

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

42nd Medical Group, Maxwell 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	42nd Medical Group (MEDGRP), Maxwell Air Force Base (AFB)
Decision	Transition the 42 nd Medical Group-Maxwell 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.

Wing Mission Summary

As the host unit for Maxwell-Gunter AFB located in Montgomery, Alabama (AL), the 42nd Air Base Wing's mission is critical to national security. It provides the foundation for success for Air University, the intellectual and leadership center of the Air Force, the 908th Airlift Wing, the Business and Enterprise Systems Directorate and more than 30 tenant units. The Wing ensures Airmen are ready to deploy in support of United States military operations worldwide and takes a proactive approach to promoting their professional and personal growth. The Wing is also responsible for the safety and security of the base, which is accomplished through force protection, maintaining and modernizing facilities and infrastructure, and seeking efficient new ways of conducting operations.

The 42nd MEDGRP is accredited by The Joint Commission under the Ambulatory Health Care Accreditation Program. The 42nd Medical Support Squadron's Medical Laboratory is accredited by the College of American Pathologists. The 42nd MEDGRP supports the mission of Air University, 42nd Air Base Wing, 908th Airlift Wing, and tenant units at Maxwell AFB and Gunter Annex. The Group is comprised of three (3) squadrons: the 42nd Aerospace Medicine Squadron, 42nd Medical Operations Squadron, and 42nd Medical Support Squadron.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> Maxwell has a large student population. Maxwell has about 16,000 "must-sees" that are at Maxwell TDY (between 1 week and 2 months) on a temporary basis throughout the year Delays in obtaining Specialty referrals may cause the enrollees to go out of the immediate local area to receive care Maxwell supports the 908th Airlift Wing (C-130 unit) and the 117th Air Refueling Wing in Birmingham. A relatively small number of reservists are seen by the MEDGRP; the Line does not perceive a large mission impact from rescoping The 42nd MEDGRP provides initial screening support for Officer Training School (OTS), which may be impacted by reduction in resources From May to December 2018, the 42nd MEDGRP underwent a rightsizing initiative that successfully shifted retirees and pediatric patients to the network² with minimal impact to the mission 	Section 1.0
Network Assessment	M	<ul style="list-style-type: none"> The MHS impacted population for Primary Care is more than 10,000. 100% of the impacted beneficiaries reside within the 15-mile radius boundary for Primary Care concentrated around the MTF location and a majority of network Primary Care providers are located in Montgomery County where the MTF is located The population growth has averaged 0.1% over the last five (5) years (2014 to 2018) and is projected to increase to 2.1% over the next five (5) years (2019 to 2023). This level of growth coupled with the influx of MHS beneficiaries, who account for 3.1% of the population will result in increased demands for Primary Care providers in the 42nd MEDGRP's commercial Primary Care market area 	Section 2.0

¹ See Appendix B for Criteria Ratings Definitions

² See Volume II Part L: MTF Mission Brief

	<ul style="list-style-type: none"> • Shortages are expected throughout the overall geographic market regardless of the strong surpluses of Primary Care providers in Montgomery County given the expected increase in demands for Primary Care services • The 42nd MEDGRP successfully tested the market by transitioning retirees and pediatric cases to the network. The 42nd MEDGRP is poised to transform its current organizational structure to align with MHS Medical Reform guidance, to include establishing an Operational Medical Readiness Squadron (OMRS) 	
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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. Though not exhaustive, the mitigation strategies / potential courses of action will be used to help develop a final implementation plan.

	Risk/Concerns	Mitigating Strategy
1	The pace at which the network can absorb new enrollees into Primary Care is 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 network may experience challenges sustaining adequacy until new entrants enter the Primary Care and Specialty market	<ul style="list-style-type: none"> • Managed Care Support Contractor/TRICARE Health Plan and MTF will monitor the Primary Care network adequacy and address supply issues by slowing down the transition as necessary
3	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, a strong strategic communications plan and care coordination
4	Reducing the number of providers to meet the requirements of an AD only clinic could have adverse impacts on Officer Training School (OTS) screening	<ul style="list-style-type: none"> • The MTF and Service should plan for adequate technician and provider levels that will still meet the OTS requirements while also implementing the transition

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 while continuously monitoring quality and access to care addressing gaps as necessary.

