

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

Naval Branch Health Clinic (NBHC) Lakehurst

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	NBHC Lakehurst
Decision	NBHC Lakehurst will be scoped to Occupational Health, Industrial Hygiene, and Preventive Medicine only. This is in line with planned and Navy approved clinic transition pre-dating 703 WG activities. Beneficiaries currently enrolled at NBHC Lakehurst are shifting to alternative military sites or the network.

Background and Context:

The table below summarizes the findings and data informing the decision on the future of the Military Medical Treatment Facility (MTF). Information in the Use Case Package could include but is not limited to: Base and MTF mission briefs, a site-visit trip report, and two network assessments (TRICARE Health Plan Network Review and an independent government network assessment). When determining the decision for each site, the mission impact and network impact were considered in conjunction with Service and MTF input.

Base Mission Summary:

Naval Air Warfare Center Aircraft Division (NAWCAD) Lakehurst is the world leader in Aircraft Launch and Recovery Equipment (ALRE) and Naval Aviation Support Equipment (SE). It is part of the Naval Air Systems Command (NAVAIR) and is located on Joint Base McGuire-Dix-Lakehurst (JB MDL) in central New Jersey – the Department of Defense’s (DoD) first joint base and only joint base that consolidated Air Force, Army, and Navy installations. As the Navy’s lead engineering support activity for ALRE and SE, NAWCAD Lakehurst conducts programs of acquisition management, technology development, systems integration, engineering, rapid prototyping / manufacturing, developmental evaluation and verification, fleet engineering support and integrated logistics support management. NAWCAD Lakehurst is responsible for maintaining fleet support and infusing modern technology across the entire spectrum of equipment needed to launch, land and maintain aircraft from ships at sea and austere expeditionary airfields. NBHC Lakehurst is located 40 minutes from both NBHC Earle and 87th MDG and four (4) hours from Annapolis. The healthcare team consists of 30 Active Duty, Civilian, and Contract staff; Primary Care, Dental, Occupational Health and Industrial Hygiene, Preventative Medicine, and ancillary services of Laboratory, Pharmacy, and plain film Radiology. This Branch Health Clinic is aligned under Naval Health Clinic Annapolis for command and Control.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> All Specialty Care is currently referred to the 87th Medical group at McGuire or the local TRICARE network During site visit, the Commanding Officer and NBHC Lakehurst Officer in Charge briefed the Navy Surgeon General approved (August 28, 2018) plan to transition all 387 active duty Primary Care and dental care to the 87th MDG at McGuire and NHBC Earle by the end of May 2019. Humana has already engaged the 372 non-Active duty enrolled beneficiaries (most of whom live off base) for transition of Primary Care enrollment to the local area TRICARE network OH/IH/preventive medicine only scoped clinic to support 800 Civilian personnel and is moving to a smaller but newly renovated space. Current staffing eliminates onsite sick call/urgent care capability as the Occupational Health services are provided by an OH nurse. Single Preventative Medicine corpsman are not certified to provide sick call services (see mitigation below) Non-enrolled transient Must See AD “MTF Reliant” on base at any given time must go elsewhere for military specific screening physicals and acute care needs. Small numbers <800/year 	Section 1.0
Network Assessment	L	<ul style="list-style-type: none"> NBHC Lakehurst is located in a robust Primary Care market that can accommodate potentially impacted beneficiaries 	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 during the site visit. Though not exhaustive, the mitigation strategies and potential courses of action will be used to help develop a final implementation plan.

Risk/Concerns	Mitigating Strategy
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¹ See Appendix B for Criteria Matrix Definitions

1	Lack of immediately available sick call for AD personnel working/live on the Lakehurst section of JB MDL	<ul style="list-style-type: none"> • Consider as a future site for Navy Medicine "Corpsman in the Community" virtual sick call capability for 0000 (undesigned) and 8432 (PREVMED) HMs • Consider Replacement of 8432 HMs with dual certified 8432 and IDC 8425
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Next Step:

NBHC Lakehurst and Navy Medicine East have developed an implementation plan for the transition process. Continue to monitor network adequacy and size of AD Lakehurst population for growth or mission change.

