

United States Coast Guard

Business Unit Plan

FY 2012



1 October 2011

Table of Contents

| | |
|--|----|
| Foreword | 3 |
| Mission, Vision and Values | 4 |
| FY12 Goals | 5 |
| Practice Overview | 6 |
| CG-11 Direction | 7 |
| Strategic Alignment | 9 |
| The Way Ahead – Agility in a Dynamic Environment | 14 |

Foreword

The purpose of this Business Plan is to guide the Coast Guard medical practice at ATC Mobile, AL in executing the priorities set forth in the Office of Health Services Strategic Plan 2008-2013. Medical support activities are vital to the execution of the Coast Guard's operational mission execution. This practice is a key link in the Health, Safety and Work-Life (HSWL) Regional Practices "systems" approach to meeting the needs of our active and reserve workforce. Training and supporting the Health Service Technician rating, maintaining a medically ready workforce and providing an organic medical capability while also seeking to realize productivity improvements, cost control and enhancement of quality and health outcomes is our challenge.

Contents of this plan capture the tenets of Coast Guard Modernization and Health Services strategic priorities as they relate to the activities that will be carried out in the next year. Assuring medical readiness, providing quality, accessible care, fully implementing the Virtual Lifetime Electronic Health Record (VLER) and continuous improvement of our business processes are critical to our Program's long-term success.

Our direct responsibility is to safeguard and improve the health and safety of those entrusted to our care. We must find ways to improve our ability to provide medical care and other support vital to keeping Coast Guard members ready, agile and safe in an uncertain environment.

Our challenge is to strengthen, prepare and protect Coast Guard members.

R. P. VINLOVE
LT, U.S. Coast Guard
Clinic Administrator

Vision, Mission, and Values

Vision

The vision of Coast Guard Health Services Program is to continually improve and optimize the care and services we provide to our beneficiaries in order to support the full range of Coast Guard missions and sustain the health of those entrusted to our care.

Mission

The mission of the Coast Guard Health Services Program is to provide health care to active duty and reserve members in support of Coast Guard missions, to ensure the medical and dental readiness of all Coast Guard members to maintain ability for worldwide deployment, and to ensure the availability of quality, cost effective health care for all eligible beneficiaries.

Values

We are an operationally focused organization committed to the Coast Guard's Core Values. These core values are the never changing foundation that reflect who we are and drive our behavior every day. The values of Coast Guard Health Services are Mission Always, Selfless Service, Leadership and Teamwork, Integrity, Professionalism, and Stewardship. Coast Guard Medicine is committed to promoting these values.

Clinic Overview

Clinic Description

The HSWL Mobile Clinic is a primary care facility located at Coast Guard Aviation Training Center in Mobile, AL. Constructed in 1971, the clinic is comprised of: eight exam rooms; nine staff/administrative offices; a supply area; optometry exam room; physical therapy offices; pharmacy; and four dental operatories. In January 2003, the clinic was expanded to include pharmacy and dental facilities. The HSWL Mobile Clinic measures 12,764 square feet. Dental Services are also offered at Sector Mobile four days a week.

Target Market

The HSWL Mobile Clinic provides care for nearly 1,150 active duty Coast Guard personnel and nearly 200 active duty uniformed service personnel from the Department of Defense, U.S. Public Health Service, and National Oceanic and Atmospheric Administration. The clinic provides primary dental and medical care and military/occupational care such as flight medicine and occupational health exams. Although the TRICARE Network provides a robust network of primary care and specialty services and there are two DoD Military Treatment Facilities available within a 90 minute drive or less, the organic services provided by the ATC clinic are essential to ensuring the full and timely medical and dental readiness and deployability of CG Forces.