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

As the host unit for Maxwell-Gunter Air Force Base (AFB), the 42nd Air Base Wing's mission is critical to national security. It provides the foundation for success for Air University, the intellectual and leadership center of the Air Force, the 908th Airlift Wing, the Business and Enterprise Systems Directorate and more than 30 tenant units. The Wing ensures Airmen are ready to deploy in support of United States (U.S.) military operations worldwide and takes a proactive approach to promoting their professional and personal growth. The Wing is also responsible for the safety and security of the base, which it accomplishes through force protection, maintaining and modernizing facilities and infrastructure, and seeking efficient new ways of conducting operations.

1.1. Installation Description

Name	Maxwell-Gunter AFB
Location	Montgomery, Alabama (AL); Montgomery County; approximately four (4) miles from downtown Montgomery
Mission Elements	<ul style="list-style-type: none"> • 42nd Air Base Wing • Air University • Air Force Reserve Officer Training Corps Head Quarters • 908th Airlift Wing • 187th Fighter Wing • 99 Air Refueling Squadron • Life Cycle Management Center / Network Operations • 331 Recruiting Squadron • 26 Network Operations • 23 Training Squadron
Tenants	The Air University, 908 th Airlift Wing, Air Force Business and Enterprise Systems Directorate, 42 nd Air Base Wing
Mission Description	The foundation of Air University and our mission partners ... enabling mission success
Regional Readiness/ Emergency Management	No information
Base Active or Proposed Facility Projects	No information
Medical Capabilities and Base Mission Requirements	No Information

1.2. MTF Description

The 42nd Medical Group (MEDGRP) is accredited by The Joint Commission under the Ambulatory Health Care Accreditation Program. The 42nd Medical Support Squadron's Medical Laboratory is accredited by the College of American Pathologists. The 42nd MEDGRP supports the mission of Air University, 42nd Air Base Wing, 908th Airlift Wing, and tenant units at Maxwell AFB and Gunter Annex. The Group is comprised of three (3) squadrons: the 42nd Aerospace Medicine Squadron, 42nd Medical Operations Squadron, and 42nd Medical Support Squadron.

Name	42 nd MEDGRP, Maxwell Air Force Base (AFB)
Location	Montgomery, Alabama (AL); Montgomery County; approximately four (4) miles from downtown Montgomery
Market³	Small Market (Stand Alone)
Mission Description	Provide Trusted Care to Support Training and Education while Enhancing Human Performance for all we serve
Vision Description	Inspired Staff...Safe and Healthy Culture...Trained and Ready Force

³ Defined by FY17 NDAA Section 702 Transition

Goals	<ul style="list-style-type: none"> • Sustain Combat Ready Airmen (Executing the Mission – Culture of Safety) • Train, educate, and mentor to inspire individual and organizational excellence (Leading people/Improving Unit Leadership Engagement/Continuous Process Improvement (CPI)) • Foster Trusted Care and Patient Safety built on mutual respect, transparency and Continuous Process Improvement (Executing the Mission/Improving Unit – Culture of Safety/CPI) • Cultivate patient ownership through Air Force Medical Home focus (Executing the Mission - Culture of Safety) 										
Facility Type	Outpatient Facility										
Square Footage⁴	200,000 Square Feet										
Deployable Medical Teams	<ul style="list-style-type: none"> • FFAAT - Medical Management Augmentee • FFBH5 - Behavioral Health Rapid Response • FFPS - Patient Safety Management • 9AFS2 - First Sergeant • TFRR8 - Education and Training • RFPF8 – Other Non-Medical Tasking 										
Fiscal Year (FY) Annual Budget⁵	\$26 Million										
MTF Active or Proposed Facility Projects	Unknown										
Performance Metrics	See Volume II 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>78</td> <td>31</td> <td>109</td> </tr> </tbody> </table>	Active Duty	Civilian	Total	78	31	109				
Active Duty	Civilian	Total									
78	31	109									
FY18 Assigned Full-time Equivalents (FTEs)⁶	<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>148.8</td> <td>74.6</td> <td>0</td> <td>223.4</td> </tr> </tbody> </table>		Active Duty	Civilian	Contractor	Total	Medical	148.8	74.6	0	223.4
	Active Duty	Civilian	Contractor	Total							
Medical	148.8	74.6	0	223.4							
Healthcare Services	<ul style="list-style-type: none"> • Readiness/Commander's Support Staff • Logistics • Pharmacy • Radiology and Laboratory • Information Systems • Resource Management • TRICARE Operations and Patient Administration • Bioenvironmental Engineering • Dental • Aerospace & Operational Medicine • Optometry Flight • Public Health • Family Health Flight • Physical Therapy Flight • Pediatric Flight • Mental Health Flight 										

