

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

17th Medical Group (MEDGRP) – Goodfellow AFB

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	17th Medical Group (MEDGRP) – Goodfellow AFB
Decision	Transition the 17th Medical Group Goodfellow 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:

Goodfellow AFB and the 17th MEDGRP are in Tom Green County, Texas (TX). Goodfellow AFB is home to the 17th Training Wing (TRW), and includes four (4) main groups, 15 squadrons, multiple specialized staff agencies, and several tenant units including an Army Battalion and Navy and Marine Corps training detachments. In addition to the 17th MEDGRP and 17th TRW, Goodfellow AFB is supported by the 17th Mission Support Group and the 517th Training Group. The largest of the four (4) groups within the 17th TRW is the 17th Training Group (TRG), which consists of four (4) squadrons responsible for training fire protection professionals and conducting advanced education courses for Intelligence, Surveillance, and Reconnaissance (ISR) warriors.

The 17th MEDGRP consists of a Medical Operations Squadron and a Medical Support Squadron, both of which help to provide healthcare services to more than 8,800 patients in the Goodfellow area. Healthcare services provided at the 17th MEDGRP may include Family Medicine, Flight Medicine, Pediatrics, Women's Health, and Mental Health.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> Ambulance service to the fire protection training program is critical to Goodfellow's mission due to risk of heat injuries among trainees. Ambulances are currently contracted with the City of San Angelo While the 17TRW does have civil servant employees who are retirees and are seen at the MTF, transitioning them to the network for care would not adversely impact the installation's missions The 17th MEDGRP experiences personnel challenges with filling a Behavioral Health Optimization Program (BHOP) position and recruiting AD and/or contractor nurses 	Section 1.0
Network Assessment	L	<ul style="list-style-type: none"> According to the Network Insight Assessment Summary, the commercial network in the area surrounding Goodfellow AFB should be capable of accepting incremental demand for Primary Care and Obstetrics/Gynecology (OB/GYN) THP analysis shows the network could not expand rapidly to meet the new demand and can only accept incremental demand without MCSC network expansion and the potential entry of additional physicians into the market Both network assessments indicate potential concerns with Psychiatry/Psychology care in the area surrounding Goodfellow AFB. However, ADFMs are screened through the Exceptional Family Member Program (EFMP) and expectations are communicated prior to arriving on base The 17th MEDGRP has successfully tested the network by slowly transitioning 20-30 higher acuity patients at a time to the network (total of approximately 200 patients over the last two years) Local health care providers are very supportive of the base and have expressed an interest in expanding capability if demand for care is present 	Section 2.0

¹ See Appendix B for Criteria Ratings Definitions

Risk / Concerns and Mitigating Strategies

The Risk / Concerns and Mitigation table below represents a high-level summary of the risks identified throughout the process. Though not exhaustive, the mitigation strategies / potential courses of action, will be used to help develop a final implementation plan.

	Risk/Concerns	Mitigating Strategy
1	The network may experience challenges sustaining adequacy until new entrants enter the Primary Care and Specialty Care market	<ul style="list-style-type: none">• MCSC/TRICARE Health Plan and MTF will monitor the Primary Care and Specialty Care network adequacy and address supply issues by slowing down the transition as necessary
2	Currently small department sizes at the 17 th MEDGRP make it difficult to deliver services, and loss of any additional staff may result in service gaps	<ul style="list-style-type: none">• The MTF and DHA will need to monitor staffing and performance to ensure that adequate resources are available to maintain mission-critical activities
3	The 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">• This risk will be mitigated through the implementation, a strong strategic communications plan and care coordination.

Next Steps:

Develop the implementation plan for the above decision to include a communications strategy to inform the population of upcoming changes.

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

1.1. Installation Description

Goodfellow Air Force Base (AFB) is in Tom Green County, TX and is home to the 17th Training Wing (TRW), which is made up of four (4) main groups, and several other tenant units. Goodfellow is in a relatively isolated location as it is more than 200 miles away from both Fort Worth and San Antonio. The 17th TRW is assigned to the Air Education and Training Command. The four (4) groups supported by Goodfellow AFB include the 17th Training Group, 17th Mission Support Group, 17th Medical Group, and 517th Training Group.

