

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

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Fillmore Army Health Clinic (AHC)  
Volume I

Disclaimer: This Use Case provides information relevant to decisions to change capacity and capability of a military treatment facility. A detailed implementation plan is needed to accomplish a transition of clinical services.

# Executive Summary

<b>Site</b>	<b>Fillmore Army Health Clinic (AHC)</b>
<b>Decision</b>	Transition Fillmore Army Health Clinic outpatient facility to an Active Duty only with Occupational Health clinic (AD/OH). Active Duty Family Members (ADFM) will be enrolled as necessary to round out the physician panels and maintain readiness. 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.

## Installation Mission Summary

Fillmore-New Cumberland is the home to the Defense Logistics Agency (DLA) Distribution Headquarters, which is one (1) of six (6) major subordinate commands of the DLA. Distribution provides global storage and distribution solutions in support of America's warfighters and operates in 50+ locations around the globe. With approximately 1,800 employees in its New Cumberland, PA location, DLA Distribution operates in large warehouses and a wide range of environments around the globe in support of the overall DLA mission.

Fillmore AHC, located on base with DLA Distribution Headquarters, is the main healthcare provider for AD service members and some family members on base. The MTF provides various services in support of DLA Distribution's agile mission by supporting acute care needs of the workforce and ensuring that new employees are fit for their jobs in the warehouses. Fillmore AHC also supports all Occupational Health needs of an industrial workforce of over 5,000 Department of Defense (DoD) Civilians.

## Criteria Matrix

Criteria	Rating or Value <sup>1</sup>	Key Takeaways or Findings	Use Case Package
Mission Impact	H	<ul style="list-style-type: none"> <li>The healthcare required for DLA is consistent with that of an industrial civilian workforce in addition to the Active Duty workforce and TRICARE beneficiaries. In FY18, the Fillmore nursing staff completed 1,296 Occupational Health exams and the physician staff completed 762 Occupational Health exams, or as many as 164 in one month. The same 3 providers and support staff that provides Primary Care services at Fillmore AHC are the same staff that is able to surge to meet the critical Occupational Health mission required by the DLA Distribution Commander. Reducing Primary Care services to Active Duty only at Fillmore AHC could critically impact the ability to support the Occupational Health mission requirement</li> <li>Fillmore AHC provides services in support of DLA Distribution's agile mission by supporting acute care needs of the workforce and ensuring that new employees are fit for their jobs in the warehouses</li> <li>Post and MTF leadership, as well as New Cumberland, PA community members, believe that closure of Fillmore AHC could present a risk to safety of the workforce on post and would most certainly lead to a decrease in production of DLA Distribution warehouses</li> <li>Post and MTF leadership believe that if re-scoping leads to decreased support being provided by the Dunham Health system and AHC Dunham, it could jeopardize the mission of DLA Distribution. Fillmore AHC is currently operated with support from AHC Dunham and Dunham-Carlisle Barracks, and a reduction of staff at Dunham would lead to residual impacts in the Fillmore-New Cumberland environment. Fillmore AHC has only 23 staff members to support over 3,000 patients, and they rely on administrative support from Dunham to help service these patients</li> </ul>	Section 1.0

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

		<ul style="list-style-type: none"> <li>If Fillmore were reduced to Active Duty only for Primary Care, the DLA Distribution Expeditionary (DDXX) mission could be impacted as it would be more difficult for the clinic to surge to certify the rapid deployment teams and make them medically ready. The rapid deployment teams have as little as 24 hours to be certified/made medically ready which means timely access to healthcare providers is critical. One recent example of where the three (3) provider teams were utilized to meet the mission demand was the Ebola response where DLA pushed out response teams</li> </ul>	
Network Assessment	M	<ul style="list-style-type: none"> <li>Both the TRICARE Health Plan and independent government assessments indicated that the provider market (not limited to TRICARE) surrounding New Cumberland could potentially absorb the additional workload. However, the MCSC would likely need to expand its network to address the incremental demand</li> <li>Based on population growth, there is a projected increased demand for Primary Care providers in the market area. Although some counties in the geographic market have a shortage, there is a surplus of Primary Care physicians across the 30-minute drive-time radius, thus the market is capable of accepting incremental demand from impacted beneficiaries</li> <li>The Senior Commander and MTF Command have concerns about the network's actual ability to absorb the over 2,600 patients that would be pushed to the network over several years. Their experience with the local network indicates that access to care for new patients as well as follow up appointments may not meet the Military Health System (MHS) standards</li> </ul>	Section 2.0

