

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

Naval Hospital (NH) Beaufort
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	Naval Hospital (NH) Beaufort
Decision	Transition Naval Hospital Beaufort to an ambulatory surgery center (ASC) and outpatient clinic with medical holding bed capability located and sized to the requirement to assure appropriate care to those recruits that exceed the care capabilities of the recruit recovery unit.

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.

Installation Mission Summary

Marine Corps Recruit Depot (MCRD) Parris Island is located in Parris Island, South Carolina, approximately 40 miles from Savannah, Georgia. Parris Island's key mission elements include the Recruit Training Regiment, Weapons & Field Training Battalion, and Headquarters and Service Battalion. Current medical capabilities are critical to MCRD Parris Island's ability to keep recruits and drill instructors on track with training. Marine Corps Air Station (MCAS) Beaufort is home to five (5) Marine Corps F/A- 18 squadrons, and one (1) F-35B Fleet Replacement Squadron, and one (1) Aviation Logistics Squadron, and other support units. The F-35B Fleet Replacement Squadron and trains international personnel in addition to Marine Corps pilots and maintainers. It is also the only location in the world where pilots train to fly the F-35B (including those from the UK). NH Beaufort is located in Beaufort, South Carolina. NH Beaufort consists of the hospital and two (2) Branch Health Clinics - one (1) at MCRD Parris Island and the other at MCAS Beaufort. NH Beaufort provides general medical, surgical, and urgent care services to all active duty (AD) Navy and Marine Corps personnel, as well as retired military personnel and all military dependents residing in the Beaufort area, a total population of approximately 35,000 beneficiaries.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	M	<ul style="list-style-type: none"> The healthcare required for MCRD Parris Island and MCAS Beaufort is consistent with that of major aviation and training platforms. This includes but not limited to urgent/acute care, behavioral health, and dental care Risk to achieving the key mission of MCRD Parris Island which is to make Marines. Anything that takes recruits or Drill Instructors (DIs) away from their training runs counter to the completion of that mission <ul style="list-style-type: none"> Regardless of changes to inpatient services at NH Beaufort, base and Marine Corps leadership feel that the current network does not adequately support the mission of getting recruits trained or back to training as quickly as possible Loss of inpatient capabilities at NH Beaufort will require confirmation of coverage within the network and changes to capabilities at MCAS Beaufort and MCRD Parris Island. A reduction of capabilities at NH Beaufort impose detrimental time and manpower losses to supported commands given the need to transport and escort Marines or recruits to network hospitals Historically, inpatient beds have been used for "light care" to allow recruits to convalesce before returning to the barracks; this care is not readily available in the local healthcare market as patients are generally discharged to home or a rehabilitation unit As the NH Beaufort facility is aging, the MCAS Beaufort clinic must be recapitalized to absorb the ambulatory surgical center and increase in outpatient volume 	Section 1.0
Network Assessment	L	<ul style="list-style-type: none"> There are nine (9) hospitals within the 60-minute drive-time boundary surrounding NH Beaufort; all of which are general medical / surgical facilities 	Section 2.0

¹ See Appendix B for Criteria Ratings Definitions

	<ul style="list-style-type: none"> • Current inpatient facilities in the market service area are covering current demand and there will likely be capacity to accept the incremental MHS population over time with the current supply of inpatient facilities and admitting physician capacity. Facilities closest to the MTF are projected to be at ~67% after absorption of incremental beneficiary demand, which is well beneath the recommended max capacity of 80% • Both TRICARE Health Plan (THP) and an independent government assessment conclude that the inpatient provider market can easily absorb NH Beaufort's inpatient volume 	
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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 on the site visit. Though not exhaustive, the mitigation strategies / potential courses of action will be used to help develop a final implementation plan.

Risk/Concerns		Mitigating Strategy
1	Increased time away from training at MCRD Parris Island may prevent recruits and drill instructors from staying on track with training. Likewise, time away from training at MCAS may prevent the F-35B Fleet Replacement Squadron from reaching mandated annual pilot production goals.	<ul style="list-style-type: none"> • Identifying medical transport solutions that can improve accountability without taking drill instructors and aviation Marines away from duty may mitigate this issue and improve current care processes
2	Potential drive-time for inpatient care if those capabilities are removed from NH Beaufort	<ul style="list-style-type: none"> • Maintain contract access standards and judiciously transition to network while monitoring access. Address in implementation plan
3	The patients' change in expectations from getting care at the MTF to getting care off the installation will have to be monitored and managed. Impact on retention is a voiced concern if patient care, particularly family care, expectations are not met.	<ul style="list-style-type: none"> • The risk will be mitigated through the implementation and communication plan as well as case management
4	The pace at which the network can absorb new enrollees is unknown. There will be an adjustment period for the network. Trust, accountability, quality, and accessibility of services with commercial providers	<ul style="list-style-type: none"> • The MTF should conduct the transition in a measured way that is tailored to their specific needs and addressed in the implementation plan. The MTF and Defense Health Agency (DHA) will monitor progress and address access issues by slowly transitioning
5	These changes may increase cost, increasing time back to training/duty and increasing the administrative burden	<ul style="list-style-type: none"> • This risk will be mitigated through the implementation and communications plan
5	Inpatient beds are currently being used for "light care," a function not available at Beaufort Memorial or local civilian facilities. If NH Beaufort transitions to outpatient only, recruits will have to convalesce in the barracks	<ul style="list-style-type: none"> • The DHA and Services will develop a strategy to address medical holding beds across all training bases whose MTFs will transition to outpatient only

Next Steps

Develop the implementation plan for the above decision to include a recapitalization of the MCAS Beaufort clinic with 24-hour access to care at Parris Island. The DHA and Services will also generate a strategy to address medical holding bed.

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

MCRD Parris Island is located in Parris Island, South Carolina; approximately 40 miles from Savannah, Georgia. Parris Island's key mission elements include the Recruit Training Regiment, Weapons & Field Training Battalion, and Headquarters and Service Battalion.

