

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

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Kirk Army Health Clinic (KAHC) – Aberdeen Proving Ground (APG)  
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

<b>Site</b>	<b>Kirk Army Health Clinic (KAHC)</b>
<b>Decision</b>	Transition Kirk Army Health Center outpatient facility to an Active Duty only and Occupational Health clinic (AD/OH). All base support functions and pharmacy workload supporting all beneficiaries will be maintained.

## Background and Context:

The table below summarizes the findings and data informing the decision on the future of the Military Medical Treatment Facility (MTF). Information in the Use Case Package could include, but is not limited to: Base and MTF mission briefs, a site-visit trip report, and two network assessments (TRICARE Health Plan Network Review and an independent government network assessment). When determining the decision for each site, the mission impact and network impact were considered in conjunction with Service and MTF input.

## Base Mission Summary:

Aberdeen Proving Ground (APG) is in Aberdeen, MD, approximately 40 miles from Baltimore, MD. APG is the Defense Department's Center for Excellence for Command, Control, Communications, Computers, Cyber, Intelligence, and Reconnaissance (C5ISR), Chemical and Biological Defense, Research and Development, Test and Evaluation, Public Health, and Personnel Security Investigation. A \$1 billion research and development resource, and a key player in the nation's homeland defense and international counter-terrorism efforts, APG is an economic and technology resource for the region. In 1971, Edgewood Arsenal, located just south of APG, was consolidated with Aberdeen Proving Ground and designated the Edgewood Area of APG. Aberdeen Proving Ground is now broken into Aberdeen North and Aberdeen South (Edgewood).

KAHC is an outpatient facility located on APG that provides Primary Care, Ancillary Services (pharmacy, lab, radiology), Behavioral Health, Preventive Medicine, Musculoskeletal, and Dental services for its beneficiaries. KAHC also provides special services for Industrial Hygiene and APG's Chemical and Biological Surety Mission.

## Criteria Matrix

Criteria	Rating or Value <sup>1</sup>	Key Takeaways or Findings	Use Case Package
Mission Impact	M	<ul style="list-style-type: none"> <li>• <b>Mission-Support:</b> Aberdeen Proving Ground provides test and test support services for authorized customers within and outside Department of Defense (DoD), including government and non-government organizations, domestic, and foreign</li> <li>• <b>Medical Capabilities:</b> Medical capabilities provided by KAHC that directly support the APG mission include Primary Care, Occupational Health, Emergency Medical Services, Optometry, and Mental Health</li> <li>• <b>Readiness:</b> KAHC also supports readiness by providing preventive medicine, supporting the Surety Mission of APG, providing Emergency Medical Services (EMS), and supporting the rapid deployability mission of APG. EMS staff is owned by the clinic and is needed for quick access and point of injury care. APG has multiple United States Coast Guard Force Readiness Command (FORCECOM) units that are rapid deployable, and these units require Periodic Health Assessments (PHAs), screenings, and immunizations</li> <li>• <b>Surety Mission:</b> KAHC enables APG's Chemical and Biological Surety Mission by providing support to Personnel Reliability Programs and ensuring safe and proper handling of Surety materials from a medical standpoint</li> <li>• <b>Industrial Hygiene (IH):</b> KAHC provides IH support which includes ensuring regulatory compliance, identifying and assessing potential workplace health hazards, recommending controls to prevent illness, injury, or death, and recommending exposure-based medical surveillance</li> </ul>	Section 1.0
Network Assessment	L	<ul style="list-style-type: none"> <li>• Both the TRICARE Health Plan (THP) and independent government network assessments indicated that the Primary Care providers in the KAHC market are potentially capable of absorbing incremental demand from KAHC. However, both agree that the transition should be executed slowly, and the network should be monitored carefully for continued adequacy</li> </ul>	Section 2.0

<sup>1</sup> See Appendix B for Criteria Matrix Definitions

	<ul style="list-style-type: none"> <li>• Trauma cases are taken to Baltimore via air-evacuation, and response times are very good for these cases. Additionally, University of Maryland (UMD) Upper Chesapeake Health System accepts emergency patients from APG once they have been stabilized on-site</li> <li>• Network availability may continue to increase as UMD Upper Chesapeake Health System is planning to build a new medical campus in Aberdeen, MD</li> </ul>	
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**Risk / Concerns and Mitigating Strategies**

The Risk / Concerns and Mitigation table below represents a high-level summary of the risks identified throughout the process as well as the main concerns of the Base and MTF Commanders identified during the site visit. Though not exhaustive, the mitigation strategies / potential courses of action will be used for implementation planning.

