

1.1. Installation Description

Name	NWS Earle
Location	Colts Neck, New Jersey; 46 miles from Trenton, NJ
Mission Elements	Earle's main base (Mainside) encompasses 10,160 acres 15 miles west of the Central Jersey Shore, and borders the townships of Colts Neck, Howell, and Wall, and the borough of Tinton Falls. Earle's Waterfront is also home to the Oil and Hazardous Materials Simulated Environmental Test Tank (OHMSETT), operated by the Department of Interior's Bureau of Safety and Environmental Enforcement. OHMSETT's 2.6 million gallon tank is a one-of-a-kind facility for full-scale oil spill response equipment testing, research, and training. In support of the Carrier Strike Group ordnance mission, Earle is the operational support base for four (4) Military Sealift Command combat logistics ships: United States Naval Ship (USNS) ARCTIC (T-AOE-8), USNS ROBERT E. PEARY (T-AKE-5), USNS WILLIAM MCLEAN (T-AKE-12), and USNS MEDGAR EVERS (T-AKE-13).
Mission Description	Provides all ordnance for all Atlantic Fleet Carrier and Expeditionary Strike Groups and support strategic Department of Defense ordnance requirements.
Regional Readiness/ Emergency Management	Pier Complex includes 2.9 mile “finger pier” complex (\$1.7B replacement value), two (2) active piers, four (4) berths, 45 feet depth of water, and direct access to the Atlantic Ocean without crossing bridges or tunnels to reach blue water (three (3) miles distance). The pier complex has the ability to accept large rail shipments and conduct load outs in a short time.
Base Active or Proposed Facility Projects	Unknown

1.2. MTF Description

Name	BHC Earle
Location	Colts Neck, New Jersey; 46 miles from Trenton, NJ
Market²	Garden State (Small Market)
Mission Description	To optimize the health and readiness of the Active and Reserve Forces, and all entrusted to our care.
Vision Description	To be the premier choice for patient and staff, promoting excellence in readiness, health and partnerships Commanding Officer's Philosophy is SHIP: Service, Health, Integrity and People
Goals	<p>Readiness – provide medically ready personnel to support operational forces:</p> <ul style="list-style-type: none"> • Increase total force readiness to 95% • Increase the predictive analytic information for non-deployable members <p>Partnerships – Enhance operational capability and the ability to meet mission through partnerships:</p> <ul style="list-style-type: none"> • Develop a robust Telehealth capability • Explore opportunities to expand a relationship with local and regional hospitals to maximize ready platforms <p>Human Capital – Strengthen our one (1) Navy Medicine (NAVMED) team through a Readiness-focused talent management plan to ensure a highly skilled integrated workforce:</p>

² Defined by FY17 NDAA Section 702 Transition

- Establish process that support learning and development
 - Support contingency operations with a ready medical force
- High Velocity Organization – Relentlessly pursue high reliability and a learning culture:
- Develop Predictive Analytics Capability
 - Implement Department of Navy (DON) 360 Degree Feedback Program

Facility Type	Outpatient clinic 13,790
Square	Net Square Feet None
Footage	Unknown
Deployable Medical Teams	Install new boiler, install updated audio booth, and increase usable working space and patient care areas for displaced staff expected June with the Primary Care transition from BHC Lakehurst
FY17 Annual Budget	

MTF Active or Proposed Facility Projects See Volume II, Part C for P4I measures

Performance Metrics		Active Duty	Civilian	Contractor	Total
	Medical	19.1	6.6	4.0	29.7

Fiscal Year (FY) 2018 Assigned Full-time Equivalent (FTEs)³
 Medical home/Primary Care Dental
 Laboratory
 Radiology

- Healthcare Services**
 Pharmacy
 Immunization
 Optometry
 Public Health
- Occupational Health
 - Industrial Hygiene
 - Preventative Medicine
- BHC Earle provides medical support to various units that reside on the Weapons Station.
- Harbor Patrol Unit
 - NWS Earle Security Detachment
 - Naval Weapons Station Earle NJ
 - Explosive Ordnance Disposal (EOD) Mobile Unit Twelve Detachment – Earle
 - Public Works Department – Earle
 - Recruiting Station New Jersey – USMC
 - Navy Operational Support Center – Earle

