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

Community Based Medical Home (CBMH) North Columbus
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	**Community Based Medical Home (CBMH) North Columbus**
Decision	Community Based Medical Home North Columbus-Benning outpatient clinic to close its capabilities.

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 Summary

Fort Benning, Georgia is located approximately seven (7) miles from Columbus, Georgia. Fort Benning's key mission elements are in support of different operating and training units, including the support of more than 120,000 active-duty (AD) military, family members, reserve component soldiers, retirees, and civilian employees which operate in Fort Benning on a daily basis. Fort Benning is the home of the CBMH North Columbus, Martin Army Community Hospital (MACH), Consolidated Troop Medical Clinic, Sledgehammer Clinic, Harmony Church Clinic, 4th RTB Clinic, Troop Medical Clinic #5, Winder Health Clinic, Sullivan memorial Blood Center, United States (U.S.) Army Maneuver Center of Excellence, the U.S. Army Armor School, U.S. Army Infantry School, the Western Hemisphere Institute for Security Cooperation (formerly known as the School of the Americas), elements of the 75th Ranger Regiment (U.S.), 3rd Brigade – 3rd Infantry Division, and several other additional tenant units.

Criteria Matrix

Criteria	Rating or Value[1]	Key Takeaways or Findings	Use Case Package
Mission Impact	M	• The proximity of the local network to the base mitigates travel times for TRICARE Prime beneficiaries engaged in Network Care not indicating excessive time away from duty or job; however, Trainees utilizing Network care requires additional resources such as government vehicle and additional personnel • Given the proximity of MACH, patients enrolled at CBMH North Columbus-Benning could be easily transferred as it is only 18 miles away	Section 1.0
Network Assessment	L	• CBMH North Columbus is surrounded by a robust Primary Care network which can support the more than 15,000 impacted MHS beneficiaries. 99% of MTF Prime and Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care concentrated around CBMH North Columbus, additionally within its market 15-mile radius there are 81 TRICARE Primary Care Managers (PCMs) currently accepting new patients • The potential impact of new CBMH North Columbus beneficiaries on the total population is well below the 10% threshold and thus will not materially impact supply and demand of services in the market • The current Primary Care population growth in the region is expected to be about 1.8% growth for the next five (5) years (2019 to 2023). Given the forecasted population growth we expect a surplus of Primary Care providers in the market that can provide services to the CBMH North Columbus impacted beneficiaries. This surplus will be largely in general / family practice physicians in Muscogee county and an adequate supply of pediatric physicians will help offset shortages observed in Lee and Harris counties • Beneficiary satisfaction should not suffer with network enrollment, as beneficiaries rate network health care 23% higher than CBMH North Columbus care • Both TRICARE Health Plan (THP) and an independent government assessment conclude that the network could meet the new demand from the incremental CBMH North Columbus impacted population	Section 2.0

[1] See Appendix B for Criteria Ratings Definitions. In Appendix B - Decision Criteria Ratings for the "Network Assessment" covers both Primary and Specialty Care Sections of this table

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 were established by the 703 Workgroup and will be used to help develop a final implementation plan.

	Risk/Concerns	Mitigating Strategy
1	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	• 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 DHA will monitor progress and address access issues by slowly transitioning • The MTF will retain services that are scarce in the market, including inpatient Mental Health
2	The patients' change in expectations from getting care at the MTF to getting care off the installation will have to be monitored and managed to maintain beneficiary satisfaction	• The risk will be mitigated through an extensive PAO marketing plan, added liaison officers with duty at Network facilities, increased referral processing assets, and care coordination

Next Steps:

Develop the implementation plan for the above decision, with a focus on deliberately shifting enrollees to an expanded civilian network one (1) panel at a time while developing a plan to transfer CBMH North Columbus patients and staff to MACH.

Table of Contents

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

Fort Benning is the home of the United States (U.S.) Army Maneuver Center of Excellence (MCoE), the U.S. Army Armor School, the U.S. Army Infantry School, and several other tenant units. Fort Benning supports more than 120,000 Active-Duty (AD) Military, family members, reserve component soldiers, retirees, and civilian employees daily. The MCoE and Fort Benning provide trained and combat-ready Soldiers and leaders and provide a world-class quality of life for Soldiers, civilians, and Army families to ensure the Army's Maneuver Force remains the world's premier combat force. Fort Benning is the center of gravity in the Army for producing trained combat Soldiers and is the primary driver for development of the future force. Fort Benning had a trainee population of approximately 76,000 in Fiscal Year (FY) 2019 spread across 56 training courses.

