

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

Sabal Park Clinic – MacDill 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	Sabal Park Clinic (replaced Brandon Community Clinic in April 2019)
Decision	Sabal Park Clinic will close once all patients are transferred to the network.

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:

MacDill Air Force Base (AFB) is home to the 6th Air Mobility Wing (AMW) and the 6th Medical Group (MEDGRP) and is in Tampa, Florida (FL). The mission of the 6th AMW is to provide unmatched air refueling, executive airlift, and installation and mission support. The MacDill AFB team includes 33 associated units from all branches of service to include the 927th Air Refueling Wing, 6th Air Expeditionary Wing (AEW), United States Central Command (USCENTCOM), and United States Special Operations Command (USSOCOM). The 6th AMW has two (2) main priorities: Constant Mission Readiness and Developing the Force.

Sabal Park Clinic is part of the 6th MEDGRP located in Tampa, FL, approximately 20 minutes from MacDill AFB. Sabal Park Clinic provides Primary Care to AD, dependents, and retirees. Sabal Park Clinic serves as the new location for the Brandon Community Clinic which closed in April 2019. Brandon Community Clinic was a popular alternative for beneficiaries who live in the area surrounding MacDill AFB, but leadership felt the need to modernize and expand it to keep up with increased demand for the services provided at Brandon. Sabal Park Clinic has twice the amount of square footage as Brandon and allowed for expanded capabilities in pharmacy, diagnostic imaging, and medical administration.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> The population served is 95% non-Active Duty, to include 69 Active Duty members who work in geographically separated units (GSUs) 	Section 1.0
Network Assessment	M	<ul style="list-style-type: none"> TRICARE Health Plan Network Assessment: Enrollment of additional beneficiaries to the network would depend on Humana network expansion and potentially the entry of additional physicians into the market. If Humana contracts 50% of the non-network PCPs, they would have a total of 364 PCPs accepting new patients. Each PCP would have to enroll 42 new patients to accommodate approximately 5,300 Sabal Park Clinic enrollees. Based on these assumptions, the Humana network could easily accommodate the new demand Network Insight: Population growth has averaged 15.2% over the last five years (2014 to 2018), but it is projected to only grow 2.3% over the next five years <ul style="list-style-type: none"> Hillsborough County is expected to have a shortage of General/Family Practice providers, with small surpluses of Pediatric and Internal Medicine providers. Given the presence of shortages and moderate forecasted population growth, the market will be challenged to accept the incremental demand from impacted beneficiaries Large shortages of OB/GYN providers are projected across the market area, with the exception of Hillsborough County which projects a small surplus. Without new entrants to the market, the market would have difficulty accepting increased demand due to population growth and the incremental demand of impacted TRICARE beneficiaries While shortages across primary care are projected, this population could be absorbed by working through network adequacy with Humana. A typical fee-for-service type contract may not guarantee that access standards are met; however, a contract with a population-based network of physicians allows for negotiation of payment rates dependent on meeting congressionally approved access standards 	Section 2.0

¹ See Appendix B for Criteria Matrix Definitions

Risk/Concerns and Mitigating Strategies

The Risk / Concerns and Mitigation Strategies 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	Removing the medical acuity and case mix at Sabal Park Clinic may reduce the 6th MEDGRP's AD clinicians' ability to maintain existing levels of clinical currency	<ul style="list-style-type: none">AD clinicians should maintain strong relationships with network providers and obtain appropriate workload downtown
2	The 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

Next Step:

The 6th MEDGRP should develop an implementation plan for the transition process. Continue to monitor network adequacy and size of population for growth or mission change.

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1.0. Installation and MTF Description

MacDill Air Force Base (AFB) is home to the 6th Air Mobility Wing (AMW) and the 6th Medical Group (MEDGRP) and is in Tampa, FL. MacDill's mission partners include United States Central Command (USCENTCOM), United States Special Operations Command (USSOCOM), 927th Air Refueling Wing, Special Operations Command Central (SOCCENT), United States Marine Forces Central Command (MARCENT), Joint Communications Support Element (JCSE), and United States (U.S.) Naval Forces Central Command (NAVCENT). MacDill AFB has approximately 2,000 people living on base, as well as a very large retiree and general officer retiree population in the Tampa area. MacDill has a large Family Campground that is full during the winter season with hundreds of Retirees that utilize the services of the 6th MEDGRP. The 6th AMW is organized into five main units, including Operations, Maintenance, Wing Staff, Mission Support, and Medical.