Risk/Concerns		Mitigating Strategy
1	The pace at which the network can absorb new enrollees into Primary Care is unknown. There will be an adjustment period for the network	<ul style="list-style-type: none"> <li>• The MTF should conduct the transition in a measured way that is tailored to their specific needs and addressed in the implementation plan. The Managed Care Support Contractor (MCSC)/THP and MTF will monitor progress and address access issues by slowing down the transition, including maintaining necessary MTF staffing levels as the transition progresses</li> </ul>
2	The patients' change in expectations from getting care on base to getting care off base will have to be monitored and measured	<ul style="list-style-type: none"> <li>• MTF, Defense Health Agency (DHA), and Managed Care Support Contractor (MCSC) should work closely together to ensure that patients are receiving the care they need in the network and their expectations are being met</li> </ul>
3	The TRICARE network may need to be expanded to cover impacted beneficiaries. Providers' willingness to accept TRICARE patients must be confirmed	<ul style="list-style-type: none"> <li>• Maintain Primary Care for the AD population</li> <li>• Shift beneficiaries to the network slowly, and continuously monitor the network to ensure access standards are being met</li> </ul>
4	Provider panels may not be as full as they are now if Active Duty Family Members are sent to the network for care, which could impact provider readiness	<ul style="list-style-type: none"> <li>• MTF leadership should closely monitor provider readiness and measure the size of panels to ensure that changes in care do not impact provider readiness</li> </ul>

**Next Steps:**

Develop the implementation plan for the above decision, with a focus on deliberately shifting enrollees to an expanded civilian network one (1) panel at a time.

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

Aberdeen Proving Ground and KAHC are in Aberdeen, MD, approximately 40 miles from Baltimore, MD. APG is recognized as one of the world's most important research, development, testing, and evaluation facilities for military weapons and equipment, and supports the finest teams of military and civilian scientists, research engineers, technicians, and administrators.

### 1.1. Installation Description

<b>Name</b>	Aberdeen Proving Ground
<b>Location</b>	Aberdeen, MD; approximately 40 miles from Baltimore, MD
<b>Mission Elements</b>	1 <sup>st</sup> Area Medical Laboratory (AML), 20 <sup>th</sup> Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE)
<b>Mission Description</b>	<ul style="list-style-type: none"> <li>• Provide test and test support services for authorized customers, within and outside Department of Defense (DoD), including government and non-government organizations, domestic and foreign</li> <li>• Provide comprehensive test and training both real and simulated</li> <li>• Provide expert knowledge and technical services including instrumentation application, facility operations, manufacturing, and fabrication</li> <li>• Exploit emerging technologies Develop leading edge instrumentation and test methodologies</li> </ul>
<b>Regional Readiness/Emergency Management</b>	<p><b>Chemical and Biological Surety Mission</b> – KAHC provides support to Personnel Reliability Programs and ensures safe and proper handling of Surety materials from a medical standpoint in accordance with Army Regulation 50-6, Chemical Surety and AR 190-17, Biological Select Agents, and Toxins Security Program</p> <p><b>Industrial Hygiene</b> – KAHC provides the following IH support: Ensure regulatory compliance; Identify, characterize, and assess potential workplace health hazards; recommend controls to prevent illness, injury, or death; recommend exposure-based medical surveillance</p>
<b>Base Active or Proposed Facility Projects</b>	<p><b>Intergovernmental Service Agreements (IGSA)</b> – Department of Army Headquarters has committed to development of IGSA's to reduce costs, find shared value, and strengthen community relationships</p> <p><b>APG Energy</b> – First Army Installation to open a Combined Heat and Power Plant (CHP)</p> <p><b>Army Compatible Use Buffer (ACUB)</b> – Community effort to protect encroachment to test mission and preserves land</p> <p><b>Additive Manufacturing</b> – Making objects from 3D model data to provide cost-savings advantages and produce in a more environmentally friendly manner</p> <p><b>Opioid Summit</b> – APG collaboration with state and local communities in fighting the opioid addiction battle</p> <p><b>Advanced Plan Briefing for Industry (APBI)</b> – Provide industry with networking opportunities for both large and small businesses; focused on C5ISR, research and development, test and evaluation, chemical and biological defense, and APG Garrison</p>
<b>Medical Capabilities and Base Mission Requirements</b>	<p>KAHC provides the following services in support of the APG Mission:</p> <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Ancillary Services (Pharmacy, Lab, Radiology)</li> <li>• Behavioral Health</li> <li>• Preventive Medicine</li> <li>• Musculoskeletal</li> <li>• Dental Services</li> <li>• Veterinary Services</li> </ul>