Name	Goodfellow AFB
Location	Tom Green County, TX
Mission Elements	<ul style="list-style-type: none"> • 17th Training Wing • 17th Medical Group • 17th Training Group • 517th Training Group
Mission Description	17th Training Wing Mission: Train, Develop, and Inspire Exceptional Intelligence, Surveillance, and Reconnaissance (ISR) Fire Protection Professionals for America and Her Allies
Base Active or Proposed Facility Projects	The following recommendations for expansion and renovation were made in 2018: <ul style="list-style-type: none"> • Right size and remodel laboratory • Expand Bioenvironmental and Education & Training • Expand and remodel Mental Health • Improve privacy and patient safety of front desk area
Medical Capabilities and Base Mission Requirements	The 17 th Medical Group (MEDGRP) was a 2018/2019 Department of Defense (DoD) Patient Engagement Award Winner. Medical Capabilities include: <ul style="list-style-type: none"> • Family Medicine • Flight Medicine • Student Clinic • Pediatrics • Women's Health • Mental Health • Dental Clinic • Physical Therapy • Optometry • Allergy/Immunizations • Bioenvironmental Health • Public Health

1.2. MTF Description

Name	17 th Medical Group (MEDGRP)
Location	Tom Green County, TX; approximately 230 miles from Fort Worth, TX
Market²	Stand-Alone MTF; Small Market and Stand-Alone Office (SSO)
Mission Description	Readiness and Trusted Care Every Day
Vision Description	An Engaged Team Committed to a Healthy Population
Facility Type	Outpatient facility
Square Footage	59,905 Square Feet
Deployable Medical Teams	N/A
Performance Metrics	See Volume II Part D for Partnership 4 Improvement (P4I) measures

² Defined by FY17 NDAA Section 702 Transition

FY18 Assigned Full-time Equivalents (FTEs)³	Active Duty	Civilian	Contractor	Total
	Medical	128	41	27
Healthcare Services	Medical Operations Squadron		Medical Support Squadron	
	<ul style="list-style-type: none"> • Family Medicine • Flight Medicine • Student Clinic • Pediatrics • Women's Health • Mental Health • Dental Clinic • Physical Therapy • Optometry • Allergy/Immunization • Bioenvironmental • Public Health 		<ul style="list-style-type: none"> • Radiology • Laboratory • Pharmacy • Patient Administration <ul style="list-style-type: none"> ○ Referral Management ○ Medical Records ○ TRICARE Benefits Assistance • Resource Management • Logistics • Facility Management • Readiness 	
Projected Workforce Impact	Active Duty	Civilian	Total	
	41	13	54	

³ FY18 MTF Portfolio

2.0. Healthcare Market Surrounding the MTF

Description	<p>The 17th MEDGRP is in Tom Green County, TX on base at Goodfellow AFB.</p> <p>100% of non-Active Duty (AD) MTF Prime & Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care, concentrated around the 17th MEDGRP location. 98% of MTF Prime, Reliant, and Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty Care, concentrated around the 17th MEDGRP location.</p>																				
Top Hospital Alignment	<p>Primary Care Practices</p> <ul style="list-style-type: none"> • San Angelo Community Medical Center (San Angelo, TX) • Shannon Medical Center (San Angelo, TX) <p>Gynecology (GYN) Practices</p> <ul style="list-style-type: none"> • San Angelo Community Medical Center (San Angelo, TX) • Shannon Medical Center (San Angelo, TX) <p>Psychiatry Practices</p> <ul style="list-style-type: none"> • San Angelo Medical Center (San Angelo, TX) • Shannon Medical Center (San Angelo, TX) • Rivercrest Mental Health Facility (San Angelo, TX) 																				
Likelihood of Offering Primary Care Services to TRICARE Members⁴	<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>13</td> <td>31</td> </tr> <tr> <td>High Likelihood</td> <td>1</td> <td>-</td> </tr> <tr> <td>Medium Likelihood</td> <td>1</td> <td>1</td> </tr> <tr> <td>Low Likelihood</td> <td>1</td> <td>1</td> </tr> <tr> <td>Total</td> <td>16</td> <td>33</td> </tr> </tbody> </table>		Number of Practices	Number of Physicians	Contracted with TRICARE	13	31	High Likelihood	1	-	Medium Likelihood	1	1	Low Likelihood	1	1	Total	16	33		
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2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- Goodfellow AFB (San Angelo, TX) has a market area population of approximately 120K⁵
- 17th MEDGRP has 4,152⁶ non-AD enrollees who could enroll to the network
- 17th MEDGRP provides primary care, OB/GYN and behavioral health (BH)
- MCSC has contracted 43⁷ primary care providers (PCP) within a 15-mile radius of the MTF. Only 37 of the 43 PCPs are currently 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:
 - 17th MEDGRP patients: 47.1% (131 respondents)
 - Network patients: 79.3% (82 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members⁸
 - Preventive Care Visit: \$0
 - Primary Care Outpatient Visit: \$20
 - Specialty Care Outpatient or Urgent Care Center Visit: \$30
 - Emergency Room Visit: \$61
- TRICARE Prime enrollees should expect to drive no more than:
 - 30 minutes to a PCM for primary care
 - 60 minutes for specialty care