1.1. Installation Description

Name	MacDill Air Force Base
Location	Tampa, FL
Mission Elements	<ul style="list-style-type: none"> • 6th MEDGRP (includes Sabal Park Clinic) • 6th Air Expeditionary Wing (AEW) • 927th Air Refueling Wing • United States Central Command (USCENTCOM) • United States Special Operations Command (USSOCOM) • Special Operations Command Central (SOCCENT) • United States Marine Forces Central Command (MARCENT) • United States Naval Forces Central Command (NAVCENT) • Joint Communications Support Element (JCSE)
Mission Description	Unmatched air refueling, executive airlift, and installation and mission support
Regional Readiness/Emergency Management	Unknown
Base Active or Proposed Facility Projects	N/A
Medical Capabilities and Base Mission Requirements	The 6 th MEDGRP has a total of six (6) different facilities/locations, including the main clinic located on MacDill AFB, Sabal Park Clinic, PharmaCare and Drive-Thru Refill Center, Health and Wellness Center, Central Energy Plant, and War Reserve Materiel (WRM) Warehouse

1.2. MTF Description

Sabal Park Clinic is community outpatient clinic aligned under the 6th MEDGRP and is located approximately 20 minutes from MacDill AFB. Sabal Park Clinic provides Primary Care to AD, dependents, and retirees. Sabal Park Clinic serves as the new location for the Brandon Community Clinic which closed in April 2019. Brandon Community Clinic was a popular alternative for beneficiaries who live in the area surrounding MacDill AFB, but leadership felt the need to modernize and expand it to keep up with increased demand for the services provided at Brandon. Sabal Park Clinic has twice the amount of square footage as Brandon and allowed for expanded capabilities in pharmacy, diagnostic imaging, and medical administration to be offered to beneficiaries.

Name	Sabal Park Clinic
Location	Tampa, FL; Sabal Park Clinic is approximately 20 minutes from MacDill AFB
Market²	Stand-Alone MTF under the 6 th MEDGRP; Small Market and Stand-Alone Office (SSO)

² Defined by FY17 NDAA Section 702 Transition

Mission Description	N/A						
Vision Description	N/A						
Goals	N/A						
Facility Type	Outpatient facility						
Square Footage³	32,329 Net Square Feet						
Deployable Medical Teams	N/A						
MTF Active or Proposed Facility Projects	Unknown						
Performance Metrics	See Volume II, Part D and E for Partnership for Improvement (P4I) measures and Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems (JOES-C) data for Brandon Community Clinic						
FY18 Assigned Full-time Equivalents (FTEs)⁴	80 ⁵ staff members						
Healthcare Services	<ul style="list-style-type: none"> • Pharmacy • Diagnostic Imaging • Primary Care <ul style="list-style-type: none"> ○ Family Health ○ Internal Medicine • Pediatrics 						
Projected Workforce Impact	<table border="1"> <thead> <tr> <th>Active Duty</th> <th>Civilian</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>47</td> <td>12</td> <td>59</td> </tr> </tbody> </table>	Active Duty	Civilian	Total	47	12	59
Active Duty	Civilian	Total					
47	12	59					

³ www.macdill.af.mil/News/Photos/igphoto/2002130329/

⁴ MacDill AFB MTF Mission Brief

⁵ This number includes Contractors

2.0. Healthcare Market Surrounding the MTF

Description	Sabal Park Clinic is approximately 10 minutes from the previous location of Brandon Community Clinic. The information below reflects assessments that were performed based on the network in the area surrounding Brandon Community Clinic. 98% of beneficiaries were living within the 30-minute drive-time standard for Primary Care, concentrated around the MTF location. 99% of MTF Prime, Reliant & Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty Care, concentrated around the MTF location																				
Top Hospital Alignment	<p>Primary Care</p> <ul style="list-style-type: none"> • Tampa General Hospital (Tampa, FL) • Brandon Regional Hospital (Brandon, FL) • St. Joseph's Hospital (Tampa, FL) • Florida Hospital Tampa (Tampa, FL) • Florida Hospital Carrollwood (Egypt Lake-Leto, FL) • South Florida Baptist Hospital (Plant City, FL) <p>Obstetrics/Gynecology</p> <ul style="list-style-type: none"> • Brandon Regional Hospital (Brandon, FL) • Florida Hospital Tampa (Tampa, FL) • Saint Joseph's Women's Hospital (Tampa, FL) • Morton Plant Hospital (Clearwater, FL) • St. Joseph's Hospital (Tampa, FL) • Mease Countryside Hospital (Safety Harbor, FL) 																				
Likelihood of Offering Primary Care Services to TRICARE Members⁶	<table border="1"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>215</td> <td>286</td> </tr> <tr> <td>High Likelihood</td> <td>96</td> <td>149</td> </tr> <tr> <td>Medium Likelihood</td> <td>148</td> <td>203</td> </tr> <tr> <td>Low Likelihood</td> <td>26</td> <td>38</td> </tr> <tr> <td>Total</td> <td>485</td> <td>676</td> </tr> </tbody> </table>		Number of Practices	Number of Physicians	Contracted with TRICARE	215	286	High Likelihood	96	149	Medium Likelihood	148	203	Low Likelihood	26	38	Total	485	676		
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Low Likelihood	26	38																			
Total	485	676																			