### 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	The patients' change in expectations from getting care at the MTF to getting care off the installation will have to be monitored and managed	<ul style="list-style-type: none"> <li>The risk will be mitigated through the implementation and communication plan, as well as care coordination</li> </ul>
2	The pace at which the network can absorb new enrollees is unknown. There will be an adjustment period for the network	<ul style="list-style-type: none"> <li>The MTF should conduct the transition in a measured way that is tailored to their specific needs and addressed in the implementation plan. Managed Care Support Contractor (MCSC)/TRICARE Health Plan (THP) and the MTF will monitor progress and address access issues by slowly transitioning</li> </ul>
3	Trust, accountability, quality, and accessibility of services with commercial providers	<ul style="list-style-type: none"> <li>The MTF and MCSC will monitor the transition and performance of commercial Primary Care providers to identify and address quality and access issues</li> </ul>
4	Ability to support the DLA Distribution Expeditionary Mission by providing care and health screenings in a timely manner	<ul style="list-style-type: none"> <li>As part of its implementation plan, the MTF should work with the Service and DHA to identify strategies for surging the clinic's capacity to meet the increased demand when rapid deployment teams require health screenings</li> </ul>
5	Due to the high demand for Occupational Health services and the overlap of providers' responsibilities, reducing the number of providers to meet the requirements of an AD only clinic could have adverse impacts on the required Occupational Health mission of the clinic	<ul style="list-style-type: none"> <li>Occupational Health services are critical to the mission of the installation and the MTF should take these requirements into account when developing an implementation plan</li> <li>The MTF and Service should plan for provider levels that will still meet the Occupational Health requirements while also implementing the decision</li> </ul>
6	Accessing care in the network may result in the workforce spending an increased amount of time away from work, training or duty, leading to a decrease in productivity and increasing costs and the administrative burden of the MTF	<ul style="list-style-type: none"> <li>The MTF will work with the MCSC to help retiree-civilian employees receive timely care in the network</li> <li>As part of the implementation plan, the MTF will develop resources, guidance and/or policy to reduce potential time away from work, training or duty, incurred through seeking healthcare services</li> </ul>

**Next Steps:**

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

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

Defense Logistics Agency Distribution Headquarters and Defense Distribution site is located in New Cumberland, PA; approximately five (5) miles from Harrisburg, PA. Key mission elements include the largest distribution processing facility in Department of Defense (DoD) and Susquehanna is the only center that receives, inspects, stages, and consolidates material for United States (U.S.) Army Security Assistance Command projects and acts as freight forwarder for Greece, Iraq, and Romania.