Challenges and Opportunities

Empanelment of over 1300 Active and reserve personnel demands consistent provider presence. Since the Flight Surgeon is also the SME for D08 (the largest region for readiness responsibility), it is truly a challenge to manage the workload required to maintain readiness levels at the 90% benchmark with a FS that constitutes .6 FTE and an APA. Addition of another provider would make it possible to maintain readiness standards to include processing over 450 flight physicals in AERO annually on top of 1100 other physicals (OMSEP, PHA, RELAD, and Retirement). Our pharmacy fills over 35,000 scripts annually and employs 2 full time Pharmacists and a technician. It is apparent that the future of CG pharmacy operations is unknown; however we are working diligently with the TRICARE Service Center to educate our beneficiaries in the benefits of the TMOP. We continue to foster relationships with the Naval Hospital in Pensacola, providing mentoring opportunities for Enters attending the Family Practice program there, as well as the partnership we have with local Army and Navy reserve members who complete their drill requirements by working in the pharmacy. We are also met with the immense task of ensuring the SIDHS is capable of managing his duties as the District SIDHS while functioning as the Clinic Supervisor. We are currently in the process of grooming our HS1 (above the cut for Chief) to assist with the Clinic supervisor job simply because the two hats are too much for one person to manage well.

CG-11 FY12 Strategic Medical Imperatives

| Quad Aim | Strategic Imperative | Performance Measure(s) | Initiatives |
|--------------------|---|---|--|
| Medical Readiness | Individual Medical Readiness | Readiness compliance | <ul style="list-style-type: none"> Reserve Health Readiness Program (RHRP) for Periodic Health Assessment & Dental Screening for Reservists Track/identify deployment limiting conditions |
| | Family Readiness | EHR Work-Life Survey | |
| | Healthy workforce (Psychological) | Identify % completed of post deployment health medical needs | <ul style="list-style-type: none"> Conduct/track Pre and post deployment assessments (PDHA, PDHRA) Others to be developed |
| Population Health | Engaging workforce in healthy behaviors | Influenza management Adopt HEDIS measures Percentage of population over fat | <ul style="list-style-type: none"> Maintain influenza prevention program Monitor tobacco use Monitor weight program Integrate health lifestyle program HEDIS Women's health measures Identify and prepare for other emerging health threats Implement Population Health Portal access |
| Experience of Care | Evidence-based care 24/7 access to your team | Enrollee Preventive Health metric HEDIS Index Internal/external EPIC/MRRS Number of referrals by clinic provider External Accreditation | <ul style="list-style-type: none"> Develop system wide policy for access to Medical Home Effective Appointment template Management Monitor Medical Home initiative Identify elements of patient behavior, e.g. primary & specialty care visits per member per year |
| | Case Management Personal relationship with your provider | Effectiveness of care for complex Med/Social problems Satisfaction with health care | <ul style="list-style-type: none"> Continue Patient & Peer Satisfaction Survey; Medical Encounter Review System (MERS) Improve Medical Home |

| | Strategic Imperative | Performance Measure(s) | Initiatives |
|--|--|--|---|
| Per Capita Cost (Responsible Stewardship) | Optimize all product lines by using standard business planning processes | CG-11/HSWL SC Budget Execution/Performances Enrollment utilization of ER services | <ul style="list-style-type: none"> • Approval of clinic business plan submission • Maximize opportunities to identify and implement solutions that gain efficiency • Develop/implement staffing standard • Ensure AFC-57 FRMM Compliance • Adhere to AFC-57 Budget Model |
| | CFO Act compliance | Achieve Audit Compliance in Financial Processes | <ul style="list-style-type: none"> • Complete Electronic billing MOU with DoD • Achieve MERHCF billing • Achieve OHI Billing • Resolve weaknesses identified within DoD MTF claims processing • Identify and counter internal weaknesses in business processes |
| Learning & Growing | Function EHR | Implementation of CG EHR Provider satisfaction with EHR | <ul style="list-style-type: none"> • Sustain EHR • Maintain HIPAA Compliance • Conduct MIS Program Review Board • Enhance Coding Accuracy • Incorporation of provider input into selection of EHR |
| | Using research to improve performance | Product and Product Services | <ul style="list-style-type: none"> • Implement an in-house IRB |
| | Fully capable CG workforce | Complete EHR Training | <ul style="list-style-type: none"> • Monitor training database • Track organizational competency development • Complete PA/Med Admin force analysis • Identify IT enhancements to support provider effectiveness • Track AC&I improvements • Improve deployment of capability for contingency response • Add professional training courses |