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- Tampa, FL has a market area population of approximately 3.9M⁷
- Sabal Park Clinic offers only Primary Care and gynecology
- There are 74 network facilities within drive time of Sabal Park Clinic that offer like services currently provided by the MTF with more than adequate access to care
- There are 57 urgent care centers within 25 miles of the Sabal Park Clinic
- Sabal Park Clinic has 15,396⁸ non-AD enrollees who could enroll to the network
- Humana has contracted 59⁹ of 672¹⁰ (9%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 57 of the 59 TRICARE providers are accepting new patients
- Rolling 12-month JOES-C scores ending December 2018 with a "health care rating" scored as a 9 or 10 on a scale of 0-10:
 - Sabal Park Clinic patients: 57.4% (55 respondents)
 - Network patients: 71.8%% (1844 respondents)

⁶ 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

⁷ Network Insight Assessment Summary (Independent Government Assessment)

⁸ M2

⁹ MCSC

¹⁰ Network Insight Assessment Summary (Independent Government Assessment)

- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members¹¹
 - 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 PCM for Primary Care
 - 60 minutes for Specialty Care

Assumptions:

- Humana could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000¹²
- 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:

- Sabal Park Clinic is in an urban area with a robust Primary Care network
- Enrollment of additional beneficiaries to the network would depend on Humana network expansion and potentially the entry of additional physicians into the market
- If Humana contracts 50% of the non-network PCPs, they would have a total of 364 PCPs accepting new patients
- Each PCP would have to enroll 42 new patients to accommodate the 15,396 Sabal Park Clinic enrollees
- The Sabal Park Clinic is far enough from MacDill AFB that there is little overlap between the network providers considered
- Based on the assumptions above, the Humana network could easily accommodate the new demand
- Beneficiaries rate network health care 14% higher than Sabal Park Clinic healthcare, so beneficiary satisfaction is not likely to suffer with network enrollment
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- On-base non-AD residents will have to travel farther for Primary Care if enrolled to the network

Implementation Risks:

- Humana network may not grow fast enough to accommodate beneficiaries shifted from Sabal Park Clinic
- Retirees and their family members may seek less Primary Care due to out-of-pocket costs. (+/-)

¹¹ <http://www.tricare.mil/costs>

¹² MGMA

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

- **Primary Care:** The potential impact of new beneficiaries on the total population is well below the 10% threshold and thus will not materially impact the supply and demand of Primary Care services in the market. Within the 15-mile radius for Primary Care there are 485 practice sites which include 676 Primary Care Physicians (not limited to TRICARE). Population growth has averaged 15.2% over the last five years (2014 to 2018), but it is projected to only grow 2.3% over the next five years
- **Specialty Care:** The potential impact of new beneficiaries on the total population is well below the 10% threshold and thus will not materially impact the supply and demand of Specialty Care services in the market. Within the 40-mile radius for Specialty Care there are 167 practice sites which include 447 Specialty Care Providers. Population growth has averaged 13.3% over the last five years (2014 to 2018), but it is projected to only grow 5.2% over the next five years

Assumptions

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

Analysis:

- **Primary Care:** The supply of Primary Care physicians is concentrated in Hillsborough County, where the MTF is located and 98% of beneficiaries reside. Projected population growth will result in increased demands for Primary Care providers in the market area. Hillsborough County is expected to have a large shortage of General/Family Practice providers, with small surpluses of Pediatric and Internal Medicine providers. Given the presence of large shortages and moderate forecasted population growth, the market will be challenged to accept the incremental demand from impacted beneficiaries
- **Specialty Care:** The supply of Obstetrics/Gynecology (OB/GYN) physicians is concentrated in Hillsborough County, where the MTF is located. Large shortages of OB/GYN providers are projected across the market area, with the exception of Hillsborough county which projects a small surplus. Without new entrants to the market, the market would have difficulty accepting increased demand due to population growth and the incremental demand of impacted TRICARE beneficiaries

3.0. Appendices

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

Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service QPP
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs)
6. The average PCP panel is approximately 2000¹³

