

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

Kimbrough Ambulatory Care Center (KACC) – Fort Meade

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	Kimbrough Ambulatory Care Center (KACC) – Fort Meade
Decision	Transition KACC from an Ambulatory Surgery center to an outpatient facility serving eligible beneficiaries.

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

Fort Meade is the “Nation’s Platform for Intelligence, Information, and Cyber Operations.” The post is home to all five branches of the military — Army, Navy, Air Force, Marines, and Coast Guard. It also hosts a diverse group of 119 partner agencies including the U.S. Cyber Command (USCYBERCOM), the National Security Agency, the Defense Information Systems Agency, Defense Media Activity, the Defense Courier Service, the Environmental Protection Agency Science Center, the Defense Information School and the U.S. Army Field Band, among many others. USCYBERCOM directs, synchronizes, and coordinates cyberspace planning and operations in defense of the U.S. and its interests.

In August 2016, Fort Meade had a workforce of more than 55,000 employees, making it Maryland’s largest employer and the third-largest Army installation workforce in the U.S. Of that workforce, 16,313 were military personnel, 30,229 civilian, and 8,741 contract employees. Active Duty military here had more than 20,000 dependents and the post estimated 14,675 retirees and 41,612 retiree dependents living within 40 miles of Fort Meade.

The Fort Meade MEDDAC is subordinate to the Regional Health Command-Atlantic (Provisional) (RHC-A (P)) and is a partner in the Walter Reed National Military Medical Center (WRNMMC) Health Care System and National Capital Region Multi-Service Market. The MEDDAC is responsible for providing medical and environmental services for active duty and retired military personnel and their families, as well as occupational health services to civilian employees within the MEDDAC’s extensive area of responsibility throughout Maryland, Virginia, and Pennsylvania.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	M	<ul style="list-style-type: none"> Prior to the implementation of the NCR’s optimization plan, the Army Surgeon General and Secretary of the Army recommended transitioning ambulatory surgical services from KACC to the TRICARE network, while maintaining Specialty Care and Primary Care to ensure readiness of assigned military personnel. The Army’s analysis in FY17 showed that there was low OR efficiency rate at KACC (<55%) and operating at a \$5.5M loss. The reduced volume and complexity of surgical cases was not meeting productivity targets or providing readiness for the Medical Force. Transitioning surgical services to the network would have allowed for the reassignment of 23 military personnel to larger MTFs to ensure readiness of the military medical personnel. The Army analysis also determined that the FY16 surgical specialty Direct Care expense was approximately \$16M while FY17 PPS Rates’ Purchased Care value was approximately \$7M, resulting in an estimated net savings of \$9M for the removal of surgical services In August 2018, USD(P&R) sustained KACC’s ambulatory surgery mission in support of NCR market needs. Kimbrough Ambulatory Care Center (KACC) is a component of the NCR market and is part of an NCR Operating Room (OR) optimization plan. The goal of the optimization plan is to alleviate ACGME concerns related to caseload and provider readiness by focusing on surgical specialties at each of the surgical centers in the NCR Market. KACC enrolled beneficiaries 	Section 1.0