| Clinic: Strengths, Weaknesses, Opportunities and Threats <i>(examples listed below)</i> | |
|---|---|
| Strengths | Weaknesses |
| Strong communications - synergy | Shortage of medical provider |
| System-wide connectivity | Facilities Maintenance |
| Strong working relationships with stakeholders | Ability to positively affect remote unit readiness conveniently (tiger teams required) |
| Highly motivated - capable workforce | Funding deterioration in out years |
| Clear policy (vision) documents & engaged leadership | Often work into lunch |
| Multiple crewmembers pursuing higher education | Administrative complexity hampering providers |
| Increased visibility of population behaviors/risks (surveys) | Geographical spread of clinical responsibilities (readiness over 26 states) |
| Good morale | |
| Opportunities | Threats |
| Alignment of efforts w/MHS & TRICARE | Natural disaster, environment |
| Emerging IT system upgrades | Limitation of GS upward mobility |
| Improvements derived from external audit/evaluations | Increasing cost of uncontrollable demand (entitlement) |
| Establishment of HSWL Service Center - Transformation | Loss of junior workforce as a result of slow promotion phase |
| National attention on health care debate (cost) | Burnout as a result of long hours (not enough time to manage patient load and administration) |
| Unlimited opportunity for junior members to start initiatives, take on greater responsibilities | Unforeseen Homeland Security contingencies |
| New healthcare contracts (TRICARE) | |
| Multiple opportunities for leadership training, CE, etc. | |
| Budget constraints drive efficiency focus/innovation | |

| Goal Alignment | | |
|--|---|--------------------------------|
| CG-11 Goal | Clinic Level Goal: (Medical Readiness focused) | <i>Planned Measure/Metric</i> |
| <ul style="list-style-type: none"> Medically Ready & Protected CG Members (Active/Reserve) | <p><u>Initiatives:</u></p> <ul style="list-style-type: none"> Plan to continue SPV administration to remote units. Working with TRICARE and DoD facilities to coordinate administration. Monthly PHA reminders sent out to AOR for following 3 months BMP. Continue relationship with PSU 308 to maintain readiness to ensure entire unit is ready for deployment at moments' notice. Streamline AERO process and work with other clinics in RP to ensure timely approval and submission to PSC. | Readiness Compliance (example) |
| HSWL SC | | |
| <ul style="list-style-type: none"> Increased Expectation of Operational Response Capability | | |
| HSWL Field Office | | |
| <ul style="list-style-type: none"> Regional goal that relates to improving medical readiness, operational capacity or a similar area. | | |

| Goal Alignment | | |
|--|---|--|
| CG-11 Goal | Clinic Level Goal: (Experience of Care focused) | <i>Planned Measure/Metric</i> (example) |
| <ul style="list-style-type: none"> Provide quality, accessible and efficient care, to include implementation of Patient Center Medical Home and Quadruple Aim concepts. | <p><u>Initiatives:</u></p> <ul style="list-style-type: none"> Continue to use scanning process and ACCESS database to monitor medical referrals. Combine Dental referral process with medical referral process to ensure continuity of care and receipt of documentation. Continue to ensure all members who PCS receive DVD of all digital images available. | |
| HSWL SC | | |
| <ul style="list-style-type: none"> Patient Centered Medical Home and the Military Health System's (MHA) Quadruple Aim | | |
| HSWL Field Office | | |
| <ul style="list-style-type: none"> TBD | | |