Projected Workforce Impact

	Active Duty	Civilian	Total
	2	1	3

³ NHC Annapolis MTF Portfolio

2.0. Healthcare Market Surrounding the MTF

Description	In the BHC Earle drive-time standard, there are currently 510 Primary Care Practices, which includes 687 Primary Care Physicians.		
Top Hospital Alignment	Primary Care <ul style="list-style-type: none"> Jersey Shore University Medical Center (Neptune City, NJ) Centrastate Medical Center (Freehold, NJ) Monmouth Medical Center (Long Branch, NJ) Riverview Medical Center (Red Bank, NJ) Robert Wood Johnson University Hospital (New Brunswick, NJ) 		
Likelihood of Offering Primary Care Services to TRICARE Members⁴		Number of Practices	Number of Physicians
	Contracted with TRICARE	101	166
	High Likelihood	200	222
	Medium Likelihood	170	236
	Low Likelihood	39	63
	Total	510	687

2.1. TRICARE Health Plan (THP) Network Assessment Summary

Facts:

- Colts Neck, NJ (40 miles E of Trenton) has a market area population of approximately 14.5M⁵
- BHC Earle provides Primary Care only
- BHC Earle has 543 AD enrollees⁶ and 524 non-AD enrollees who could enroll to the network
- Navy plan is to close NHC Lakehurst and enroll half of the 385 Lakehurst AD to Colts Neck
- Managed Care Support Contractor (MCSC) has contracted 133⁷ of 687⁸ (19%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 126 of the 133 TRICARE providers are accepting new patients
- Rolling 12-month Joint Outpatient Experience Survey - Consumer Assessment of Health Providers and Systems (JOES-C) scores ending November 2018 with a "health care rating" scored as a nine (9) or 10 on a scale of 0-10:
 - BHC Earle patients: 70.9% (15 respondents)
 - Network patients (McGuire Air Force Base (AFB)): 76.5% (675 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
- TRICARE Prime enrollees should expect to drive no more than:
 - 30 minutes to a Primary Care Manager (PCM) for Primary Care
 - 60 minutes for Specialty Care

Assumptions:

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

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)

⁹ <http://www.tricare.mil/costs>

- 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:

- BHC Earle is near a metropolitan area with a robust Primary Care network
- Even without contracting new providers, each PCP would have to enroll only one (1) new patient to accommodate the 524 non-AD Colts Neck enrollees
- Based on the assumptions above, the MCSC network could easily meet the new demand
- Beneficiaries rate network health care 6% higher than Colts Neck healthcare, so beneficiary satisfaction should not suffer with network enrollment
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- On base residents will have to travel farther for Primary Care if enrolled to the network

Implementation Risks:

- Retirees and their family members may seek less Primary Care due to out-of-pocket costs (+/-)

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

- The MHS impacted population for Primary Care represents 0.1% 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. Projected population growth for this area is approximately 2% 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

- The commercial primary care providers within the 30-minute drive-time standard can absorb the incremental demand from beneficiaries who are being transitioned out of the MTF. With projected shortages of General/ Family Practice providers, the network may be challenged to maintain adequacy over time (2019 to 2023)

¹⁰ MGMA

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 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

Part A	Data Call
Part B	Relevant Section 703 Report Detail Glossary
Part C	P4I Measures
Part D	DHA TRICARE Health Plan Network Review
Part E	Network Insight Assessment Summary (Independent Government Assessment)
Part F	MTF Mission Brief
Part G	MTF Portfolio (Full)

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: Branch Medical Clinic (BMC) Colts Neck Earle
20 March 2019

Table of Contents

Purpose of the Visit3
Summary of Site Visit3
Summary of Base Leadership Discussion4
Summary of MTF Commander Discussion5