1.1. Installation Description

Name	Fort Benning
Location	Fort Benning, Georgia; co- located in Columbus, Georgia
Mission Elements	Fort Benning Serves: • U.S. Army Maneuver Center of Excellence • U.S. Army Armor School • U.S. Army Infantry School • The Western Hemisphere Institute for Security Cooperation (formerly known as the School of the Americas) • Elements of the 75th Ranger Regiment (United States) • 3rd Brigade – 3rd Infantry Division
Mission Description	Fort Benning is a U.S. Army post straddling the Alabama–Georgia border next to Columbus, Georgia. Fort Benning supports more than 120,000 AD military, family members, reserve component soldiers, retirees, and civilian employees daily. It is a power projection platform and possesses the capability to deploy combat-ready forces by air, rail, and highway. Fort Benning is the home of the U.S. Army Maneuver Center of Excellence, the U.S. Army Armor School, U.S. Army Infantry School, the Western Hemisphere Institute for Security Cooperation (formerly known as the School of the Americas), elements of the 75th Ranger Regiment (United States), 3rd Brigade – 3rd Infantry Division, and many other additional tenant units
Regional Readiness / Emergency Management	Unknown
Base Active or Proposed Facility Projects	Unknown
Medical Capabilities and Base Mission Requirements	Fort Benning provides training for roughly 65,000 trainees every year, of which the bulk are basic trainees and coming out of a sedentary lifestyle which increases risk of exhaustion and heat stroke. Given these risks, the Base is concerned that what happened at Fort Knox and Ireland Army Clinic would also occur at Fort Benning where the hospital's capabilities were downgraded and now the Army is looking at standing up a Combat Support Hospital (CSH) to deal with the summer cadet training surge. Fort Benning experiences those surge levels year-round Medical Capabilities: Community Based Medical Home (CBMH) North Columbus, MACH, Consolidated Troop Medical Clinic, Sledgehammer Clinic, Harmony Church Clinic, 4th RTB Clinic, Troop Medical Clinic #5, Winder Health Clinic, Sullivan memorial Blood Center

1.2. CBMH North Columbus Description

Name	CBMH North Columbus
Location	Fort Benning, Georgia; approximately seven (7) miles from Columbus, Georgia
Market[2]	Southwest Georgia - Large Market

[2] Defined by FY17 NDAA Section 702 Transition

Mission Description	Unknown
Vision Description	Unknown
Goals	(1) Readiness: We will keep the warfighter fit to fight (2) Health: We will provide safe, quality healthcare (3) Partnerships: We will optimize health through partnerships with the communities we serve
Facility Type	Outpatient Clinic
Square Footage	Unknown
Deployable Medical Teams	No
Annual Budget[3]	Unknown
MTF Active or Proposed Facility Projects	Unknown
Performance Metrics	See CBMH North Columbus Volume II Part F for performance measures (Partnership for Improvement) (P4I) measures. For Joint Outpatient Experience Survey (JOES-C) data see Section 2.1 TRICARE Health Plan Network Assessment Summary[4]

FY18 Assigned Full-time Equivalents (FTEs)[5]

	Active Duty	Civilian	Contractor	Total
Medical	0	32.1	0	32.1

Healthcare Services

Full scope of Patient Centered care for acute illness, chronic medical problem management and preventive care for:

- Adult Care
- Obstetrics Care
- Pediatrics Care
- Geriatrics Care
- Same-Day Acute Appointments
- Minor Surgical Procedures
- Vasectomies
- Colposcopies
- Joint Injections
- Liquid Nitrogen Skin Treatments
- Intrauterine Device placement and removal
- Toenail Removal

In office testing/treatment, such as: EKG, pregnancy testing, nebulizer treatments, injections, and intravenous therapy

- Immunizations
- Sports Medicine
- Integrated Behavioral Health
- Nutrition Care
- Clinical Pharmacology
- Case Management services
- Embedded Radiology and Laboratory services

Projected Workforce Impact

Active Duty	Civilian	Total
17	34	**51**

[3] Source: No Budget Data

[4] TRICARE Health Plan Network Assessment Summary references JOES-C Question #31 "Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate your health care?"

