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

Farrelly Health Clinic (FHC)

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	Farrelly Health Clinic (FHC)
Decision	Farrelly Health Clinic has already transitioned from an outpatient facility to Active Duty (AD) only (Soldier-Centered Medical Home). The 703 Workgroup supports this 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
Fort Riley, Kansas is approximately 12 miles from Manhattan, Kansas. Fort Riley encompasses 101,733 acres with 91,597 dedicated to training areas that are key to Soldier Readiness, is located approximately 12 miles from Manhattan, Kansas. Fort Riley is home to Soldiers and families of the 1st Infantry Division which is composed of 1st Armored Brigade Combat Team, 2nd Armored Brigade Combat Team, 1st Infantry Division Sustainment Brigade,1st Combat Aviation Brigade, and 1st Infantry Division Artillery. In addition, Fort Riley supports 9 additional garrison partnering components. Fort Riley serves a population of more than 67,000 including approximately 15,400 active duty members, 19,600 family members, 6,100 civilian employees as well as 26,000 retirees and veterans who live in the region and/or work at the post. In addition, Fort Riley provides support for a significant number of National Guard and Reserve members from the region including Kansas, Oklahoma, Missouri, Nebraska and Iowa.

Criteria Matrix

Criteria	Rating or Value[1]	Key Takeaways or Findings	Use Case Package
Mission Impact	L	• The ability to incorporate the Embedded Behavioral Health Clinic within FHC, in closer proximity to the supported units, has allowed it to mitigate the stigma associated with receiving such care. Additionally, the forward positioning of Physical Therapy (PT) treatment capability at Farrelly Health Clinic (FHC) decreases time to treatment as well as lost training time	Section 1.0
Network Assessment	L	• The FHC enrollment was 18 non-active duty beneficiaries in FY18. However, all of these were ADSMs that had recently retired from active service (they were removed from the enrollment)	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 were established by the 703 Workgroup and will be used to help develop a final implementation plan.

	Risk/Concerns	Mitigating Strategy
1	None -- FHC is already operating as an AD Only clinic	• N/A

Next Steps:
Continue to operate FHC as an AD Only clinic (Soldier-Centered Medical Home).

[1] See Appendix B for Criteria Ratings Definitions

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

Fort Riley, which encompasses 101,733 acres with 91,597 dedicated to training areas that are key to Soldier readiness, is located approximately 12 miles from Manhattan, Kansas. Fort Riley is home to Soldiers and families of the 1st Infantry Division which is composed of 1st Armored Brigade Combat Team, 2nd Armored Brigade Combat Team, 1st Infantry Division Sustainment Brigade,1st Combat Aviation Brigade, and 1st Infantry Division Artillery. In addition, Fort Riley supports nine (9) additional garrison partnering components. Fort Riley serves a population of more than 67,000 including approximately 15,400 active duty members, 19,600 family members, 6,100 civilian employees as well as 26,000 retirees and veterans who live in the region and/or work at the post. In addition, Fort Riley provides support for a significant number of National Guard and Reserve members from the region including Kansas, Oklahoma, Missouri, Nebraska and Iowa.

1.1. Installation Description

Name	Fort Riley
Location	Fort Riley, Kansas. Approximately 12 miles from Manhattan, Kansas
Mission Elements	Fort Riley is in the Flint Hills Region of Kansas. We are home to Soldiers and families of the 1st Infantry Division known as "The Big Red One" which celebrated its 100th anniversary in 2017. There are approximately 15,000 active duty service members assigned to Fort Riley with more than 18,000 family members, 29,000 veterans and retirees and 5,600 civilian employees who live in the region and/or work at the post. In addition, approximately 25,000 Component 2/3 Soldiers train at Fort Riley each year, which translates to approximately 11,000 medical encounters at Irwin Army Community Hospital (IACH), roughly 900 being at FHC. The 1st Infantry Division as well as National Guard and Reserve units from several states use the modern training facilities at Fort Riley to gain skills necessary to defend our nation. Garrisons, also called an installation or post, are communities that provide many of the same types of services expected from any small town. Law enforcement, fire protection, sports and recreational facilities, religious activities, child and youth programs are just a small sample of the support and services we provide every day.
Mission Description	Fort Riley integrates and delivers base support to enable readiness for a globally-responsive Army.
Key Decision Makers	Unknown
Regional Readiness/ Emergency Management	Skill sustainment and training for: 1st Infantry Division • 1st Armored Brigade Combat Team • 2nd Armored Brigade Combat Team • 1st Infantry Division Sustainment Brigade • 1st Combat Aviation Brigade • 1st Infantry Division Artillery Garrison Partners • 10th Air Support Operations Squadron • Detachment 2, 3rd Weather Squadron • 407th Army Field Support Brigade • 902nd Military Intelligence Group • Danger Voice Signal University • Logistics Readiness Center • Mission Installation Contracting Command • Midwest Region Network Enterprise Center • Special Operations Recruiting Battalion
Base Active or Proposed Facility Projects	Unknown