## 1.1. Installation Description

<b>Name</b>	Defense Distribution Center, Susquehanna
<b>Location</b>	New Cumberland, PA; approximately five (5) miles from Harrisburg, PA (Headquarters) Additional facilities at Mechanicsburg, PA
<b>Mission Elements</b>	Home to the largest distribution processing facility in DoD – the 1.7 million square foot Eastern Distribution Center handles 25 percent of DLA Distribution's total receipt, storage, and issue of materiel worldwide. Susquehanna is the only center that receives, inspects, stages, and consolidates material for U.S. Army Security Assistance Command projects and acts as freight forwarder for Greece, Iraq, and Romania.
<b>Mission Description</b>	<p><b>DLA Distribution Mission:</b> Provide an agile, Global DoD Distribution network that delivers effective and efficient distribution solutions which enable readiness and extend the operational reach of the combatant commands, military services and other valued customers.</p> <p><b>Defense Distribution, Susquehanna Mission:</b> Eastern strategic distribution platform for storage and distribution supporting DoD and valued customers globally.</p> <p><b>Vision:</b> Deliver the right solution on time, every time with Healthy, highly trained employees who champion safety and are United in effort and fully diverse in background and are fully engaged in Bold leadership and innovation to best support the Warfighter.</p>
<b>Regional Readiness/ Emergency Management</b>	<p>One (1) of only two (2) DoD healthcare facilities in the state of Pennsylvania and is critical to the Readiness of the Pennsylvania National Guard, Reserve units, Tri-Service (Physical Exams, Line of Duty, Fit for Duty, Command Directed Evaluations, EFMP).</p> <p>Fillmore AHC also provides community value as a point of dispensing site, public health emergency support, and public health emergency officer (PHEO). Fillmore AHC provides continual training events to local emergency response teams as well as community health and wellness education.</p>
<b>Base Active or Proposed Facility Projects</b>	Unknown
<b>Base Mission Requirements</b>	<p>Defense Distribution Center, DLA, includes USA TARDEC Petroleum Laboratory; Defense Contract Audit Agency; 358<sup>th</sup> EN CO 365<sup>th</sup> EN Bat, 411<sup>th</sup> EN Brig, 412<sup>th</sup> ENCOM; USA 374<sup>th</sup> Financial Mgmt. Co, Det 4,5&amp;6; US Marine Corps Rctg Sta-Hbg; USASAC – U.S. Only; and 4<sup>th</sup> Marine Corps District. The installation supports the Warfighter as DoD's Eastern Distribution HUB while providing capabilities for military contingencies and disaster relief.</p> <p>Fillmore AHC supports this mission through Primary Care Clinic physical exams/readiness, occupational health, environmental health, industrial hygiene, preventative medicine, and community health.</p> <p>DLA Distribution employs a Joint Expeditionary Force comprised of Active Duty Military, Reserve Military, three Expeditionary Distribution Centers, and a Civilian Expeditionary Workforce. Made up of over 600 members, DLA Distribution Expeditionary (DDXX) supports the Combatant Command through rapid deployment and scalable operations. Missions of DDXX include contingency support, disaster relief, humanitarian assistance, and exercise support. Fillmore AHC enables the rapid deployment of DDXX by providing the necessary health care services to the members of the expeditionary force (most recent example was the Ebola response). This service includes physicals, immunizations, overseas suitability screenings, and validation of medical records to determine the deployment eligibility of the expeditionary force.</p>

## 1.2. MTF Description

Fillmore AHC is located in New Cumberland, PA; approximately 5 miles from Harrisburg, PA. Current medical capabilities include Primary Care services for all ages as well as occupational health services to Federal workers on the Defense Logistics Agency, Susquehanna. Fillmore AHC supports DLA Distribution Headquarters; DLA Distribution Center Susquehanna, New Cumberland PA; USA TARDEC Petroleum Laboratory; Defense Contract Audit Agency; 358<sup>th</sup> EN CO 365<sup>th</sup> EN Bat, 411<sup>th</sup> EN Brig, 412<sup>th</sup> ENCOM; USA 374<sup>th</sup> Financial Mgmt. Co, Det 4 ,5 &6; US Marine Corps Rctg Sta-hbg; USASAC – U.S. Only; 4<sup>th</sup> Marine Corps District; 193<sup>rd</sup> Special Operations; and Harrisburg Recruiting BN.

<b>Name</b>	Fillmore AHC				
<b>Location</b>	New Cumberland, PA; approximately five (5) miles from Harrisburg, PA				
<b>Market<sup>3</sup></b>	Small Market and Stand-Alone Office				
<b>Mission Description</b>	The Fillmore U.S. Army Health Clinic has a dual mission, providing both Primary Care services for all ages as well as occupational health services to Federal workers on the DLA, Susquehanna located in New Cumberland, PA				
<b>Vision Description</b>	We are a premier Patient Centered Medical Home. Our legendary customer service, delivered by a well- developed workforce, make us the first choice for care. Values – Teamwork, transparency, accountability, efficiency, evidence-based, compassionate, empathetic, customer-focused, trustworthy				
<b>Facility Type<sup>4</sup></b>	Outpatient				
<b>Square</b>	8,358 sq. ft.				
<b>Footage<sup>5</sup></b>	None				
<b>Deployable Medical Teams</b>	\$2.3 Million				
<b>Total Obligation Authority (2018)<sup>6</sup></b>	One (1) building maintained/owned by DLA; Renovation completed Feb 2019 (over \$1M)				
<b>MTF Active or Proposed Facility Projects</b>	See Volume II, Part D – for Partnership 4 Improvement (P4I) Measures				
<b>Performance Metrics</b>		<b>Active Duty</b>	<b>Civilian</b>	<b>Contractor</b>	<b>Total</b>
	<b>Medical</b>	1.9	23.9	0	<b>25.</b>
<b>Fiscal Year (FY) 2018 Assigned Full-time Equivalent (FTEs)<sup>7</sup></b>	A typical day at Fillmore AHC – New Cumberland includes 55 clinic visits and 76 prescriptions dispensed. Primary Care				
<b>Healthcare Services</b>	<ul style="list-style-type: none"> <li>• Family Medicine (3 Primary Care providers)</li> <li>• Physical Exams</li> <li>• Pediatrics</li> <li>• Women's Health</li> <li>• Minor Procedures</li> </ul> <p>Ancillary/Specialty Services</p> <ul style="list-style-type: none"> <li>• Pharmacy dispensing site</li> <li>• Physical therapy</li> <li>• Immunizations</li> <li>• Occupational Health</li> <li>• Industrial Hygiene</li> <li>• Environmental Health (based at Dunham)</li> </ul>				