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

Joint Base McGuire-Dix-Lakehurst, N.J., is home to five wings. The 87th Air Base Wing is the host wing. Located ~20 miles southeast of Trenton, N.J., the 42,000-contiguous acres are home to more than 80 mission partners and 40 mission commanders providing a wide range of combat capability. The base spans more than 20 miles east to west. It is bordered by two of the largest counties in New Jersey, Ocean and Burlington, which include 10 townships or boroughs. The 87th Air Base Wing provides installation management support for 3,933 facilities with an approximate value of \$9.3 billion in physical infrastructure. More than 42,000 Airmen, Soldiers, Sailors, Marines, Coast Guardsmen, civilians and their family members living and working on and around JB MDL contribute to the economic impact for the state of New Jersey.

1.1. Installation Description

Name	Joint Base McGuire-Dix-Lakehurst (JBMDL)
Location	McGuire, NJ; Burlington County; approximately 20 miles from Trenton, NJ
Mission Elements	U.S. Air Force Expeditionary Center, 87 th Air Base Wing, 305 th Air Mobility Wing, 621 st Contingency Response Wing, 514 th Air Mobility Wing (AFRC), 108 th Wing (ANG), 174 th Infantry Brigade, Marine Air Group 49, Navy Operational Support Command, Army Support Activity
Mission Description	Mission-ready warriors and professionals delivering innovative Agile Combat Support, enabling a full range of missions across the joint base.
Regional Readiness/ Emergency Management	No information
Base Active or Proposed Facility Projects	No information
Medical Capabilities and Base Mission Requirements	JBMDL is the only base with an Army Mobilization Force Generation Installation (MFGI) organic mission requirement.

1.2. MTF Description

Name	NBHC Lakehurst
Location	Manchester Township, NJ; Approximately 20 miles from JBMDL
Market²	Garden State Small Market; Small Market and Stand-Alone Office (SSO)
Mission Description	Maintain a ready medical force, optimize the health of those entrusted to our care, and support the Brigade of Midshipmen
Vision Description	To be the premier choice for patients and staff, promoting excellence in readiness, health and partnerships
Goals	<p>Readiness Ensure the medical capabilities of our operational units and platforms are ready.</p> <p>Health Provide the best care our nation can offer to Sailors, Marines, and their families to keep them healthy, ready and on the job.</p> <p>Partnership Expand and strengthen our partnerships to maximize readiness and health.</p> <p>Communication Enhance our communication scheme as a strategic enabler for patients and staff members.</p>
Facility Type	Outpatient facility

² Defined by FY17 NDAA Section 702 Transition

Square Footage	18,235 Net Square Feet				
Deployable Medical Teams	N/A				
FY18 Annual Budget	N/A				
MTF Active or Proposed Facility Projects	<p>NBHC Lakehurst is in the process of transitioning to a new location with the intention of retaining Occupational health, Industrial Hygiene, and Preventive Medicine onboard NSA Lakehurst. The remainder of care will be realigned to alternative military facilities and Managed Care Support Contractor (MCSC).</p> <p>Approval for the transition was granted by the Surgeon General on 28 August 18.</p>				
Performance Metrics	See Volume II for P4I measures				
FY18 Assigned Full-Time Equivalents (FTEs)³		Active Duty	Civilian	Contractor	Total
	Medical	17.8	10.0	1.0	28.8
Healthcare Services	<ul style="list-style-type: none"> • Primary Care • Dental Care • Occupational Health • Industrial Hygiene • Preventive Medicine • Ancillary Services (Laboratory, Pharmacy, Plain Film Radiology) 				
Network Considerations - Average days to care by specialty category	No Information				
Projected Workforce Impact		Active Duty	Civilian	Total	
		17	34	51	