¹ See Appendix B for Criteria Ratings Definitions

		<p>contribute to provider readiness and graduate medical education (GME) at WRNMMC and KACC Operating Rooms (ORs) provide OR access for patients across the market.</p> <ul style="list-style-type: none"> • In February 2018, after extensive consultation with an independent external organization, the NCR approved a plan to consolidate outpatient procedures to centers of excellence at KACC and Malcolm Grow Medical Clinic (MGMC) to reduce operating room demand at WRNMMC for the recapture of higher acuity inpatient cases. Orthopedic Surgery and Podiatry were consolidated at KACC and Otolaryngology, Ophthalmology, and General Surgery were consolidated at MGMC. The NCR developed market-centric business rules and appointed a market leader for Operative Services, who works directly with OR leadership at each market MTF • As a result of the plan, Kimbrough has achieved a 20% increase in the number of OR cases, 40% increase in OR minutes, 14% increase in annual block utilization and they are on track to achieve 200 cases in August 2019. Since the larger operative services optimization, the percent of outpatient surgery at WRNMMC has decreased 53%, allowing for higher acuity cases at WRNMMC. KACC is currently operating at a net profit (~\$1M) using Army IRIS methodologies. KACC will be required to meet or exceed this increased performance as a part of its QPP. • KACC is a market asset and is a part of the integrated, regional operative services plan– 55% of cases performed at KACC are for patients enrolled to other facilities – of those cases, 56% are active duty. • KACC has enough workload (10 orthopedic surgeons' worth) to generate Knowledge, Skills, and Abilities (KSAs). • KACC 2-4 ORs support the NCR casualty reception mission that includes 36 ORs across all facilities. 	
Network Assessment	L	<ul style="list-style-type: none"> • There are 11 network facilities within 60-minute drive-time radius of Kimbrough ACC that provide like surgical services with adequate access to care, and 19 free-standing ambulatory surgical centers within 40 miles of the MTF • Across the counties in the drive-time radius, there is an observed surplus in all specialties 	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. Though not exhaustive, the mitigation strategies / potential courses of action will be used to help develop a final implementation plan.

	Risk/Concerns	Mitigating Strategy
1	The patients' change in expectations from getting care at the MTF to getting care off the base will have to be monitored and managed	<ul style="list-style-type: none"> • The risk will be mitigated through the implementation and communication plan as well as close care coordination
2	Removing surgical capabilities from KACC could negatively impact the National Capital Consortium as a force generation platform due to the removal of KACC from the OR optimization plan and possible reduction in Orthopedic case numbers for the GME trainees	<ul style="list-style-type: none"> • The NCR market will need to reassess the OR optimization plan to take into account loss of KACC as an ASC and adjust the market's strategy for maintaining current force generation levels • Reducing demand at WRNMMC and Ft Belvoir can be accomplished by transitioning workload to the network but would potentially affect orthopedic GME and readiness support in the NCR
3	Travel times for beneficiaries to receive surgeries at KACC may exceed 90 minutes	<ul style="list-style-type: none"> • Allow beneficiaries to choose to receive at KACC or another facility in the NCR or network. Prep and post-surgical workup can be performed at MTFs closer to the beneficiaries work or home location to alleviate travel requirements.
4	Reduction in orthopedic volumes would reduce support for ortho GME programs	<ul style="list-style-type: none"> • Reduce the number of orthopedic GME new starts from 6 to 4 to match reduced caseload available if KACC is transitioned to a clinic.
5	Reduction of 2-4 ORs would reduce ability to support NCR casualty reception mission	<ul style="list-style-type: none"> • Triage casualties inbound to NCR to other destinations depending on injury. Reduce stay times in the NCR with additional surgeries being accomplished at other MTF and network facilities.

Next Steps:

Develop the implementation plan for the above decision, with a focus on mitigating the outlined risks.

Table of Contents

1.0. Installation and Military Medical Treatment Facility (MTF) Description.....	6
1.1. <i>Installation Description.....</i>	<i>6</i>
1.2. <i>MTF Description.....</i>	<i>6</i>
2.0. Healthcare Market Surrounding the MTF	8
2.1. <i>TRICARE Health Plan Network Assessment Summary.....</i>	<i>8</i>
2.2. <i>Network Insight Assessment Summary (Independent Government Assessment)</i>	<i>8</i>
3.0. Appendices.....	10
<i>Appendix A: Use Case Assumptions.....</i>	<i>11</i>
<i>Appendix B: Criteria Ratings Definition.....</i>	<i>12</i>
<i>Appendix C: Glossary.....</i>	<i>13</i>
<i>Appendix D: Volume II Contents.....</i>	<i>14</i>
<i>Appendix E: MTF Trip Report.....</i>	<i>15</i>

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

Fort Meade is the “Nation’s Platform for Intelligence, Information, and Cyber Operations.” The post is home to five branches of the military — Army, Navy, Air Force, Marines and Coast Guard. It also hosts a diverse group of 119 partner agencies including the U.S. Cyber Command (USCYBERCOM), the National Security Agency, the Defense Information Systems Agency, Defense Media Activity, the Defense Courier Service, the Environmental Protection Agency Science Center, the Defense Information School and the U.S. Army Field Band, among many others. USCYBERCOM directs, synchronizes, and coordinates cyberspace planning and operations in defense of the U.S. and its interests.