¹³ 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 or outpatient care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services (Source: Wikipedia)
Beneficiary	Individuals who have been determined to be entitled to or eligible for medical benefits and therefore authorized treatment in a military treatment facility or under Department of Defense auspices (Source: health.mil)
Critical Access Designation	Critical Access Hospital is a designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services (CMS). ... The CAH designation is designed to reduce the financial vulnerability of rural hospitals and improve access to healthcare by keeping essential services in rural communities (Source: Ruralhealthinfo.org)
Direct Care	Hospitals and clinics that are operated by military medical personnel (Source: health.mil)
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: Military.com)
Enrollee	An eligible MHS beneficiary that is currently participating in one of the TRICARE plans
JOES	Joint Outpatient Experience Survey
JOES-C	Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems
Managed Care Support Contractor	Managed Care Support Contractors. Each TRICARE region has its own managed care support contractor (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 assessment and intervention to develop, recover, or maintain the meaningful activities, or occupations, of individuals, groups, or communities. It is an allied health profession performed by occupational therapists and Occupational Therapy Assistants
Overseas Remote	TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations: Eurasia-Africa, Latin America and Canada, Pacific
P4I	A set of MHS clinical, quality, safety and readiness performance measures (Partnership for Improvement)
Panel	“Provider panel” means the participating providers (Primary Care physician) or referral providers who have a contract, agreement or arrangement with a health maintenance organization or other carrier, either directly or through an intermediary, and who have agreed to provide items or services to enrollees of the health plan (Source: Definedterm.com)
Physical Medicine	The branch of medicine concerned with the treatment of disease by physical means such as manipulation, heat, electricity, or radiation, rather than by medication or surgery. the branch of medicine that treats biomechanical disorders and injuries (Source: Dictionary.com)
Plus	With TRICARE Plus, you get free Primary Care at your military hospital or clinic. The beneficiary does not pay nothing out-of- pocket. TRICARE Plus doesn’t cover Specialty Care (Source: health.mil)
Prime	TRICARE Prime is a health insurance program offered to active duty members, retirees, activated guard & reserve members, and families. If you’re on active duty, you have to enroll in TRICARE Prime, all others can 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	Supplementing the direct care component, the purchased care component of TRICARE is composed of TRICARE-authorized civilian health care professionals, institutions, pharmacies, and suppliers who have generally entered into a network participation agreement with a TRICARE regional contractor.
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	
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Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: MacDill Air Force Base – 6th Medical Group
22 April 2019

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Purpose of the Visit:

This was a fact-finding visit to assist the MHS Section 703 Workgroup in understanding unique mission aspects, as well as base and MTF's leadership perspective of the capacity of the current civilian network market. This information will be used for making MTF specific capability and capacity options and decisions to be included in a report to Congress.

Summary of Site Visit:

Base/Mission Impact:

- MacDill Air Force Base (AFB) is in Tampa, FL and is home to the 6th Air Mobility Wing (AMW) and the 6th Medical Group. The mission of the 6th AMW is to provide air refueling, executive airlift, and installation & mission support. The 6th AMW is organized into five groups: Operations, Maintenance, Mission Support, Medical, and the Wing Staff
- The MacDill AFB team includes 33 associated units from all branches of service to include U.S. Central Command (CENTCOM), U.S. Special Operations Command (SOCOM), the 927th Air Refueling Wing, 6th Air Expeditionary Wing (AEW), and several other mission partners. The presence of these two unified commands (CENTCOM and SOCOM) and other mission teammates creates a unique multi-service community at MacDill, with all branches of service represented
- The 6th AMW has two main priorities: Constant Mission Readiness and Developing the Force

MTF Impact:

- The 6th Medical Group (MDG) provides healthcare services in support of the MacDill AFB mission, including Family Practice, Internal Medicine Subspecialties, Dental, Mental Health, Optometry, and Surgical Subspecialties
- The 6th Medical Group supports combat capability of the 6th Air Mobility Wing, USCENTCOM, USSOCOM, and over 50 tenant units by providing administrative, logistics, and ancillary medical support serving 215,000 beneficiaries in DoD's largest single catchment area
- Through four (4) squadrons, the medical group offers a variety of Primary Care services to its beneficiary population including ambulatory surgery, acute care, family practice, pediatrics, mental health, optometry, immunizations, flight medicine, gynecology, and dental services

Network Impact:

- Base and MTF leadership are concerned about the impacts to the mission of the 6th AMW and MacDill's other associated units if care for non-Active Duty (AD) patients are sent to the network. Leadership is concerned about losing control of care that is sent to the network and the message that would be sent by requiring non-AD to receive their care off base
- Leadership is very concerned about local traffic in the Tampa area and how that may impact the time that is spent receiving care in the network. Additionally, leadership noted that there have been issues in the past related to the timeliness of TRICARE reimbursements