³ NHC Annapolis MTF Portfolio

2.0. Healthcare Market Surrounding the MTF

Description	NBHC Lakehurst is in Lakehurst, NJ. In the Lakehurst drive-time standard, there are currently 269 Primary Care Practice Sites, which account for 380 providers (not limited to TRICARE). The area surrounding NBHC Lakehurst has a general population of approximately 4.8M.		
Top Hospital Alignment	<ul style="list-style-type: none"> • Community Medical Center (Toms River, NJ) • Centrastate Medical Center (Freehold, NJ) • Jersey Shore University Medical Center (Monmouth County, NJ) • Monmouth Medical Center Southern Campus (Lakewood, NJ) • Ocean Medical Center (Brick Township, NJ) • Southern Ocean Medical Center (Manahawkin, NJ) • Robert Wood Johnson University Hospital (New Brunswick, NJ) 		
Likelihood of Offering Primary Care Services to TRICARE Members⁴		Number of Practices	Number of Physicians
	High Likelihood	29	41
	Medium Likelihood	217	305
	Low Likelihood	23	34
	Total	269	380

2.1. TRICARE Health Plan Network Assessment Summary

Facts:

- Lakehurst, NJ (35 miles SE of Trenton) has a market area population of approximately 800,000⁵ within the 15-minute drive-time radius
- NBHC Lakehurst provides Primary Care only
- NBHC Lakehurst has 385⁶ AD enrollees who would enroll to McGuire/Earle and 358 non-AD enrollees who could enroll to the network
- MCSC has contracted 53⁷ of 380⁸ (14%) Primary Care providers (PCP) within a 15-mile radius of the MTF. All 53 TRICARE providers are accepting new patients
- Rolling 12-month JOES-C scores ending October 2018 with a “health care rating” scored as a 9 or 10 on a scale of 0-10:
 - NBHC Lakehurst patients: 63.7% (10 respondents)
 - Network patients (McGuire AFB): 78.4% (622 respondents)
- TRICARE Prime Out-of-Pocket Costs for Retirees and their family members⁹
 - 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:

- MCSC could contract an additional 50% of the existing non-network PCPs
- The average PCP panel is approximately 2,000¹⁰
- 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

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

⁵ Independent Government Assessment (Network Insight)

⁶ M2

⁷ MCSC

⁸ Independent Government Assessment (Network Insight)

⁹ <http://www.TRICARE.mil/costs>

¹⁰ MGMA

- > 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:

- NBHC Lakehurst is in an urban area with a currently adequate Primary Care network
- Enrollment of additional beneficiaries to the network would depend on The 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 217 PCPs accepting new patients
- Each PCP would have to enroll three (3) new patients to accommodate the 743 NBHC Lakehurst enrollees
- Based on the assumptions above, the MCSC network could easily expand to meet the new demand
- Beneficiaries rate network health care 15% higher than NBHC Lakehurst healthcare, so beneficiary satisfaction should not suffer with network enrollment
- Network enrolled Retirees and their family members will have higher out-of-pocket costs than MTF enrollees
- Post 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 (+/-)
- Transition to an AD Only clinic may eliminate the TRICARE Prime benefit in the area

2.2. Network Insight Assessment Summary (Independent Government Assessment)

Facts:

- **Primary Care:** 100% of the MTF Prime, Reliant, and Plus beneficiaries are living within the 30-minute drive-time boundary for Primary Care, concentrated around the MTF location. The population of MHS impacted beneficiaries for Primary Care makes up 0.1% of the total population.
- **Specialty Care:** 99% of the MTF Prime, Reliant, and Medicare Eligible beneficiaries are living within the 60-minute drive-time boundary for Specialty Care, concentrated around the MTF location. The population of MHS impacted beneficiaries for Specialty Care makes up 0.1% of the total population
- The population is expected to grow by 2-4% over the next five (5) years (2019 to 2023), which is greater than the growth rate for the last five years. This population growth is expected to result in a surplus of Internal Medicine & Pediatric providers. However, there is also a projected shortage of General/Family Physicians

