

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

Naval Medical Center Camp Lejeune (NMCCL) Volume I

Disclaimer: This Use Case provides information relevant to decisions to change capacity and capability of a military treatment facility. A detailed implementation plan is needed to accomplish a transition of clinical services.

Executive Summary

Site	Naval Medical Center Camp Lejeune (NMCCCL)
Decision	The 703 Workgroup supports the Naval Medical Center Camp Lejeune's plan to enhance capabilities to become a Level II trauma center by demonstrating the ability to initiate definitive care for all injured patients and provide 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology, and critical care. Additional capabilities required for NMCCCL to become a Level II trauma center may include meeting tertiary care needs such as cardiac surgery, hemodialysis, and microvascular surgery and providing trauma prevention and continuing education programs for staff.

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

Marine Corps Base Camp Lejeune is in Jacksonville, North Carolina (NC), and is responsible for maintaining combat-ready units for expeditionary deployment – Force Readiness. Camp Lejeune is home to a population of 140,000, including 53,000 Active Duty, 43,000 Active Duty family members, 38,000 retirees and retiree family members, and 6,000 civilians. Naval Medical Center Camp Lejeune supports Marine Corps Base Camp Lejeune and provides care for all Navy and Marine Corps garrison and operational commands.

NMCCCL, located on Marine Corps Base Camp Lejeune, is the first Level III trauma center in the U.S. Navy and the first in the Navy to service local community trauma patients. In 2018, NMCCCL received Level III trauma center verification through 2020 from the American College of Surgeons (ACS). Later in 2018, the North Carolina Office of Emergency Medical Services (OEMS) designated NMCCCL as a Level III trauma center until August 31, 2021, completing the medical center's integration into North Carolina's trauma system.

Rational Matrix

Criteria	Key Takeaways or Findings	Use Case Package
MTF Capabilities	<ul style="list-style-type: none"> • Level III trauma center: NMCCCL is currently operating with Level III trauma center designation and verification and supports Marine Corps Base Camp Lejeune by providing care for all Navy and Marine Corps garrison and operational commands • KSA Sustainment: NMCCCL has become a robust training platform for providers to achieve Knowledge, Skills, and Abilities (KSAs) sustainment and obtain the necessary skills to be forward deployed. However, there are still significant missed opportunities for additional KSA generation and sustainment due to the volume of Orthopedic Trauma, Interventional Radiology, and Neurosurgery cases that NMCCCL transfers out to the network • Increasing Capabilities: NMCCCL should be resourced to become a Level II trauma center, its capabilities have to be expanded, in particular to include Orthopedic Trauma, Interventional Radiology, and Neurosurgery. Additionally, other inpatient and outpatient clinical lines, administrative support, ancillary support and equipment must be enhanced. • Increase in Trauma Activations: Since receiving Trauma Verification from the American College of Surgeons (ACS), NMCCCL has seen a steep increase in the volume of trauma activations, averaging almost 57 trauma activations per month in the first 12 months after verification. Thus far in 2019, NMCCCL has averaged 65 activations per month and experienced a record breaking 85 activations during the month of May. Projections from the State Demographics branch of the Office of State Budget Management indicate the population of Onslow County will grow by 13.8% by July 2020. Leadership believes they will consistently average between 80-100 trauma activations per month in the future 	Section 1.0