MCAS Beaufort is located in Beaufort, South Carolina; approximately 70 miles from Charleston, South Carolina. The installation is home to five (5) Marine Corps F/A- 18 squadrons, one (1) F-35B Fleet Replacement Squadron, one (1) Aviation Logistics Squadron, and other support units. The F- 35B Fleet Replacement Squadron trains international personnel in addition to Marine Corps pilots and maintainers.

1.1. Installation Description

Name	MCRD Parris Island
Location	Parris Island, South Carolina; approximately 40 miles from Savannah, Georgia
Mission Elements	MCRD Parris Island is home to the Recruit Training Regiment (made up of the 1st Recruit Training Battalion, 2nd Recruit Training Battalion, 3rd Recruit Training Battalion, 4th Recruit Training Battalion, Support Battalion and Drill Instructor School), Weapons & Field Training Battalion, and Headquarters and Service Battalion. Additionally, Parris Island is the only recruit depot to train enlisted female Marines.
Mission Description	We make Marines by recruiting quality young men and women and transforming them through the foundations of rigorous basic training, our shared legacy, and a commitment to our core values, preparing them to win our nation's battles in service to the country.
Regional Readiness/ Emergency Management	Hurricane season runs from 1 June – 30 November and is most active in August and September. This coincides with the timeframe where MCRD Parris Island has the highest number of recruits (June – October). Beaufort County "Low-Country" is extremely susceptible to storm surge which normally includes six (6) to nine (9) feet high tides. MCRD Parris Island Health Services must be able to support evacuation to Safe Haven (one (1) to two (2) weeks), and potentially a long-term continuity of operations (COOP) (2-12 weeks) with support to shipping, receiving, and training should MCRD Parris Island become untenable.
Base Active or Proposed Facility Projects	Unknown
Base Mission Requirements	Appropriate medical capabilities are critical to MCRD Parris Island's ability to keep recruits and drill instructors (DIs) on track with training. The goal is to have every recruit spend the minimum time necessary on the Depot to graduate. For recruits, every moment on MCRD Parris Island is programmed as part of training. Branch Health Clinic (BHC) MCRD Parris Island processes 20,000+ Marine Corps Recruits annually. There is a main medical/dental clinic with five (5) branch health annexes. The primary consideration is to keep recruits and DIs aboard the Depot for all but the most critical care. Requirements include: <ul style="list-style-type: none"> - Maintain all current Service Lines of Naval Hospital (NH) Beaufort and BHC - Have 24/7 Behavioral Health services Aboard the Depot <ul style="list-style-type: none"> o Including Case Management, transportation, and escort duties to Beaufort Memorial Hospital (BMH) or further afield - Have 24/7 Acute Care Aboard the Depot <ul style="list-style-type: none"> o Urgent/Acute Care Clinic aboard the Depot increases timeliness in delivery of care for Recruits, Active Duty (AD), and family members - Co-locate BHAs with Recruit Training Battalions (RTBns) <ul style="list-style-type: none"> o Capability to treat and return to training quickly is essential/Enhanced continuity of care - Have On-Depot "Light Care" 24/7 patient holding area (eight (8) to 10 beds) and staffed with Naval personnel - Have medical care surge capability commensurate with annual recruit flow - Have a robust case management network - Flexibility in wake of destructive weather ISO safe haven & COOP operations

Name	Marine Corps Air Station (MCAS) Beaufort
Location	Beaufort, South Carolina; approximately 70 miles from Charleston, South Carolina
Mission Elements	The installation is home to five (5) Marine Corps F/A- 18 squadrons, one (1) F-35B Fleet Replacement Squadron, one (1) Aviation Logistics Squadron, and other support units. Three (3) versions of the F/A-18 Hornet are found aboard MCAS Beaufort, the F/A-18A, F/A-18C, and the F/A-18D. The F-35B squadron is also the only location in the world where pilots train to fly the F-35B.
Mission Description	The Mission of MCAS Beaufort is to continue supporting establishment operations for 2nd Marine Aircraft Wing, attached II Marine Expeditionary Force (MEF) units, and Marine Corps Recruit Depot Parris Island/Eastern Recruiting Region in order to set the conditions for the enduring success of our supported commands and their missions.
Regional Readiness/ Emergency Management	Hurricane season runs from 1 June – 30 November and is most active in August and September. Beaufort County “Low-Country” is extremely susceptible to storm surge which normally includes six (6) to nine (9) feet high tides. The Governor of South Carolina will evacuate the local area for a Category 1 storm.
Base Active or Proposed Facility Projects	Unknown
Base Mission Requirements	MCAS Beaufort desires to see continuation of ambulatory care and services at current level, to prevent adverse impacts to training schedules. There are concerns with increases in referrals to other Military Medical Treatment Facilities (MTF) or commercial hospitals leading to lost training or maintenance time. Alternative 2A in Defense Health Agency (DHA) Health Care Requirements Analysis (HCRA) from June 2018 meets MCAS Beaufort Requirements. ² Requirements include: <ul style="list-style-type: none"> - Maintain ability to complete all elements of annual physical exams on site - Have dental care available - Have after hours urgent care available - Have dependent health care available within the MTF to maximum extent BHC MCAS maintains the health of all Aviation Squadrons and support units on board MCAS, to include international personnel.

1.2. MTF Description

NH Beaufort is located in Beaufort, South Carolina; approximately 40 miles from Savannah, Georgia. Current medical capabilities are critical to MCRD Parris Island's ability to keep recruits and drill instructors on track with training as well as to support the squadrons and personnel at MCAS Beaufort.