Assumptions:

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

Analysis:

- **Primary Care:** Commercial Primary Care providers within the 30-minute drive-time standard are potentially capable of accepting the specific demand from the approximately 1,100 impacted beneficiaries. The large surplus of Internal Medicine and Pediatric physicians in Mercer & Monmouth counties can take on excess demand of General/Family Practice services

3.0. Appendix

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Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. 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 2000¹¹

¹¹ MGMA

Appendix B: Criteria Ratings Definition

Criteria Ratings Definition

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

Appendix C: Glossary

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

Appendix D: Volume II Contents

Part A	Network Insight Assessment Summary (Independent Government Assessment)
Part B	Base Mission Brief
Part C	MTF Transition Plan Brief
Part D	MTF Portfolio (Full)

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: AF-C-87th MEDGRP JBMDL-MCGUIRE

11 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

Key Findings	Description
Base/Mission Impact	<ul style="list-style-type: none">• JBMDL supports Army, USMC, Navy, USAF, and USCG missions as well as contingency response missions and advisory missions including POTUS support and UN General Assembly support. The major concern voiced by Base leadership is that there are unknown losses to productivity from changing the on-site medical capabilities• JBMDL is the only base with a Mobile Force Generation Integration requirement. There will be approximately 1500-3000 additional service members coming to JBMDL. The Army will provide the medical staff and resources to serve this increased population but the individuals who will see the MFGI population will require medical support from the 87th MDG
MTF Impact	<ul style="list-style-type: none">• The Medical Mission is at the center of all the missions of the nine wing/brigade equivalents on base. This provides a unique challenge for delivery of care and maintenance of readiness• While MTF leadership agree the AD readiness is the primary mission for the 87th MDG, they voiced concerns that the network is not sufficient to support beneficiaries living on base, and that this can pose a productivity and readiness issue for AD, as well as potentially shift the population living on base to one primarily living off base (i.e. closer to quality medical care for AD families)
Network	<ul style="list-style-type: none">• JBMDL is in a rural location and the provider availability does not seem to accurately reflect the capacity for new patients. Access to quality care is a readiness issue for the Active Duty, especially given the EFMP population (the MTF currently supports 316 EFM in Family Practice and 491 in Pediatrics)

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
COL Durr	Army Deputy Commander	JB McGuire-Dix-Lakehurst
CMSgt Brian Eastman	305 AMW/CCC	JB McGuire-Dix-Lakehurst
CMDCS T.G. Alex	NSA Lakehurst/ CSEL	JB McGuire-Dix-Lakehurst
COL John Cosgrove	108 WG/CC	JB McGuire-Dix-Lakehurst
COL Thom Pemberton	514 AMW/CC	JB McGuire-Dix-Lakehurst
COL James Hall	621 CRW/CC	JB McGuire-Dix-Lakehurst
Dr. Roderick David	87 ABW/EG	JB McGuire-Dix-Lakehurst
Ken Arteaga, GS-14, DAFC	USAF EOS/CD	JB McGuire-Dix-Lakehurst
COL Jason Lennen	87 MDG/CC	JB McGuire-Dix-Lakehurst
John Foody	NAVAIR-Lakehurst Mission Safety	JB McGuire-Dix-Lakehurst
Lt Col Szabo		JB McGuire-Dix-Lakehurst

Peter Tonn	99th RDC	JB McGuire-Dix-Lakehurst
LTC Ken Bria	99th Div (R)	JB McGuire-Dix-Lakehurst
MAJ Ira Wait	RHC-A Chief Nurse	JB McGuire-Dix-Lakehurst
CAPT Gordon Smith	Chief of Staff, NAVMEDEAST	703 Workgroup
Dr. Mark Hamilton	ASD (HA)	703 Workgroup
COL James Mullins	Director BSC OPS, AFMOA	703 Workgroup
CAPT Christine Dorr	BUMED M3 and 703 WG	703 Workgroup
COL Ron Merchant	AMC/SG Division Chief, Med Spt	USAF Delegation
COL Marshall Malinowski	US Army West Point	703 Workgroup
Mr. Ricky Allen	TRICARE Health Plan	703 Workgroup
Ms. Summer Church	Contract Support	703 Workgroup

