



Coast Guard HR Flag Voice 80

MILITARY HEALTH CARE REFORMS

ADM Loy is committed to ensuring the Coast Guard works closely with DoD to improve the accessibility and affordability of health care for our military members and their families. From early on in assuming the duties of Commandant, he directed us to do whatever is necessary in bringing Coast Guard unique health care issues to the attention of DoD. RADM Joyce Johnson, Director of Health and Safety, and her staff have been working earnestly to ensure our concerns are known and addressed. Our major issues include reducing the high out-of-pocket costs of health care in Alaska, providing a TRICARE Prime benefit for families in locations far from Military Treatment Facilities (MTFs) which includes about 50% of all CG people, getting members out of the loop in bill paying, improving contractor customer service for patients and providers, obtaining "portability" of benefits regardless of geographic relocation, and increasing access to primary care for active duty members (minimizing lost duty time). Our recent meetings with TRICARE leadership clearly indicate improvements on all fronts that are of particular concern to us are being addressed. Some are policy changes, others are legislative changes, and most will require additional funding (that we are seeking).

We are making progress. Due to our efforts, changes in Alaska by TRICARE raised the maximum allowable reimbursement allowances for Alaska (except Anchorage), by more than 30%. This is an interim measure and does not completely fix the problem, but it is a step in the right direction until the final change can be put in place.

GEN Shelton, Chairman of the Joint Chiefs of Staff, was one of the opening speakers at the recent TRICARE conference. The following article summarizes his comments and provides a clear picture of the high level attention military health care is receiving. I have also included his more recent remarks in front of the Senate Armed Services Committee.

Coast Guard leadership is fully engaged with our counterparts in DOD, ensuring our unique needs are being addressed. For instance, GEN Shelton refers to the Defense Medical Oversight Committee (DMOC) in his remarks. The DMOC was set up last summer so senior military leaders with no medical backgrounds could understand the pressures on health care costs and recommend ways to close benefit gaps that have harmed recruiting and retention, and angered older retirees. The Committee consists of the services' Vice Chiefs. VADM Card recently joined to represent our interests. VADM Shkor, COMLANTAREA, is addressing health care issues from the field commander's perspective directly to the Executive Director of the TRICARE Management Activity through a personal visit next month.

This TRICARE web site is a great source of information on the latest issues and changes to the military services' healthcare system.

<http://www.tricare.osd.mil/>

Regards, FL Ames

Gen Shelton Ready to Tackle TRICARE Issues

WASHINGTON -- DoD has made huge strides in quality-of-life issues, but healthcare for service members and their families still needs serious work, the nation's top military officer said Jan. 31.

"To have implemented TRICARE worldwide in five years with its 8.3 million beneficiaries is quite an accomplishment," Army Gen. Henry Shelton, chairman of the Joint Chiefs of Staff, said in opening remarks at the three-day 2000 TRICARE Conference here. "A tremendous amount has been achieved, but I'm sure you'll all agree with me that we still have a long way to go."

Shelton told his audience of some 400 civilian and military healthcare providers and administrators that healthcare is one of DoD's "big four" quality-of-life issues -- the building blocks of a quality volunteer force. The other three are pay and compensation, retirement benefits, and housing.

He cited the 4.8 percent pay raise, pay table reform and repeal of the Redux retirement plan in the fiscal 2000 budget as examples of the defense leadership's commitment to recruit and retain a quality force. Also, Defense Secretary William Cohen in January announced a major initiative to eliminate out-of-pocket housing costs within five years.

"This year we've got to address healthcare," Shelton said. "The bottom line is that our service members and their families must be able to count on their healthcare system. Our fighting men and women on the frontlines of freedom need to know that their families are being taken care of."

He told the group that thanks to e-mail, today's deployed troops know almost immediately if there is a problem with healthcare at home. "While they are doing their job taking care of the nation's defense, they expect us to provide an effective, user-friendly healthcare system," he said.

Overall, TRICARE beneficiaries may say they're satisfied with the healthcare they receive, but many complain about the process of getting that care, Shelton said. "Every time I talk to them, one of their most frequent complaints is ... with the process it takes to finally get the care they need," he said.

"To the health system's credit, once our men and women and families receive care, few of them complain about the quality of care or the attitude of the healthcare providers," he told the conference attendees. "This is a bright spot in the system, and when it works it is the result of the hard work that you

all do."

Shelton said many frustrations can be traced to poor customer relations and bad business practices. TRICARE's regional structure works against consistency in such "common-sense areas" as appointments, claims and enrollment, he noted.

