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FEB - 2 2012

MEMORANDUM

From: T. L. Emerson, LCDR
CG HSWL SC (rpcm-hsa)

Reply to LCDR Emerson
Attn of: (609) 898-6860

To: E. O. Simon, CDR
CG HSWL SC (rpdcn)

Subj: JANUARY 2012 PATIENT ADVISORY COMMITTEE (PAC) MINUTES

Ref: (a) CG Medical Manual, COMDTINST M6000.1E, Chap.13-M-2

1. Call to order: The Health, Safety & Work-Life (HSWL) Regional Practice Cape May, Samuel J. Call Health Center's Patient Advisory Committee met on 31 January 2012; LCDR Emerson called the meeting to order at 1400.

2. Members Present:

LCDR T. Emerson Ms. J. Woods CPO J. Tierney HS1 H. Thurston (ASAC)
MCPO D. Smith MCPO J. Carlson CDR K. Koskinen Ms. S. Schanz
Ms. Tomkus (TSC) SK1 R. Dietrich (STA Manasquan Inlet)

3. New Business:

a. Review Complaint / Concern Process. LCDR Emerson reviewed the four mechanisms for customers of the Samuel J. Call Health Center (SJCHC) to voice their complaints or concerns:

(1) Beneficiaries may speak directly with the Clinic Supervisor (HSCS Seybold), Health Services Administrator (LCDR Emerson), Regional Practice Director (CDR Simon) or speak with the HSWL SC CMC, (MCPO Glen San Nicholas), Deputy (Mr. Munson), or Commanding Officer (CAPT Bruce).

(2) Beneficiaries may complete a SJCHC patient satisfaction survey which is located in each of the patient waiting rooms.

(3) Beneficiaries may attend the quarterly Patient Advisory Committee meeting.

(4) Beneficiaries may exercise their right to write to their elected government officials / congressman.

b. HIPAA Statement. LCDR Emerson reminded everyone that PAC meetings are held to discuss clinic business and patient concerns and that specific patient treatment details should not be discussed in order to honor the patient's privacy.

c. PAC Meeting Attendance: LCDR Emerson described ideal representation at PAC meetings which would include enlisted and officer representation from each area command, active duty dependent representation, retiree beneficiaries, various military association members and unit Ombudsman.

d. Staffing concerns/updates: LCDR Emerson provided an update on the following staff vacancies:

(1) Medical Officers:

a. Physicians: CDR Sarah Arnold MD departed, her position remains vacant.

b. Physician Assistants: Once the Physician Assistant billet at AIRSTA Atlantic City is vacated, the billet will shift to Cape May. New PAL for PA-C is 6. Currently 4 PA's on staff. LTJG Keplinger and LTJG James are tour complete AY12; the PA force manager indicated 2 of 4 vacancies would be filled AY12 with new grads, the remaining 2 would remain vacant.

(2) PHS Medical Officer/Psychiatrist: Our CAPT/O6 PHS psychiatrist billet remains vacant.

(3) PHS Dental Officers: CAPT Dickert retired, currently fully staffed in the dental department.

(4) GS/Registered Nurse: Fully staffed at this time.

(5) Enlisted Staffing: Currently fully staffed, however 5 HS's are assigned to 4-month long C schools, 3 HS's are assigned TDY aboard underway cutters for 2-4 months, and another HS is assigned TDY to TRACEN Cape May.

(6) Work-Life: Fully staffed at this time. Future opening for new Dependent Care Specialist (GS9), CG-111 is drafting position description (PD), expect to recruit & hire within 3-6 months.

(7) Contract Openings: We currently have one opening for a certified lab technician.

e. FY12 Business Plan Goals: LCDR Emerson provided an update to the committee on the clinics progress at meeting Business Plan goals. LCDR Emerson briefly described CG-11's annual Business Plan requirement for all CG Clinics and Regional Practices. Each year, CG-11 outlines its critical initiatives for clinics to achieve in the coming fiscal year. Clinics then develop strategies that are communicated on their annual Business Plan as Goals to achieve in the coming year. Regional Practice Cape May's goals this year are based CG-11's critical initiatives and the Military Health Systems (MHS) Quadruple Aim:

1) Goal #1: Readiness – all readiness factors are 95% or greater. Cape May has already met this objective and monitors compliance through monthly statistical reports and regular interaction with unit command cadre to address unit readiness needs.