Summary of Base Leadership Discussion Agenda

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

Topic	Key Discussion Points
Base Mission Overview	<ul style="list-style-type: none"> • Base Population: JBMDL is the second largest employer in NJ after the state of NJ. Over 52,000 people live and work on JBMDL including 19,694 students, 5,672 ADSM, 8,102 reservists 6,098 civilians, 6,962 dependents and 4,439 prisoners • Tri-service Mission: JBMDL supports Army, USMC, Navy, USAF, and USCG missions as well as contingency response missions and advisory missions including POTUS support and UN General Assembly support <ul style="list-style-type: none"> ○ Army: Sustainment Training Center, Range Management, Multi-service training, and aviation support and flight testing ○ USMC: Assault Support Transport, Offensive Air Support, Utility Support, Artillery Support ○ Navy: Research, Test and Evaluation, Launch and Recovery Production, Fleet Logistics, and Operational Support ○ USAF: Expeditionary Combat Support, Rapid Global Mobility, Contingency Response, Installation Support ○ USCG: Rapid Environmental Response, Incident Management
Voice of the Customer / Key Concerns of Base Leadership	<ul style="list-style-type: none"> • Productivity: Concerns that there are unknown losses from changing the on- site medical capabilities. From a readiness perspective, the annual physicals already have an overflow problem and there are delays. Additionally, getting care for family members if they have to go out into the network will have a huge impact on overall productivity. If people choose to move their living location off- base to make access to medical care easier, this will increase the drive times for people to get to work on-base • Continuity of Care: Concerned that there is a smooth transition of care and no break in coverage as this could affect member families and negatively impact the overall mission readiness • Surge Medical Needs: When troops need to be mobilized or when weekend trainings come through the JB, medical needs surge. The Army will have weekend trainings that introduce 7500 people to the Base, and who will potentially require urgent care and lines of duty investigations. Additionally, when troops are mobilized there are a number of medical screenings to ensure readiness (from 5,000-10,000 soldiers a day)

- **Network:** JBMDL is in a rural location and the provider availability does not seem to accurately reflect the capacity for new patients. Access to quality care is a readiness issue for the Active Duty, especially given the EFMP population (the MTF currently supports 316 EFM in Family Practice and 491 in Pediatrics)

Summary of MTF Leadership Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
CDR Marjorie Wytzka	OIC NBHC Earle/Lakehurst	JB McGuire-Dix-Lakehurst
LT COL Lisa F. Guzman	87th MDG Administrator and Dep CC	JB McGuire-Dix-Lakehurst
Maj Stephen Edstrom	87 MDG Chief of Medical Staff	JB McGuire-Dix-Lakehurst
CMSgt Tori M. Hill	108th MDG Superintendent	JB McGuire-Dix-Lakehurst
MAJ Anna Barrows	108th MDG Chief Nurse	JB McGuire-Dix-Lakehurst
MAJ Ira Waite	RHC-A Chief Nurse	JB McGuire-Dix-Lakehurst
Lt Col Clifton Bailey	87 DS/CC	JB McGuire-Dix-Lakehurst
LT COL Mark Ballesteros	87 MDSS/CC	JB McGuire-Dix-Lakehurst
Lt Col Richard Kipp	87 AMDS/CC	JB McGuire-Dix-Lakehurst
Lt Col Stacey G. Friesen	87 MDOS/CC	JB McGuire-Dix-Lakehurst
MAJ Jessica Scirica	87 MDG/SGN	JB McGuire-Dix-Lakehurst
CMSgt Mynor Guzman	514 AMDS/ SGAA	JB McGuire-Dix-Lakehurst
CAPT Gyusi Mann	108 MDG/ SGPM & MAO	JB McGuire-Dix-Lakehurst
HMC Luis Reyes	SEL, BHC Earle	JB McGuire-Dix-Lakehurst
LMC Justin Hradk	SEL, BHC Lakehurst	JB McGuire-Dix-Lakehurst
SEF Boatwright Ronald	174th MEDO NCO	JB McGuire-Dix-Lakehurst
LTC Peter Tonon	99th RD	JB McGuire-Dix-Lakehurst
LTC Ken Bria	99th RD	JB McGuire-Dix-Lakehurst
CAPT Gordon Smith	Chief of Staff, NAVMEDEAST	703 Workgroup
Dr. Mark Hamilton	Program Analyst, Office of the Assistant Secretary of Defense (Health Affairs)	703 Workgroup
Col James Mullins	USAF AFMOA	703 Workgroup
Col Ronald Merchant	USAF AMC	703 Workgroup
CAPT Christine Dorr	BUMED Healthcare Operations M3	703 Workgroup
COL Marshall Malinowski	US Army West Point	703 Workgroup
Mr. Ricky Allen	TRICARE Health Plan	703 Workgroup
Ms. Summer Church	Contract Support	703 Workgroup