### 1.2. MTF Description

<b>Name</b>	Kirk Army Health Clinic (KAHC)
<b>Location</b>	Aberdeen, MD; approximately 40 miles from Baltimore, MD

<b>Market<sup>2</sup></b>	National Capital Region (Large Market)						
<b>Mission Description</b>	To provide quality healthcare and preventive health programs and services to military beneficiaries and DoD employees to preserve and promote health resilience, readiness, wellness, and the safety of our community						
<b>Vision Description</b>	The premier health and readiness platform, serving those who serve... America's Sons and Daughters						
<b>Facility Type</b>	Outpatient facility						
<b>Square Footage</b>	73,372 Net Square Feet						
<b>Fiscal Year (FY) 2018 Annual Budget<sup>3</sup></b>	\$19.7M Annual Funding Program (AFP) \$16.8M in Defense Health Program (DHP) Funding						
<b>MTF Active or Proposed Facility Projects</b>	N/A						
<b>Performance Metrics</b>	See Volume II, Part E and F for Partnership for Improvement (P4I) measures and Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems (JOES-C) data						
<b>FY18 Assigned Full-time Equivalents (FTEs)<sup>4</sup></b>		<b>Active Duty</b>	<b>Civilian</b>	<b>Contractor</b>	<b>Total</b>		
	<b>Medical</b>	45.4	128.2	0.0	<b>173.6</b>		
<b>Healthcare Services</b>	<table border="0"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>Primary Care <ul style="list-style-type: none"> <li>• Patient-Centered Medical Home (PCMH)</li> <li>• Optometry</li> <li>• Physical Exams</li> <li>• Nutrition Counseling</li> <li>• Clinical Pharmacist</li> <li>• Immunizations</li> <li>• Nurse Case Management</li> <li>• Exceptional Family Member Program (EFMP)</li> <li>• Force Health Protection (Readiness)</li> </ul> </li> <li>Ancillary Services <ul style="list-style-type: none"> <li>• Pharmacy</li> <li>• Laboratory</li> <li>• Radiology</li> </ul> </li> <li>Dental Services <ul style="list-style-type: none"> <li>• General Dentistry</li> <li>• Prosthodontics</li> </ul> </li> <li>Musculoskeletal <ul style="list-style-type: none"> <li>• Physical Therapy</li> </ul> </li> </ul> </td> <td style="vertical-align: top; padding-left: 20px;"> <ul style="list-style-type: none"> <li>Behavioral Health <ul style="list-style-type: none"> <li>• Psychology/Psychiatry</li> <li>• Social Work Services</li> <li>• Family Advocacy (Clinical aspect of the program)</li> <li>• School-Based Mental Health Program</li> <li>• Substance Use Disorder Clinical Care (SUDCC)</li> <li>• Behavioral Health Tele-Health</li> </ul> </li> <li>Preventive Medicine <ul style="list-style-type: none"> <li>• Community Health Nursing</li> <li>• Occupational Health</li> <li>• Industrial Hygiene</li> <li>• Environmental Health</li> <li>• Hearing Conservation</li> </ul> </li> <li>Veterinary Service <ul style="list-style-type: none"> <li>• Military Working Dogs</li> <li>• Small Animals</li> </ul> </li> </ul> </td> </tr> </table>					<ul style="list-style-type: none"> <li>Primary Care <ul style="list-style-type: none"> <li>• Patient-Centered Medical Home (PCMH)</li> <li>• Optometry</li> <li>• Physical Exams</li> <li>• Nutrition Counseling</li> <li>• Clinical Pharmacist</li> <li>• Immunizations</li> <li>• Nurse Case Management</li> <li>• Exceptional Family Member Program (EFMP)</li> <li>• Force Health Protection (Readiness)</li> </ul> </li> <li>Ancillary Services <ul style="list-style-type: none"> <li>• Pharmacy</li> <li>• Laboratory</li> <li>• Radiology</li> </ul> </li> <li>Dental Services <ul style="list-style-type: none"> <li>• General Dentistry</li> <li>• Prosthodontics</li> </ul> </li> <li>Musculoskeletal <ul style="list-style-type: none"> <li>• Physical Therapy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Behavioral Health <ul style="list-style-type: none"> <li>• Psychology/Psychiatry</li> <li>• Social Work Services</li> <li>• Family Advocacy (Clinical aspect of the program)</li> <li>• School-Based Mental Health Program</li> <li>• Substance Use Disorder Clinical Care (SUDCC)</li> <li>• Behavioral Health Tele-Health</li> </ul> </li> <li>Preventive Medicine <ul style="list-style-type: none"> <li>• Community Health Nursing</li> <li>• Occupational Health</li> <li>• Industrial Hygiene</li> <li>• Environmental Health</li> <li>• Hearing Conservation</li> </ul> </li> <li>Veterinary Service <ul style="list-style-type: none"> <li>• Military Working Dogs</li> <li>• Small Animals</li> </ul> </li> </ul>
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<b>Projected Workforce Impact</b>		<b>Active Duty</b>	<b>Civilian</b>	<b>Total</b>			
		13	36	<b>49</b>			