In August 2016, Fort Meade had a workforce of more than 55,000 employees, making it Maryland’s largest employer and the third-largest Army installation workforce in the U.S. Of that workforce, 16,313 were military personnel, 30,229 were civilian and 8,741 were contract employees. Active-duty military here had more than 20,000 dependents, and the post estimated there were 14,675 retirees and 41,612 retiree dependents living within 40 miles of Fort Meade.

1.1. Installation Description

Name	Fort Meade
Location	Fort Meade, MD; Halfway between Baltimore and Washington, D.C., and about 20 miles from the Maryland state capital of Annapolis
Mission Elements	N/A
Tenants	Fort Meade hosts a diverse group of 119 partner agencies including the U.S. Cyber Command, the National Security Agency, the Defense Information Systems Agency, Defense Media Activity, the Defense Courier Service, the Environmental Protection Agency Science Center, the Defense Information School and the U.S. Army Field Band, among many others
Mission Description	Provides required services, infrastructure, a safe and secure community, and a quality of life that supports mission readiness and the Ft. Meade Community; Nation’s Center for Information, Intelligence and Cyber Operations.
Regional Readiness/ Emergency Management	Unknown
Base Active or Proposed Facility Projects	Unknown
Medical Capabilities and Base Mission Requirements	Behavioral Health, Force Health Protection (FHP), Immunizations, Primary Care, Musculoskeletal, Occupational Health, Same day Surgery, Gastroenterology, Ophthalmology Dermatology, Nutrition, Optometry, Pain Management, Vision & Hearing Center, Infection Prevention, Radiology, Laboratory, Pharmacy, Dental, Logistics, and Exceptional Family Member Program (EFMP)

1.2. MTF Description

The Fort Meade MEDDAC is subordinate to the Regional Health Command-Atlantic (Provisional) (RHC-A (P)) and is a partner in the Walter Reed National Military Medical Center (WRNMMC) Health Care System and National Capital Region Multi-Service Market. The MEDDAC is responsible for providing medical and environmental services for active duty and retired military personnel and their families, as well as occupational health services to civilian employees within the MEDDAC’s extensive area of responsibility throughout Maryland, Virginia, and Pennsylvania

Name	Kimbrough ACC
Location	Fort Meade, MD; Halfway between Baltimore and Washington, D.C., and about 20 miles from the Maryland state capital of Annapolis
Market²	National Capital Region – Large Market
Mission Description	To promote health and build resilience for Warriors, Military Families and all those entrusted to our care
Vision Description	We are a premier Patient Centered Medical Home. Our legendary customer service, delivered by a well-developed workforce, makes us the first choice of care

² Defined by FY17 NDAA Section 702 Transition

Facility Type	Ambulatory Surgery Center
Square	11,055,345 sq. ft. ³
Footage	N/A
Deployable Medical Teams	N/A
FY18 Budget	Unknown
MTF Active or Proposed Facility Projects	See Volume II for Partnership for Improvement (P4I) measures and Joint Outpatient Experience Survey –Consumer Assessment of Health Providers and Systems (JOES-C) data
Performance Metrics	

Fiscal Year (FY) 2018 Assigned Full-time Equivalents (FTEs)⁴		Active Duty	Civilian	Contractor	Total
	Medical	79.1	17.6	2.8	99.5