<sup>3</sup> Defined by FY17 NDAA Section 702 Transition

<sup>4</sup> Kimbrough ACC MTF Portfolio

<sup>5</sup> Fillmore U.S. Army Health Clinic, DLA Defense Distribution Center Susquehanna Brief

<sup>6</sup> Kimbrough ACC MTF Portfolio

<sup>7</sup> Kimbrough ACC MTF Portfolio

- Community Health (based at Dunham)

Behavioral Health

- Behavioral Health Services
- Case management (Active Duty at remote locations)

Support provided to the installation by Fillmore AHC:

Readiness

- Physical Exams
- Immunizations
- Hearing Conservation
- EFMP
- Overseas Screening/ Suitability
- Deploying Civilian Support

Direct Healthcare

- Primary Care
- Ancillary/Specialty Services (Behavioral Health, Physical Therapy)
- Preventive/Wellness
- Surge Capability for Occupational Health Exams
- School Physicals

Installation Requirements

- Occupational Health
  - Occupational Health (OH) clinic for over 5,000 DoD civilians
  - 1,296 OH exams completed by nursing staff in FY18
  - 762 OH exams completed by physician staff in FY18 (max = 164/month)
  - Staff performing the Primary Care mission are at the same staff that is able to surge to meet the fluctuating OH mission requirement
- Environmental Health
- Industrial Hygiene
- Immunization/ Flu Shots

Community Health

- Child Development Center Requirements/ Inspections
- Health/Wellness Education

**Projected Workforce Impact**

Active Duty	Civilian	Total
7	12	19



## 2.0. Healthcare Market Surrounding the MTF

<b>Description</b>	<ul style="list-style-type: none"> <li>Fillmore AHC is located in New Cumberland, Pennsylvania. For Primary Care, using a 15-mile radius due to this geography being an urban area, the identified drive time includes 91 zip codes and eight (8) partial counties (Schuylkill, Dauphin, Lebanon, Perry, Cumberland, Adams, York, and Lancaster)</li> <li>There are 233 Primary Care sites with a total of 529 physicians in that area</li> <li>Population growth is projected to decrease over the next five (5) years (2019 to 2023) to 2.9%. Over the last five (5) years (2014 to 2018) it has averaged 4.1%</li> </ul>																		
<b>Top Hospital Alignment</b>	<p>Primary Care</p> <ul style="list-style-type: none"> <li>Wellspan York Hospital (York, PA)</li> <li>Pinnacle Health at Harrisburg Hospital (Harrisburg, PA)</li> <li>Penn State Milton S Hershey Medical Center (Hershey, PA)</li> <li>Geisinger Holy Spirit Hospital (Camp Hill, PA)</li> <li>Pinnacle Health Community Campus General (Harrisburg, PA)</li> <li>Lancaster General Hospital (Lancaster, PA)</li> </ul>																		
<b>Likelihood of Offering Specialty Services to TRICARE Members<sup>8</sup></b>	<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>114</td> <td>232</td> </tr> <tr> <td>High Likelihood</td> <td>23</td> <td>59</td> </tr> <tr> <td>Medium Likelihood</td> <td>83</td> <td>218</td> </tr> <tr> <td>Low Likelihood</td> <td>13</td> <td>20</td> </tr> <tr> <td><b>Total</b></td> <td><b>233</b></td> <td><b>529</b></td> </tr> </tbody> </table>		Number of Practices	Number of Physicians	Contracted with TRICARE	114	232	High Likelihood	23	59	Medium Likelihood	83	218	Low Likelihood	13	20	<b>Total</b>	<b>233</b>	<b>529</b>
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## 2.1. TRICARE Health Plan Network Assessment Summary