1.2. MTF Description

The Farrelly Health Clinic (FHC) has been a part of the medical community on Fort Riley since 2010. The clinic provides a full spectrum of services, to include Primary Care, laboratory, radiology, pharmacy, optometry, chiropractic care, physical therapy, and occupational therapy services. With the opening of the new Irwin Army Community Hospital (IACH) building in October 2016, all non-active duty beneficiaries at FHC were reenrolled to the Primary Care Medical Homes at IACH, allowing FHC to be fully 100% Active Duty Service Members (ADSM) patients only and relocating the Embedded Behavioral Health (EBH) Team 1 to FHC. Enrolling these non-AD beneficiaries to the network was not possible due to local network inadequacy for Primary Care. FHC has 18 medical providers and 13 behavioral health providers serving an average enrollment of over 7,500 ADSM. This clinic had 59,203 patient visits in FY 2017 and 68,006 patient visits in FY 2018. Finally, with the reorganization stemming from the IACH construction FHC has been able to focus on Readiness impacting initiatives such as Physical Therapy allowing timely return to duty. Additionally, the reorganization has allowed FHC to operate as a secondary Soldier Readiness Processing (SRP) site for Fort Riley. FHC has all of the services required to conduct the Medical SRP requirement as an alternate site with the exception of on-site hearing/audiology testing. Additionally, with some support from the Garrison Network Enterprise Center (NEC), the other functions of SRP (Human Resources, Staff Judge Advocate, Finance, etc.) could also be accommodated within the footprint. Supporting contingency SRP operations at FHC would require closure of patient services (Medical Homes, Lab, Optometry) to expedite throughput. Installation of hearing booth capabilities at FHC would provide a proximate and redundant location for Compo 1/2/3 units to sustain unit level hearing conservation programs, enabling SRP to be a validation and expedite the throughput of Soldiers. All these efforts have allowed FHC to deliver increased patient satisfaction.

Name	Farrelly Health Clinic (FHC)
Location	Fort Riley, Kansas. Approximately 12 miles from Manhattan, Kansas
Market[2]	Kansas
Facility Type	Outpatient Facility
Square Footage	52,000 Square Feet
Deployable Medical Teams	• HQ and Division Artillery • Heavy Armored Brigade Combat Team • Sustainment Brigade
FY17 Annual Budget	Unknown
MTF Active or Proposed Facility Projects	Unknown
Fiscal Year (FY) 2018 Available Full-time Equivalents (FTEs)[3]	see table below
Healthcare Services	• Primary Care • Laboratory • Radiology • Pharmacy • Optometry • Chiropractic Care • Physical Therapy • Occupational Therapy Services • Behavioral Health FHC, ICW IACH, supports eight (8) military medical education programs with 12 students in the programs and 13 new starts. These programs include Interservice Physician Assistant Program (IPAP), Uniformed Services University (USU) Graduate School of Nursing, Nurse Summer Training Program, Phase II for 68K/68L/68F and SFMS (18D) Clinical Training. Learning opportunities are afforded to students through IACH's volume of 299K lab tests, 81K radiology studies and 386K prescriptions. Non-AD enrollees generated 81% of total inpatient admissions, 55% of total same-day surgeries, 31% of General/Orthopedic Surgery cases.

FY 2018 Available FTEs:

	Active Duty	Civilian	Contractor	Total
Medical	19.8	41.1	0	60.9

[2] Defined by FY17 NDAA Section 702 Transition

[3] MTF portfolio; Numbers are based Skill types 1P, 2N, 2P, 2W, 2Z, 3E,3R,4A, 4L

2.0. Healthcare Market Surrounding the MTF

Note: The following information was provided by an internal IACH assessment of the healthcare market surrounding the MTF.