Healthcare Services	<p>Primary Care</p> <ul style="list-style-type: none"> • Patient Centered Medical Home (PCMH) • Optometry • Physical Exams • Nutrition Counseling • Clinical Pharmacist • Allergy/Immunizations • Audiology • Integrated Behavioral Health • Integrated Physical Therapy • Nurse Case Management <p>Behavioral Health</p> <ul style="list-style-type: none"> • Psychology/Psychiatry • Social Work Services • Family Advocacy • School Based Mental Health Program • Alcohol and Substance Abuse Program <p>Preventive Medicine</p> <ul style="list-style-type: none"> • Community Health Nursing • Occupational Health • Industrial Hygiene • Environmental Health • EFMP <p>Multi-Service Clinic</p> <ul style="list-style-type: none"> • Gastroenterology • Ortho Hand / Cast Room • Occupational Therapy (OT) • Pain Intervention / Pain Management • Podiatry • Urology 	<p>Surgical Services</p> <ul style="list-style-type: none"> • Plastic Surgery • Podiatry • Gastroenterology • General Surgery • Oral Surgery • Otolaryngology • Ophthalmology • Orthopedic/Hand Surgery • Urology <p>Specialty Care</p> <ul style="list-style-type: none"> • Dermatology • Ears, Nose, Throat (ENT) 1 • Obstetrics (OB) / Gynecology (GYN) / Well-Women's Health • Pediatric Nephrology • General Surgery • Plastic Surgery <p>Musculoskeletal</p> <ul style="list-style-type: none"> • Physical Therapy • Chiropractic <p>Other Services</p> <ul style="list-style-type: none"> • Emergency Medical Services (EMS) • Tele-Health • Pharmacy • Laboratory • Radiology • Dental Services • Force Health Protection (Readiness)
----------------------------	--	---

Projected Workforce Impact	Active Duty	Civilian	Total
	3	27	30

³ FGGM MEDDAC Unit Overview_20190710
⁴ Source: MTF Portfolio

2.0. Healthcare Market Surrounding the MTF

Description	The Specialty Care market analysis for Kimbrough ACC, located in Fort Meade, MD includes 827 zip codes, ten (10) complete counties and 12 partial counties. Within the Kimbrough ACC Specialty Care drive-time standard, there are currently 943 practices with like surgical services, which account for 2,048 Physicians (not limited to TRICARE)																																																																										
Top Hospital Alignment	<ul style="list-style-type: none"> • Inova Alexandria Hospital (Alexandria, VA) • Saint Agnes Hospital (Baltimore, MD) • University of Maryland Medical Center (Baltimore, MD) • Greater Baltimore Medical Center (Towson, MD) • Adventist Healthcare Shady Grove Medical (Rockville, MD) • Virginia Hospital Center (Arlington, VA) • Northwest Hospital (Randallstown, MD) 																																																																										
Likelihood of Offering Specialty Care Services to TRICARE Members⁵	<p>General Surgery</p> <table border="1" data-bbox="402 569 1219 743"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>104</td> <td>102</td> </tr> <tr> <td>High Likelihood</td> <td>4</td> <td>3</td> </tr> <tr> <td>Medium Likelihood</td> <td>102</td> <td>182</td> </tr> <tr> <td>Low Likelihood</td> <td>27</td> <td>30</td> </tr> <tr> <td>Total</td> <td>237</td> <td>317</td> </tr> </tbody> </table> <p>Ophthalmology</p> <table border="1" data-bbox="402 821 1219 995"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>116</td> <td>309</td> </tr> <tr> <td>High Likelihood</td> <td>10</td> <td>23</td> </tr> <tr> <td>Medium Likelihood</td> <td>205</td> <td>549</td> </tr> <tr> <td>Low Likelihood</td> <td>34</td> <td>8</td> </tr> <tr> <td>Total</td> <td>365</td> <td>889</td> </tr> </tbody> </table> <p>Otolaryngology</p> <table border="1" data-bbox="402 1073 1219 1247"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>52</td> <td>83</td> </tr> <tr> <td>High Likelihood</td> <td>4</td> <td>2</td> </tr> <tr> <td>Medium Likelihood</td> <td>64</td> <td>183</td> </tr> <tr> <td>Low Likelihood</td> <td>4</td> <td>1</td> </tr> <tr> <td>Total</td> <td>124</td> <td>269</td> </tr> </tbody> </table> <p>Orthopedic Surgery</p> <table border="1" data-bbox="402 1360 1219 1535"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>77</td> <td>208</td> </tr> <tr> <td>High Likelihood</td> <td>7</td> <td>1</td> </tr> <tr> <td>Medium Likelihood</td> <td>123</td> <td>344</td> </tr> <tr> <td>Low Likelihood</td> <td>10</td> <td>20</td> </tr> <tr> <td>Total</td> <td>217</td> <td>573</td> </tr> </tbody> </table>				Number of Practices	Number of Physicians	Contracted with TRICARE	104	102	High Likelihood	4	3	Medium Likelihood	102	182	Low Likelihood	27	30	Total	237	317		Number of Practices	Number of Physicians	Contracted with TRICARE	116	309	High Likelihood	10	23	Medium Likelihood	205	549	Low Likelihood	34	8	Total	365	889		Number of Practices	Number of Physicians	Contracted with TRICARE	52	83	High Likelihood	4	2	Medium Likelihood	64	183	Low Likelihood	4	1	Total	124	269		Number of Practices	Number of Physicians	Contracted with TRICARE	77	208	High Likelihood	7	1	Medium Likelihood	123	344	Low Likelihood	10	20	Total	217	573
	Number of Practices	Number of Physicians																																																																									
Contracted with TRICARE	104	102																																																																									
High Likelihood	4	3																																																																									
Medium Likelihood	102	182																																																																									
Low Likelihood	27	30																																																																									
Total	237	317																																																																									
	Number of Practices	Number of Physicians																																																																									
Contracted with TRICARE	116	309																																																																									
High Likelihood	10	23																																																																									
Medium Likelihood	205	549																																																																									
Low Likelihood	34	8																																																																									
Total	365	889																																																																									
	Number of Practices	Number of Physicians																																																																									
Contracted with TRICARE	52	83																																																																									
High Likelihood	4	2																																																																									
Medium Likelihood	64	183																																																																									
Low Likelihood	4	1																																																																									
Total	124	269																																																																									
	Number of Practices	Number of Physicians																																																																									
Contracted with TRICARE	77	208																																																																									
High Likelihood	7	1																																																																									
Medium Likelihood	123	344																																																																									
Low Likelihood	10	20																																																																									
Total	217	573																																																																									