	<ul style="list-style-type: none"> • Civilian Trauma: Approximately 40% of current trauma activations at NMCCL are civilian care, which needs to be closely monitored in the future to ensure that civilian cases do not interfere with capacity for beneficiary care. Mitigation strategies and processes will need to be developed • Inter-Facility Transport Team: NMCCL has an Inter-Facility Transport team (IFTT) that recently passed the North Carolina Office of Emergency Medical Services inspection for state licensure, making it a North Carolina EMS Agency. The team was also approved to operate as an Emergency Medical Specialty Care Transport Program to begin transports of critical and Specialty Care patients.¹ The IFTT recaptures workload that NMCCL previously purchased through the local market saving approximately \$3.6 million over the past 30 months • Graduate Medical Education (GME): NMCCL hosts two GME programs – one (1) Family Medicine residency, and one Family Medicine Obstetrics fellowship 	
Market Conditions	<ul style="list-style-type: none"> • Trauma Volume: NMCCL receives much of the trauma care in the surrounding area as there are no other competing trauma centers near the base. The nearest trauma center, New Hanover Regional Medical Center, is located in Wilmington, NC which is more than an hour away • Level I Trauma Partnership: NMCCL is aligned with Vidant Medical Center, which is a Level I trauma center in Greenville, NC and is approximately 80 miles from Camp Lejeune • Recapture Potential: THP estimates that more than \$6M of care could be recaptured with the proposed capability enhancements. NMCCL currently sends about \$17-18M worth of business out to the network. Based on targeted service lines for recapture and growth, the Lejeune market has an unmet demand of Orthopedic Surgery, Neurology, and Emergency Medicine providers, thus suggesting an opportunity for additional market capture • Competitive Advantage: Beneficiaries enrolled at NMCCL represent a significant portion of the total population within the drive-time radius, thus giving it a competitive advantage over other market competitors • Obstetrics Capacity: The Obstetrics ward at NMCCL currently averages 160 births per month, with limited capacity in the network, specifically Onslow Memorial Hospital. Currently OMH can only absorb an additional 20 deliveries per month, if offloading a portion of this care is needed 	Section 2.0
Readiness Value ²	<ul style="list-style-type: none"> • Orthopedic Surgery: NMCCL is generating 106,052 Orthopedic Surgery KSAs, resulting in 17% (1/6) ready Orthopedic Surgeons • General Surgery: NMCCL is generating 70,376 General Surgery KSAs, resulting in 0% (0/5) ready General Surgeons • Critical Care: NMCCL is generating 201,669 Critical Care KSAs, resulting in 67% (2/3) ready Critical Care Physicians • Emergency Medicine: NMCCL is generating 1,500,884 Emergency Medicine KSAs, resulting in 17% (4/24) ready Emergency Medicine Physicians • Leadership believes there is a significant number of KSA-generating opportunities that could be recaptured if NMCCL expands its capabilities. Process improvement in coding and transcription are underway to address shortfalls in current KSA status 	Section 3.0

Risk/Concerns and Mitigating Strategies

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

	Risk/Concerns	Mitigating Strategy
1	NMCCL will require increased resources to enhance its trauma capabilities. Navy Medicine is not committing to providing AD personnel to meet the requirements of a Level II trauma center	<ul style="list-style-type: none"> • The Defense Health Agency (DHA), Navy, and MTF should coordinate an implementation plan that will lead to adequate resources being provided to NMCCL to meet requirements of a Level II trauma center

¹ Source: http://www.camplejeuneglobe.com/news/naval-medical-center-camp-lejeune-transport-team-gets-state-license/article_1f081686-1b45-11e9-961c-3b3e2b4ae795.html

² Data as of May 2019

2	Enhanced capabilities will require additional facility space	<ul style="list-style-type: none"> NMCCL can potentially offload a portion of its obstetrics workload to nearby Onslow Medical Center in an effort to free up space for trauma care. This plan must be formalized.
3	NMCCL must increase its trauma cases in order to maintain / improve clinician readiness	<ul style="list-style-type: none"> NMCCL must have the support of DHA and Navy to increase its capabilities and allow for a higher volume of trauma cases.
4	NMCCL has seen its scope of capabilities increase in the recent past, but resources at the medical center have not necessarily grown to match that increase in scope	<ul style="list-style-type: none"> Some funding has been provided for NMCCL to move forward with necessary hiring, but this is only a fraction of what is required. DHA, Navy, and the MTF must coordinate to ensure that adequate resources can be provided.
5	Billing and debt collection issues that were identified during the NDAA section 717 Trauma Pilot that was initiated at NMCCL in June 2018. Specifically, issues have been occurring with recoupment on Medicare and Medicaid services	<ul style="list-style-type: none"> DHA and the MTF will need to coordinate to develop a solution to the billing and reimbursement issues that have been occurring. Initial mitigating actions have been planned to address issues for Medicare and Uninsured patients.
6	Coordinating the transition to the North Carolina Coast Large Market under the Defense Health Agency as NMCCL works to enhance its capabilities	<ul style="list-style-type: none"> DHA, Navy, and NMCCL leadership will need to consider how changes and enhancements to the medical center could impact the structure of the North Carolina Coast Large Market.