2) Goal #2: Experience of Care – Annual Patient Survey continues to trend higher. The next patient satisfaction survey is scheduled for 26-30 March, 2012. We plan on presenting the results of this survey to the PAC committee in April.

3) Goal #3: Population Health – Reduce incidence of febrile respiratory illness in recruits. Adenovirus vaccination for the recruit population began in October; daily FRI reports and weekly summaries are sent to CG-11; no recent spikes in FRI rates.

4) Goal #4: Per Capita Cost – Reduce dollars spent by empanelled active duty population on Emergency Room visits, through education, optimal use of MTF for after hours care, and use of civilian urgent care facilities when appropriate. Urgent care reference flyers and wallet cards are being distributed to active duty patients.

5) Goal #5: Learning & Growing Focus – Increase educational activities by 25% over previous 2 year average for officer, enlisted and civilian personnel. 1st quarter FY12 shows us lagging behind in this goal as compared to the 2 previous years, budget cuts may make it even more difficult to meet this objective. Staff is being encouraged to seek opportunities to attend CG-11/HQ/TQC sponsored training opportunities and TDY ops to operational units to gain experience/professional growth.

f. Medical & Dental Readiness for Regional Practice Cape May AOR (see enclosure (1)):

- 1) Periodic Health Assessments: 95.3%
- 2) Dental: 95.2%
- 3) Immunizations: 97.4%
- 4) Medical Tests: 97.1%
- 5) Influenza: 99.6%

- Medical and Dental Readiness: The standard set forth by CG-11 and HSWL Service Center is 90% for each readiness factor (except for influenza which is 100%). Our goal, as stated above, is 95% or greater.
- A Mobile Dental Unit was deployed to Sector Delaware Bay on 30-31 January to target active duty annual dental exams. Coordination of civilian referrals & authorizations for SDB personnel has been an ongoing challenge which has resulted in sub-optimal dental readiness compliance for personnel attached to units in the Philadelphia area. A quality improvement study has been initiated to examine this issue and may result in regular deployment of the Mobile Dental Unit and Dental Officer from Cape May to ensure that readiness standards and readiness goals are maintained.
- Strike teams continue to be deployed on at least a quarterly basis to remote units to update readiness factors.

g. Urgent Care Initiative: The clinic has launched an initiative aimed at reducing emergency room costs for its empanelled population (active duty personnel). Our empanelled population of

active duty personnel (which includes recruits) averaged 55.5 visits monthly to emergency rooms for the period 1 May 2010 to 30 Apr 2011. On average TRICARE reimbursed hospitals \$497 per visit. Over the course of the reporting period that equated to 666 emergency room visits totaling \$330,828 dollars paid for ER care. On the other hand, the same population averaged 7 visits monthly to urgent care facilities (58/yr) with an average of \$121/visit paid (\$10,144/year). It is likely that many of the emergency room visits could have been handled in urgent care facilities, which have a lower fee schedule than ER's. It is also very likely that many of these visits could have been adequately cared for in the Cape May Clinic by the after-hours duty section which includes a medical officer on call. In an effort to steer urgent care needs to the CG clinic and/or to area urgent care facilities, the Cape May Clinic has partnered with Health Net to provide educational flyers and "Urgent Care Wallet cards" to the active duty population. We also hope to share additional information on this topic at local unit all-hands gatherings to further explain emergent vs. urgent care determination and to offer information on how urgent care may be accessed in the local area. See enclosure (2).

h. Dental Facility Upgrades: The clinic, in collaboration with the TRACEN Facilities Engineering Department, completed an upgrade to the 23 dental operatories and the recruit processing department 16 Dec-20 Jan. The work included new seamless medical-grade vinyl flooring, new dental cabinets and new paint.