2.1. TRICARE Health Plan Network Assessment Summary

See Volume II Part B

⁵ 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

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

- **Specialty Care:** The MHS impacted population for Specialty Care is more than 36,000, which represents 0.5% of the Total Population. The majority of Specialty Care providers in the market are concentrated in the District of Columbia, Baltimore/Baltimore City, and Montgomery counties. Across the counties within the 60-minute drive-time radius there is an observed surplus in all specialties
- The population growth in the 60-minute drive-time radius was 7.9% over the last five (5) years (2014 to 2018) and is projected to level out at a moderate 4.3% growth for the next five (5) years (2019-2023)

Assumptions:

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

Analysis:

- **Specialty Care:** The commercial Specialty Care network within the 60-minute drive-time standard should be capable of accepting the specific demand from the impacted beneficiaries. While ability and willingness to accept TRICARE patients must be confirmed, over half of General Surgery, Otolaryngology, Ophthalmology and Orthopedic Surgery practitioners in the Kimbrough market are accepting government-sponsored insurance and many are already contracted to provide services to TRICARE beneficiaries.
- Across the counties within the 60-minute drive time radius, there is an observed surplus in all specialties with the exception of Orthopedic Surgery. Orthopedic Surgery is seeing a small shortage across the 60-minute drive time radius, however there are significant surpluses of providers in the major metro areas surrounding Kimbrough, including the District of Columbia, Baltimore County/City, and Montgomery county.