Next Step:

Develop an implementation plan to build the necessary capabilities for NMCCL to become a Level II trauma center. The implementation plan must consider that Navy Medicine has not committed to providing AD personnel to meet the requirements of a Level II trauma center.

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

Marine Corps Base Camp Lejeune is in Jacksonville, NC, and is responsible for maintaining combat-ready units for expeditionary deployment – Force Readiness. Camp Lejeune is home to the Weapons Training Battalion and the Headquarters & Support Battalion.

1.1. Installation Description

Name	Marine Corps Base Camp Lejeune
Location	Jacksonville, NC
Mission Elements	<ul style="list-style-type: none"> • Weapons Training Battalion • Headquarters & Support Battalion • Naval Medical Center Camp Lejeune • II Marine Expeditionary Force • 2nd Marine Division • 2nd Marine Logistics Group
Mission Description	To maintain combat-ready units for expeditionary deployment

1.2. MTF Description

Name	Naval Medical Center Camp Lejeune
Location	Jacksonville, NC
Market³	North Carolina Coast (Large Market)
Mission Description	Readiness, Health, Partnerships
Vision Description	The Medical Center of the Marine Corps
Goals	Be Ready; Be Professional; Be Kind
Recent MTF Accomplishments	<ul style="list-style-type: none"> • Level III Trauma Verification and Designation • Established Inter-Facility Transport Team • Established Institutional Review Board • Integrated Operating Room schedules with Naval Health Clinic (NHC) Cherry Point, which is a part of the North Carolina Coast Large Market • Master Plan Development and Area Plan Developments • EMT program for Corpsmen and “Ride Alongs” with Onslow County EMS • Stop the Bleed Program • LIMDU process identified as a best practice • NMCCCL Family Medicine Residency achieved 100% first time board pass rate for the eighth straight year
Facility Type	Medical Center with Level III trauma center designation and verification
Square Footage⁴	511,066 Net Square Feet
Deployable Medical Teams	No Information
FY17 Annual Budget	No Information
MTF Active or Proposed Facility Projects	Reference Command Brief in Volume II – Part F for overview of current research initiatives
Performance Metrics	See Volume II, Part D for Partnership for Improvement (P4I) measures and Part E for Joint Outpatient Experience Survey (JOES-C) data

³ Defined by FY17 NDAA Section 702 Transition

⁴ Source: 703 WG requested net SF data TSG 4-15-19

Fiscal Year (FY)
2018 Assigned Full-time Equivalents (FTEs)⁵

	Active Duty	Civilian	Contractor	Total
Medical	985.4	679.1	462.8	2,127.2

Healthcare Services

Specialty Care

- Emergency Medicine/Fast Track
- Internal Medicine (Allergy, Neurology, Gastroenterology, Cardiology, Pulmonary, Dermatology)
- Anesthesia/Pain Management
- Surgery (General, ENT, Eye, Urology, OMFS)
- Orthopedics, General Podiatry, Hand
- OB/GYN (Maternal-Fetal Med/Centering Pregnancy)
- Physical Therapy/Occupational Therapy/Chiropractic
- Sports Medicine
- Dental (General, Orofacial Pain)
- Developmental Pediatrics, EDIS, Speech Therapy
- Occupational Health, Audiology, Prev Med, IH
- Ophthalmology, Refractive Surgery & Optometry
- Neuropsychology
- Traumatic Brain Injury Center
- Travel Medicine
- Substance Abuse Program
- Health Promotion/Deployment Health Center
- Nutrition Management
- Laboratory/Pharmacy/Radiology
- Sleep Lab