<sup>2</sup> Defined by FY17 NDAA Section 702 Transition

<sup>3</sup> Source: Kirk U.S. Army Health Clinic Brief 13 November 2018

<sup>4</sup> Source: MTF Portfolio Kimbrough Ambulatory Care Center – Fort Meade

## 2.0. Healthcare Market Surrounding the MTF

<b>Description</b>	<p>KAHC is located in Aberdeen, MD, approximately 40 miles from Baltimore, MD.</p> <p>99% of non-Active Duty MTF Prime &amp; Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care, concentrated around KAHC.</p> <p>97% of MTF Prime, Reliant, and Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty Care, concentrated around KAHC.</p>																				
<b>Top Hospital Alignment</b>	<ul style="list-style-type: none"> <li>• University of Maryland Upper Chesapeake Medical Center (Bel Air, MD)</li> <li>• Union Hospital of Cecil County (Elkton, MD)</li> <li>• University of Maryland Harford Memorial Hospital (Havre de Grace, MD)</li> <li>• Medstar Franklin Square Medical Center (Rossville, MD)</li> </ul>																				
<b>Likelihood of Offering Primary Care Services to TRICARE Members (Not Limited to TRICARE)<sup>5</sup></b>	<table border="1"> <thead> <tr> <th></th> <th data-bbox="800 604 1036 632">Number of Practices</th> <th data-bbox="1060 604 1295 632">Number of Physicians</th> </tr> </thead> <tbody> <tr> <td data-bbox="492 646 768 674">Contracted with TRICARE</td> <td data-bbox="898 646 930 674">55</td> <td data-bbox="1157 646 1190 674">93</td> </tr> <tr> <td data-bbox="492 699 654 726">High Likelihood</td> <td data-bbox="898 699 930 726">16</td> <td data-bbox="1157 699 1190 726">10</td> </tr> <tr> <td data-bbox="492 751 686 779">Medium Likelihood</td> <td data-bbox="898 751 930 779">22</td> <td data-bbox="1157 751 1190 779">29</td> </tr> <tr> <td data-bbox="492 804 654 831">Low Likelihood</td> <td data-bbox="898 804 914 831">3</td> <td data-bbox="1157 804 1174 831">6</td> </tr> <tr> <td data-bbox="492 856 557 884">Total</td> <td data-bbox="889 856 938 884"><b>96</b></td> <td data-bbox="1149 856 1206 884"><b>138</b></td> </tr> </tbody> </table>		Number of Practices	Number of Physicians	Contracted with TRICARE	55	93	High Likelihood	16	10	Medium Likelihood	22	29	Low Likelihood	3	6	Total	<b>96</b>	<b>138</b>	Number of Practices	Number of Physicians
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### 2.1. TRICARE Health Plan Network Assessment Summary

#### Facts:

- Aberdeen Proving Ground (Maryland) has a market area population of approximately 3.5M<sup>6</sup>
- KAHC has more than 6,000<sup>7</sup> non-AD enrollees who could enroll to the network
- KAHC provides Primary Care only, mental health, optometry, and physical therapy
- There are 22 network facilities within drive time of KAHC that offer like services currently provided by the MTF with more-than-adequate access to care
- MCSC has contracted 53<sup>8</sup> of 138<sup>9</sup> (35%) Primary Care providers (PCP) within a 15-mile radius of the MTF. Only 50 of the 53 PCPs are accepting new patients
- Rolling 12-month JOES-C scores ending December 2018 with a “health care rating” scored as a 9 or 10 on a scale of 0-10:
  - KAHC patients: 54.8% (39 respondents)
  - Network patients: 74.7% (198 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members<sup>10</sup>
  - 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:

<sup>5</sup> 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

<sup>6</sup> Network Insight Assessment Summary (Independent Government Assessment)

<sup>7</sup> M2

<sup>8</sup> MCSC

<sup>9</sup> Network Insight Assessment Summary (Independent Government Assessment)

<sup>10</sup> <http://www.TRICARE.mil/costs>

- 30 minutes to a PCP for Primary Care
- 60 minutes for Specialty Care

**Assumptions:**

- MCSC could contract an additional 50% of the existing non-network PCPs.
- The average PCP panel is approximately 2000.<sup>11</sup>
- 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
- Rural networks will grow more slowly than metropolitan networks to accommodate demand

**Analysis:**

- Aberdeen Proving Ground is near a metropolitan area with a currently adequate Primary Care network
- Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market
- If MCSC contracted 50% of the non-network providers, they would have a total of 93 PCPs accepting new patients
- Each PCP would have to enroll 65 new patients to accommodate the more than 6,000 KAHC enrollees
- Based on the assumptions above, the MCSC network would have moderate difficulty meeting the new demand
- Beneficiaries rate network health care 20% higher than KAHC healthcare, so beneficiary satisfaction is not likely to suffer with network enrollment
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- On base non-AD residents will have to travel farther for Primary Care if enrolled to the network

**Implementation Risks:**

- MCSC network may not grow fast enough to accommodate beneficiaries shifted from KAHC
- 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)**

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**Facts:**

- **Primary Care:** The potential impact of the approximately 6,000 new Primary Care MHS beneficiaries on the total population is well below the 10% threshold and thus will not materially impact the supply of and demand for care. Within the 30-minute drive-time boundary for Primary Care there are 96 practice sites which include 138 Primary Care Physicians (not limited to TRICARE). The supply of Primary Care Physicians is concentrated in Baltimore county, which is adjacent to Harford county where the MTF is located. Population growth over the last five (5) years (2014 to 2018) has averaged 3.5% and is projected to decrease slightly over the next five (5) years (2019 to 2023) at 2.5%
- **Specialty Care:** The potential impact of the nearly 14,000 new Specialty Care MHS beneficiaries on the total population is well below the 10% threshold and thus will not materially impact the supply of and demand for care. Within the 60-minute drive-time boundary for Specialty Care there are 315 practice sites which include 573 Physicians providing Addiction Medicine and Psychiatric Care (not limited to TRICARE). The supply of Psychiatric Care Providers in the market area is concentrated in Baltimore county, which is adjacent to Harford county where the MTF is located and completely within the 60-minute drive-time boundary. Population growth over the last five years (2014 to 2018) has averaged 3.8% and is projected to decrease slightly over the next five years at 2.6%

**Assumptions:**

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

10 MGMA

**Analysis:**

- **Primary Care:** A projected surplus of Internal Medicine and Pediatric physicians in Baltimore county can take on excess demand of General/Family Practice services. Thus, the network may be capable of accepting incremental demand from impacted beneficiaries, although the network should be monitored over time to ensure adequacy



- **Specialty Care:** There is a surplus of Psychiatry Physicians across the 60-minute drive-time radius. Although there is a small shortage of providers in Harford county where the MTF is located, large surpluses in adjacent Baltimore county are sufficient to cover any gaps. Thus, the market is capable of accepting incremental demand from impacted beneficiaries

## 3.0. Appendices

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

## Appendix A: Use Case Assumptions

### General Use Case Assumptions

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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<sup>13</sup>