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition
Appendix C	Glossary
Appendix D	Volume II Contents

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 2000⁶

⁶ MGMA

Appendix B: Criteria Ratings Definition

Criteria Ratings Definition

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

Appendix C: Glossary

<i>Term (alphabetical)</i>	<i>Definition</i>
Ambulatory Care	Ambulatory care is care provided by health care professionals in outpatient settings. These settings include medical offices and clinics, ambulatory surgery centers, hospital outpatient departments, and dialysis centers (AHRQ.gov)
Beneficiary	Individuals who have been determined to be entitled to or eligible for medical benefits and therefore are authorized to receive treatment in a military treatment facility or under Department of Defense auspices (Source: health.mil)
Critical Access Hospital Designation	Critical Access Hospitals (CAHs) is a designation given to eligible hospitals by the Centers for Medicare and Medicaid Services (CMS). ... (CAHs) represent a separate provider type with their own Medicare Conditions of Participation (CoP) as well as a separate payment method. CoPs for CAHs are listed in the Code of Federal Regulations (CFR) at 42 CFR 485.601–647 (Source: CMS.gov)
Direct Care	Care provided to eligible beneficiaries throughout the Military Health System at DoD hospitals, clinics, and pharmacies (usually MTFs) (Direct Care); (Source: McEvoy, L. N., 2Lt, USAF. (2018). A Study of Military Health Care Costs: Direct Versus Purchased Care in a Geographical Region. Defense Technical Information Center, 1-6. Retrieved from https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf .)
Eligible	To use TRICARE, you must be listed in DEERS as being eligible for military health care benefits. TRICARE-eligible persons include the following: Military members and their families, National Guard/Reserve members and their families, Survivors, Some former spouses, Medal of Honor recipients and their families (Source: TRICARE.mil)
Enrollee	The Cambridge Dictionary defines Enrollee as “someone who is on the official list of members of a group, course, or college.” For the purposes of this Use Case, Enrollee is defined as an eligible Military Health System beneficiary that is currently participating in one of the TRICARE Health plans
JOES	Joint Outpatient Experience Survey (Source: health.mil)
JOES-C	Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems (Source: health.mil)
Managed Care Support Contractor (MCSC)	Each TRICARE region has its own MCSC who is responsible for administering the TRICARE program in each region. The MCSCs establish the provider networks and conduct provider education. Humana is the MCSC in the East, and HealthNet is the MCSC in the West (Source: health.mil)
Network	A provider network is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to its members. These providers are called “network providers” or “in-network providers.” (Source: cms.org)
Occupational Therapy	Occupational therapy is the use of individualized evaluations, customized intervention strategies, and outcome evaluations to help people across their lifespan participate in activities they want and need through the therapeutic use of everyday activities (occupations) (Source: The American Occupational Therapy Association)
Remote Overseas	TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations: Eurasia-Africa, Latin America and Canada, Pacific (Source: TRICARE.mil)
P4I	A set of MHS clinical, quality, safety and readiness performance measures (Partnership for Improvement)
Panel	A panel is a list of patients assigned to each care team in the practice. The care team (e.g., a physician, a medical assistant, and a health educator) is responsible for preventive care, disease management, and acute care for all the patients on its panel. This means that a patient will have the opportunity to receive care from the same clinician and his or her care team. The panel's population are the patients associated with a provider or care team, the physician care team is concerned with the health of the entire population of its patient (Source: AHRQ.gov)
Plus	With TRICARE Plus patients receive free Primary Care at their respective military hospital or clinic. The beneficiary is not required to pay anything out-of-pocket. TRICARE Plus does not cover Specialty Care (Source: health.mil)
Prime	TRICARE Prime is a health insurance program offered to active duty members, retirees, activated guard and reserve members, and families. Active Duty members are required to enroll in TRICARE Prime, while all others may choose to enroll or use TRICARE Select. TRICARE Prime offers fewer out-of-pocket costs than TRICARE Select, but less freedom of choice for providers (Source: health.mil)
Purchased Care	TRICARE provides care to its eligible beneficiaries in two broad settings: a system of DoD hospitals, clinics, and pharmacies (usually MTFs) (Direct Care); and a supplemental network of participating civilian health care professionals, institutions, pharmacies, and suppliers (Purchased Care) (Source: McEvoy, L. N., 2Lt, USAF. (2018). A Study of Military Health Care Costs: Direct Versus Purchased Care in a Geographical Region. Defense Technical Information Center, 1-6. Retrieved from https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf .)
Reliant	Active Duty Service Members who are not enrolled to TRICARE Prime (e.g. students and recruits) (Source: MHS Modernization Study, Feb 2016)
Value Based Payment	Value Based Payment (VBP) is a concept by which purchasers of health care (government, employers, and consumers) and payers (public and private) hold the health care delivery system at large (physicians and other providers, hospitals, etc.) accountable for both quality and cost of care (Source: AAFP)