Primary Care

- Family Medicine (4 MHP Teams)
- Internal Medicine
- Pediatrics (3 MHP Teams)
- Branch Clinics
 - MHP (5 MHP Teams)
 - Marine Corps Medical Home (MCMH) - 4 MCMH Teams

Graduate Medical Education

- ACGME FM Residency 10/10/10 (AY17)
 - 4th Year pilot
 - Family Medicine Obstetrics fellowship
- Director for Professional Education

Clinical Services

- 95 Inpatient beds/83 staffed beds⁶
- Medical/Surgical Unit
- Intensive Care Unit (ICU)/Tele ICU Initiative
- Neonatal ICU
- Mental Health/Inpatient
- Labor and Delivery
- Mother-Baby Unit

NMCCCL Owned Services Base Spans 156,000 acres and includes 20 facilities in addition to the Medical Center:

Pediatric/EDIS Clinic	Women's Health/ Preventive Health	Marine Corps medical Home L Street	Marine Corps Air Station New River
Wounded Warrior Battalion	Branch Medical Clinic Hadnot Point	SARP/SACC, Camp Lejeune	SACC, New River
Intrepid Spirit	Health Promotion	Branch Medical Clinic French Creek	Branch Medical Clinic Camp Geiger
Limited Duty/H1 Smart Clinic	Marine Corps Medical Home F Street	HM3 Wayne Caron	Devil Dog

⁵ Source: NMC Camp Lejeune MTF Portfolio

⁶ Source: FY19 Bed Capacity Report

Wallace Creek Smart Clinic	Deployment Health	Camp Johnson	Marine Special Operations Command
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NMCCL Enrollment

Facility	Enrolled Patients
Naval Medical Center	31,092
BMC MCAS New River	373
BMC Camp Johnson	744
BMC Camp Geiger	1,002
BMC Hadnot Point	2,328
BMC Wayne Caron	557
BMC Total	5,004
MCMH MAG-26	1,621
MCMH MAG-29	1,871
MCMH French Creek	3,505
MCMH Mainside	6,409
MCMH Total	13,406
Total Enrolled Patients	49,502

***BMC – Branch Medical Clinic**
 ***MCMH – Marine Corps Medical Home**

MTF Opportunities & Challenges

- Marine Corps Medical Home (MCMH) MILCON Reprogram
- Hurricane Florence related emergency MILCON funding
- Paradigm shift:
 - Navy Medicine Readiness Training Command (NMRTC)
 - Medical Forces Atlantic (TYCOM) Transition
 - Navy Manpower in support of Marine Corps
- DHA transition to Large Market with NHC Cherry Point
- Gap between capabilities and resources
- Master Plan Development FY20
- Partnerships with Vidant Medical Center/New Hanover Regional
- En Route Care/Paramedic Training

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

Description	100% of beneficiaries are living within the 60-minute drive-time boundary for Inpatient Care, concentrated around the MTF location. Beneficiaries enrolled at NMCCCL represents a significant portion of the total population within the drive-time radius for Inpatient Care, thus giving it a competitive advantage over other market competitors.
Top Hospital Alignment	<ul style="list-style-type: none">• New Hanover Regional Medical Center (Wilmington, NC)• Vidant Medical Center (Greenville, NC)• Cape Fear Valley Medical Center (Fayetteville, NC)• WakeMed Raleigh Campus (Raleigh, NC)• Duke University Hospital (Durham, NC)• University of North Carolina Hospital (Chapel Hill, NC)

