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

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Army Health Clinic (AHC) Monterey

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	AHC Monterey
Decision	Army Health Clinic Monterey has already transitioned to a primarily Active Duty (AD) only clinic (currently 96 non-AD enrollees receiving care at AHC Monterey). The 703 decision supports the transition.

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:
The U.S. Army Garrison, Presidio of Monterey delivers services and support to enhance mission readiness and quality of life for the Monterey Military Community. The primary tenant organization is the Defense Language Institute Foreign Language Center (DLI/FLC). DLI/FLC provides foreign language education, training, evaluation, and sustainment for DoD personnel in order to ensure the success of the Defense Foreign Language Program and enhance the security of the Nation.

Criteria Matrix

Criteria	Rating or Value[1]	Key Takeaways or Findings	Use Case Package
Mission Impact	L	• AHC Monterey has already transitioned into a primarily Active Duty only clinic and is relying on support from MG William H. Gourley VA-DoD Clinic for support with non-AD beneficiaries • MTF Leadership expect a mission increase over the next five (5) years for the Defense Language Institute Foreign Language Center (DLFIC) and U.S. Army Garrison Presidio as the expected military Active Duty population increases by ~ 1,000 personnel	Section 1.0
Network Assessment	M	• The Independent Government Network Insight Assessment did not account for the already transitioned enrollee population and analyzed the networks capability to absorb the roughly 500 AHC Monterey enrollees receiving Primary Care and over 4,000 enrollees receiving Specialty Care prior to the transition • The existing civilian network likely has the capacity to absorb the demand if beneficiaries were shifted to the network for both Primary Care and Behavioral Health. If a shift were to occur, the network should continue to be monitored for adequacy, as there is a projected Primary Care shortage in the market • Of note, MTF network analysis of psychiatric providers in the area show that only six (6) Psychiatrists in the 40-mile radius of AHC Monterey will see pediatric patients and the average access for appointments is currently 60-120 days. Additionally, the majority of BH PEDS patients are referred to Lucile Packard with average drive time of 1.5-2hrs one way (71 miles). • MTF leadership has received continued reports of long wait times and reports of limited providers accepting TRICARE, further restricting options for the impacted population	Section 2.0

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 during the site visit.

	Risk/Concerns	Mitigating Strategy
1	No risks/concerns identified as no additional changes are required for AHC Monterey	• N/A

Next Steps:
No next steps as no changes are required for AHC Monterey.

[1] See Appendix B for Criteria Matrix Definitions

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

U.S. Army Garrison Presidio of Monterey and Army Health Clinic (AHC) Monterey are located in Monterey, CA, approximately 75 miles from San Jose. AHC Monterey is a part of the California Medical Detachment (CAL MED), which provides safe, quality care to approximately 7,000 enrolled patients and supports the Defense Language Institute Foreign Language Center (DLFIC), U.S. Army Garrison Presidio of Monterey, The Fleet Numerical Meteorology and Oceanography Center (FNMOC), and U.S. Coast Guard Station Monterey. Additionally, AHC Monterey provides medical support to the Active Duty military personnel assigned to the Defense Manpower Data Center (DMDC) at Ord Military Community (OMC) and their dependents, along with the personnel at the Naval Support Activity Monterey and Naval Postgraduate School Monterey.

1.1. Installation Description

Name	U.S. Army Garrison (USAG) Presidio of Monterey
Location	Monterey, CA; approximately 75 miles from San Jose, CA
Mission Elements	N/A
Mission Description	Deliver services and support to enhance mission readiness and quality of life for the Monterey Military Community
Base Active or Proposed Facility Projects	No Information Provided
Medical Capabilities and Base Mission Requirements	U.S. Army Garrison Presidio of Monterey hosts CAL MED, which provides adult and pediatric Primary Care in patient centered medical homes to partners with its patients for better health and wellness, X-ray, laboratory and pharmacy services, behavioral health, social services, and preventive medicine services

1.2. MTF Description

Name	Army Health Clinic Monterey
Location	Monterey, CA; approximately 75 miles from San Jose, CA
Market[2]	Stand-Alone MTF; Small Market and Stand-Alone Office (SSO)
Mission Description	AHC Monterey supports the mission of Madigan Army Medical Center, which is to generate a ready medical force and medically ready force by delivering innovative, highly reliable healthcare in support of America's Military Family
Vision Description	AHC Monterey supports the vision of Madigan Army Medical Center, which is Always ready, trusted for excellence
Facility Type	Outpatient facility
Square Footage	23,441 net sq. ft.
Deployable Medical Teams	USARPAC (Fort Shafter), 47th Combat Support Hospital
Performance Metrics	See Volume II Part E for performance measures (Partnership for Improvement) (P4I) measures. For Joint Outpatient Experience Survey (JOES-C) data see Part F
MTF Active or Proposed Facility Projects	As a part of CAL MED, AHC Monterey has already transitioned to an Active Duty only clinic
FY18 Assigned Full Time Equivalents (FTEs)[3]	

	Active Duty	Civilian	Contractor	Total
Medical	26.4	83.7	0.0	**110.1**

[2] Defined by FY17 NDAA Section 702 Transition
[3] Parent 0125 Madigan AMC-Ft Lewis - Version 4 - 2018 Feb

Healthcare Services

AHC Monterey provides Primary Care to Active Duty Service Members, and non-Active Duty Family Members only under exception to policy granted at Command discretion. These services include:

- Family Medicine
- Behavioral Health
    - Family Assistance Program (FAP)
    - Substance Use Disorder Clinical Care (SUDCC)
- Optometry
- Pharmacy, Laboratory, Radiology