Appendix D: Volume II Contents

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

Appendix E: Trip Report

MHS Section 703 Workgroup Site Visit Trip Report – Virtual

MTF: Kimbrough Ambulatory Care Center (KACC)

14 August 2019

Table of Contents

Purpose of the Visit3
Kimbrough ACC Overview3
Summary of MTF Medical Leadership Discussion4

Purpose of the Visit

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

Kimbrough ACC Overview

Base

- Fort Meade, located in Odenton, Maryland, is the home to all five branches of the military — Army, Navy, Air Force, Marines and Coast Guard. It also hosts a diverse group of 119 partner agencies including the U.S. Cyber Command, the National Security Agency, the Defense Information Systems Agency, Defense Media Activity, the Defense Courier Service, the Environmental Protection Agency Science Center, the Defense Information School and the U.S. Army Field Band, among many others
- Fort Meade provides required services, infrastructure, a safe and secure community, and a quality of life that supports mission readiness and the Fort Meade Community; Nation's Center for Information, Intelligence and Cyber Operations
- Fort Meade is the largest employer in the State of Maryland and the 3rd largest workforce among Army installations in the continental United States

MTF

- The Fort Meade MEDDAC is subordinate to the Regional Health Command-Atlantic (Provisional) (RHC-A (P)) and is a partner in the Walter Reed National Military Medical Center (WRNMMC) Health Care System and National Capital Region Multi-Service Market. The MEDDAC is responsible for providing medical and environmental services for active duty and retired military personnel and their families, as well as occupational health services to civilian employees within the MEDDAC's extensive area of responsibility throughout Maryland, Virginia, and Pennsylvania
- Kimbrough Ambulatory Care Center (KACC) is a critical component of the NCR market. KACC enrolled beneficiaries directly contribute to provider readiness and graduate medical education (GME) at WRNMMC and KACC ORs provide critical OR access for patients across the market
- The closure of KACC's surgical capabilities would have a negative impact on the OR optimization efforts of the NCR Market. Approximately 55% of procedures performed at KACC are for patients enrolled at other MTFs, and KACC has been designated as the market's primary hub for outpatient orthopedic and podiatry surgical procedures
- The transition to TRICARE of surgical services provided at Fort Meade's Kimbrough Ambulatory Care Center (KACC) will adversely affect the goals of the National Capital Region (NCR) integrated operative service model. This model is designed to improve the readiness of our medical force by increasing high acuity surgical volumes at Walter Reed National Military Medical Center (WRNMMC) and Fort Belvoir Community Hospital (FBCH). We accomplish this by shifting outpatient surgical cases performed at WRNMMC and FBCH to KACC and Malcom Grow Medical Center, rendering WRNMMC and FBCH surgical capacity available for higher readiness-value inpatient cases. Were surgical services at KACC to be eliminated by discontinuing Army medical staffing and support, we would be unable to achieve this essential medical readiness objective