2.1. TRICARE Health Plan (THP) Network Assessment Summary

- There is only one other acute care hospital in Jacksonville, NC – Onslow Memorial Hospital; all other hospitals are 40+ miles away
- The nearest designated trauma center is New Hanover Regional Medical Center, which is a Level II trauma center. New Hanover is in Wilmington, NC, approximately 1.5 hours away
- There is only 5% of inpatient workload occurring at Onslow that is in close proximity to NMCCCL. The remainder of the inpatient workload is disbursed along the outskirts of NMCCCL's market – 35% Carteret General Hospital (42 miles away), 30% CarolinaEast Medical Center (41 miles away), and 30% New Hanover Regional Medical Center (53 miles away)
- Inpatient Medical - 57% of those seen in Purchased Care are newborns and other neonates with conditions originating in perinatal period, followed by 8% within circulatory system
- Inpatient Surgical - 47% of those seen in Purchased Care are for musculoskeletal system and connective tissue, followed by 27% pregnancy, childbirth, and the puerperium
- Within the current scope of the MTF, the top five attainable surgical Major Diagnostic Categories are:
 - Pregnancy, childbirth, and puerperium
 - Newborns and other neonates with conditions originating in perinatal period
 - Digestive systems
 - Female reproductive system
 - Skin, subcutaneous tissue, and breast
- Outside of the current scope of the MTF, the top five attainable surgical Medical Diagnostic Categories in the market with the right provider staff are:
 - Musculoskeletal system and connective tissue
 - Endocrine, nutritional, and metabolic
 - Pregnancy, childbirth, and the puerperium
 - Digestive system
 - Circulatory system

2.2. Network Insight Assessment Summary (Independent Government Assessment)

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Facts:

- 100% of beneficiaries are living within the 60-minute drive-time boundary for Inpatient Care, concentrated around the MTF location. The total MHS impacted population is approximately 119,850, which makes up 19.1% of the total population. NMCCCL's enrolled beneficiaries represent a significant portion of the total population within the drive-time radius, thus giving it a competitive advantage over other

market competitors.

Age Group	MHS Impacted Population	% of Total MHS Target Population	Population Total	% of Population Total	Impacted Population Introduced
0 to 4	9,652	8.1%	43,423	6.9%	22.2%
5 to 14	13,486	11.3%	73,729	11.8%	18.3%
15 to 17	3,064	2.6%	20,645	3.3%	14.8%
18 to 24	40,743	34.0%	81,819	13.0%	49.8%
25 to 34	21,198	17.7%	89,810	14.3%	23.6%
35 to 44	10,444	8.7%	68,204	10.9%	15.3%
45 to 64	12,469	10.4%	150,985	24.1%	8.3%
65 and over	8,795	7.3%	98,660	15.7%	8.9%
Total	119,850	100.0%	627,275	100.0%	19.1%

- The identified drive-time for NMCCL includes 64 zip codes, two complete counties (Jones and Onslow), and ten partial counties (Beaufort, Carteret, Craven, Duplin, Lenoir, New Hanover, Pamlico, Pender, Pitt, and Sampson)
- Eight (8) inpatient facilities are contained within the 40-mile radius around Camp Lejeune

Assumptions

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

Analysis

- The majority of market supply of key specialties is located in New Hanover and Pitt counties, which are on the periphery of the drive- time radius
- There is projected unmet demand in both orthopedic surgery, neurology, and emergency/critical care providers within the market, which may represent an opportunity for additional market capture
- With the exception of Emergency Medicine, all key specialties are projected to grow faster than the growth of all service categories within the market area. This differs from statewide growth of key specialties, which may indicate an increased relative market demand for these services

Service Category	Projected Service Growth 2018-2023		
	Market	State	Market Growth Relative to State
Diagnostic Radiology	6.4%	8.0%	-1.6%
Emergency Medicine	4.1%	4.4%	-0.3%
General Surgery	5.3%	7.0%	-1.7%
Neurology	4.7%	4.3%	0.4%
Neurosurgery	6.5%	6.9%	-0.4%
Orthopedics	6.3%	8.5%	-2.2%
Vascular Surgery	9.8%	11.5%	-1.7%
All Service Categories	4.1%	7.9%	-3.8%

3.0. Appendices

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Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service Quadruple Aim Performance Plan (QPP)
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs)
6. The average PCP panel is approximately 2000⁷ (NMCCCL target is 1100-1300 per DHA guidance.)