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
Col Steve Snelson	Commander, 6 th Air Mobility Wing	MacDill AFB
Col Troy Pananon	Vice Commander, 6 th Air Mobility Wing	MacDill AFB
Col Christine Berberick	Commander, 6 th Medical Group	MacDill AFB
Col Victor Weeden	Deputy Commander and Administrator, 6 th Medical Group	MacDill AFB
CMSgt Sarah Sparks	Command Chief Master Sergeant, 6 th Air Mobility Wing	MacDill AFB
CMSgt Thaddeus Brannon	Superintendent, 6 th Medical Group	MacDill AFB
Dr. David Smith	MHS Reform Leader for Healthcare Management	703 Workgroup
Col James A. Mullins	Director, Biomedical Sciences Corps (BSC) Operations	703 Workgroup
Col Thomas Cheatham	Chief/Panel Chair, Medical Policy & Operations	703 Workgroup
Lt Col Maryann Marquez	TRICARE Regional Office	TRICARE Health Plan
Mr. Jake Salzman	Contract Support	703 Workgroup

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

Base Mission Overview:

- MacDill AFB is home to the 6th AMW, which has several mission partners including U.S. Central Command (USCENTCOM), U.S. Special Operations Command (USSOCOM), the 927th Air Refueling Wing, Special Operations Command Central (SOCCENT), U.S. Marine Forces Central Command (MARCENT), Joint Communications Support Element (JCSE), and U.S. Naval Forces Central Command (NAVCENT)
- MacDill AFB has 572 homes on base and approximately 2,000 people living on base, as well as a very large retiree and general officer retiree population with a considerable amount of political influence in the Tampa area. There are 1,387 non-Active Duty beneficiaries that live on MacDill AFB and are currently enrolled to the 6th MDG
- The 6th AMW is organized into 5 main units, including Operations, Maintenance, Wing Staff, Medical, and Mission Support and its mission is to provide unmatched air refueling, executive airlift, and installation and mission support
- MacDill and its surrounding area also has a large population of “snowbirds” that come to the area each winter and cause an increase in demand for care on base and in the network. MacDill has a large Family Campground that is full during the winter season with hundreds of Retirees/Retiree Family Members (RFM) that utilize the 6th MDG services

Voice of the Customer Summary:

- Base leadership feel that the current medical capabilities are meeting their mission requirements and helping them provide quality support to the COCOMs that they work with. According to leadership, CENTCOM and SOCOM are what keep MacDill AFB on the map
- Network:
 - Base leadership and staff have noticed problems with transportation in the Tampa area due to high levels of traffic and are concerned that sending patients out to the network will require an

unreasonable amount of the patients' time. Any patients who work on base and must leave base to get their care will likely be out of work for at least half of a day, probably longer. The time spent receiving care in the Tampa area will lead to a definite negative impact on the mission, the COCOMs, and the wing.

- Leadership feel that sending some portion of care to the network means giving up control and losing the ability to act quickly when necessary. While the network may have some capacity to absorb the demand from the 6th MDG, leadership is concerned that care will not be delivered to the standards that it is currently delivered on base
- Leadership feel that recruiting and retention will see a decline if people are moved to the network for care. Even if Active Duty care is retained on base, some people may have less interest in working at MacDill if they know that Family Member care is being sent elsewhere
- Leadership expressed concern that there have been issues with reimbursement and network Primary Care Manager (PCM) enrollment capacity accuracy. Improvements would need to be made to the reimbursement process and accuracy of PCM enrollment data would need to be ensured

Summary of MTF Commander Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
Col Christine Berberick	Commander, 6 th Medical Group	MacDill AFB
Col Victor Weeden	Deputy Commander and Administrator, 6 th Medical Group	MacDill AFB
Col Kristin Carlson	Commander, 6 th Medical Operations Squadron	MacDill AFB
Col Christopher Rohde	Commander, 6 th Aerospace Medicine Squadron and Chief of Aerospace Medicine	MacDill AFB
Col Martin Giacobbi	Commander, 6 th Dental Squadron	MacDill AFB
Col Jiffy Seto	Chief of Medical Staff, 6 th Medical Group	MacDill AFB
Col Maria Marcangelo	Chief Nurse, 6 th Medical Group	MacDill AFB
Lt Col Soo Sohn	Pharmacy Flight Commander, 6 th Medical Support Squadron	MacDill AFB
Lt Col Jon Ehrenfried	Commander, 6 th Medical Support Squadron	MacDill AFB
Mrs. Robyne Rentz	Director, Quality Services at 6 th Medical Group	MacDill AFB
CMSgt Thaddeus Brannon	Superintendent, 6 th Medical Group	MacDill AFB
Dr. David Smith	MHS Reform Leader for Healthcare Management	703 Workgroup
Col James A. Mullins	Director, Biomedical Sciences Corps (BSC) Operations	703 Workgroup
Col Thomas Cheatham	Chief/Panel Chair, Medical Policy & Operations	703 Workgroup
Lt Col Maryann Marquez	TRICARE Regional Office	TRICARE Health Plan
Mr. Jake Salzman	Contract Support	703 Workgroup