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:

- Currently, the Branch Health Clinic Earle is meeting all of the base mission requirements. Base leadership feels that as long as the clinic sustains Occupational Health, the mission will not be impacted

MTF Impact:

- The MTF does not anticipate an impact to their mission as a result of the transition to an active duty only clinic
- BHC Lakehurst is a nearby facility that will close on June 1, 2019. There will be 600 additional active duty personnel that require care a result of the closure

Network Impact:

- Naval War Station (NWS) Earle leadership believes that, as long as a phased approach is taken, the network is capable of accepting the beneficiaries. There is a robust civilian network within 30 minutes of the base, with both primary and specialty care providers

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
CAPT Kimberly Davis	Commanding Officer, Naval Health Clinic Annapolis	NHC Annapolis
HMCM Michael Lyles	Command Master Chief, Naval Health Clinic Annapolis	NHC Annapolis
CDR Marjorie Wytzka	Officer in Charge	Branch Health Clinics Earle and Lakehurst
Chief Luis Reyes	Chief Hospital Corpsman	Branch Health Clinics Earle and Lakehurst
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
CAPT Christine Dorr	Assistant Deputy Chief for BUMED Healthcare Operations M3	703 Workgroup
Mr. Ricky Allen	Business Operations Specialist	THP

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

Base Mission Overview:

- NWS Earle provides ordnance for all Atlantic fleet carriers and expeditionary strike groups. This is a unique mission that supports the entire east coast. Base leadership emphasized the need for retaining medical staff on base to prioritize the safety of the active duty personnel
- Currently, NWS Earle employs 173 Active Duty Personnel, 561 Civilians and 73 Contractors in their workforce

Voice of the Customer Summary:

- Given the unique nature of NWS Earle, Base leadership believes that it is pertinent to retain Occupational Health for the active duty population and the GS employees on Base
- Base leadership thinks highly of the surrounding network and providers. They do not foresee an impact to the mission as a result of the transition
- In regard to Occupational Health, the clinic sees patients primarily for physical injuries
- Base leadership will provide what the clinic is required to have in order to sustain the base
- NWS Earle has not experienced any issues with the network accepting THP

Summary of MTF Commander Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
CAPT Kimberly Davis	Commanding Officer, Naval Health Clinic Annapolis	NHC Annapolis
HMCM Michael Lyles	Command Master Chief, Naval Health Clinic Annapolis	NHC Annapolis
CDR Marjorie Wytzka	Officer in Charge	Branch Health Clinics Earle and Lakehurst
Chief Luis Reyes	Chief Hospital Corpsman	Branch Health Clinics Earle and Lakehurst
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
CAPT Christine Dorr	Assistant Deputy Chief for BUMED Healthcare Operations M3	703 Workgroup
CAPT Gordon Smith	Chief of Staff, NAVMEDEAST	703 Workgroup
Mr. Ricky Allen	Business Operations Specialist	THP

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

MTF Medical Mission Overview:

- BHC Earle provides care for active duty and beneficiaries, as well as for Recruiters in the New York, New Jersey and Pennsylvania region
- The MTF expressed the importance of providing care to ensure a medically ready force as well as the importance of maintaining physician's medical suitability

Voice of the Customer Summary:

- The MTF agreed that the network was adequate to absorb the beneficiary population. They believe that shifting retirees to the network will be challenging because the retirees prefer to get their care from a Navy provider
- MTF Leadership expressed concerns about the quality and access to care for the Recruiters that they serve. These individuals typically work in New York, New Jersey and Pennsylvania region, so they already are travelling long distances for care. There is an increased concern for their access to Mental Health providers
- The MTF suggested that the clinic shift focus to an Occupational Health clinic that would have the capacity to address the needs of the active duty personnel
- The MTF employs one Nurse Practitioner and one Occupational Health Technician. All of the primary care on base is handled by the Nurse Practitioner and the Occupational Health Technician fills in for primary care when needed