⁷ MGMA

Appendix B: Criteria Ratings Definition (Not relevant to this Use Case)

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	Relevant Section 703 Report Detail Glossary DHA
Part B	TRICARE Health Plan Network Review
Part C	Network Insight Assessment Summary (Independent Government Assessment) P4I
Part D	Measures
Part E	JOES-C 12-month Rolling Data
Part F	MTF Mission Brief
Part G	MTF Portfolio (Full)

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report – Virtual

MTF: Naval Medical Center Camp Lejeune (NMCCL)
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 the MTF's leadership perspective of the capacity and needs 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.

Camp Lejeune Overview

Base

- Marine Corps Base Camp Lejeune, located in Jacksonville, North Carolina, is the home for the II Marine Expeditionary Force, 2nd Marine Division, 2nd Marine Logistics Group, and several other combat units and support commands
- Camp Lejeune's mission is to maintain combat-ready units for expeditionary deployment. To help prepare warfighters for combat and humanitarian missions abroad, Camp Lejeune takes advantage of 156,000 acres, 11 miles of beach capable of supporting amphibious operations, 34 gun positions, 50 tactical landing zones, three state-of-the-art training facilities for Military Operations in the Urban Terrain, and 80 live fire ranges
- Camp Lejeune is home to an active duty, dependent, retiree, and civilian employee population of approximately 170,000 people

MTF

- Naval Medical Center Camp Lejeune (NMCCCL) is currently operating as a Level 3 Trauma Center and supports Marine Corps Base Camp Lejeune by providing care for all Navy and Marine Corps garrison and operational commands
- NMCCCL has become a great place for providers to achieve Knowledge, Skills, and Abilities (KSAs) sustainment and obtain the necessary skills to be forward deployed. Therefore, leadership supports the decision for NMCCCL to be rightsized and continue providing Level 3 Trauma Center capabilities at Camp Lejeune and in the surrounding area

Network

- NMCCCL receives much of the trauma care in the surrounding area as there are no other competing trauma centers near the base. The Medical Center is aligned with Vidant Medical Center, which is a Level 1 trauma center
- The amount of medical infrastructure in the Jacksonville, NC and Onslow County areas is not very high, and therefore leadership supports the decision for NMCCCL to be rightsized

Summary of MTF Medical Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
CAPT Jeffrey W. Timby	Commanding Officer, NMCCCL	NMCCCL
CAPT Shelley Perkins	Executive Officer, NMCCCL	NMCCCL
CMDCM Michelle Brooks	Command Master Chief, NMCCCL	NMCCCL
Col Nicholas Davis	MCI-East Chief of Staff	NMCCCL
Mr. Martin Summerville	Director of Strategy	NMCCCL
CAPT Scott Cota	Director of Branch Clinics	NMCCCL
CDR Robert Anderson	DFA	NMCCCL
CDR Joe Kotora	EMS Director/2d MARDIV	NMCCCL
LCDR Doug Cole	Director of Resource	NMCCCL
LT David Cavallario	Deputy DFA	NMCCCL
Dr. David Smith	MHS Reform Leader for Healthcare Management	703 Workgroup
CDR Debra Manning	Director of Clinical Programs, Medical Corps, U.S. Marine Corps	703 Workgroup
Ms. Megan Kolodgy	Contract Support	703 Workgroup
Ms. Jeeun Lee	Contract Support	703 Workgroup
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