### Facts:

- New Cumberland, PA has a market area population of approximately 1.8M<sup>9</sup>
- Fillmore Army Health Clinic has 3,189<sup>10</sup> non-AD enrollees who could enroll to the network
- Fillmore offers Primary Care only
- Managed Care Support Contractors (MCSC) has contracted 170<sup>11</sup> of 529<sup>12</sup> (32%) Primary Care providers (PCP) within a 15-mile radius of the MTF. All 170 TRICARE providers are accepting new patients
- Rolling 12-month Joint Outpatient Experience Survey – Consumer (JOES-C) scores ending November 2018 with a “health care rating” scored as a nine (9) or 10 on a scale of 0-10:
  - Fillmore patients: 80.7% (16 respondents)
  - Network patients: 73.7% (478 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members<sup>13</sup>
  - Preventive Care Visit: \$0
  - Primary Care Outpatient Visit: \$20
  - Specialty Care Outpatient or Urgent Care Center Visit: \$30
  - Emergency Room Visit: \$61

<sup>8</sup> Contracted with TRICARE: Providers are currently contracted to provide services to TRICARE beneficiaries; High Likelihood: Providers are connected to organizations currently providing services to TRICARE beneficiaries; Medium Likelihood: Providers are accepting Medicare and/or Medicaid; Low Likelihood: Providers are neither providing Medicare nor Medicaid

<sup>9</sup> Network Insight Assessment Summary

<sup>10</sup> M2

<sup>11</sup> MCSC

<sup>12</sup> Network Insight Assessment Summary

<sup>13</sup> <http://www.TRICARE.mil/costs>

- TRICARE Prime enrollees should expect to drive no more than:
  - 30 minutes to a Primary Care Manager (PCM) for Primary Care
  - 60 minutes for Specialty Care

#### Assumptions:

- MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2000<sup>14</sup>
- PCPs generally have relatively full panels, able to immediately enroll:
  - Up to 2.5% more enrollees (49) easily
  - 2.5% - 5% (50-99) with moderate difficulty
  - > 5% (100+) with great difficulty
- Beneficiaries are reluctant to waive the 30-minute drive time for Primary Care
- Metropolitan networks will grow more rapidly than rural networks to accommodate demand

#### Analysis:

- New Cumberland is adjacent to Harrisburg with a currently adequate Primary Care network
- Enrollment of additional beneficiaries to the network would depend on MCSC network expansion and potentially the entry of additional physicians into the market
- If MCSC contracts 50% of the non-network PCPs, they would have a total of 350 PCPs accepting new patients
- Each PCP would have to enroll 9 new patients to accommodate the 3,189 Fillmore enrollees
- Based on the assumptions above, the MCSC network could likely expand easily to meet the new demand
- Beneficiaries rate network health care 7% lower than Fillmore healthcare, so beneficiary satisfaction could suffer with network enrollment
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- On base non-AD residents will have to travel farther for Primary Care if enrolled to the network

#### Implementation Risks:

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

## 2.2. Network Insight Assessment Summary (Independent Government Assessment)

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#### Facts:

- **Primary Care:** 97% of MTF Prime, Reliant, and Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care, concentrated around the MTF location (including 28 Medicare Eligible MTF Prime beneficiaries). There are 233 Primary Care practices made up of 529 physicians within the 30-minute drive-time standard. The potential impact of new MHS Beneficiaries on the total population is well below the 10% threshold for both population groups and thus the impact of MHS beneficiaries entering the commercial market will not materially impact projected supply and demand of services in the Fillmore market
- **Population:** Population growth over the last five years (2014 to 2018) has averaged 4.1% and is projected to decrease over to 2.9% from 2018 to 2023

#### Assumptions:

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

#### Analysis:

- For Primary Care, the supply of physicians is largely concentrated in Cumberland, Dauphin, and York counties where ~90% of impacted beneficiaries reside
- Based on population growth, there is a projected increased demand for Primary Care providers in the market area
- Although some counties in the geographic market have a shortage, there is a surplus of Primary Care physicians across the 30-minute drive-time radius, thus the market is capable of accepting incremental demand from impacted beneficiaries
  - Most surplus occurs in Dauphin County, and compensates for the shortage across all surrounding counties

<sup>14</sup> MGMA

## 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

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1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service 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 2000<sup>15</sup>