<sup>13</sup> 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>
<b>Ambulatory Care</b>	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)
<b>Beneficiary</b>	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)
<b>Critical Access Hospital Designation</b>	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)
<b>Direct Care</b>	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 <a href="https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf">https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf</a> .)
<b>Eligible</b>	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)
<b>Enrollee</b>	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
<b>JOES</b>	Joint Outpatient Experience Survey (Source: health.mil)
<b>JOES-C</b>	Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems (Source: health.mil)
<b>Managed Care Support Contractor (MCSC)</b>	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)
<b>Network</b>	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)
<b>Occupational Therapy</b>	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)
<b>Remote Overseas</b>	TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations: Eurasia-Africa, Latin America and Canada, Pacific (Source: TRICARE.mil)
<b>P4I</b>	A set of MHS clinical, quality, safety and readiness performance measures (Partnership for Improvement)
<b>Panel</b>	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)
<b>Plus</b>	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)
<b>Prime</b>	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)
<b>Purchased Care</b>	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 <a href="https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf">https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf</a> .)
<b>Reliant</b>	Active Duty Service Members who are not enrolled to TRICARE Prime (e.g. students and recruits) (Source: MHS Modernization Study, Feb 2016)
<b>Value Based Payment</b>	<b>Value Based Payment (VBP)</b> 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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## **Appendix E: Trip Report**

# MHS Section 703 Workgroup Site Visit Trip Report

MTF: Kirk Army Health Clinic (KAHC) – Aberdeen Proving Ground (APG)  
26 April 2019

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## **Purpose of the Visit**

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

## **Summary of Site Visit**

### **Base/Mission Impact:**

- Aberdeen Proving Ground (APG) is recognized as one of the world's most important research, development, testing, and evaluation facilities for military weapons and equipment, and supports the finest teams of military and civilian scientists, research engineers, technicians, and administrators
- The mission is to provide test and test support services for authorized customers, within DoD and outside DoD, including government and non-government organizations, domestic and foreign
- The medical capabilities that directly support the APG mission include Primary Care, Occupational Health, Emergency Medical Services (EMS), Optometry, and Mental health

### **MTF Impact:**

- Kirk Army Health Clinic (KAHC) provides support to APG in a few critical areas, including preventive medicine, supporting APG's surety mission, providing Emergency Medical Services (EMS), and supporting the rapid deployability mission of APG
- KAHC currently supports a population of approximately 1,300 Active Duty (AD), and a much larger population of more than 20,000 non-AD beneficiaries

### **Network Impact:**

- The network surrounding APG is strong and would likely provide adequate capacity for the population of impacted beneficiaries
- The vast majority of providers in the APG area are accepting government-sponsored insurance, and many are already contracted to provide services to TRICARE beneficiaries

## Summary of MTF Commander Discussion

### List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
LTC Jody Brown	Commander, Kirk Army Health Clinic	KAHC
COL Jamie Burk	Commander, Fort Meade MEDDAC	Fort Meade
Dr. Bastianelli	Deputy for Clinical Services, Kirk Army Health Clinic	KAHC
LTC Azure Utley	Commander, Aberdeen Proving Ground Dental Clinic	APG Dental Clinic
SFC Chavis R. Batie	Senior Enlisted Leader, Aberdeen Proving Ground Dental Clinic	APG Dental Clinic
Dr. David Smith	Reform Leader for Health Care Management	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager, Office of the Surgeon General	703 Workgroup
Mr. Ricky Allen	Business Operations Specialist, TRICARE Health Plan	TRICARE Health Plan
Mr. Jake Salzman	Contract Support	703 Workgroup

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

#### MTF Medical Mission Overview:

- **KAHC Mission:** To provide quality healthcare and preventive health programs and services to military beneficiaries and DoD employees to preserve and promote health resilience, readiness, wellness, and the safety of the community. Health and Readiness services offered at KAHC include Primary Care, Ancillary Services (Pharmacy, Laboratory, Radiology), Behavioral Health, Preventive Medicine, Physical Therapy, Dental Services, and Veterinary Services
- **Special Services:**
  - KAHC enables **APG's Chemical & Biological Surety Mission** by providing support to Personnel Reliability Programs and ensuring safe and proper handling of Surety materials from a medical standpoint.
  - KAHC also provides **Industrial Hygiene** support which includes ensuring regulatory compliance, identifying and assessing potential workplace health hazards, recommending controls to prevent illness, injury, or death, and recommending exposure-based medical surveillance
- **Other Services:** KAHC provides substantial support to APG's population by offering services in Occupational Health, Public Health Nursing, Environmental Health and Industrial Hygiene as well as supporting the Army Hearing Program and the Surety Medical Program

#### Voice of the Customer Summary:

- **Mission-Specific Requirements:** KAHC provides mission-critical support to Aberdeen Proving Ground (APG) including:
  - **Preventive medicine services**, such as Community Health Nursing, Occupational Health, Industrial Hygiene, Environmental Health, and Hearing Conservation.