Summary of MTF Medical Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
COL James Burke	Commander	KACC
COL Janie Shaw		MEDCOM
CSM Gustavo Gurrola		
COL Richard Lindsay III		DHA J-11
MAJ Timothy Hopper		
MAJ Ebony Stubbs		KACC
Ms. Christine Bruzekkohler		DHA NCR Medical Directorate
Mr. Justin Sweetman		DHA
Ms. Gina Johnson-Scales		DHA J-11
Col Shari Silverman		DHA CS MGT
Ms. Teresa Capehart		MEDCOM NRMCC
CAPT Bradley Buntin		DHA J-11
Mr. Phillip Perdue		DHA J-11
COL John W. Lee		MEDCOM HQ
Mr. Matt Gorski	Chief, PA&E	MEDCOM RHC-A
Ms. Dawn Garcia		MEDCOM HQ
CAPT Eric Elster	Professor and Chairman, Department of Surgery	USN USUHS
Mr. Todd Little		MEDCOM HQ
Mr. Allen Larson		MEDCOM HQ
Ms. Diana Carroll		MEDCOM HQ
Dr. David Smith	MHS Reform Leader for Healthcare Management	703 Workgroup
Dr. Mark Hamilton	OSD/HA	703 Workgroup
COL Hughes	Optometry Consultant and Program Manager OTSG	703 Workgroup
Ms. Megan Kolodgy	Contract Support	703 Workgroup
Ms. Jeeun Lee	Contract Support	703 Workgroup
Mr. Asasi Francois-Ashbrook	Contract Support	703 Workgroup
Ms. Summer Church	Contract Support	703 Workgroup

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

MTF Medical Mission Overview

- The Fort Meade MEDDAC is subordinate to the Regional Health Command-Atlantic (Provisional) (RHC-A (P)) and is a partner in the WRNMMC Health Care System and National Capital Region Multi-Service Market. The MEDDAC is responsible for providing medical and environmental services for active duty and retired military personnel and their families, as well as occupational health services to civilian employees within the MEDDAC's extensive area of responsibility throughout Maryland, Virginia, and Pennsylvania

- KACC is a critical component of the NCR market. KACC enrolled beneficiaries directly contribute to provider readiness and GME at WRNMMC and KACC ORs provide critical OR access for patients across the market
- As part of the NCR market, WRNMMC and Fort Belvoir Community Hospital (FBCH) serve as the large inpatient platforms. Malcom Grow Medical Clinics and Surgery Center (MGMC) serves as the ACC platform for Otolaryngology, Ophthalmology and General Surgery and KACC serves as the Orthopedics and Podiatry platform

Virtual Site Visit Summary

MTF:

- As part of the NCR Market, KACC is part of an Operating Room (OR) optimization plan. The goal of the optimization plan is to alleviate ACGME concerns related to caseload and provider readiness by focusing on surgical specialties at each of the surgical centers in the NCR Market. In pursuit of optimization, KACC built its operational capability up from two (2) ORs to three (3) and is on track to open the fourth OR in August 2019. KACC has experienced a 20% increase in surgical cases year over year from July 2018 to July 2019, 40% increase in OR minutes and 14% increase in block time utilization. This data represents a partial implementation of the plan, demonstrating the potential for effectiveness and optimization. Since operative services optimization, the percent of outpatient surgery at WRNMMC has decreased 53%, allowing for higher acuity cases at WRNMMC
- Additionally, the WRNMMC Orthopedics GME program received findings from ACGME related to their inadequate orthopedic caseload. WRNMMC is at risk if orthopedic cases remain unavailable for residents. KACC will provide the opportunity for the GME program to have a dedicated platform to ensure higher case volume is produced
- In the current state of OR optimization efforts, KACC has increased from two (2) to three (3) staffed ORs and is reporting gains of approximately \$765K in comparison to losses of approximately \$1.6M in October of 2018
- The recent expansion of capacity and the ongoing project to optimize surgical care across the market will provide NCR beneficiaries with better access to surgical services with reduced wait times and at a lower cost to the market
- KACC's future state expectations are to increase OR capacity to four fully staffed ORs, serve as the Orthopedic and Podiatry hub for the NCR market, optimize readiness opportunities by freeing up surgical capacity at WRNMMC and to effectively utilize the market concept to allocate resources to optimize healthcare delivery
- KACC has enough workload (10 orthopedic surgeons' worth) to generate Knowledge, Skills, and Abilities (KSAs). Six physicians are meeting the orthopedic KSA threshold; a reduction in capabilities will take away workload and thus decrease KSA generation
- Kimbrough serves an Active Duty population of Army, Air Force, Navy, Marines and Coast Guard. Total enrollment at Kimbrough is approximately 25K with 11K Active Duty, 6.5K Active Duty Family Members and 7K Retirees