Name	NH Beaufort
Location	Beaufort, South Carolina; approximately 40 miles from Savannah, Georgia Six (6) miles from MCRD Parris Island Eight (8) miles from MCAS Beaufort
Market³	Low Country (large market)
Mission Description	Keep the Navy and Marine Corps Family ready, healthy, and on the job
Vision Description	The Navy and Marine Corps Family has the best readiness and health in the world
Goals	Commanders Guiding Principles: <ul style="list-style-type: none"> - Create a Culture of Safety Guided by Team STEPPS <ul style="list-style-type: none"> o Ensure all staff trained in the Fundamentals of Team STEPPS o Robust Briefs, Huddles, and De-Briefs --Both Clinically and Administratively

² Source: Appendix MCRD MCAS Medical Requirements for DC IL visit- v3.2 (no backups) 2019.pdf

³ Defined by FY17 NDAA Section 702 Transition

	<ul style="list-style-type: none"> ○ Concepts reinforced through Executive “Walk Rounds” and Incentivizing Behavior - Achieve “Zero Patient Harm” Guided by High Reliability Organization (HRO) Principles <ul style="list-style-type: none"> ○ Practice Robust Process Improvement Initiatives at All Levels Throughout the Enterprise to Gain Efficiencies and Reduce Variability 																									
Facility Type⁴	Inpatient																									
Square Footage	249,173 sq. ft total, additional 24,740 sq. ft allocated to VA																									
Deployable Medical Teams	NAVHOSP CLEJUN BLOOD DON CTR (6 Enlisted), EXPED MED FAC - EMF 150 - KILO (CAMP LEJEUNE, NC) (4 Enlisted), EXPED MED FAC - EMF 150 - MIKE (JACKSONVILLE, FL) (5 Officers), EXPED MED FAC - EMF 150 - CHARLIE (BETHESDA, MD) (1 Officer), EXPED MED FAC - EMF 150 - GOLF (BEAUFORT, SC) (51 Officers, 166 Enlisted), DET 3 SUP CO CLD 453 CLR 4 (6 Enlisted), 4TH MLG 4TH DENCO 4TH DEN BN (1 Enlisted), T-AH 20 COMFORT MED TREATFAC (NORFOLK, VA) (1 Enlisted)																									
Total Obligation Authority (2018)	Unknown																									
MTF Active or Proposed Facility Projects	Unknown																									
Performance Metrics	See Volume II, Part E for Partnership 4 Improvement (P4I) measures and Part F for Joint Outpatient Experience Survey -Consumer Assessment of Health Providers and Systems (JOES-C) data																									
Fiscal Year (FY) 2018 Assigned Full-time Equivalent (FTEs)⁵	<table border="1"> <thead> <tr> <th></th> <th>Civilian</th> <th>Contractor</th> <th>Military</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>NH Beaufort</td> <td>130.7</td> <td>15.5</td> <td>257.4</td> <td>404.3</td> </tr> <tr> <td>NBHC MCRD Parris Island</td> <td>24.8</td> <td>34.7</td> <td>259.5</td> <td>319.1</td> </tr> <tr> <td>NBHC MCAS Beaufort</td> <td>14.0</td> <td>5.0</td> <td>51.3</td> <td>70.2</td> </tr> <tr> <td>Total</td> <td>169.5</td> <td>55.1</td> <td>568.2</td> <td>793.6</td> </tr> </tbody> </table>		Civilian	Contractor	Military	Total	NH Beaufort	130.7	15.5	257.4	404.3	NBHC MCRD Parris Island	24.8	34.7	259.5	319.1	NBHC MCAS Beaufort	14.0	5.0	51.3	70.2	Total	169.5	55.1	568.2	793.6
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Total	169.5	55.1	568.2	793.6																						
Current Healthcare Services	<p>Inpatient key product lines⁶</p> <ul style="list-style-type: none"> - General Surgery <p>Outpatient key product lines⁷</p> <ul style="list-style-type: none"> - Primary Care - Orthopedics - Optometry - Mental Health <p>Other service lines:</p> <ul style="list-style-type: none"> - Family Medicine - Internal Medicine - Pediatrics - Aviation Medicine - Preventive Medicine - Sports Medicine - Chiropractic Care - Physical Therapy - Dermatology - Audiology - Nutrition - Respiratory Therapy - Health Promotions - Occupational Health 																									

⁴ Source: MTF Portfolio (Parent 0104NH Beaufort – Version 4 – 2018 Feb.pdf)

⁵ Source: MTF Portfolio (Parent 0104NH Beaufort – Version 4 – 2018 Feb.pdf); Page 61

⁶ Source: MTF Portfolio (Parent 0104NH Beaufort – Version 4 – 2018 Feb.pdf)

⁷ Source: MTF Portfolio (Parent 0104NH Beaufort – Version 4 – 2018 Feb.pdf)

- Anesthesia
- Orthopedic Surgery
- Podiatry
- Behavioral Health
- Comprehensive Dentistry
- Endodontics
- General Dentistry
- Oral and Maxillofacial Surgery
- Oral and Maxillofacial Radiology
- Periodontics
- Prosthodontics

Clinical Services

- Eight (8) Bed Multi-Service Ward
 - o Expansion capacity: 13 beds
- Five (5) Bed Ambulatory Procedure Unit
- Six (6) Bed Post-Anesthesia Care Unit
- Two (2) Operating Rooms
- Ambulatory Care Clinics
 - o Hours: 0730-1600 Monday – Friday
- Immunizations
- Laboratory
- Pharmacy
- Radiology
 - o Computed Tomography (CT)
 - o Magnetic Resonance Imaging (MRI)
- Urgent Care Clinic
 - o Hours: 1500-2200 Monday – Friday, 0800-2000 Saturday – Sunday

Direct Care Encounters (FY18)

- NH BEAUFORT	-	97,934
- MCRD PARRIS ISLAND	-	174,012
- MCAS BEAUFORT	-	27,760
TOTALS:		
* -155,090 Encounters are Marine Corps Reg 416*		

Base Plan Impact

This MTF is in the Continental United States (CONUS) Patient Distribution Plan (CPDP), which addresses CONUS patient distribution in support of large scale overseas contingency operations. It coordinates DoD and other United States Government (USG) strategic stakeholder efforts to care for and move patients from CONUS arrival to definitive medical care. The CPDP model identifies a network of regional “hubs,” to initially receive casualties from overseas locations and deliver timely Specialty Care, and “spokes,” to maintain casualty flow at the hubs while alleviating problems related to casualty bottlenecking at larger specialty facilities. Spoke sites also allow the added benefit of providing locations for casualties to receive care closer to their home units and/or family members, offering additional support during treatment and recovery