Assumptions:

- The average PCP panel is approximately 2000⁹
- PCPs generally have relatively full panels, able to immediately enroll:
 - Up to 2.5% more enrollees (49) easily

⁴ Contracted with TRICARE: Providers are currently contracted to provide services to TRICARE beneficiaries; High Likelihood: Providers are connected to organizations currently providing services to TRICARE beneficiaries; Medium Likelihood: Providers are accepting Medicare and/or Medicaid; Low Likelihood: Providers are neither providing Medicare nor Medicaid

⁵ Network Insight Assessment Summary (Independent Government Assessment)

⁶ M2

⁷ MCSC

⁸ <http://www.TRICARE.mil/costs>

⁹ MGMA

- 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:

- Goodfellow AFB is in a small 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
- Each of the current 37 PCPs (accepting new patients) would have to enroll 130 new patients to accommodate the 4,152 17th MEDGRP enrollees
- Based on the assumptions above, the MCSC network could not likely expand rapidly to meet the new demand
- There are 57 network facilities within drive time of 17th MEDGRP – Goodfellow that offer like specialty services currently provided by the MTF with more than adequate access to care
- Although there are an adequate number of providers contracted, access to care is over 28 days for Psychiatry/Psychology
- Beneficiaries rate network health care 32% higher than 17th MEDGRP 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

Implementation Risks:

- MCSC network may not grow fast enough to accommodate beneficiaries shifted from 17th MEDGRP
- MCSC may be unable to contract enough PCPs within the 30-minute drive time
- Retirees and their family members may seek less primary care due to out-of-pocket costs (+/-)

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:¹⁰

- **Primary Care:** The potential impact of the nearly 4,000 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 16 practice sites which include 33 Primary Care Physicians. The majority of Primary Care providers are located in Tom Green County, where 100% of impacted beneficiaries reside, and where the MTF is located. Population growth over the last five (5) years (2014 to 2018) has averaged 7.5% and is projected at 2.3% over the next five (5) years
- **Specialty Care:** The potential impact of the more than 8,800 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 six (6) practice sites which include five (5) Physicians providing Specialty Care. The majority of Specialty Care providers are located in Tom Green County, where 98% of impacted beneficiaries reside and where the MTF is located. Population growth over the last five (5) years (2014 to 2018) has averaged 5.3% and is projected at 2.1% over the next (5) years. Impacted beneficiaries account for 6.2% of the population, and should not drastically affect demand

Assumptions:

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

Analysis:

- **Primary Care:** There is a slight shortage of Primary Care Providers within the drive-time radius across all Primary Care specialties. However, given the slight shortage and small percent of impacted beneficiaries relative to overall population, the network should be capable of absorbing incremental demand from impacted beneficiaries. However, the network should be monitored over time to ensure adequacy
- **Specialty Care:** An overall shortage of Psychiatry providers is projected in the market area, however a slight surplus of OB/GYN providers is projected in the market area. The Psychiatry market may not be capable of accepting the incremental demand of impacted TRICARE beneficiaries. However, the OB/GYN market should be capable of accepting the incremental demand

¹⁰ Population growth may be understated due to the current oil/gas market expansion

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition
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Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. The cost savings in the BCA should be considered a rough order of magnitude of savings
3. There will be no change in the TRICARE benefit to accommodate decisions
4. Readiness requirements for the final decision will be addressed in the Service QPP
5. There will be no changes to the existing Managed Care Support Contract (MCSC)
6. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs)
7. The average PCP panel is approximately 2000¹¹

¹¹ MGMA

Appendix B: Criteria Ratings Definition

Criteria Ratings Definition

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

Appendix C: Glossary

Term (alphabetical) Definition

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

Appendix D: Volume II Contents

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