i. Smallpox Vaccine: The Coast Guard suspended administration of this vaccination in 1989 after the World Health Organization concluded that the virus had been eradicated from natural occurrence and only remained in labs for scientific study. In early 2003 the CG, along with the DOD, began vaccinating active duty and reserve forces once again to protect against the Smallpox Virus should it be liberated by terrorists in the form of a biological weapon. Throughout the early months of 2003 all CG forces were immunized and they continue to be immunized at accession points (TRACEN Cape May and CG Academy) to this day. Boosters are recommended for this vaccine every 10 years, which means the Coast Guard must prepare to revaccinate all those in the field that were previously vaccinated. The decision to continue this vaccination is being studied by CG-11 and the DoD, if approved as a continued requirement, CG clinics will begin the process of visiting field units to revaccinate personnel.

j. Discontinuance of the Auto-Injector (air gun) for recruit vaccine administration: The CG and DoD Training Centers have been directed to discontinue the use of the auto-injector vaccine administration system due to revised FDA policy on its use. A 90-day transition period was granted. Effective 11 April 2012, HSWL RP Cape May will no longer use this delivery system and will administer all recruit vaccinations via the syringe/needle method.

k. TRICARE Prime Travel Benefit: Non-active duty TRICARE Prime and TRICARE Prime Remote enrollees referred for non-emergent MEDICALLY NECESSARY specialty care more than 100 miles (one-way) from their Primary Care Manager's (PCM's) office to the nearest appropriate specialist's office may be eligible to receive reimbursement for reasonable travel expenses. Entitlement is limited to those specialty referrals for which no other appropriate specialist (i.e., Military Treatment Facility (MTF, network or non-network specialist) is available within 100 miles (one-way) of the PCM's office. Travel expenses will not be authorized for elective procedures or

non-covered benefits. Inquiries about travel reimbursement for Coast Guard beneficiaries shall be referred to the Coast Guard Health Safety Work-Life (HSWL) Service center Health Benefits Team. The HSWL Service Center Health Benefits Team is available by contacting 1-800-9HBAHBA (1-800-942-2422). (See Encl. (3)).

l. Health Risk Appraisal Data: Mr. Steve Harrell, Work-Life Health Promotions Manager, now has access to the Fleet Marine Corps Health Risk Appraisal (HRA) data and intends to share with unit command cadre and unit health promotion coordinators (UHPC's) on upcoming unit visits. The HRA data is derived from the questionnaires active duty and reserve personnel complete on-line prior to their annual Periodic Health Assessment (PHA). These surveys are completely anonymous; the only identifying data that is reported is the members operating facility number or OPFAC. Entering the OPFAC allows Work-Life Health Promotion Managers to pull up unit specific data to provide commands and UHPC's visibility on unit lifestyle behaviors which may better facilitate tailoring unit training needs and health promotion events. The HRA measures lifestyle behaviors that are most commonly associated with adverse health outcomes (e.g., tobacco use, nutrition, alcohol abuse, and exercise). For more information contact Mr. Steve Harrell at 609.88.6886.

m. Upcoming Clinic/Work-Life Surveys: The Work-Life survey will be postponed pending a revision to the WL survey quality assurance checklist. On March 12th and 13th HSWL RP Cape May clinic will undergo its triennial external accreditation through the Accreditation Association for Ambulatory Health Care, notices have been posted at various locations throughout the clinic to inform customers of this survey. Good luck teams!

n. Semi-annual Clinic Newsletter: The Clinic Newsletter was updated in January; the current edition has been released to all hands via email and has been posted on the clinic web site at: http://www.uscg.mil/hq/capemay/activeduty/HS_Main.asp

o. Transition of Family Member Dental Program from United Concordia to Met Life: The TRICARE Management Activity has awarded the TRICARE Dental Program T-3 Contract to Metropolitan Life Insurance Company, Inc. The contract provides for worldwide, comprehensive dental care coverage to enrollees including family members of Uniformed Service Active Duty personnel and to members of the Selected Reserve and Individual Ready Reserve and their eligible family members. Dental care under the new contract begins 1 May 2012 following a 12-month transition period.