Projected Workforce Impact

Active Duty	Civilian	Total
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2.0. Healthcare Market Surrounding the MTF

Description	<ul style="list-style-type: none"> NH Beaufort is located in Beaufort, South Carolina. For Specialty Care, using a 40-mile radius due to this geography being an urban area, the identified drive time includes 73 zip codes, two (2) complete counties (Beaufort and Jasper), and eight (8) partial counties (Bamberg, Berkeley, Charleston, Chatham, Colleton, Dorchester, Effingham and Hampton). There are 109 Specialty Care practice sites with a total of 212 physicians in that area There are nine (9) hospitals within the 60-minute drive-time boundary surrounding NH Beaufort; all of which are general medical / surgical facilities The population is forecasted to grow 4.1% over the next five (5) years (2019 to 2023). The market has experienced an average 13.3% growth over the last five (5) years (2014 to 2018) 																		
Top Hospital Alignment	<p>Specialty Care</p> <ul style="list-style-type: none"> Memorial University Medical Center (Savannah, GA) Candler Hospital (Bluffton, SC) St. Joseph's Hospital (multiple locations) Hilton Head Hospital (Hilton Head Island, SC) Coastal Carolina Hospital (Hardeeville, SC) Beaufort Memorial Hospital (Beaufort, SC) 																		
Likelihood of Offering Specialty Services to TRICARE Members⁸	<table border="1"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>26</td> <td>63</td> </tr> <tr> <td>High Likelihood</td> <td>0</td> <td>0</td> </tr> <tr> <td>Medium Likelihood</td> <td>77</td> <td>143</td> </tr> <tr> <td>Low Likelihood</td> <td>6</td> <td>6</td> </tr> <tr> <td>Total</td> <td>109</td> <td>212</td> </tr> </tbody> </table>		Number of Practices	Number of Physicians	Contracted with TRICARE	26	63	High Likelihood	0	0	Medium Likelihood	77	143	Low Likelihood	6	6	Total	109	212
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Total	109	212																	
Underserved / Critical Access Designation	None																		

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- MCAS Beaufort (~40 miles Northeast of Savannah, GA) has a market area population of approximately 674K⁹
- Changing NH Beaufort to an outpatient-only clinic would require the 23K¹⁰ TRICARE beneficiaries to rely on the local Managed Care Support Contractor (MCSC) network for inpatient care
- NH Beaufort has an extensive Specialty Care capacity (Physical Training, Chiropractic, Dermatology, Optometry, General Surgery, Orthopedics, Podiatry, Behavioral Health) and performs surgeries
- NH Beaufort has an External Resource Sharing Agreement (ERSA) with Beaufort Memorial
- NH Beaufort Urgent Care Clinic is open 1500-2200 Monday to Friday and 0800-2000 Saturday to Sunday
- In 2017, NH Beaufort had 260 admissions and an average daily census of 3.8¹¹
- Greater than 50% of encounters are Marine Corps Recruits
- Beaufort Memorial Hospital is located within three (3) miles of the NH Beaufort and has a four (4) out of five (5) star overall rating and above national average safety rating
- TRICARE Inpatient Satisfaction Survey (TRISS) FY18 Total "Overall Hospital Rating"
 - NH Beaufort: 70.5% (27 respondents)

⁸ 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

⁹ Source: Network Insight Assessment Summary (Independent Government Assessment)

¹⁰ Source: M2

¹¹ Source: J-5 MTF Portfolio (M2)

- Beaufort Memorial Hospital: NA
- Memorial Health University Medical (Savannah): 64.8% (129 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members
 - Preventive Care Visit: \$0
 - Primary Care Outpatient Visit: \$20
 - Specialty Care Outpatient or Urgent Care Center Visit: \$30
 - Emergency Room Visit: \$61
 - Inpatient Admission: \$154

Assumptions:

- MTF surgeons would continue day surgeries and utilize the exiting ERSA to maintain Beaufort's surgical specialties
- NH Beaufort would maintain their urgent care clinic

Analysis:

- Beaufort Memorial, with ~9,000 admissions/year, can readily absorb the 260 inpatient admissions generated by NH Beaufort

Implementation Risks:

- Trainees may miss more training time if requiring inpatient care
- Drill Instructors and aviation maintenance Marines may miss additional training time and take on additional stresses if they must transport recruits and Marines even further

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

- 100% of impacted NH Beaufort beneficiaries are living within the 60-minute drive-time radius, concentrated around the MTF's location. The population is forecasted to grow just over 4% over the next five years (2019 to 2023). The market experienced very high growth – over 13% -- over the last five (5) years (2014 – 2018)
- The potential impact of new MHS Beneficiaries (Prime, Reliant and Medicare Eligible) on the total population is well below the 10% threshold for both population groups and thus will not materially impact supply and demand of services in the NH Beaufort market
- There are ~ 109 Medical / Surgical specialty physician practices that correlate with top inpatient Medicare Severity Diagnosis Related Groups (MS-DRGs) associated with NH Beaufort within the 60-minute drive-time standard

Specialty	Number of Practice Sites	Number of Physicians
Cardiology	23	49
Gastroenterology	6	22
General Surgery	15	15
Infectious Disease	2	1
Neurological Surgery	4	7
Neurology	6	19
Oncology/Hematology	7	21
Orthopedic Surgery	20	41
Pulmonology	8	9
Rheumatology	4	5
Thoracic Surgery	3	1
Urology	8	22
Vascular Surgery	3	
Grand Total	109	212

Assumptions:

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

Analysis:

- There is a projected surplus Chatham and Charleston counties that drive a surplus across the geography in the majority of key specialties
- Given these surpluses and moderate population growth, the market can adequately cover incremental demand from impacted beneficiaries, however Cardiology and Hem/Onc specialties may require special attention during planning
- Current inpatient facilities in the market service area are covering current demand. There will be capacity to accept the incremental MHS population with the current supply of inpatient facilities and admitting physician capacity, with facilities closest to the MTF projected to be at ~67% after absorption of incremental beneficiary demand, which is well beneath the recommended max capacity of 80%