Services split between AHC Monterey and Gourley Clinic:

- Referral Management
- Patient Advocacy
- Internal Behavioral Health Consultant (IBHC)
- Case Management

Projected Workforce Impact

Active Duty	Civilian	Total
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2.0. Healthcare Market Surrounding the MTF

Description	AHC Monterey is part of CAL MED Services along with MG William H. Gourley VA-DoD Clinic, Medical Readiness Center, Physical Therapy Clinic, and Occupational Health Clinic, Preventive Medicine, and Logistics Warehouse. In the 30-minute drive-time standard for Primary Care, there are 110 Primary Care Practice Sites, which account for 137 providers (not limited to TRICARE). In the 60-minute drive-time standard for Specialty Care, there are 49 Psychiatric Practice Sites, which account for 48 providers (not limited to TRICARE)
Top Hospital Alignment	• Salinas Valley Memorial Hospital (Salinas, CA) • Community Hospital of the Monterey Peninsula (Monterey, CA) • Natividad Medical Center (Salinas, CA)
Likelihood of Offering Primary Care Services to TRICARE Members[4]	(see table below)

	Number of Practices	Number of Physicians
Contracted with TRICARE	50	38
High Likelihood	2	2
Medium Likelihood	42	89
Low Likelihood	16	8
Total	**110**	**137**

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- Monterey, California has a market area population of approximately 950K[5]
- Presidio of Monterey AHC offers Primary Care, mental health and physical therapy
- Monterey Army Health Clinic has only 114[6]non-AD enrollees who could enroll to the network
- Managed Care Support Contractor (MCSC) has contracted 79[7] of 137[8] (58%) Primary Care providers (PCP) within a 15-mile radius of the MTF. All 79 TRICARE providers are accepting new patients.
- Rolling 12-month JOES-C scores ending November 2018 with a "health care rating" scored as a 9 or 10 on a scale of 0-10:
    - Monterey patients: 41.7% (112 respondents)
    - Gourley patients: 44.2% (24 respondents)
    - Network patients: 69.3% (222 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members[9]
    - 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:

- MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000[10]

[4] Contracted with TRICARE: Providers are currently contracted to provide services to TRICARE beneficiaries; High Likelihood: Providers are connected to organizations currently providing services to TRICARE beneficiaries; Medium Likelihood: Providers are accepting Medicare and/or Medicaid; Low Likelihood: Providers are neither providing Medicare nor Medicaid
[5] Network Insight Assessment Summary (Independent Government Assessment)
[6] M2
[7] MCSC
[8] Network Insight Assessment Summary (Independent Government Assessment)
[9] http://www.tricare.mil/costs
[10] MGMA

- 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:

- Monterey is a small metropolitan area with a currently adequate Primary Care network
- If MCSC contracts 50% of the non-network PCPs, they would have a total of 108 PCPs accepting new patients
- Each PCP would have to enroll 1 new patient to accommodate the 114 Monterey enrollees
- Based on the assumptions above, the MCSC network could easily accept the new patients
- Beneficiaries rate network health care 27% higher than Monterey 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 residents will have to travel farther for Primary Care if enrolled to the network

Implementation Risks:

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

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

- **Primary Care:** 99% of the MTF Prime, Reliant, and Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care, concentrated around the MTF location. There are approximately 600 impacted beneficiaries for Primary Care which makes up 0.2% of the total population
- **Specialty Care:** 99% of the MTF Prime, Reliant, and Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty Care, concentrated around the MTF location. There are more than 4,600 impacted beneficiaries for Specialty Care which makes up 0.5% of the total population
- The population is expected to grow between 4-5% over the next five (5) years (2019 to 2023), which is lower than the growth rate for the last five years. This population growth is expected to result in an increased demand for Primary Care providers in the market area and a potential shortage in supply of Primary Care physicians. There will also be increased demand for psychiatric care providers, however there is a projected surplus of psychiatric care physicians across the market area

Assumptions:

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

Analysis:

- Shortages in supply of Primary Care providers can be attributed to population growth and changing demand within the population. New entrants into the market may help offset shortages observed, however, the network should experience challenges sustaining adequacy
- The market is projected to have providers who meet MHS access standards for Primary Care, but it will not be sufficient for the geographic market area/population
- The projected surplus of psychiatric care physicians means they should be capable of accepting incremental demand from impacted beneficiaries. Additionally, based on then numbers of psychiatric practices accepting TRICARE or other government-sponsored insurance, the market is projected to have sufficient number of providers to meet MHS access standards for Psychiatric Care

3.0. Appendices

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Appendix B	Criteria Ratings Definition
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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 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 2000[11]

[11] MGMA

Appendix B: Criteria Ratings Definition

Criteria Ratings Definition

Mission Impact	High: High probability of impacting the mission or readiness with the impacted population receiving network care Medium: Moderate probability of impacting the mission or readiness with the impacted population receiving network care Low: Low probability of impacting the mission or readiness with the impacted population receiving network care
Network Assessment	High; Both network assessments confirm inadequate network for primary and Specialty Care. Low probability of network growth or MCSC recruitment in the future Medium: Mixed findings from both network assessments for primary and Specialty Care. Moderate probability of network growth in the future Low: Both network assessments confirm adequate network for Primary Care and Specialty Care

Appendix C: Glossary

Term (alphabetical)	*Definition*
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 B	Relevant Section703 Report Detail
Part C	DHA TRICARE Health Plan Network Review
Part D	Network Insight Assessment Summary (Independent Government Assessment)
Part E	P4I Measures
Part F	JOES-C 12-month Rolling Data
Part G	MTF Mission Brief
Part H	MTF Portfolio (Full)