- The **Surety Medical Mission** which ensures that APG Civilian and Active Duty workforce is medically and psychologically fit and reliable to work safely with chemical and biological surety materials and to detect any adverse health effects from potential exposures
- KAHC will also need to maintain the ability to provide **Emergency Medical Services (EMS)** in support of the APG mission. EMS staff is owned by the clinic and is needed for quick access and point of injury care. The clinic maintains quicker response times than the network for EMS
- Leadership is concerned about the number of providers that would remain if the clinic only sees the Active Duty population, which is around 1,300. This enrollment would typically require only one (1) provider, which leadership feels would not sustain a PCMH model. Leadership are concerned that moving to an AD-only clinic would result in multiple under-utilized providers
- Readiness:
  - APG has multiple FORCECOM units that are rapidly deployable. Care provided for this population includes Periodic Health Assessments (PHAs), screenings, and immunizations
  - KAHC leadership is concerned that readiness may be impacted if family members are excluded from the clinic. There are some cases where family members are sent overseas with Active Duty and leadership feels that the care associated with these deployments should remain at KAHC
  - Leadership believes that family members who live on base should have the option to enroll at KAHC if they choose to do so. The clinic may be more convenient for this population and they contribute to provider readiness by rounding out the panels for KAHC's providers
- Network:
  - The network offers several good options for care and leadership feels the network will likely be able to handle the additional demand that would occur if KAHC is reduced to AD-only
  - Trauma cases are taken to Baltimore via air-evacuation and response times are very good for these cases. Additionally, Upper Chesapeake Health System accepts emergency patients from APG once they have been stabilized on-site
  - Availability in the network may continue to grow near APG, as University of Maryland Upper Chesapeake Health System is planning to build a new medical campus in Aberdeen, MD

## Summary of Base Leadership Discussion

### List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
MG Randy Taylor	Senior Commander, Aberdeen Proving Ground; Commanding General, US Army CECOM	APG
CSM Frank Gutierrez	Senior Enlisted Advisor, Aberdeen Proving Ground	APG
COL Rob Phillips	Garrison Commander	APG
COL Jamie Burk	Commander, Fort Meade MEDDAC	Fort Meade
LTC Jody Brown	Commander, Kirk Army Health Clinic	KAHC
Dr. Bastianelli	Deputy for Clinical Services, Kirk Army Health Clinic	KAHC
LTC Azure Utley	Commander, Aberdeen Proving Ground Dental Clinic	APG Dental Clinic
Dr. David Smith	Reform Leader for Health Care Management	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager, Office of the Surgeon General	703 Workgroup
Mr. Ricky Allen	Business Operations Specialist, TRICARE Health Plan	TRICARE Health Plan
Mr. Jake Salzman	Contract Support	703 Workgroup

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

#### Base Mission Overview:

- Aberdeen Proving Ground's mission includes the following activities:
  - Provide test and test-support services for authorized customers, within DoD and outside DoD, including government and non-government organizations, domestic and foreign
  - Provide comprehensive test and training environments both real and simulated
  - Provide expert knowledge and technical services including instrumentation application, facility operations, manufacturing and fabrication
  - Exploit emerging technologies
  - Develop leading edge instrumentation and test methodologies
- APG is the Defense Department's Center of Excellence for C4ISR (Command, Control, Communications, Computers, Intelligence, and Reconnaissance), chemical and biological defense, research and development, test and evaluation, public health, and personnel security investigations
- APG has two locations, APG North and APG South (formerly Edgewood Arsenal). The total population of soldiers is split nearly equal between the two locations. APG North and APG South are separated by the Bush River

#### Voice of the Customer Summary:

- Mission Specific Support: APG leadership communicated the importance of the support that KAHC provides to enable the overall mission of the base, including Preventive Medicine and Surety Mission support, Emergency Medical Services (EMS), and Rapid Deployability support for FORCECOM resources that come through APG

- Leadership noted that the base has a small population of Active Duty, and that KAHC would be better utilized if AD family members can receive their care there as well. As noted above, including AD family members in the enrolled population at KAHC would ensure full panels for the physicians, and will contribute to overall provider readiness
- Leadership are aware of the adequacy of the network around APG and recognize that AD family members could utilize network care without significant mission impact, however, the leadership felt that the change would not be worth the disruption it would cause for AD and their families
- APG leaders feel receiving care at KAHC makes life easier for the soldiers on base and allows for more convenient access to care for family members