Description

The majority of targeted practices in IACH market are small and there is not a single health system that dominates the market. In the IACH 30-minute Primary Care drive-time standard, there are currently 18 Primary Care Practices, which account for 129 Primary Care Physicians (PCP). IACH contacted networked Primary Care providers to see how many new patients they could see in the next 30 days, they indicated they could accept less than 1,000 of our non-ADSM enrollees. There are a limited number of extended hours reported for the Primary Care practices targeted

Top Hospital Alignment

- Ascension Via Christi-Manhattan
- Geary Community Hospital, Junction City

Likelihood of Offering Primary Care Services to Tricare Members[4]

	Number of Practices	Number of Physicians
Contracted with Tricare (40-minute drive-time)	18	129
Total	**18**	**129**

Specialty Category	Providers Targeted	Current Providers Contracted	Duplicate Providers	True Providers Contracted	Network Fit % Targeted Providers Contracted	Network Fit % Targeted Providers Contracted (True Providers)
HNFS Primary Care (per HNFS Feb 19 NAR Report)	201	174		174	87%	
Family Medicine		169	94	75		
General Practice		3	0	3		
Internal Medicine		21	5	16		
Pediatrics		20	5	15		
NP		19	2	17		
PA		3	0	3		
Primary Care (per IACH audit)	335	235	106	129		64%
Non-Network		**Total Non-Contracted Providers in HNFS Provider Directory**	**Duplicate Providers**	**True Providers Non-Contracted**		
Family Medicine		83	36	47		
General Practice		7	2	5		
Internal Medicine		30	6	24		
Pediatrics		5	2	3		
NP		51	12	39		
PA		30	8	22		
Primary Care (Per IACH audit)		**206**	**66**	**140**		

IACH conducted audit of the Managed Care Support Contractor (MCSC) Provider Directory and found numerous errors which impact the true picture of their Network Adequacy Report. In February 2019, MCSC indicated they had 174 contracted Primary Care providers. IACH audit indicated there were only 129 true contracted Primary Care providers based on duplicate providers and data errors (providers no longer in area, network providers that were no longer network, etc.).

2.1. IACH Assessment of TRICARE Health Plan Network

Facts:

- Fort Riley, Kansas has a market area general population of approximately 44K[5]
- Irwin Army Community Hospital has more than 18,737[6] non-AD enrollees. Based on MTF analysis conducted in Mar19, network could enroll 1,000 beneficiaries in their practices
  - ~7,615 enrollees are non-AD residents of Fort Riley (on the installation)
- Average Primary Care days to care in the network is 27 days

[4] Contracted with Tricare: Providers are currently contracted to provide services to Tricare beneficiaries.
[5] M2
[6] M2

- There are known inaccuracies in network provider directories, backlogged enrollments/referrals, cumbersome preauthorization requirements, and payment delays to providers
- MCSC uses two critical factors to access network adequacy: average days to care and provider contract targets
- According to the March 2019 Network Adequacy Report, MCSC reports they contracted 172[7] of 248[8] (69%) Primary Care providers (PCP) within a 30-mile radius of the MTF
- Rolling 12-month JOES Q23 Satisfied with Healthcare – Irwin Army Community Hospital patients:
    - 92.2% from 5,008 respondents (Rolling 12 through Mar 19)
- JOES C – Healthcare Rating Rolling– Network Providers: 54.12% from 155 respondents (Rolling 12 through Jan 19)
- 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

Assumptions:

- MCSC could contract an additional 31% of the existing non-network PCPs
- The average PCP panel is approximately 2003 in the US[10]
- PCPs generally have relatively full panels, able to immediately enroll 1,000 of our enrollees in the next 30 days
- Rural networks will grow more slowly than metropolitan networks to accommodate demand
- TRICARE reimbursement rates and claim processing times are common complaints and has caused practices to not contract as network providers in our prime service area. As an example, a local university Blue Cross/Blue Shield plan pays $84 for a Primary Care 99213 office visit, MEDICARE pays $70.98, and TRICARE reimbursement for the same visit is $68.92. This decrease in reimbursement causes practices to cap their TRICARE patient population, to include Prime and Select, to 10-15% of their patient population

Analysis:

- Fort Riley is in a rural area with a currently inadequate Primary Care network
- Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market
- Each PCP (129) would have to enroll 145 new patients to accommodate the 18,737 Irwin Army Community Hospital enrollees
- Based on the assumptions above, the MCSC network could not likely expand rapidly to meet the new demand
- Beneficiaries have rated network health care 38% lower than Irwin Army Community Hospital healthcare, so beneficiary satisfaction would decrease if patients were enrolled to network PCPs
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- Post non-AD residents will have to travel farther for Primary Care if enrolled to the network