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

MTF Medical Mission Overview:

Mission-Specific Services:

- The 6th MDG delivers comprehensive healthcare to the 6th AMW, USCENTCOM, USSOCOM, and 31 partner units and representatives from 50 coalition nations in DoD's largest single unit catchment area supporting 215,000 beneficiaries. The 700-person medical staff manages a \$55 million budget, producing 155,000 clinical, 24,000 dental, and 910,000 ancillary visits annually at two different MTF locations 20 miles apart. The 6th MDG oversees medical readiness for 9,000 Airmen, Marines, Soldiers, and Sailors
- The 6th MDG has six different facilities/locations, including the main clinic located on MacDill AFB, Sabal Park Clinic, PharmaCare & Drive-Thru Refill Center, health & Wellness Center, Central Energy Plant, and WRM Warehouse
- The Sabal Park Clinic, which was established to replace the Brandon Clinic, is located 20 miles from MacDill AFB and opened on 15 April 2019. Forty percent (40%) of the 6th MDG beneficiaries are enrolled at Sabal Park, which is about double the size of the Brandon Clinic. The Sabal Park Clinic offers prescription refill services and Primary Care services including family health, internal medicine, and pediatrics. The

population served is 95% non-Active Duty, to include 69 Active Duty members who work in geographically separated units (GSUs). The initial was \$8.7M and the annual lease is \$1M for 15 years. The total enrolled population at the Sabal Park Clinic is 13,756 and projected annual encounters are 93,911

- The 6th MDG supports 35 deployable units, including the En Route Patient Staging System during Hurricane Season and the Air Force District of Washington Missions. The MDG also helps with local emergency management by providing support for 23 medical disaster teams including Aeromedical Evacuation and Chemical, Biological, Radiation, and Nuclear capabilities

COCOM Support:

- COCOM Clinics are comprised of four major commands (SOCOM, CENTCOM, SOCCENT, and MARCENT). Totaling over 5,000 empaneled patients, to include 51 General officers, 30 SES, and several foreign Nationals. Annually the COCOM Clinics account for more than 45,000 patient encounters
- Each command has a unique mission that require a high level of support. Direct support from the 6 MDG is in the form of manning and ancillary services. The 6th MDG augments 8 staff which include an MD, a Nurse Practitioner as well as a nurse to the CENTCOM Clinic and 5 medics to the SOCOM Clinic

Pharmacy:

- In FY19 Pharmacy expenditures are expected to exceed \$30M and more than 700,000 prescriptions were processed in the previous 12 months across all four (4) MDG Pharmacy locations
- The Pharmacy workload increased by 2.5% in the last FY and approximately 6,000 calls are received by the Pharmacy each month. During the winter season, the arrival of retiree "snowbirds" to the surrounding region substantially increases demand on Pharmacy services

Education and Training:

- 99% of all Life Support Instructors, Tactical Combat Casualty Care (TCCC) and Self-Aid Buddy Care (SABC) Instructors, and Emergency Medical Technician (EMT) Refresher Course Instructors are assigned to clinical duty positions within the MDG
- The 6th MDG's Education and Training office must coordinate and offer a minimum of 78 Life Support courses per year, 14 TCCC courses per year, 16 SABC courses per year, and 7 EMT-Refresher courses per year to meet the student demand from across MacDill AFB and the Reserve and National Guard units throughout the Southeast and Northeast regions. Instructor man-hours are listed below
- The 6th MDG possesses a Military Training Network (MTN) Training Site code. The 6th MDG Education and Training Department currently staffs the two duty positions required by the MTN Handbook to hold and retain a Training Site code (the Program Administrator and the Program Director). The Training Site code allows MTN instructors to teach and certify Active Duty and Civilian personnel in all Life Support courses
- The 6th MDG Education and Training department staff the SABC Advisor to the 6th AMW and is responsible for training the installations' SABC instructors. The Education and Training department also has the only NAEMT TCCC Affiliate-Faculty member on the Installation. An Affiliate-Faculty member can teach and certify new instructor candidates in TCCC
- There are 191 EMTs who are permanent party members on MacDill and who are registered with the 6th MDG's EMT-Refresher program. The 6th MDG offers 7 EMT-Refresher courses per year to keep the 191 and the additional Reservist and Guard students who rotate through MacDill every year in their respective career fields

Voice of the Customer Summary:

- Readiness: Leadership at the 6th MDG is concerned about the MTF's closure and their ability to continue supporting the mission if their scope of services is reduced to AD-only care. In addition, leadership is concerned about the impacts of proposed manpower reductions that have been provided by the Air Force and how these cuts will greatly reduce the number of staff that they have to provide care and support the overall mission. While the 703 assessment is separate from the proposed AF cuts, leadership expressed that these potential reductions in staff should be considered as the workgroup makes its final decision.