[5] Source: ACH Ft. Benning MTF Portfolio

2.0. Healthcare Market Surrounding CBMH North Columbus

Description	The market analysis for CBMH North Columbus, located in Columbus, GA includes the following counties: Muscogee, Chattahoochee, Chambers, Harris, Lee, Russell, and Troup. Within that area, there are approximately 114 Primary Care practices sites totaling 110 physicians, within the 15-mile radius there are 81 TRICARE Primary Care Managers (PCMs) currently accepting new patients, top hospital alignment is provided below
Top Hospital Alignment	• Saint Francis Hospital (Columbus, Georgia) • Midtown Medical Center (Columbus, Georgia) • Medical Center Navicent Health (Macon, Georgia) • Jack Hughston Memorial Hospital (Phenix City, Alabama)

Likelihood of Offering Primary Care Services to TRICARE Members[6]

	Number of Practices	Number of Physicians
Contracted with TRICARE	28	36
High Likelihood	35	16
Medium Likelihood	45	52
Low Likelihood	6	6
Total	**114**	**110**

2.1. CBMH North Columbus TRICARE Health Plan Network Assessment Summary

Facts:

- Columbus, GA has a market area population of approximately 400K[7]. CBMH North Columbus provides Primary Care only to 5 Active Duty (AD) enrollees[8] and 7,271 non-AD enrollees who could enroll to the network
- The Managed Care Support Contractor (MCSC) has contracted 85[9] of 110[10] (77%) Primary Care providers (PCP) within a 15-mile radius of the MTF and 81 of which 81 of these TRICARE providers are accepting new patients
- Rolling 12-month Joint Outpatient Experience Survey (JOES-C) scores ending November 2018 with a "health care rating" scored as a 9 or 10 on a scale of 0-10:
    - CBMH North Columbus patients: 50.5% (12 respondents)
    - Network patients (CBMH North Columbus): 73.7% (360 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members[11]
    - 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 MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000[12]
- PCPs generally have relatively full panels, able to immediately enroll:
    - Up to 2.5% more enrollees (49) easily
    - 2.5% - 5% (50-99) with moderate difficulty
    - > 5% (100+) with great difficulty
- Beneficiaries are reluctant to waive the 30-minute drive time for Primary Care

[6] 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

[7] Network Insight Assessment Summary (Independent Government Assessment)

[8] M2

[9] MCSC

[10] Network Insight Assessment Summary (Independent Government Assessment)

[11] http://www.TRICARE.mil/costs

[12] MGMA

- Metropolitan networks will grow more rapidly than rural networks to accommodate demand

Analysis:

- CBMH North Columbus is in a rural area with a currently adequate Primary Care network
- If the MCSC contracts 50% of the non-network PCPs, they would have a total of 94 PCPs accepting new patients.
- Each PCP would have to enroll 78 new patients to accommodate the 7,271 non-AD North Columbus enrollees
- Based on the assumptions above, the MCSC network could meet the new demand with moderate difficulty
- Beneficiary satisfaction should not suffer with network enrollment, as beneficiaries rate network health care 23% higher than North Columbus care
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees

Implementation Risks:

- Retirees and their family members may seek less Primary Care due to out-of-pocket costs (+/-)

2.2. CBMH North Columbus Network Insight Assessment Summary (Independent Government Assessment)

Facts:

Primary Care:

- The MHS impacted population for Primary Care is approximately 15,000; 99% of MTF Prime and Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care, concentrated around the MTF location. The potential impact of new MHS Beneficiaries 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 Benning market
- The Primary Care population is forecasted to grow 1.8% over the next five (5) years (2019 to 2023). This growth will result in a surplus of general / family practice physicians in Muscogee County, where 53% of beneficiaries live, and an adequate supply of pediatric physicians will help offset shortages observed in Lee and Harris counties, where the balance of beneficiaries resides
- There are ~114 Primary Care physicians' practices within CBMH North Columbus's 15-mile radius boundary where 99% of beneficiaries reside

Assumptions:

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

Analysis:

- **Primary Care:** The majority of the supply of Primary Care providers are concentrated in Muscogee County, where the CBMH North Columbus is located. The commercial Primary Care providers within the 30-minute drive-time standard are capable of accepting the specific demand from the impacted beneficiaries. Given the forecasted population growth we expect a surplus of Primary Care providers in the market largely in general / family practice physicians in Muscogee county and an adequate supply of pediatric physicians will help offset shortages observed in Lee and Harris counties