Implementation Risks:

- MCSC network may not grow fast enough to accommodate beneficiaries shifted from Irwin Army Community Hospital
- MCSC may be unable to contract enough PCPs within the 30-minute drive time

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[7] MCSC
[8] MCSC
[9] http://www.tricare.mil/costs
[10] MGMA

2.2. IACH Assessment of Primary and Specialty Care Population

Facts:

- **Primary Care:** The MHS impacted population for non-AD Primary Care is more than 18,000 and represents 1.2% of the population within a 30-minute drive-time radius (measured from the MTF). Projected population growth for this area is 1.4% over the next five years (2019 through 2023)
- **Specialty Care:** The MHS impacted population for Specialty Care is 30,320, which represents 0.7% of the population within a 60-minute drive-time radius. Projected population growth for the state of Kansas is 0.9% over the next five years (2019 through 2023)

Analysis:

- Fort Riley's prime service area may not adequately address the healthcare needs of Non-AD beneficiaries. There are known inaccuracies in network provider directories, backlogged enrollments/referrals, cumbersome preauthorization requirements, and payment delays to providers[11]
- **Primary Care:** Commercial Primary Care providers within the 30-minute drive-time likely cannot absorb the incremental demand from beneficiaries who may be transitioned out of the MTF. Current Primary Care appointment wait time in the network is 27 days
- **Specialty Care:** Some commercial Specialty Care providers within the 60-minute drive-time likely could absorb the incremental demand from beneficiaries who may be transitioned out of the MTF. Provider shortages in network undermines network adequacy and casts doubt about the network's capacity to absorb Non-AD healthcare needs[12]. Specialties that are limited with longer wait times for appointments are:
- **Behavioral Health:** Current Behavioral Health providers in the market service area are not covering current demand. MCSC indicates a target

Specialty Service	AVG DAYS TO CARE
AMBULATORY HEALTHCARE FACILITIES	44
NEPHROLOGY	39
NEUROLOGY	36
MEDICAL SUB-SPECIALTIES	36
DERMATOLOGY	35
PULMONOLOGY	31
SURGICAL SUB-SPECIALTIES	31
PSYCHIATRY	31
ALLERGY/IMMUNOLOGY	30
ANESTHESIOLOGY	28

of 162 behavioral health providers with 99 currently contracted. Wait time for a new visit is 14-30 days. There is limited capacity to accept the incremental MHS population with the current supply of providers. The population is forecasted to grow slightly (1.2%) over the next five years. Without new providers entering the market, we would expect a shortage to develop and longer wait times to be seen

3.0 Appendices

Appendix A Use Case Assumptions
Appendix B Criteria Ratings Definitions
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[11] Federal News Network, November 30, 2018
[12] MCSC Network Adequacy Report, published February 2019

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 Process (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[13]

[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

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

Part A Data Call
Part B Mission Brief
Part C MTF Portfolio (Full)

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: Irwin Army Community Hospital (IACH)
13 June 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:

- The 1st Infantry Division and Fort Riley build and maintain combat ready forces; on order, these forces deploy in an expeditionary manner to conduct Decisive Action to fight and win in complex environments as members of a Joint, Inter-organizational, and Multinational (JIM) team

MTF Impact:

- IACH's readiness value produces a Medically Ready Force by providing needed healthcare services that enable Soldiers to deploy and a Ready Medical Force by providing medical education programs and inpatient services
- IACH is currently in the process of finalizing agreements with Wichita State University, Kansas State University, Wichita State University Technical School and Stormont Vail for Bachelor of Science in Nursing (BSN) and Physicians Assistants (PA) programs, Simulation Technician program and a Registered Nurse (RN) Simulation Skills Validation program to provide both military and civilian providers with opportunities to train

Network Impact:

- Fort Riley and IACH have specific and unique network circumstances which must be considered in shaping of healthcare operations. Fort Riley's prime service area does not adequately address the healthcare needs of non-AD beneficiaries