p. TRICARE Prime and TRICARE for Life enrollee eligibility for care at CG clinics: Per COMDTINST M6000.1E, Chap. 2C and 2D, beneficiaries enrolled in TRICARE Prime (includes TRICARE Prime Remote) and TRICARE for Life are not eligible for non-emergent care in CG Clinics. TRICARE Standard beneficiaries may continue to be seen on a space-available basis for acute health care needs. TRICARE Standard patients with chronic medical conditions are strongly encouraged to obtain care through a civilian primary care manager to ensure continuity of care for their medical conditions. TRICARE Prime and TFL restrictions do not include use of the CG pharmacies staffed with a pharmacist; prescriptions for Prime and TFL beneficiaries can be filled at a

pharmacist-staffed pharmacy based on existence of the medication on the DoD Basic Core formulary, product availability, and budgetary constraints.

1) 2.C.1: "Care at Uniformed Services Medical Treatment Facilities. As set forth in 10 USC, 1074(b), retired members of the uniformed services, as specified in that Act, are entitled to required medical and dental care and adjuncts thereto to the same extent as provided for active duty members in medical facilities of the uniformed services. However, access to care is subject to mission requirements, the availability of space and facilities, and the capabilities of the medical staff as determined by the HSWL SC. Patients enrolled in TRICARE Prime Options are not eligible for non-emergent care in CG clinics. These patients shall be referred to their TRICARE primary care manager (PCM). The PCM is responsible for appropriate care and referral of such patients."

2) 2.D.1.b(1): "Medical and dental care for dependents in Uniformed Services Medical Treatment Facilities is subject to the availability of space and facilities and the capabilities of the medical and dental staff. With the approval of HSWL SC, the Senior Health Services Officer (SHSO) is responsible for determining the availability of space and capability of the medical and dental staffs in CG clinics. These determinations are conclusive. Patients found enrolled in TRICARE Prime are not eligible for non-emergent care in CG clinics. These patients shall be referred to their TRICARE primary care manager (PCM). The PCM is responsible for appropriate care and referral of such patients."

q. Committee Comments:

1) None.

4. Meeting adjournment at 1445. The next PAC meeting has been scheduled for 24 April 2012 at 1400 in the SJCHC conference room.

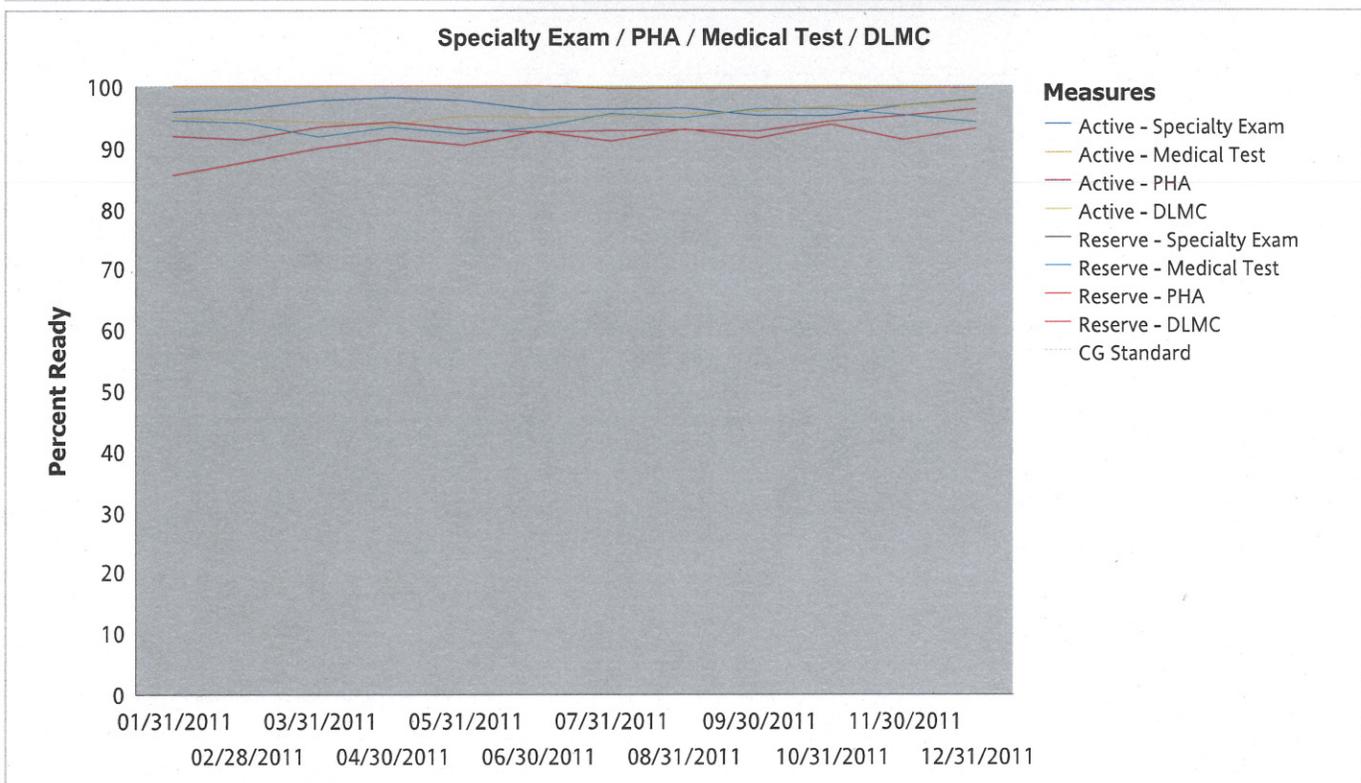
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Encl: (1) AOR Readiness Stats as of 30 Jan 2012
(2) Urgent Care Flyer /Urgent Care Wallet Card
(3) Policy Memo on the TRICARE Prime Travel Benefit Program