3.0. Appendices

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

Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service QPP
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs)
6. The average PCP panel is approximately 2000[13]

[13] MGMA

Appendix B: Criteria Ratings Definition

Criteria Ratings Definition

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

Appendix C: Glossary

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

Appendix D: Volume II Contents

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

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: Fort Benning - Community Based Medical Home (CBMH) North Columbus-Benning

3 April 2019

Table of Contents

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:

- Fort Benning is the home of the US Army Maneuver Center of Excellence (MCoE), the US Army Armor School, the US Army Infantry School, and several other tenant units. Fort Benning supports more than 120,000 Active-Duty Military, family members, reserve component Soldiers, retirees, and civilian employees daily
- The MCoE and Fort Benning provide trained and combat-ready Soldiers and leaders and provide a world- class quality of life for Soldiers, civilians, and Army families to ensure the Army's Maneuver Force remains the world's premier combat force. Fort Benning is the center of gravity in the Army for producing trained combat Soldiers and is the primary driver for development of the future force. Fort Benning has a trainee population of approximately 76,000 in FY19 spread across 56 training courses

MTF Impact:

- The proximity of the local network to the base mitigates travel times for TRICARE Prime beneficiaries engaged in Network Care not indicating excessive time away from duty or job; however, Trainees utilizing Network care requires additional resources such as a government vehicle and additional personnel
- Given the proximity of Martin Army Community Hospital (MACH), patients enrolled at CBMH North Columbus-Benning could be easily transferred as it is only 18 miles away

Network Impact:

- CBMH North Columbus is surrounded by a robust Primary Care network which can support the more than 15,000 impacted MHS beneficiaries. 99% of non-AD MTF Prime and Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care concentrated around CBMH North Columbus, additionally within its market 15-mile radius there are 81 TRICARE Primary Care Managers (PCMs) currently accepting new patients

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
MG Gary M. Brito	Commanding General, US Army MCOE	Fort Benning
COL Douglas G. Vincent	Chief of Staff, US Army MCOE	Fort Benning
COL Clark Lindner	Deputy Commandant, US Army Armor School	Fort Benning
COL Townley R. Hedrick	Deputy Commandant, US Army Infantry School	Fort Benning
Mr. Brandon Cockrell	Chief, Plan, Analysis & Integration Office	Fort Benning
COL Larry J. McCord	Commander	MACH
COL Grant A Perrine	DENTAC Commander	MACH
LTC Jeffery Blackwell	Deputy Commander for Administration	MACH
MAJ Josh Connor	Chief Resource Management	MACH
MAJ Melinda Wallace	Executive Officer	MACH
CSM Rebecca Booker	MACH, CMD Sergeant Major	MACH
Dr. David Huth	MACH, Deputy Commander, Quality & Safety	MACH
Dr. David Smith	Reform Leader for Health Care Management	703 Workgroup
LTC Clint R. Magana	Deputy Director, AMEDD Manpower Directorate OTSG/MEDCOM	703 Workgroup
Lt Col Maryann Marquez	Chief, Region/Market Support Section TRICARE Health Plan Division	703 Workgroup
Mr. Asasi Francois	Contract Support	703 Workgroup

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

Base Mission Overview:

- The Maneuver Center of Excellence (MCOE) and Fort Benning provide trained and combat-ready Soldiers and leaders; develop the doctrine and capabilities of the Maneuver Force; and provide a world-class quality of life for our Soldiers, civilians, and Army Families
- MCoE supports four lines of effort: Maneuver Force Modernization, Train the Fundamentals & Develop Leaders, Soldier, Civilian & Family Readiness, and Community
    - Maneuver Force Modernization: MCoE is the primary driver for material and concept development for the maneuver force
    - Train the Fundamentals & Develop Leaders: Operating Force receives qualified maneuver Soldiers and Leaders prepared to join a formation in combat
    - Soldier, Civilian & Family Readiness: Soldiers, civilian and family members empowered through personal resilience & readiness to surge in crisis and war
    - Community: A community relationship that enables vitality in the Chattahoochee Valley and Forty Benning mission readiness
- Workforce by the numbers: 11,821 permanent military, 33,818 dependents, 16,785 military trainees (weekly avg.), 6,845 federal civilian employees