| Goal Alignment | | |
|--|---|--|
| CG-11 Goal | Clinic Level Goal: (Population Health focused) | Planned Measure/Metric |
| <ul style="list-style-type: none"> Maintain and develop an operational response capability and operationally ready Coast Guard Medical Force. | <p><u>Initiatives:</u></p> <ul style="list-style-type: none"> Implement population health program to follow and ensure patients with certain conditions are not dropped. Conduct metabolic syndrome study (focused at patients within 10lbs of their MAX or 2% of MAX BMI) | <p>(example)</p> <p>HEDIS DX report pulled from CHCS (EPIC) and patients tracked by RN</p> |
| HSWL SC | | <p>Coordinate with local HPC for workout/diet/follow-up with medical</p> |
| <ul style="list-style-type: none"> The HSWL Command Achieving Full Operating Capability (FOC) | | |
| HSWL Field Office | | |
| <ul style="list-style-type: none"> TBD | | |

| Goal Alignment | | |
|--|---|--|
| CG-11 Goal | Clinic Level Goal: (Per Capita Cost focused) | <i>Planned Measure/Metric</i> (example) |
| <ul style="list-style-type: none"> Support a CFO Act compliant Coast Guard Health Care Financial Management System and an overall increased emphasis on business planning for the Coast Guard's Organic Healthcare Delivery System. | <p><u>Initiatives:</u></p> <ul style="list-style-type: none"> Find the appropriate mix for scheduling that allows for 1600 physicals to be conducted annually, as well as providing for OPAC and Acute appointments required to meet local demand Diligently continue to send out failed appointment notices | >5% |
| HSWL SC | | |
| <ul style="list-style-type: none"> Increased Enterprise-wide emphasis on Business Planning | | |
| HSWL Field Office | | |
| <ul style="list-style-type: none"> | | |

| Goal Alignment | | |
|--|---|--|
| CG-11 Goal | Clinic Level Goal: (Learning & Growing focused) | <i>Planned Measure/Metric</i> (example) |
| <ul style="list-style-type: none"> Modernize health, safety & work-life organizational structure. Achieve full operational capability and modernization of Coast Guard Mission Support. | <p><u>Initiatives:</u></p> <ul style="list-style-type: none"> Submit STTR's for all HS' not currently EMT qualified. This will ensure D08 has a wide pool of applicants when solicitations require certifications. Schedule and hold IDHS conference Find TRICARE source for HBA training and ensure presentation is given to all HS' | <p><i>March 2012</i></p> |
| <p>HSWL SC</p> | | |
| <ul style="list-style-type: none"> Modernization of the Coast Guard Mission Support Organization | | |
| <p>HSWL Field Office</p> | | |
| <ul style="list-style-type: none"> | | |

The Way Ahead



Coast Guard Clinic Mobile operates as an integral part of ATC Mobile. We serve multiple outlying units to include Sector Mobile, Station Pascagoula, Station Gulfport, units in Pensacola, CGC BARBARA MABRITY, CGC STINGRAY, CGC COBIA to name a few. Our staff must remain flexible and adaptable. We have a large AOR and the area is prone to natural disasters. We intend to remain responsive to changing threats, risks, and the legitimate needs of our stakeholders. While our fundamental objectives and statutory missions are unlikely to change, we will be prepared to shift our operational focus and resources in order to meet those objectives as external conditions change.

Plan Maintenance

- The Clinic Administrator is responsible for reviewing and updating this Business Plan. The “Lead” will guide the development and update of the plan under the direction of the Field Office Supervisor or other term.
- The Senior Executive staff will meet bi-monthly to discuss necessary business and functional changes and adjust priorities as needed.
- The Clinic administrator will ensure debrief is conducted after major operational events to determine if changes to this plan are appropriate.
- Clinic Mobile will continue to remain attentive to the concerns and input from beneficiaries, partner agencies, and other stakeholder groups. Individuals will report such concerns, input, or opportunities to their chain of command.
- In the event of natural disaster or agency directed change in operation tempo, the Mobile clinic will work with surrounding units and TRICARE to identify any activities or responsibilities in this plan that should be reduced, suspended, terminated, or shifted to support higher priority needs.
- The Clinic Administrator is responsible for the overall maintenance of this plan and will keep a running list of suggested changes for next years plan.