- MacDill is one of only four Air Force sites that is certified to offer TCCC training. TCCC instructs evidence-based, life saving techniques and strategies for trauma care in the battlefield. MacDill has the goal of providing this program to the entire installation and other Southeast region bases before the ASD/HA deadline that requires TCCC for all Service Members by 30 April 2020. Leadership feels that any reduction in services offered at MacDill could impact the MDG's ability to provide this training in the future
- The sub-components of the 6th MDG include Pharmacy, Readiness, Orthopedics, Dental, Dermatology, Tricare Operations and Patient Administration (TOPA), Medical Logistics, Flight Medicine, COCOM support, and Education & Training. Leadership and staff noted that any reduction in manpower or services at MacDill AFB would likely impact the ability of one or more of these sub-components to provide their current levels of support and help meet MacDill's mission
- The 6th MDG also has a Mental Health Flight which supports Mental Health, Family Advocacy, and Alcohol and Drug Abuse Prevention and Treatment (ADAPT). Over 50% of Mental Health encounters at the 6th MDG are associated with COCOM personnel
- The 6th MDG has had difficulty with filling various positions that are important to the care they are required to provide. Two Internal Medicine positions have been vacant since April 2017 and July 2018 due to a lack of qualified candidates. A Dental Hygienist position has also been vacant since July 2018 due to the low salary of a GS-7 compared to a Dental Hygienist's salary in the local civilian sector.
- Historically, specialized positions such as Clinical Social Workers, Family Physicians, Flight Medicine Physicians, Healthcare Integrators, and Infection Prevention Specialists have been difficult to fill at the 6th MDG. These positions typically take 60-90 days to fill. Primary issues that various contracting companies are experiencing when attempting to hire in the Tampa area include shortage of qualified candidates, low salaries, and security reasons
- COCOM Support:
 - Direct support from the 6th MDG's ancillary services enable completion of 500+ special duty physicals and 2,000 joint service PHAs annually for Green Berets, Army Rangers, Navy Seals, Combat controllers, and Para Rescue men. These members require unique physicals to include Military free fall, Airborne, Flight, and Dive physicals. Without the support from the 6th MDG's ancillary services to include optometry, audiology, lab, radiology, physical therapy, and orthopedics, these physicals would not be completed. This would prevent members from being mission ready throughout the year and could result in non-deployable soldiers, negatively impacting the mission
 - The COCOMS with manning supported by the 6th MDG provide medical support for over 70 training events annually to include Airborne Operations (day and night), Dive operations (day and night), Night navigation missions, shooting range coverages, and other unique trainings that require medical support
 - Losing the support of public health would be a massive blow. Between our four (4) commands there are several short-notice, last-minute deployments that need to be processed rapidly and efficiently
 - Losing the ability to utilize 6th MDG support would greatly impact the COCOM mission and medical readiness. It would be a heavy hit to the readiness of SPECIAL OPERATORS, Commanding Generals, and those that provide support for them. Most of our members have limited time they can be away from the command so having a facility that can support their requirements is paramount for their success. Losing the ability to care for spouses and dependents would also be a major impact. COCOM members are constantly in and out the door for both short and long periods of time. Knowing that their families are receiving a high level of care on base where they know they are is important for member's mental health, readiness, and peace of mind as they head out the door
- Education and Training:
 - All Active Duty units and Reserve or National Guard units within a 100-mile radius of the 6th MDG fall under the 6th MDG's Training Site code. The loss of either MTB-required duty position from the MDG (Program Administrator or Program Director) would mean the loss of the Training Site code. In this case, no MTN Instructor within 100 miles of MacDill AFB would be able to teach or certify their members prior to deployment or to help their members maintain their career field requirements