<sup>15</sup> MGMA

## Appendix B: Criteria Ratings Definition

### Criteria Ratings Definition

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

## Appendix C: Glossary

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

## Appendix D: Volume II Contents

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Part A	Data Call
Part B	DHA TRICARE Health Plan Network Review
Part C	Network Insight Assessment Summary (Independent Government Assessment) P4I
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Part F	MTF Mission Brief
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**Appendix E: MTF Trip Report**

# MHS Section 703 Workgroup Site Visit Trip Report

MTF: AHC Fillmore-New Cumberland  
29 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:**

- Fillmore-New Cumberland is the home to the Defense Logistics Agency (DLA) Distribution Headquarters, which is one of six major subordinate commands of the DLA. Distribution provides global storage and distribution solutions in support of America's warfighters and operates in 50+ locations around the globe. With approximately 1,800 employees in its New Cumberland, PA location, DLA Distribution operates in large warehouses and a wide range of environments around the globe in support of the overall DLA mission.
  - DLA Distribution's 24 warehouses and expansive capabilities related to the issue, transportation, receipt, and storage of equipment create a need for occupational health services and other health care on post.
  - Fillmore U.S. Army Health Clinic, located on base with DLA Distribution Headquarters, is the main healthcare provider for Active Duty service members and some family members on base. The MTF provides various services in support of DLA Distribution's agile mission by supporting acute care needs of the workforce and ensuring that new employees are fit for their jobs in the warehouses.
- DLA Distribution employs a Joint Expeditionary Force comprised of Active Duty Military, Reserve Military, three Expeditionary Distribution Centers, and a Civilian Expeditionary Workforce. Made up of over 600 members, DLA Distribution Expeditionary (DDXX) supports the Combatant Command through rapid deployment and scalable operations. Missions of DDXX include contingency support, disaster relief, humanitarian assistance, and exercise support.
  - Fillmore AHC enables the rapid deployment of DDXX by providing the necessary health care services to the members of the expeditionary force. This service includes physicals, immunizations, overseas suitability screenings, and validation of medical records to determine the deployment eligibility of the expeditionary force.
- Fillmore AHC supports all Occupational Health needs of an industrial workforce of over 5,000 DoD Civilians. In FY18, the Fillmore nursing staff completed 1,296 OH exams and the physician staff completed 762 OH exams, or as many as 164 in one month. The same staff that provides Primary Care services at Fillmore AHC are the same staff that is able to surge to meet the critical OH mission required by the DLA Distribution Commander. Eliminating or reducing Primary Care services at Fillmore AHC critically impact the ability to support the Occupational Health mission requirement.

### **MTF Impact:**

- Post and MTF leadership, as well as New Cumberland, PA community members, believe that closure of AHC Fillmore could present a risk to safety of the workforce on post and would most certainly lead to a decrease in production of DLA Distribution warehouses.
- Post and MTF leadership believe that if re-scoping leads to decreased support being provided by the Dunham Health system and AHC Dunham, it could jeopardize the mission of DLA Distribution. AHC Fillmore is currently operated with support from AHC Dunham and Dunham-Carlisle Barracks, and a reduction of staff at Dunham would lead to residual impacts in the Fillmore-New Cumberland environment. AHC Fillmore has only 23 staff members to support over 3,000 patients, and they rely on administrative support from Dunham to help service these patients.

### **Network Impact:**

- The market would likely be unable to absorb Fillmore-New Cumberland's occupational health volume and requirements. While the market may be able to handle a portion of Fillmore's primary care needs, AHC Fillmore is critical to meeting the expeditionary mission of DLA Distribution and providing care on very short timelines.

- AHC Fillmore serves as the occupational health clinic for over 5,000 DoD Civilians and can provide surge support to meet the area's fluctuating occupational health requirements. Fillmore has experience supporting the expeditionary force in past cases such as the Ebola crisis and Hurricane Michael in 2018.
- Many DLA employees are enrolled to AHC Fillmore which allows for reduced time away from work and the DLA mission when employees are receiving care.
- AHC Fillmore has patient satisfaction consistently above 97% and, according to leadership, exceeds standards for access to care.

