

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

Army Health Clinic (AHC) Munson-Leavenworth

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	Army Health Clinic (AHC) Munson – Leavenworth (Munson AHC)
Decision	Munson AHC has already suspended surgical capabilities. The 703 decision supports the official transition from an ambulatory surgery center to an outpatient clinic.

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

Fort Leavenworth, Kansas (KS) is the oldest continuously operating military installation west of the Mississippi River. This historic post is the home of the US Army's Combined Arms Center (CAC). CAC, as a major subordinate headquarters of the U.S. Army Training and Doctrine Command (TRADOC), has often been referred to as the "Intellectual Center of the Army." CAC and its predecessor organizations have been engaged in the primary mission of preparing the Army and its leaders for war. At present, this mission is divided between preparing the Army for the Global War on Terrorism and transforming it to meet future threats.

In order to accomplish these critical missions, CAC develops and integrates Army leader development, doctrine, education, lessons learned, functional training, training support, training development, and proponent responsibilities in order to support mission command and prepare the Army to successfully conduct unified land operations in a joint, inter-agency, inter-governmental, multinational environment.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> N/A, Munson AHC has already suspended surgical capabilities. 	Section 1.0
Network Assessment	L	<ul style="list-style-type: none"> Across the counties within the 60-minute drive time radius, there is an observed surplus in General Surgery and a slight projected shortage in Orthopedic Surgery Given the moderate projected growth over the next five years and the minor shortage against current supply, new entrants will likely enter the market for Orthopedic Surgery to reduce the shortage, while General Surgery will likely level off or shrink to adjust for the measurable surplus 	Section 2.0

Risk / Concerns and Mitigating Strategies

The Risk / Concerns and Mitigation Strategies table below represents a high-level summary of the risks identified throughout the process. Though not exhaustive, the mitigation strategies / potential courses of action were established by the 703 Workgroup and will be used to help develop a final implementation plan.

	Risk/Concerns	Mitigating Strategy
1	No risks/concerns identified as no additional changes are recommended for Munson AHC	<ul style="list-style-type: none"> N/A

Recommended Next Steps

Because the decision is for Munson AHC to continue the ongoing transition, there are no next steps.

¹ See Appendix B for Criteria Ratings Definitions

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

Fort Leavenworth, KS is the oldest continuously operating military installation west of the Mississippi River. This historic post is the home of the US Army's Combined Arms Center (CAC). CAC, as a major subordinate headquarters of the U.S. Army Training and Doctrine Command (TRADOC), has often been referred to as the "Intellectual Center of the Army." CAC and its predecessor organizations have been engaged in the primary mission of preparing the Army and its leaders for war. At present, this mission is divided between preparing the Army for the Global War on Terrorism and transforming it to meet future threats.

CAC is the force modernization proponent for unified land operations, combined arms operations at echelons above brigade (Division, Corps and Theater Army), mission command, airspace control, information operations, irregular warfare, knowledge management, personnel recovery, OPSEC, military deception, security force assistance, UAP interoperability, and the Army Profession. CAC is also the US Army's lead organization for lessons learned, doctrine, training, education, functional training, fielded force integration, managing the Army Leader Development Program, Army Profession Program, Army Training Support System Enterprise, Army Training and Education Management Enterprise, and the Combat Training Center Program.

The Combined Arms Center synchronizes 37 US Army schools through Army University educating and training more than 500,000 students annually, including nearly 10,000 students from 146 separate nations and more than 10,000 sailors, airmen, and Marines from the Joint Force.