- A reduction in Education and Training personnel would require the Wing SABC Advisor responsibility to fall to another MDG member as an additional duty. Under the current proposal, the NAEMT TCCC Affiliate-Faculty member is the one and only retained duty position in Education and Training, but he/she would not be able to teach TCCC instructor candidates without TCCC courses being conducted due to lack of available instructors from manning cuts under the re-organization to a troop clinic. Also, the retained staff member would need to cover the duties of all 5 personnel, per the directives found in 35 AFIs and Joint Commission requirements for Education and Training departments
- EMT certification is a 4NOXX career field requirement to function as a military medic. EMT certification is also required by the Wing's Fire and Rescue personnel, the Army's Combat Medics, and the Navy's Corpsmen. All medics and first responders must maintain their certification through the National Registry of Emergency Medical Technicians (NREMT). The EMT coordinator is a duty position held within the Education and Training department by the person whose position is retained under the manning proposal. The EMT Coordinator is responsible for registering newcomers into MacDill's NREMT database and MDG training program, tracking their Continuing Education requirements, and coordinating and setting up EMT-Refresher courses and assist with instruction, as available
- Network:
 - Leadership is concerned about the number of network providers that are accepting TRICARE and offering appointments for new patients. Some providers may list themselves as accepting new patients with TRICARE, but then they will not actually accept new patients when they are contacted
 - 6th MDG leadership is concerned about the traffic in the MacDill and Tampa area and noted that anyone who is sent to the network for care will likely need to spend a considerable time off base receiving that care. For non-AD who work on base, being sent to the network would detract from time spent at work supporting the mission
 - The network could have major issues trying to absorb a rapid influx of additional workload. Although the Tampa Bay metropolitan area has a robust medical network, there are limiting factors that will impact the network's ability to absorb non-Active Duty beneficiary care. The combination of dramatic population growth, inadequate network access to care, and geographic limitations of the greater Tampa Bay and St. Petersburg area will be impactful. MacDill AFB is located on a peninsula where the majority of our Active Duty commute with limited routes of travel through congested access points. The unique mission requirements of the COCOMS and their enrolled beneficiaries that work on the installation are better supported by expedient access to care at the 6th MDG
 - Leadership is concerned about the methodology used in the MHS Section 703 Work Group report and the TRICARE Health Plan Assessment within the report. There is a statement within the assessment that concludes network support is adequate at MacDill and Sabal Park based on 1) the notion that sufficient network providers are accepting new patients 2) the assumption that MCSC could recruit 50% of non-network providers to join. If all 27,000 non-AD beneficiaries are deferred to the network, leadership believes a phasing approach is essential to ensure access/quality standards are maintained. Although the data from Humana indicates that there is 100% network adequacy, leadership questions whether 50% of non-network providers could be recruited. This question stems from TRICARE's low reimbursement rates. Although data defending this claim is not available, there is an opinion among the beneficiary population that large proportions of medical providers in the Tampa-St. Petersburg area will not accept TRICARE patients due to the relatively low insurance payments that TRICARE sends compared to other government insurers and private insurers. If this opinion turns out to be true, this will create significant delays in care for thousands of our beneficiaries
 - MacDill is an expedited base for EFMP care, meaning that they accept all cases of EFMP. Leadership is concerned with how this will be managed in the network where some facilities may not have the same capacity to support EFMP. MacDill currently has only 1 EFMP coordinator and offers limited services but noted there are many geographic challenges associated with EFMP care. Due to traffic and congestion in the area, MTF leadership is concerned that 1,200+ cases of EFMP that they saw last year may not be able to be effectively supported in the network. Of the 1,200+ EFMP cases managed at MacDill almost 700 are associated with joint forces assigned to COCOMs and other mission partners

- Access has not been considered when determining network adequacy. Based on reports for the six- month period between March 2018 and October 2018, the following specialties did not meet access to care standards:
 - Ophthalmology, Dermatology, Pulmonology, Cardiology, Psychiatry, and Gastroenterology
- There are concerns about adequacy of network OB/GYN care in the Tampa region. Florida currently has a shortage of OB/GYN providers and the projection is less than the rest of the country.
 - Upon review of the CY18 Access to Care data from March to October, leadership found that during four of these either months patients did not obtain an appointment with an OB/GYN doctor for more than 28 days, which is the standard for this type of specialty care
 - Access data from Humana does not break out Obstetrics from Gynecology/Women's Health, but because the 6th MDG offers gynecological care and staffs three Women's Health providers, we assume that these access metrics will only suffer if all female non-Active Duty patients can only obtain OB/GYN care in the network. The 50% mark in meeting the standard is already concerning and is projected to decrease if the significant patient population can no longer obtain OB/GYN care at MacDill and Sabal Park
- Including enrolled and network populations, the 6th MDG has a population of more than 67,000. The catchment area served by the clinic, which includes pharmacy services, includes over 200,000 people. Leadership noted that many people will drive a considerable distance to fill their prescriptions at MacDill's PharmaCare site