## **Summary of Base Leadership Discussion**

### *List of Attendees*

The following were in attendance during the Base Leadership discussion:

<b>Name</b>	<b>Title</b>	<b>Affiliation</b>
RDML Kevin M. Jones	Commanding Officer, DLA Distribution	DLA Distribution HQ
Ms. Twila C. Gonzales	Deputy Commander, DLA Distribution	DLA Distribution HQ
Mr. Perry L. Knight	Chief of Staff, DLA Distribution	DLA Distribution HQ
Mr. Brent Barnes	Deputy Commander, DLA Distribution Susquehanna	DLA Distribution HQ
Mr. Robert Montefour	Site Director	DLA Distribution HQ
VADM (Ret.) Keith Lippert	Pennsylvania Military Community Enhancement Commission	PMCEC
Ms. Phyllis Campbell	Pennsylvania Military Community Enhancement Commission	PMCEC
Brig Gen (Ret.) Frank Sullivan	Pennsylvania Military Community Enhancement Commission	PMCEC
LTC Elizabeth Duque	Commander, DUSACH/FUSACH	Dunham-Carlisle Barracks
MAJ Michael Henry	Deputy Commander for Administration	Dunham-Carlisle Barracks
MAJ Jeffrey Schroeder	Deputy Commander for Clinical Services	Dunham-Carlisle Barracks
Mr. Joseph Vancosky	Chief, Business Office	Dunham-Carlisle Barracks
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager OTSG	703 Workgroup
Mr. Ricky Allen	Business Operations Specialist	THP
Mr. Jake Salzman	Contract Support	703 Workgroup

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

#### **Base Mission Overview:**

- DLA Distribution is one of six major subordinate commands within the Defense Logistics Agency and is the only subordinate command focused on distribution. DLA Distribution provides an agile, global DoD Distribution network that delivers effective and efficient distribution solutions which enable readiness and extend the operational reach of the combatant commands, military services, and other valued customers.
- DLA Distribution's mission has an expeditionary component which performs expeditionary theater consolidation, warehousing, materiel processing, and FEMA Incident Support Base Operations. DDX's mission is to establish expeditionary distribution capability and support all of the combatant commands.

#### **Voice of the Customer Summary:**

- Leadership feels that reducing or eliminating the health care capabilities offered at AHC Fillmore would interfere with DLA Distribution's ability to continue meeting its mission and providing quality distribution services to the DoD.
  - AHC Fillmore can provide quick/on site access to primary care for the Active Duty workforce and the many TRICARE beneficiaries on the Civilian DLA workforce at Fillmore-New Cumberland. Any time spent receiving care in the network may lead to job time lost and a decrease in production in warehouses or other DLA Distribution activities.

- AHC Fillmore supports the DDXX force with suitability screenings and provision of other health care in the days leading up to deployment of expeditionary units. The MTF performs physicals, immunizations, and overseas suitability screenings in support of the expeditionary force to ensure safety of the force and rapid deployment.
- The nature of operations at DLA Distribution's warehouses involves a high risk of injury on the job, and AHC Fillmore provides immediate acute care when needed. With over four million lines of production handled and \$11.3 billion worth of MRO's shipped in FY18, DLA Distribution cannot afford for its workforce to miss time in the production lines and warehouses.

## **Summary of MTF Commander Discussion**

### *List of Attendees*

The following were in attendance during the MTF Leadership discussion:

<b>Name</b>	<b>Title</b>	<b>Affiliation</b>
RDML Kevin M. Jones	Commanding Officer, DLA Distribution	DLA Distribution HQ
Ms. Twila C. Gonzales	Deputy Commander, DLA Distribution	DLA Distribution HQ
Dr. Chris Maier	Chief, Fillmore USAHC	AHC Fillmore
LTC Elizabeth Duque	Dunham AHC Commander	AHC Dunham
MAJ Michael Henry	Dunham AHC Deputy Commander for Administration	AHC Dunham
MAJ Jeremy Schroeder	Dunham AHC Deputy Commander for Clinical Services	AHC Dunham
Mr. Joe Vancosky	Dunham AHC- Chief, Business Office	AHC Dunham
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager OTSG	703 Workgroup
Mr. Ricky Allen	Business Operations Specialist	THP
Mr. Jake Salzman	Contract Support	703 Workgroup

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

#### **MTF Medical Mission Overview:**

- AHC Fillmore supports a joint population of more than 3,000 enrollees on base at Fillmore-New Cumberland with a variety of health care services including primary care, occupational health, behavioral health, and physical therapy. A typical day at Fillmore includes 55 clinic visits and 76 prescriptions dispensed.
- AHC Fillmore administers the Medical Surveillance Program in support of DLA Distribution. This program includes employee exams, overseas suitability screenings, occupational health monitoring, medical record keeping, and respiratory protection fit-testing. The program also requires Fillmore to provide a surge capability related to occupational health exams.
- AHC Fillmore supports the Distribution mission by providing local and rapid access for acute medical care, thus mitigating lost production hours in the case of an injury or a medical visit.