1.1. Installation Description

Name	Fort Leavenworth, KS
Location	Fort Leavenworth, KS; approximately 30 miles from Kansas City, KS
Mission Elements	<ul style="list-style-type: none"> • CAC HQ <ul style="list-style-type: none"> ○ Army University ○ Mission Command Community of Excellence ○ Mission Command Training Program Special Troops Battalion ○ Sexual Harassment/Assault Response & Prevention Program Academy • 15th Military Police (MP) Brigade <ul style="list-style-type: none"> ○ US Disciplinary Barracks ○ Joint Regional Corrections Facility • 902d Military Intelligence Group • Munson Army Health Clinic • 35th Infantry Division, National Guard
Mission Description	CAC provides the Army agile, adaptive, innovative, and expert professional Soldiers and leaders, and Doctrine, Organization, Training, Materiel, Leadership and Education, Personnel, Facility and Policy (DOTMLPF-P) solutions for highly capable combined arms formations to be ready and able to conduct Unified Land Operations to shape, prevent, prevail in large scale combat operations, and consolidate gains in complex and contested Operational Environments (OEs)
Regional Readiness/ Emergency Management	N/A
Base Active or Proposed Facility Projects	N/A
Medical Capabilities and Base Mission Requirements	Fort Leavenworth Total Support Population FY18: 46,395 (not all individuals are enrolled at the MTF) <ul style="list-style-type: none"> • Residents Living On-Post: 5,907 • Military Service members Residing Off-Post: 2,206 • Family Members Residing Off-Post: 5,515 • DoD Civilians: 2,388 • Inmates: 621 • Transient Students (1-18 weeks): 7,805 • Retirees in Fort Leavenworth's County Service Areas: 21,9853

1.2. MTF Description

Munson AHC is located in Fort Leavenworth, KS. Munson AHC is a part of the Kansas – Large Market. The clinic has an eligible beneficiary population of over 23,000 and averages approximately 600 clinic visits a day.

Name	Munson AHC				
Location	Fort Leavenworth, KS; approximately 30 miles from Kansas City, KS				
Market²	Kansas (Large Market)				
Mission Description	Generate readiness through patient-focused care to those we serve A				
Vision Description	dedicated Family caring for Family				
Goals	N/A				
Facility Type³	Outpatient Facility with Ambulatory Surgery Center (ASC) N/A				
Square Footage	Munson AHC does not have organic deployable or operational assets other than the individual soldiers that can be deployed				
Deployable Medical Teams	N/A				
MTF Active or Proposed Facility Projects	See Volume II for Partnership 4 Improvement (P4I) measures and for Joint Outpatient Experience Survey – Consumer (JOES-C) Data				
Performance Metrics		Civilian	Contractor	Military	Total
	Medical	255.5	0.0	82.0	337.5
Fiscal Year (FY) 2018 Assigned Full-time Equivalents (FTEs)⁴	<p>Primary Care</p> <ul style="list-style-type: none"> Clinical Pharmacist Pediatrics Exceptional Family Member Program (EFMP) Auricular Acupuncture Clinic *Periodic Health Assessment (Virtual/Face-to-Face) <p>Rehabilitation Center</p> <ul style="list-style-type: none"> Physical Therapy (direct access) Occupational Therapy (referral needed) Chiropractic Care (AD only) POSE Running Clinic Pelvic Floor Therapy <p>Pharmacy Lab</p> <p>Radiology</p> <ul style="list-style-type: none"> X-ray Ultrasound Mammography <p>Department of Public Health</p> <ul style="list-style-type: none"> Community Health Nursing Industrial Hygiene Drive-Thru Flu Clinic (Fall) Environmental Health <p>Readiness Center</p>				

² Defined by FY17 NDAA Section 702 Transition

³ Source: AHC Munson-Leavenworth MTF Portfolio

⁴ Source: AHC Munson-Leavenworth MTF Portfolio

- Optometry
- Physical Exams
- Audiology
- Immunizations
- Nutrition Care

**Projected Workforce
Impact**

Active Duty	Civilian	Total
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2.0. Healthcare Market Surrounding the MTF