- Naval Medical Center Camp Lejeune's mission is centered around readiness, health, and partnerships as it strives to be *The* Medical Center of the Marine Corps. With Level 3 Trauma designation and verification, NMCCCL provides well-rounded capabilities for its providers and allows the Marine Corps to obtain the skills necessary to be forward deployed
- NMCCCL's owned services base spans 156,000 acres and has more than 20 facilities. NMCCCL offers Primary Care, Specialty Care, Graduate Medical Education (GME), and Clinical Services for the Camp Lejeune population and has an enrolled population of 49,502 across the Medical Center, several Branch Medical Clinics (BMC), and multiple Marine-Centered Medical Homes (MCMH)
- Since receiving Trauma Verification from the American College of Surgeons (ACS), NMCCCL has seen a steep increase in volume of trauma activations, averaging almost 57 activations per month in the first 12 months after verification. Leadership believes they will end up averaging between 80-100 activations per month in the future. The hospital averaged 11 **trauma** activations per month in the last six months leading up to ACS verification.

Virtual Site Visit Summary

MTF/Base:

- Leadership feels that since transitioning to a medical center and receiving trauma verification, NMCCCL has developed a well-rounded set of capabilities and has become a good platform for Marines to obtain and sustain forward deployment skills
- The Medical Center has a strong workload, specifically trauma-related cases, as there are no competing trauma centers close by

- NMCCCL leadership highlighted several recent accomplishments that demonstrate the strength and capabilities of the medical center, including:
 - Establishment of an inter-facility transport team
 - Establishment of an Institutional Review Board
 - Development of integrated OR schedules between NMCCCL and Naval Health Clinic (NHC) Cherry Point
- The Emergency Department (ED) at Camp Lejeune provides KSA-generating opportunities for providers and touches several departments within the hospital when demand is high, resulting in increased productivity across multiple departments
- Due to renovations at NMCCCL, it has partnered with NHC Cherry Point through integrated OR schedules. Oftentimes, providers are the ones traveling back and forth but schedules are built on where patients are coming from and complexity of the care
- NMCCCL's process for Limited Duty (LIMDU) has been identified as a best practice and is being shared throughout other facilities in Navy Medicine
- The NMCCCL Family Medicine Residency is a big draw for family medicine residents as the hospital has a very busy Obstetrics (OB) ward. The Residency has achieved eight straight years of 100% first time board pass rate
- NMCCCL experiences 1,700 clinic visits per day and fills 3,300 prescriptions per day, and the lab and radiology areas remain busy with trauma-related services
- Leadership feels that improvements and adjustments still need to be made to the sub-specialties
- Approximately 50% of current trauma activations at NMCCCL are civilian care, which leadership noted needs to be monitored in the future. Leadership noted that it is important that civilian care in this area does not interfere with capacity for beneficiary care
- NMCCCL works with Intrepid Spirit in Fort Bragg, NC. The Intrepid Spirit mission is to heal the physical, emotional, and spiritual injuries of warfighters and the families of warfighters who has sustained a brain injury. Intrepid Spirit's 50-person staff is comprised of neurologists, sports medicine doctors, neuropsychologists, vestibular/physical therapists, occupational and speech and language pathology therapists, art therapist, psychologist, Medical Social Workers (MSW), nurses, physician assistants, nurse practitioners, and pastoral care providers. Intrepid Spirit also provides research support for NMCCCL

Network:

- Onslow Memorial Hospital is one of the options for care in the Camp Lejeune surrounding network, but according to leadership, Onslow does not have facility-related satisfaction rates as high as NMCCCL
- There is not a large amount of medical infrastructure in the Jacksonville, NC and Onslow County areas
- NMCCCL is aligned with Vidant Medical Center in Greenville, NC for Level 1 Trauma Center capabilities. Vidant Medical Center is approximately 80 miles from Camp Lejeune
- NMCCCL offers air evacuation capabilities in instances where a patient needs to be taken to a Level 1 or Level 2 Trauma Center
- Neurosurgery, spine, and orthopedic-related procedures that should be kept in-house are transferred out into the network. Leadership estimates approximately \$17-18M being sent out to the network