#### **Voice of the Customer Summary:**

- If there were a significant reduction in medical capabilities at AHC Fillmore and the DLA Distribution Headquarters, up to 3,000+ beneficiaries could be negatively impacted.
- MTF leadership feels that the convenience of AHC Fillmore and the care that is provided there are key components of the base's ability to meet its mission, both on a regular basis and in an emergency setting where DLA Distribution's expeditionary force is being deployed.
- AHC Fillmore supports many of the healthcare needs of DLA Distribution's Civilian Expeditionary Workforce, which is comprised of 205 capability-based volunteers who are trained and ready to mobilize in a time of need. While some civilians receive their main health care in the network, the MTF sees them on an annual basis and determines the deployment eligibility of this staff when necessary for expeditionary support.
- The MTF has the experience and understanding to know what patients need if the Expeditionary Force is deployed. They have supported pre-deployment screenings and overseas suitability screenings in past crises such as the Ebola outbreak and Hurricane Michael in 2018 and are aware of the care that is required

for these expeditionary missions to succeed. The MTF understands how to track down the necessary medical records, make time to see patients quickly, and get them out the door to support the DLA mission.

- The DLA Distribution Headquarters staff largely operates in an industrial setting, meaning there is risk of injury to service members and staff. AHC Fillmore provides rapid acute care when necessary to ensure minimal job time lost and successful recovery of staff members. In FY18, the Fillmore nursing staff completed 1,296 occupational health exams and the physician staff completed 762 occupational health exams. Fillmore is the occupational health clinic for over 5,000 DoD civilians.
- Base and MTF leadership acknowledge that there is a clear requirement for occupational health services. Additionally, the deployment processing requirements of DLA Distribution Headquarters result in the need for high volume of medical support when expeditionary units are being utilized.
- If the medical capability is significantly reduced, issues may arise with respect to how the DLA Distribution Headquarters hires staff in batches. AHC Fillmore can meet the surge in demand that occurs when many new staff are hired and must go through medical screening. DLA Distribution has a monthly attrition rate of 12-15%, they are frequently hiring new staff that will need various medical exams or records validated before going to work in the warehouses and production lines. There is concern from leadership that the network cannot adequately support this requirement on an ongoing basis.



# Appendix F: Supplemental Materials



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**COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF LIEUTENANT GOVERNOR  
JOHN FETTERMAN**

March 28, 2019

Defense Health Agency 703 Working Group  
c/o Dunham U.S. Army Health Clinic  
Carlisle Barracks,  
Carlisle, PA 17013

Dear 703 Working Group:

I am deeply concerned about the proposed changes to the Dunham U.S. Army Health Clinic and Fillmore U.S. Army Health Clinic. These clinics fully support the missions of the Defense Distribution Center Susquehanna and the Carlisle Barracks/ U.S. Army War College. Making the Dunham Clinic accessible to Active Duty only and closing Fillmore would significantly negatively impact the installations' missions and directly impact the readiness of Active Duty Soldiers.

The area civilian health network is not capable of absorbing the almost 10,000 patients that would be forced to find care there because of these changes. The long wait times to establish care in the network are not acceptable and will significantly impact the readiness of Soldiers and families. Additionally, Pennsylvania is home to a large retiree population, with a high percentage of senior leader retirees in the Carlisle area. This group will also be negatively impacted.

The Dunham Health System also supports the PA National Guard, remote units throughout the state of Pennsylvania, such as ROTC and recruiters, Naval Support Activity-Mechanicsburg, and the Military Entrance Processing stations. Reducing services and administrative support will have far reaching consequences across the state of Pennsylvania.

I trust the 703 Evaluation will support the critical importance of these two vital Army Health Clinics to the Department of Defense. Thank you for your consideration.

Sincerely,

**JOHN FETTERMAN**  
Lieutenant Governor

cc: Senior Military Commissioner Keith Lippert VADM {ret} USN  
Commissioner Phyllis Campbell  
Commissioner Jonathan Bowser