Voice of the Customer Summary:

- Fort Benning is mostly a training facility and is part of the Training & Doctrine (TRADOC) Command. There is more high-risk training at Fort Benning than at other TRADOC commands. The risks are magnified by the climate and weather which creates one of the hottest training environments in the military due to the humidity
- ~65,000 trainees come through a year, of which the bulk are basic trainees and coming out of a sedentary lifestyle which increases risk of exhaustion and heat stroke:
    - The Base is concerned that what happened at Fort Knox and Ireland Army Clinic would also occur at Fort Benning where the hospital's capabilities were downgraded and now the Army is looking at standing up a Combat Support Hospital (CSH) to deal with the summer cadet training surge. Fort Benning experiences those surge levels year-round
- Base command estimates that 75% of the airborne trainee population comes directly from basic and do not have cars. None of the basic trainees are authorized to have cars
- When basic trainees go off-post or downtown for healthcare they need two Drill Sergeants to go with them. This leads to time away from the mission for the drill sergeants and ripple effects on other instructors who have to pick up the added workload
    - The base is already experiencing insufficient manning levels and start below direct field-levels across Army
- With the expansion of the training, the Base estimates that the daily population will experience a 16.4% increase by 2022. The total population will remain the same but because trainees are remaining on Fort Benning for longer the daily population will increase and have an impact on the workload at the hospital
- MG Brito recently participated in a discussion at the state capitol on how hard it is for Southwest Georgia to attract healthcare providers. The Base is concerned that inpatient capabilities and getting care in the network would become an issue in the future if providers are not moving into the region to meet demand

Summary of MTF Commander Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
COL Larry J. McCord	Commander	MACH
COL Michael Dempsey	Deputy Commander for Clinical Services	MACH
COL Gloria Bonds	Deputy Commander of Nursing	MACH
COL Grant A Perrine	DENTAC Commander	MACH
LTC Jeffery Blackwell	Deputy Commander for Administration	MACH
MAJ Josh Connor	Chief Resource Management	MACH
MAJ Melinda Wallace	Executive Officer	MACH
CSM Rebecca Booker	CMD Sergeant Major	MACH
Dr. David Huth	Deputy Commander, Quality & Safety	MACH
Mr. Jeffrey Schend	--	Regional Health Command-Atlantic
Mr. Matt Gorski	--	Regional Health Command-Atlantic
LTC Brent Clark	Director of Clinical Operations	DHC-A
Dr. David J. Smith	Reform Leader for Health Care Management	703 Workgroup
LTC Clint R. Magana	Deputy Director, AMEDD Manpower Directorate OTSG/MEDCOM	703 Workgroup
Lt Col Maryann Marquez	Chief, Region/Market Support Section TRICARE Health Plan Division	703 Workgroup
Mr. Asasi Francois	Contract Support	703 Workgroup

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

MTF Medical Mission Overview:

- CMBH North Columbus provides full scope of Patient Centered care for acute illness, chronic medical problem management and preventive care
- Additionally, n office testing/treatment, such as: EKG, pregnancy testing, nebulizer treatments, injections, and intravenous therapy is provided
- Given the proximity of Martin Army Community Hospital (MACH), patients enrolled at CBMH North Columbus-Benning could be transferred

Voice of the Customer Summary:

- Base command estimates that 75% of the airborne trainee population comes directly from basic and do not have cars. None of the trainees in basic training have cars
- Trainees are not allowed to bring vehicles on base and most arrive without a driver's license. This can impact the patient's ability to receive care and the base's mission as drill sergeants or other staff must accompany the trainees to commercial healthcare providers
    - It is important to the Base's mission that they maintain command and control over the trainees. However, by establishing a clinic in North Columbus, the expectation was to extend the beneficiary catchment area to a greater population in order to increase enrollment
- North Columbus was created during an attempt of increasing enrollment and beneficiaries. By establishing an MTF in that area it was extended the beneficiary catchment area to a greater population.

The facility was projected to bring in thousands of enrollees but only brought in 500. NCMH brought in an additional 500, they currently have more than 7400 enrollees assigned

- It is not sustainable with the current staffing. The hospital would save more costs by closing the clinic and regaining the staff at MACH