Inpatient Facility ¹	Admissions	Inpatient Days	Staffed Beds	ALOS	Max Capacity	Used Capacity
Beaufort County Memorial Hospital	8,787	43,662	203	5.0	74,095	58.9%
Coastal Carolina Hospital	2,992	9,950	35	3.3	12,775	77.9%
Hilton Head Regional Medical Center	5,898	21,486	93	3.6	33,945	63.3%
Hampton Regional Medical Center	575	3,105	32	5.4	11,680	26.6%
Colleton Medical Center	4,448	21,199	131	4.8	47,815	44.3%
Candler Hospital	11,176	59,892	274	5.4	100,010	59.9%
Effingham Health System	972	2,520	25	2.6	9,125	27.6%
Memorial Health University Medical Center	26,737	151,474	523	5.7	190,895	79.3%
St Joseph'S Hospital - Savannah	11,069	59,348	219	5.4	79,935	74.2%
Current Capacity of Top Performing Hospitals	72,654	372,636	1,535	5.1	560,275	66.5%
Incremental Beneficiary Demand²	275	1,410		5.1		
Resulting Capacity from Incremental Beneficiary Demand	72,929	374,046	1,535	5.1	560,275	66.8%

1. Hospitals listed in order of proximity to NH Beaufort
2. Incremental Beneficiary Demand derived from total DC Dispositions at NH Beaufort for FY18

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition Glossary
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Appendix F	

Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service QPP
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs)
6. The average PCP panel is approximately 2000¹²

¹² MGMA

Appendix B: Criteria Ratings Definition

Criteria Ratings Definition

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

Appendix C: Glossary

<i>Term (alphabetical)</i>	<i>Definition</i>
Ambulatory Care	Ambulatory care or outpatient care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services (Source: Wikipedia)
Beneficiary	Individuals who have been determined to be entitled to or eligible for medical benefits and therefore authorized treatment in a military treatment facility or under Department of Defense auspices (Source: health.mil)
Critical Access Designation	Critical Access Hospital is a designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services (CMS). ... The CAH designation is designed to reduce the financial vulnerability of rural hospitals and improve access to healthcare by keeping essential services in rural communities (Source: Ruralhealthinfo.org)
Direct Care	Hospitals and clinics that are operated by military medical personnel (Source: health.mil)
Eligible	To use TRICARE, you must be listed in DEERS as being eligible for military health care benefits. TRICARE-eligible persons include the following: Military members and their families, National Guard/Reserve members and their families, Survivors, Some former spouses, Medal of Honor recipients and their families (Source: Military.com)
Enrollee	An eligible MHS beneficiary that is currently participating in one of the TRICARE plans
JOES	Joint Outpatient Experience Survey
JOES-C	Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems
Managed Care Support Contractor	Managed Care Support Contractors. Each TRICARE region has its own managed care support contractor (MCSC) who is responsible for administering the TRICARE program in each region. The MCSCs establish the provider networks and conduct provider education. Humana is the MCSC in the East, and HealthNet is the MCSC in the West (Source: health.mil)
Network	A provider network is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to its members. These providers are called “network providers” or “in-network providers.” (Source: cms.org)
Occupational Therapy	Occupational therapy is the use of assessment and intervention to develop, recover, or maintain the meaningful activities, or occupations, of individuals, groups, or communities. It is an allied health profession performed by occupational therapists and Occupational Therapy Assistants
Overseas Remote	TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations: Eurasia-Africa, Latin America and Canada, Pacific
P4I	A set of MHS clinical, quality, safety and readiness performance measures (Partnership for Improvement)
Panel	“Provider panel” means the participating providers (Primary Care physician) or referral providers who have a contract, agreement or arrangement with a health maintenance organization or other carrier, either directly or through an intermediary, and who have agreed to provide items or services to enrollees of the health plan (Source: Definedterm.com)
Physical Medicine	The branch of medicine concerned with the treatment of disease by physical means such as manipulation, heat, electricity, or radiation, rather than by medication or surgery. the branch of medicine that treats biomechanical disorders and injuries (Source: Dictionary.com)
Plus	With TRICARE Plus, you get free Primary Care at your military hospital or clinic. The beneficiary does not pay nothing out-of- pocket. TRICARE Plus doesn't cover Specialty Care (Source: health.mil)
Prime	TRICARE Prime is a health insurance program offered to active duty members, retirees, activated guard & reserve members, and families. If you're on active duty, you have to enroll in TRICARE Prime, all others can choose to enroll or use TRICARE Select. TRICARE Prime offers fewer out-of-pocket costs than TRICARE Select, but less freedom of choice for providers (Source: health.mil)
Purchased Care	Supplementing the direct care component, the purchased care component of TRICARE is composed of TRICARE-authorized civilian health care professionals, institutions, pharmacies, and suppliers who have generally entered into a network participation agreement with a TRICARE regional contractor.
Reliant	Active Duty Service Members who are not enrolled to TRICARE Prime (e.g. students and recruits) (Source: MHS Modernization Study, Feb 2016)
Value Based Payment	Value Based Payment (VBP) is a concept by which purchasers of health care (government, employers, and consumers) and payers (public and private) hold the health care delivery system at large (physicians and other providers, hospitals, etc.) accountable for both quality and cost of care (Source: AAFP)

Appendix D: Volume II Contents

Part A	Data Call
Part B	Relevant Section 703 Report Detail Glossary
Part C	DHA TRICARE Health Plan Network Review
Part D	Network Insight Assessment Summary (Independent Government Assessment) P4I
Part E	Measures
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Part G	Light Care Instructions
Part H	Base Mission Brief MTF
Part I	Mission Brief
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Part K	MTF Portfolio (Full)