⁴ Volume II, Part H:MTF Brief

⁵ Volume II, Part H:MTF Brief

⁶ 42nd MEDGRP Maxwell FY18 MTF Portfolio

2.0. Healthcare Market Surrounding the MTF

Description	The Primary Care market analysis for the 42 nd MEDGRP, Maxwell AFB, located in Montgomery Alabama includes 51 zip codes and five (5) partial counties (Montgomery, Autauga, Lowndes, Elmore, and Pike). Within the 42 nd MEDGRP's drive-time standard, there are currently 99 Primary Care Practices, which account for 123 Primary Care Physicians.		
Top Hospital Alignment	<ul style="list-style-type: none"> • Baptist Medical Center East (Montgomery, AL) • Jackson Hospital & Clinic Inc (Montgomery, AL) • Baptist Medical Center South (Montgomery, AL) 		
Likelihood of Offering Primary Care Services to TRICARE Members⁷		Number of Practices	Number of Physicians
	Contracted with TRICARE	37	47
	High Likelihood	12	23
	Medium Likelihood	34	44
	Low Likelihood	16	9
	Total	99	123

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- Maxwell AFB (Montgomery, AL) has a market area population of approximately 570K⁸
- 42nd MEDGRP has 11,351⁹ non-AD enrollees who could enroll to the network
- 42nd MEDGRP provides Primary Care, OB/GYN, physical therapy, and behavioral health (BH)
- Managed Care Support Contractor (MCSC) has contracted 60¹⁰ of 123¹¹ (49%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Of the 60 network PCPs, 47 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:
 - 42nd MEDGRP patients: 42.1% (196 respondents)
 - Network patients: 70.8% (334 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members¹²
 - 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 PCP for Primary Care
 - 60 minutes for Specialty Care

Assumptions:

- MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000¹³
- 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

⁷ 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

⁸ Independent Government Assessment (Network Insight)

⁹ M2

¹⁰ MCSC

¹¹ Independent Government Assessment (Network Insight)

¹² <http://www.tricare.mil/costs>

¹³ MGMA

Analysis:

- Maxwell AFB is in a small metropolitan area with a currently adequate Primary Care network
- Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market
- If MCSC contracts 50% of the 63 non-network PCPs, they would have a total of 79 PCPs
- Each PCP would have to enroll 145 new patients to accommodate the 11,351 42nd MEDGRP enrollees
- Based on the assumptions above, the MCSC network could not likely expand rapidly to meet the new demand
- There are six network facilities within drive time of 42nd MEDGRP - Maxwell that offer like-Specialty Care services currently provided by the MTF but access to care is currently over 28 days for OB/GYN
- Beneficiaries rate network health care 29% higher than 42nd MEDGRP 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:

- MCSC network may not grow fast enough to accommodate beneficiaries shifted from 42nd MEDGRP
- MCSC may be unable to contract enough PCPs within the 30-minute drive time
- 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:

- **Primary Care:** The Military Health System (MHS) impacted population for Primary Care is more than 10,000. 100% of the impacted beneficiaries reside within the 15-mile radius boundary for Primary Care concentrated around the MTF location and the majority of network Primary Care providers are located in Montgomery County where the MTF is located. The population growth has averaged 0.1% over the last five (5) years (2014 to 2018) and is projected to increase to 2.1% over the next five (5) years (2019-2023). This level of growth coupled with the influx of MHS beneficiaries, who account for 3.1% of the population will result in increased demands for Primary Care providers in the 42nd MEDGRP's commercial Primary Care market area
- The potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups and thus will not materially impact supply and demand of services in the market

Assumptions:

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

Analysis:

- **Primary Care:** Though surpluses of Primary Care providers exist in Montgomery County, where ~51% of impacted beneficiaries reside, these surpluses will not offset the forecasted market wide shortages stemming from the expected influx of MHS Primary Care beneficiaries into the market coupled with the projected population growth
- Given the market shortages, commercial Primary Care market for the 42nd MEDGRP may not be able to accept the incremental demand from the MHS impacted beneficiaries

3.0. Appendices

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Appendix B	Criteria Ratings Definition
Appendix C	Glossary
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Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service Quadruple Aim Performance Plan (QPP)
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs)
6. The average PCP panel is approximately 2000¹⁴

¹⁴ 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 H	MTF Mission Brief
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