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
MG John Kolasheski	1st ID Commanding General	1st ID
COL Stephen Shrader	Ft. Riley Garrison Commander	Fort Riley Garrison
BG Jeffrey Johnson	Commanding General	RHC-C
COL Ted Brown	Commander	IACH
CSM Ricardo Gutierrez	CSM	IACH
CSM Craig Bishop	1st ID CSM	1st ID
CSM Andrew Bristow	Ft. Riley Garrison CSM	Fort Riley Garrison
LTC Doug Dudewicz	1st ID Division Surgeon	1st ID
MAJ Michael Forslund	1st ID Division Surgeon, Plans/Operations	1st ID
Dr. Mark Hamilton	OSD/HA	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager OTSG	703 Workgroup
Ms. Summer Church	Contract Support Team	703 Workgroup

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

Base Mission Overview:

- The 1st Infantry Division (1st ID) and Fort Riley build and maintain combat ready forces; on order, these forces deploy in an expeditionary manner to conduct Decisive Action to fight and win in complex environments as members of a Joint, Inter-organizational, and Multinational (JIM) team

Voice of the Customer Summary:

- Mission-Driven Medical Requirements:
  - IACH provides critical mission support to the 1st ID by driving readiness throughout the division, ultimately increasing the number of soldiers ready to deploy
  - As a center for deployment, the 1st ID prioritizes soldier readiness. All of the troops must be medically ready to deploy and IACH and the clinics support that mission
  - Maintaining a ready medical force is important as Fort Riley is a center of deployment. IACH is a primary enabler for clinical currency of 1st ID and COMPO 2 and 3 medical personnel
  - Fort Riley has 101K acres dedicated to training exercises so maintaining Emergency Medical Services (EMS) is critical in the case that a soldier is critically injured in order to ensure golden hour coverage
  - See Attachment Senior Mission Commander (SMC) Medical Requirements for greater detail and explanation of the SMCs medical requirements
- Additional Medical Requirements:
  - 1st ID leadership expressed the value of Inpatient Behavioral Health capabilities because it saves soldiers, saves time and ensures there is little impact to the mission by decreasing the time to Return to Duty (RTD) a soldier and maximizing Command Team visibility of the soldier during treatment

- In alignment with the Fit First initiative, base leadership is focused on getting ahead of the injury cycle. Utilizing physical therapists, dieticians and strength coaches to educate and rehabilitate soldiers in order to get them back to the mission quickly. If a soldier is injured, the orthopedic physicians at IACH understand what tasks the units are performing and they are better equipped to get the soldier back to duty

- <u>Network Adequacy:</u>
  - Base leadership expressed that the network is incapable of providing the support that Fort Riley requires
  - If beneficiaries are moved to the network, IACH must remain capable of caring for the soldiers at Fort Riley
  - Additionally, if soldiers are required to go to the network for care, they will be taken from the mission for an entire day

Summary of MTF Commander Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
BG Jeffrey Johnson	Commanding General	RHC-C
COL Ted Brown	Commander	IACH
COL Bethany McCormick	Deputy CDR Nursing & Patient Services	IACH
CSM Ricardo Gutierrez	CSM	IACH
LTC Ronnie Preston	Commander WTB	IACH
LTC Peggy Salunas	Director, Public Health	IACH
LTC Michael Szym	Director, Nursing Services	IACH
LTC Matthew Harrison	Deputy Commander for Clinical Services	IACH
LTC Suzanna Holbrook	Director of Medical Services & Virtual Health	IACH
MAJ Brent Hayward	Executive Officer	IACH
MAJ Devon Riley	DPS	IACH
MAJ Lincoln Henjum	DCA	Munson Army Community Hospital
CPT Travis Petersen	McConnell, GPM	McConnell AFB
Lt Col Christopher Wilhelm	22nd MDG	McConnell AFB
CPT Hans Breitbach	Company Commander	IACH
SFC Crystal Ritz	DCCS SCA	IACH
SSG Jamie Mosier	Acting DCA NCO	IACH
Mr. D'Andree Kirvin	Executive Officer DENTAC	IACH
Ms. Trish Lagabed	Budget Officer	IACH
Ms. Beth Hughes	CLO, Chief Health Plan Management	IACH
Ms. Michelle Simmons	Clinic Operations	IACH
Mr. Tony Billings	PA&E Chief	IACH
Mr. Jorge Gomez	PAO	IACH
Mr. Chris Heeffner	PTMS	IACH
Ms. Jessica T. Heffner	Education	IACH
Mr. Reynold Mosier	Deputy Commander for Quality and Safety	IACH
Dr. Mark Hamilton	OSD/HA	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager OTSG	703 Workgroup
Ms. Summer Church	Contract Support Team	703 Workgroup

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

MTF Medical Mission Overview:

- MDG Mission:

- IACH provides sustained health services and research in support of the Total Force to enable readiness and conserve the fighting strength while caring for our Soldiers for Life and their Families
  - IACH is preparing to assume the role of lead for the Kansas Military Health Market ICW the transition of control to DHA
- Enrollment:
  - Approximately 32,000 in total, 11,000 Active Duty, 13,000 Active Duty Family Members (ADFM) and 5,000 Retirees
  - Peak enrollment during deployment lulls can approach 35,0000-36,000
  - As a deployment center, Fort Riley sees fluctuations in enrollment based upon the number and timing of soldiers deploying

Voice of the Customer Summary:

- Readiness:
  - IACH's readiness value produces a Medically Ready Force by providing needed healthcare services that enable Soldiers to deploy and a Ready Medical Force by feeding medical education programs and inpatient services
  - Non-AD enrollees provide a significant health education contribution to IACH's inpatient services, thus enhancing the ready medical force
  - IACH supports Army and Air Force students as well as upcoming BSN programs through Wichita State University and Kansas State University
  - IACH is a primary enabler for clinical currency of 1ID and COMPO 2/3 medical personnel
  - IACH supports the Fit First initiative at 1st ID through Physical Therapy assets and providing nutrition guidance. A high detractor from readiness is musculoskeletal injuries so the assets that IACH has provided make a positive impact
  - IACH leadership expressed that it is very challenging to recruit and retain talent, specifically nurses and doctors. Typically, they can obtain a higher salary in the network and with the VA than at the MTF, so retention is difficult. When there are gaps in providers, soldier readiness is negatively impacted
- Medical Education & Training
  - IACH supports Army and Air Force students as well as upcoming BSN programs through Wichita State University and Kansas State University
  - IACH supports eight (8) military medical education programs and 14 civilian medical education programs
- Network:
  - Fort Riley and IACH have specific and unique network circumstances which must be considered in shaping healthcare operations. Fort Riley's prime service area does not universally adequately address the healthcare needs of non-AD beneficiaries
  - Currently, IACH has 57% of the direct care market share for Occupational Therapy because many of the needs are developmental pediatric. See attachment IACH Civilian Network Adequacy Report April 2019
- Emergency Medicine:
  - Emergency Room (ER) / Emergency Medical Service (EMS) capability is essential to support installation training. Prepositioned EMS supports training exercises, covering over 101K acres, and maintains the "Golden Hour" for the critically injured
- Behavioral Health:
  - IACH maintains robust Inpatient Behavioral Health capabilities. IACH has experienced that this capability has greatly improved soldier readiness and patient care and the continuity of care to outpatient care
  - Typically, the length of stay is half of what IACH patients have experienced in the network. This is due, in part, to the fact that the care team has more information on the soldier so they are better equipped to treat

    - McConnell Air Force Base (AFB) is two hours from IACH and they rely on the capabilities of IACH for their Airmen
    - For reference, the nearest Inpatient Behavioral Health centers are two to six hours from Fort Riley
- Clinic Network (Soldier Centered Medical Homes (SCMH) and Community Based Medical Homes (CBMH)):
    - Flint Hills Medical Home sees Active Duty Family Members and Retirees exclusively. Flint Hills refers cases back to IACH which supports a ready medical force
    - The mission of Custer Hill Health Clinic, Novosel Aviation Health Clinic and Farrelly Health Clinic is to ensure the 1ID soldiers and other service members are ready to deploy by providing timely care in immediate proximity to the work and living facilities of personnel assigned to these clinics. See attachment FRKS Medical Facilities Overview for a laydown of IACH's capabilities and capacities
    - Custer Hill is located in the middle of the 2nd Brigade so the soldiers don't have to travel far to receive care. The 1st ID has expressed that this has greatly improved soldier readiness since they don't have to spend time away from their mission
- Community Partnerships:
    - In addition to referring mental health patients, McConnell AFB also refers Dental, Optometry and Primary Care cases to IACH
    - IACH refers a portion of their radiology caseload to Munson Army Health Center in order to support their teleradiology efforts
    - IACH is currently in the process of finalizing agreements with Wichita State University, Kansas State University, Wichita State University Technical School and Stormont Vail for BSN and PA programs, Simulation Technician program and an RN Simulation Skills Validation program to provide both military and civilian providers with opportunities to train
    - IACH maintains mature MOU/MOAs with Stormont Veil, the VA and Via Christi for training activities