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: Naval Hospital (NH) Beaufort – Marine Corps Recruiting Depot (MCRD) Parris Island 19
March 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 key mission of MCRD Parris Island is to make Marines. Anything that takes recruits or Drill Instructors (DIs) away from their training runs counter to the completion of that mission.
- Regardless of changes to inpatient services at Naval Hospital Beaufort (NHB), base and Marine Corps leadership feel that the current system does not adequately support the mission of getting recruits trained or back to training as quickly as possible.
 - Sending recruits to external facilities, even military facilities within a one-hour drivetime, leads to overworked DIs and recruits potentially unable to return to their current training cycle.
- Continuity of Operations (COOP) during major weather events is a concern, especially if the delays to return extend too far.
- Critical requirements from the MCRD Leadership:
 - Maintain all current Service Lines at NHB and Branch Health Clinic (BHC)
 - 24/7 Behavioral Health services aboard the Depot
 - 24/7 Acute Care aboard the Depot
 - Battalion Health Annex (BHA) remain co-located with Recruit Training Battalions
 - "Light Care" 24/7 patient holding area, staffed with Navy personnel
 - Medical care surge capability commensurate with annual recruit flow
 - Robust case management
 - Flexibility in wake of destructive weather to maintain COOP

MTF Impact:

- Loss of inpatient capabilities at NHB would require confirmation of capability with the network and would need to be addressed with additional changes to capabilities at both Marine Corps Air Station (MCAS) Beaufort and MCRD Parris Island.
- The current ongoing NHB facilities study will need to be re-scoped, given disagreement on actual requirements for the area/population.
- Concerns for Active Duty Family Member (ADFM) focus on network capabilities/drive time.
 - Specialty care may be available within a one to two-hour drivetime. This is extended travel time for families and AD to attend events/help with medical care and recovery.
 - Even if capabilities increased, it would be difficult to attract civilian/contract FTEs to the area.

Network Impact:

- While there are capabilities in the network for specialty care, mental and behavioral health, and after- hours acute care, it may not have capacity during surge times (e.g., summer recruit season, holidays, etc.).
- 60-minute drive time includes more care options, but that increases time away from training for recruits, and additionally leads to overworked DIs.
- There is a need for "light care" and additional holding capabilities for this specific population that are uncommon or not found in the commercial healthcare sector.
- Major weather events could exacerbate these issues, if ACH Winn-Stewart is the only place still open for some extended time.

Summary of MTF Leadership Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
Lt Gen Charles G. Chiarotti	Deputy Commandant, Installation & Logistics	Marine Corps
RADM Terry Moulton	Deputy Surgeon General	Navy BUMED
RDML Gayle Shaffer	The Medical Officer of the Marine Corps	Marine Corps
RDML Anne Swap	NAVMED East CDR	Navy BUMED
BGen James Glynn	Commanding General	MCRD Parris Island
CAPT Christopher Adams	A C/S G-F, Marine Corps Installations - East	Marine Corps
Col Tim Miller	Commanding Officer	MCAS Beaufort
Mr. Dave Wilson	Logistics Officer	MCAS Beaufort
COL Jim Stone	Chief of Staff	MCRD Parris Island
Col Bill Truax	G4	Marine Corps
Col John Barnett	Recruit Training Regiment CO	MCRD Parris Island
COL Sean Killeen	HQ & Service BTN CO	MCRD Parris Island
Col Randy Hoffman	WFTB Commanding Officer	MCRD Parris Island
SGMAJ William Carter	Sergeant Major	MCRD Parris Island
CAPT Robert D. Jackson	Naval Hospital Beaufort CO	NH Beaufort
CDR Michael Termini	OIC, BHC MCRD Parris Island	MCRD Parris Island
CDR Mark Bomia	NHB Radiology	NH Beaufort
CAPT Dale Ramirez	Naval Hospital Beaufort XO	NH Beaufort
CAPT Laura Deaton	DNS NHB	NH Beaufort
CAPT Lewis Dyer	DHB NHB	NH Beaufort
CAPT Hicks	DCSS NHB	NH Beaufort
CDR Roger Caron	DFA NHB	NH Beaufort
LCDR Kimberly Oelschlager	Director of Public Health	NH Beaufort
HMCM Gentry Lloyd	Command Master Chief	NH Beaufort
CDR James Ripple	Acting EO NHB	NH Beaufort
LCDR Ebony Ferguson	Medical Homeport Clinic Manager	NH Beaufort
CDR Beth Hoffman	Director of Surgical Services NHB	NH Beaufort
Maj Jason Lambert	Aide-de-Camp to Deputy Commandant	Marine Corps
LCDR Amanda Gardner	Deputy Executive Assistant	Navy BUMED
LT Lisa Brown	Aide-de-Camp to NAVMED East	Navy BUMED
Dr. David J. Smith	Reform Leader for Health Care Management for the Department	703 Workgroup
CDR Debra Manning	Director of Clinical Programs, Medical Corps, US Navy	703 Workgroup
CAPT Nate Price	Chief of the Facilities Enterprise for the Defense Health Agency	703 Workgroup

Summary of MTF Commander Discussion Agenda

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

Voice of the Customer Summary:

- The MTF's main concerns about the impact on the Base's mission:
 - Potential drive-time for inpatient care if those capabilities are removed from NH Beaufort,
 - trust and accountability of commercial providers vs. the MTF,
 - and increased time away from training due to further or not as high-quality care.
- The MTF's facilities including NH Beaufort, BHC MCAS Beaufort and BHC MCRD Parris Island are undergoing a MILCON analysis of their current medical support requirements and the facilities required to accommodate them. This is being undertaken by DHA Facilities, with support from local base and MTF planners, along with BUMED and Navy Medicine East. With the facilities potentially changing this could affect the decision.
 - There is a demand signal to replace the clinic buildings at the MCAS and Parris island, as well as replace the dental clinic at Parris Island.
 - Some of NH Beaufort's facilities would move to BHC MCAS Beaufort to create a "super-clinic".
 - The analysis would break down capabilities by product lines and determine who uses certain percentages of each service. Square footage calculations would occur after that process.
- The MTF maintains the health of six operational aviation squadrons to include international personnel from the UK. There is a possibility that the demand signal for medical support grows locally due to an increase in nations purchasing F-35s and end up reporting to MCAS Beaufort for training.
 - However, with the F-18s leaving, this may be a net-zero shift.
- One function that NH Beaufort provides that is not available in the civilian network is the "holding bed", which is a limited holding capability for recruits who, due to malady, do not warrant inpatient care at the MTF but are not able to return to the "squad bay" environment. If the capability that currently resides in the Naval Hospital Beaufort (NHB) is eliminated, this capability needs to be re-established and handled elsewhere by the NHB and not by MCRD PI.
 - There is an added benefit of having this capability at the military facility because the DIs feel comfortable dropping off the Recruits at NH Beaufort and returning to work.
 - The DI knows that the hospital won't release the Recruits on their own and will call the DI when the individual is ready to go back to the MCRD.
- There are similar concerns for Emergency Care or Mental Health as there are for the "holding beds" process. In the current state, the DI can drop off patients at NH Beaufort and return to training, while in the commercial network they would need to wait or potentially drive the individual to Savannah if Beaufort Memorial Hospital did not have capacity.
- There is a unique medical relationship between NH Beaufort and MCRD Parris Island known as light care status. This is when Recruits are stable but need some degree of inpatient care – most often a short-term illness or after an orthopedic surgery. Light care status has eight (8) bed capacity.
 - Recruits are sent back to the sick barracks once they have recovered enough. This care can be cheaper than commercial post-op care (and better maintains the training system/mindset for recruits).
- The impression of the medical capabilities downtown is that access to basic Primary Care and Family Medicine meets standards and the quality of health care is very good.
 - Finding specialty care can be a problem and beneficiaries must travel to Savannah or North Charleston, but the MTF understands that is not unique to Beaufort.
- The Lowcountry Federal Healthcare Alliance is a model DoD/VA partnership. This partnership that allows the MTF radiology department workforce to maintain their skills and readiness.

Summary of MCRD Parris Island Leadership Discussion

List of Attendees

The following were in attendance during the MCRD Parris Island Leadership discussion:

Name	Title	Affiliation
Lt Gen Charles G. Chiarotti	Deputy Commandant, Installation & Logistics	Marine Corps
RADM Terry Moulton	Deputy Surgeon General	Navy BUMED
RDML Gayle Shaffer	The Medical Officer of the Marine Corps	Marine Corps
RDML Anne Swap	NAVMED East CDR	Navy BUMED
BGen James Glynn	Commanding General	MCRD Parris Island
CAPT Christopher Adams	A C/S G-F, Marine Corps Installations - East	Marine Corps
Col Tim Miller	Commanding Officer	MCAS Beaufort
Mr. Dave Wilson	Logistics Officer	MCAS Beaufort
COL Jim Stone	Chief of Staff	MCRD Parris Island
Col Bill Truax	G4	Marine Corps
Col John Barnett	Recruit Training Regiment CO	MCRD Parris Island
COL Sean Killeen	HQ & Service BTN CO	MCRD Parris Island
Col Randy Hoffman	WFTB Commanding Officer	MCRD Parris Island
SGMAJ William Carter	Sergeant Major	MCRD Parris Island
CAPT Robert D. Jackson	Naval Hospital Beaufort CO	NH Beaufort
CDR Michael Termini	OIC, BHC MCRD Parris Island	MCRD Parris Island
Maj Jason Lambert	Aide-de-Camp to Deputy Commandant	Marine Corps
LCDR Amanda Gardner	Deputy Executive Assistant	Navy BUMED
LT Lisa Brown	Aide-de-Camp to NAVMED East	Navy BUMED
Dr. David J. Smith	Reform Leader for Health Care Management for the Department	703 Workgroup
CDR Debra Manning	Director of Clinical Programs, Medical Corps, US Navy	703 Workgroup
CAPT Nate Price	Chief of the Facilities Enterprise for the Defense Health Agency	703 Workgroup
Mr. David Montplaisir	Senior Decision Science Analyst, TRICARE Health Plan	THP

Summary of MCRD Parris Island Leadership Discussion

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

Voice of the Customer Summary:

- "We Make Marines" – focus of the installation, and all efforts (including medical support) with the goal of effectiveness in training
 - They train 49% of male Marine recruits, 100% of female recruits
 - Ranging from 3900-7000 total recruits throughout the year
 - Averaging 19-20K recruits trained per year, ~13 weeks for each cycle

- Major concerns regarding the current requirement to send recruits to external (esp. non-military) facilities for treatment
 - “Already crossed a line that we need to hedge back towards”.
 - Drill Instructors currently have to both transport and supervise recruits receiving medical care in network. This leads to task saturation, with DIs having safety risks due to lack of sleep.
 - Additionally, the amount of time recruits are gone, coupled with their being pulled out of the training environment, can reduce the effectiveness of training (“rolling the clock back” or “depressurizing”).
- Network Issues
 - 60 min drive time requirement is significant from the recruit training perspective, in addition to DI time away from their normal duties.
 - 682 recruit referrals to the network, 5 hours per case, over 142 duty days missed.
 - Beaufort Memorial Hospital – was supposed to “handle everything we sent them,” but have been on divert multiple times (most critical for Behavioral/Mental Health).
 - Biggest issue around holidays and during the summer (approximately 7000 recruits).
 - Can’t put medical and transport requirements as additional duties for functioning DIs (not just the medical care, but the medical logistics and administration).
 - No Neonatal capability, means for much of OB, required to travel to Charleston, and NHB can’t handle concurrent acute care while pregnant – also required to travel to Charleston.
 - PT availability appears to be lacking in the network, and the capability to support recruits at the depot is a critical issue.
 - Sending recruits to the network also reduces overall effectiveness.
- Continuity of Operations (COOP)
 - During major weather events (e.g., hurricanes, flooding) evacuation of Parris Island may be required.
 - ACH Winn-Stewart stays open regardless.
 - Current ‘Safe Haven’ is normally MCLB Albany, GA. Long-term COOP site(s) have not been clearly identified. HSS for Recruits and training staff must be flexible enough to provide support at the ‘Safe Haven’ and allow Recruit Training to resume at one or more COOP sites.
 - Operational medicine capability needs to follow the recruit population in particular.
 - Difficulty in getting civilians back to work following major weather events.