Copy: Health Services Administrator file
CG Portal
Attendees

Medical Readiness with Trends by Clinic

Clinic	Source	Specialty Exam	PHA	DLMC	Dental	Immunizations	Influenza	Medical Test	Employees
CG AIRSTA ATLANTIC CTY (000768)	Active	99.0%	97.0%	99.4%	97.9%	99.7%	100.0%	98.5%	332
	Reserve		100.0%	100.0%	100.0%	100.0%	100.0%	88.5%	26
CG AIRSTA ATLANTIC CTY (000768)		99.0%	97.2%	99.4%	98.0%	99.7%	100.0%	97.8%	358
SECTOR DELAWARE BAY (007308)	Active	100.0%	93.6%	99.3%	92.6%	97.5%	99.6%	96.5%	282
	Reserve		89.4%	99.2%	91.7%	99.2%	100.0%	96.2%	132
SECTOR DELAWARE BAY (007308)		100.0%	92.3%	99.3%	92.3%	98.1%	99.8%	96.4%	414
TRACEN C MAY OFF OF CO (002438)	Active	95.5%	97.2%	99.7%	96.0%	96.2%	99.7%	98.5%	754
	Reserve		87.5%	100.0%	92.0%	96.4%	97.3%	88.4%	112
TRACEN C MAY OFF OF CO (002438)		95.5%	96.0%	99.8%	95.5%	96.2%	99.4%	97.2%	866
Summary		98.7%	95.3%	99.6%	95.2%	97.4%	99.6%	97.1%	1,638





URGENT CARE FACT SHEET

All Urgent Care must be coordinated through your Primary Care Manager (PCM).

Things to know:

- **Primary Care Manager (PCM):** Is your first option for routine and urgent care (if you are unsure who your PCM is, contact HNFs*)
- **Urgent Care Facility:** Delivers urgent care on a walk in basis if unable to be seen by your PCM
- **Emergency:** An illness or injury that poses an immediate risk to a person's life or long term health. In an event like this you would go to the closest emergency room or call 911.