Description	Munson AHC is an outpatient facility with ambulatory surgery center being evaluated for conversion to a Significant Specialty Outpatient only clinic. Munson AHC is part of the Kansas – Large Market area. 100% of Prime, Reliant & Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty Care, concentrated around the MTF location.																																						
Top Hospital Alignment	<ul style="list-style-type: none"> • North Kansas City Hospital (Kansas City, MO) • University of Kansas Health System (Kansas City, MO) • Shawnee Mission Medical Center (Merriam, KS) • Ransom Memorial Hospital (Ottawa, KS) • Children's Mercy Hospital (Kansas City, MO) • Saint Luke's North Hospital-Smithville (Smithville, Platte Township, MO) 																																						
Likelihood of Offering Specialty Care Services to TRICARE Members⁵	<p>General Surgery Providers</p> <table border="1" data-bbox="435 579 1252 779"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>21</td> <td>31</td> </tr> <tr> <td>High Likelihood</td> <td>3</td> <td>14</td> </tr> <tr> <td>Medium Likelihood</td> <td>23</td> <td>60</td> </tr> <tr> <td>Low Likelihood</td> <td>13</td> <td>1</td> </tr> <tr> <td>Total</td> <td>60</td> <td>106</td> </tr> </tbody> </table> <p>Orthopedic Surgery Providers</p> <table border="1" data-bbox="435 842 1252 1041"> <thead> <tr> <th></th> <th>Number of Practices</th> <th>Number of Physicians</th> </tr> </thead> <tbody> <tr> <td>Contracted with TRICARE</td> <td>21</td> <td>67</td> </tr> <tr> <td>High Likelihood</td> <td>7</td> <td>20</td> </tr> <tr> <td>Medium Likelihood</td> <td>17</td> <td>39</td> </tr> <tr> <td>Low Likelihood</td> <td>5</td> <td></td> </tr> <tr> <td>Total</td> <td>50</td> <td>126</td> </tr> </tbody> </table>				Number of Practices	Number of Physicians	Contracted with TRICARE	21	31	High Likelihood	3	14	Medium Likelihood	23	60	Low Likelihood	13	1	Total	60	106		Number of Practices	Number of Physicians	Contracted with TRICARE	21	67	High Likelihood	7	20	Medium Likelihood	17	39	Low Likelihood	5		Total	50	126
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2.1. TRICARE Health Plan Network Assessment Summary

No TRICARE Health Plan Network Assessment was provided at this time.

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

- **Specialty Care:** Across the counties within the 60-minute drive time radius, there is an observed surplus in General Surgery and a slight projected shortage in Orthopedic Surgery. While ability and willingness to accept TRICARE patients must be confirmed, over half of General Surgery and Orthopedic practitioners in the Leavenworth market are accepting government-sponsored insurance, and many are already contracted to provide services to TRICARE beneficiaries
- Of the more than 30,000 impacted Specialty Care beneficiaries attributed to Leavenworth, 100% are represented within the 40-mile radius boundary around the MTF. Impacted beneficiaries account for 1.6% of the population and should not drastically affect demand. Population growth has averaged 6.6% over the last five years (2014 to 2018), but it is projected to only grow 3.3% over the next five years

Assumptions:

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

⁵ Contracted with TRICARE: Providers are currently contracted to provide services to TRICARE beneficiaries; High Likelihood: Providers are connected to organizations currently providing services to TRICARE beneficiaries; Medium Likelihood: Providers are accepting Medicare and/or Medicaid; Low Likelihood: Providers are neither providing Medicare nor Medicaid

Analysis:

- **Specialty Outpatient:** Given the moderate projected growth over the next five years and the minor shortage against current supply, new entrants will likely enter the market for Orthopedic Surgery to reduce the shortage, while General Surgery will likely level off or shrink to adjust for the measurable surplus. The commercial Specialty Care network within the 60-minute drive-time standard should be capable of accepting the specific demand from the more than 30,000 impacted beneficiaries

3.0. Appendices

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

Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service Quadruple Aim Performance Process (QPP)
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs)
6. The average PCP panel is approximately 2000⁶

⁶ MGMA

Appendix B: Criteria Ratings Definition

Criteria Ratings Definition

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

Appendix C: Glossary

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

Appendix D: Volume II Contents

Part A	MTF Data Call
Part B	Relevant Section 703 Report Detail
Part C	Network Insight Assessment Summary (Independent Government Assessment)
Part D	P4I Measures
Part E	JOES-C 12-month Rolling Data
Part F	Base Mission Brief
Part G	MTF Mission Brief
Part H	MTF Portfolio (Full)