Summary of MTF Commander Discussion Agenda

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

Topic	Key Discussion Points
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MTF Medical Mission
Overview

- **Tri-service Base:** The Medical Mission is at the center of all the missions of the Services on base (i.e. Army soldier training center to Coast Guard hazard response). There are nine wing/brigade equivalents and the MTF supports them all by delivering safe care. Because of the size of the base (26 miles across) the drive times for medical care even on-base can be challenging. The 87th MDG is on the McGuire/Dix border. Additionally, there are branch clinics at Lakehurst and Earle, and a vacant clinic at Army Mills (see map in MTF Brief Deck)
- **Facility Projects:** \$7.5 million for SRM projects (update medical records, pharmacy etc.)
- **Population Served:** Enrollment is approximately 16,700 across all services, with approximately 7,118 Active Duty, 6,566 AD Family, 1,246 Retiree, and 1,647 Retiree Family enrollment. The AD enrolled population is expected to grow over the next five years due to KC-46, MFGI, and Lakehurst. Approximately 900 EFMP members are served across all Services. The MTF supports 384 GSUs across the eastern seaboard, as well as providing medical care for Guard and Reserve populations across all available specialties on base (see slide 13 of MTF Mission Brief)

Voice of the
Customer / Key
Concerns of MTF
Leadership

- **Joint Force Readiness:** In supporting the joint missions on base, the 87th MDG needs to be staffed, and to have the flexibility to support readiness of the variety of missions. This includes understanding transportation from the ranges, as well as understanding the MDG responsibilities as it relates to taking care of especially for entrance physicals and on base trainees. On JBMDL, there are a number of medical partnerships including the Joint Base Health Council which helps create medically unified efforts and addresses delivery issues. In addition to the 87th MDG, there are medical assets in the 99th Readiness Division, the 174th Infantry Brigade and the Navy Operational Support Center
- **Network:** Nearly everyone who is enrolled at the MTF live on base. If care for AD families is moved off-base, the MTF will need to sustain some case management for the dependents living on base. Additionally, there is limited availability of quality care in the area surrounding the base
 - Primary Care: The area immediately surrounding the JB is very rural and cities in the immediate proximity pose safety concerns for MTF leadership

(i.e. Trenton, Camden). Most of the primary care is west of the base towards Philadelphia. For the populations that live off-base to the west, receiving care from that network will not be much disruption. For the populations on base however, shifting to network care will cause productivity issues as the drive times are significant to quality, available care
 - Specialty Care: Distance to area hospitals make management of specialty care challenging. Many of the hospitals are specialty care (i.e. Deborah Heart and Lung, Virtua Memorial for Stroke). There is a Level 1 trauma center (Cooper Hospital) an hour away, but it is in an unsafe neighborhood. While this provides good training grounds for field surgical teams, it is not an ideal location for seeking care for AD and families