	ACTIVE DUTY	ACTIVE DUTY FAMILY MEMBER
1	<p>If you need Urgent Care:</p> <ul style="list-style-type: none"> • Call the MTF 24/7 at 609-898-6611 for instructions, even when on leave 	<p>If you need Urgent Care:</p> <ul style="list-style-type: none"> • Contact your PCM for an urgent appointment • If they are unavailable to see you, they will refer you to Urgent Care <i>**Harborview Kids First see below</i>
2	<p>Cape Urgent Care 900 Route 109 Cape May, NJ 08204 609-884-4357</p> <p>Hours: 9am to 9pm 7 days per week <i>Located on left over Cape May bridge heading north</i></p>	<p>Current local Network Urgent Care facilities:</p> <p style="text-align: center;">Cape Regional Urgent Care 11 Court House S Dennis Rd Ste 3 Cape May Court House, NJ 08210 609-465-6364</p> <p>Hours: 10am to 8pm 7 days per week <i>Located in the ACME shopping plaza in Cape May Court House</i></p>
3	<p><i>*Please contact Health Net Federal Services for the most up to date list of Urgent Care facilities.</i></p> <p>YOU MUST make sure you have a referral!!! ++See below</p>	

NOTE: Any follow-up treatment must be coordinated through your PCM.

*Harborview Kids First does not provide referrals for Urgent Care. They have staff on-call 24 hours a day to assist with urgent medical issues. You must call their office for instructions before seeking medical attention.

**Contact Health Net Federal Services for more information at 1-877-874-2273 or www.hnfs.com

++Failure to receive referral for Urgent Care will result in your using Point of Service (POS) option, where you will be charged for the Urgent Care visit.

Encl: (2)



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

DEC 21 2011

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER
AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER
AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)

SUBJECT: Policy Memorandum on the TRICARE Prime Travel Benefit Program

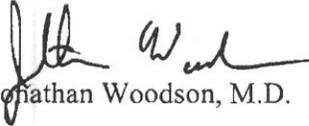
This memorandum describes the TRICARE Prime Travel Benefit Program and clarifies guidance on how the benefit must be coordinated. This policy memorandum supports existing authority and guidance provided in legislation: National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2001, Section (Sec.) 758; NDAA for FY 2002, Sec. 706; Title 32, Code of Federal Regulations, Sec. 199.17(n)(2)(vi)); the Joint Federal Travel Regulations (JFTRs, Chapter 7, Part Y, Paragraph U7960 and U7961); and TRICARE policy (TRICARE Reimbursement Manual, Chapter 1, Sec. 30). This entitlement does not apply to Active Duty Family members (ADFM) residing overseas. An ADFM residing overseas with his or her Active Duty sponsor is authorized a separate travel entitlement (in accordance with JFTR - Chapter 5, Part C, Sec. 6, Paragraph U5240-C).

Non-Active Duty TRICARE Prime and TRICARE Prime Remote enrollees referred for non-emergent medically necessary specialty care more than 100 miles (one way) from their Primary Care Manager's (PCM's) office to the nearest appropriate specialist's office may be eligible to receive reimbursement for reasonable travel expenses. Entitlement is limited to those specialty referrals for which no other appropriate specialist (i.e., Military Treatment Facility (MTF), network or non-network specialist) is available within 100 miles (one-way) of the PCM's office.

Except for Coast Guard beneficiaries, MTFs will validate the travel expense entitlement and issue travel orders for specialty referrals issued by military PCMs. Except for Coast Guard beneficiaries, Regional Directors will validate the travel entitlement and issue travel orders for specialty referrals from civilian PCMs. Each Service is provided Defense Health Program funds to manage the program for their MTF-enrolled population, regardless of service affiliation. Hence, the service affiliation of the non-Active Duty patient's sponsor will not require the patient to seek coordination of the benefit anywhere other than the MTF to which he or she is enrolled. Travel will be reimbursed in accordance with JFTRs. Travel expenses will not be authorized for elective procedures or non-covered benefits. Inquiries about travel reimbursement for Coast Guard beneficiaries shall be referred to the Coast Guard Health Safety Work-Life (HSWL) Service Center Health Benefits Team. The HSWL Service Center Health Benefits Team is available by contacting 1-800-9HBAHBA (1-800-942-2422).

Encl: (3)

The point of contact for this action is Ms. Shane Pham, TRICARE Management Activity. Ms. Pham may be reached at (703) 681-0039, or Shane.Pham@tma.osd.mil.



Jonathan Woodson, M.D.

cc:
Surgeon General, United States Army
Surgeon General, United States Navy
Surgeon General, United States Air Force