Summary of MCRD Parris Island Tour

Summary of 4th Battalion Tour

Below is the summary of the topics that were discussed during the 4th Battalion Tour:

Voice of the Customer Summary:

- 4th Recruit Training Battalion is the only female recruit battalion in the Marine Corps
- 4th Battalion Health Annex (BHA)/Battalion Aid Station (BAS) – handles light care, acute care, and women's health
 - Can stay open later for acute care, but generally follows standard hours – any care required after hours either goes to the Branch Health Clinic (on MCRDPI) or further on to other facilities (NHB, BMH, etc.)
 - Shuttle for transport to other facilities, but still depends on timing
 - They've been encountering delays for MRIs at NHB, uncharacteristic delays based on prior experience
- After hours (especially mental health) – first have to go to BMH, with a driver required if there are not available beds (this falls on the DIs to do currently)
 - Can take five to six hours to determine admission/transfer, even at BMH which is nearby

Summary of 2nd Battalion Aid Station Tour

Below is the summary of the topics that were discussed during the 2nd Battalion Aid Station Tour:

Voice of the Customer Summary:

- Triage process in place to either address care at the BAS or send it forward for more acute care
 - 20-40 patients in the morning
 - Up to 60-70 on post-Crucible Monday
 - All labs done at Branch Health Clinic (BHC)
 - Some pharmacy done at BAS with new system
- Crucible - 54-hour training exercise that validates the physical, mental and moral training they've endured throughout recruit training
 - Separate aid station, with 12 IDCs and two providers on rotation
 - Only open during Crucible Exercise itself
 - Primarily Orthopedic and Heat injury patterns

Summary of Special Training Company Tour

Below is the summary of the topics that were discussed during the Special Training Company Tour:

Voice of the Customer Summary:

- Responsible for recruits who have been injured in some capacity in training and need medical rehabilitation, physical conditioning and evaluation before continuing to train on Parris Island or follow-on training at the School of Infantry in North Carolina
 - Smart Clinic to be completed in FY2020
 - 72-hour limit for rehab/medical care to be readmitted to training
 - After that limit, recruits enter Special Training Company for treatment, rehab, medical boards, etc.
 - Ability to maintain the training mindset by keeping recruits in the training environment
 - Athletic Trainer runs both Alter-G antigravity treadmill program, along with physical exercise regimen for recruits that have non-targeted rehab requirements (maintain fitness in non-injured body systems)

Summary of Branch Health Clinic (BHC) Tour

Below is the summary of the topics that were discussed during the Branch Health Clinic Tour:

Voice of the Customer Summary:

- Conducts recruit in-processing, acute care, and primary care. The clinic also provides primary care to active duty service members stationed at Parris Island
 - Acute Care Area – open MF 0600-1700, Sat 0530-1600
 - Urgent Care at NHB – open until 2200
 - Staffing 3 EM doctor contract FTEs, 3 Corpsmen
 - Case Management (changing FTEs based on fiscal concerns, have brought back civilian FTE recently, 1 clinical nurse for cases leaving MCRD, borrowing some capabilities from MCRD staff – DIs?)
 - Dealing with unempaneled recruits, but trying to create a “recruit-centered medical home”
 - Zero-to-15 admissions over the weekend, two-to-three during the week (at external facilities)
- SMART Clinic- offers sports medicine, physical therapy and podiatry services to permanent party personnel



Appendix F: Supplemental Materials

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NARRATIVE SUMMARY

20 May 2019

SUBJECT: Patient Self-Reported Experience at NH Beaufort

1. Purpose. To provide information on Patient Experience in the NH Beaufort TRICARE Network.

2. Facts. The Defense Health Agency (DHA) measures outpatient satisfaction through both the Joint Outpatient Experience Survey (JOES) and Joint Outpatient Experience-CAHPS (JOES-C) and Inpatient Satisfaction through the TRICARE Inpatient Satisfaction Survey (TRISS). JOES is mailed or e-mailed to a random sample of outpatients within 24-48 hours of a visit. JOES-C is sent to a sample of direct and purchased care patients once a month (sampled daily). TRISS is delivered via mail or phone call (if there is non-response through mail) to all patients within 42 days of discharge from Medical, Surgical or Childbirth. Both JOES-C and TRISS have purchased care samples.

a. JOES-C.

(1) Overall Provider Communication at NH Beaufort has improved over the past year and is currently at 92.8%. This score is above the MHS Average (81.2%) and the CAHPS Benchmark (88%). Satisfaction with Access (Timely appointments, care and information) has remained steady over the past year and is currently at 69.4% (slightly above the CAHPS benchmark of 67%).

(2) Overall Provider Communication (purchased care) in the Beaufort Prime Service Area has improved over the past year and is currently at 88.8%. This is slightly above the CAHPS benchmark (88%) but below the direct care score (92.8%). Satisfaction with Access (Timely appointments, care and information) has increased over the past year and is currently 73.9% (slightly above the direct care score).

b. TRISS.

(1) Overall Inpatient Satisfaction at NH Beaufort is currently 70.5%. This is below the Civilian Benchmark (73%) and MHS average (73.4%). Many patients were pleased with the interpersonal style of the doctors and nurses and the quality of care received. 60% of patients indicated they would recommend the hospital to friends and family. Additionally, 30.4% of patients indicated hourly rounding was occurring and 43.5% indicated they received a post-discharge phone call (these have both declined over the past year). In addition to increasing patient satisfaction, providing the discharge phone calls will lead to less medication errors and lower readmission rates.

(2) Overall Inpatient Satisfaction at Memorial Health University is currently 64.8%. This is below the Civilian Benchmark and the direct care score (70.5%). The surgical score is currently 75.3%. This is above the Civilian Benchmark. The Medicine score is 60.3% (below the Civilian Benchmark). *Note: There are not enough data to provide a childbirth score.*