"As many of you know, TRICARE requires that members re-enroll every time they change regions, something that occurs frequently as our service members and their families must pick up and move every two to three years," he said. "This adds to their stress and frustration, and oftentimes, their workload."

Another concern is that there are differences in benefits between those stationed stateside and those stationed overseas. "These challenges require our urgent attention," Shelton said. He noted that Dr. Sue Bailey, assistant secretary of defense for health affairs, addressed the Joint Chiefs in January and laid out a plan and a schedule to fix these issues. But that's still not enough, he said.

"We ask our service members to be ready to serve any time, anywhere. They expect no less from their healthcare system," he said. "If a service member can't count on TRICARE when it's needed, then when the time comes to re-enlist, the answer might just be 'no.' In short, TRICARE can't be just an insurance agency; it must be much more."

Shelton said he has testified before the Senate Armed Services Committee that improving medical care is a top DoD priority in the fiscal 2001 defense budget. He said improvements should focus on several areas:

-- Fully funding and placing more emphasis on the Defense Health Program. Shelton said the program has been underfunded for several years. "We are encouraging unit leadership, from the senior flag officers to the platoon leaders, to understand, get involved and become advocates for the military health system," he said. "This is clearly a program that deserves command attention and support."

-- Ensuring every installation has a TRICARE hot line, "(This is) not to bypass the chain of command, but to bring medical care issues to the attention of the appropriate

people at the appropriate levels," Shelton said.

-- Increasing retirees' benefits. Important first steps would be to increase pharmacy benefits and to fully fund and expand TRICARE Senior Prime. "Our retirees deserve the healthcare that they have earned and DoD committed to," he said.

-- Establishing a healthcare network to meet the needs of all beneficiaries. Start this with automatic enrollment of all active duty members and their families, Shelton said. He said beneficiaries should have

quick, easy access to case managers, and fair and timely claim payments. All enrollees need to know who their primary case manager is and how to contact them. "I applaud your recent initiative to make sure that the patient knows his doctor by name," he said. "This is just plain good medicine."

-- Changing "navigation" to make the system as customer-focused and easy to use as possible. "Many service members' attitudes toward TRICARE stem from their experiences on the telephone," Shelton said. "Our service members and their families should not be forced to wait on the phone and listen to recordings for 20 minutes just to secure an appointment." He said another irritant, the claims process, should be "invisible to the active duty members and simplified for all others."

The chairman told the group his staff will work actively with DoD's new Defense Medical Oversight Committee, which aims to address current irritants and future benefits of the military healthcare system.

He urged managers to test their own systems. "For those who are military healthcare members, try not wearing your uniform one day -- you've got my permission -- and walk into the TRICARE offices you're responsible for to see how you're treated," he said. "If you find things not to your liking, fix them."

"Remember, if it's hard for you, imagine what it's like for the young, inexperienced mother of two whose husband is deployed to Bosnia or Kosovo or any of the other garden spots our troops are deployed to," Shelton said.

He told the group they should act as advocates for their beneficiaries, not adversaries. "You work on behalf of our warriors and their families. They need your support, and I know that you are committed to helping them," he said. "It is my goal that a future chairman a few years from now can come before you and say with conviction, 'Our healthcare system is a success and better than any other in the world, bar none.'"

The following is GEN Shelton's military health care testimony in front of the Senate Armed Services Committee on 8 Feb 2000:

"Last year, I testified that we were in the midst of a long-term program to restructure the military medical community's ability to better support its wartime mission and assess whether our managed health care system - TRICARE - was meeting its twin goals of improving access and holding down costs. We ask our service members to be ready to serve anywhere; they and their families deserve no less than an adequate health care system. In survey after survey, we have learned that TRICARE simply is not user-friendly. While service members and their families are normally pleased with the care they receive from doctors, nurses, and other health care providers, they are frustrated by other aspects of TRICARE. It is, quite frankly, immensely complex, administratively confusing, and not customer-

friendly. Due to the region-based structure of TRICARE, there is no consistency or standardization for appointments, benefits, claims, and enrollments across duty stations. To significantly improve how we meet the health needs of both our active duty and retired service members, and their families, we are recommending a phased approach. In the near term, we would include implementing business practice improvements and fully funding the Defense Health Program. Several of these improvements are already underway and include: automatic enrollment for all Active Duty Family Members into TRICARE Prime and making easy-to understand enrollment materials available across all TRICARE regions. To ensure that all of our members know who is responsible for their care, those enrolled in TRICARE Prime will know who their Primary Care Manager (PCM) is by name. Active duty members and their families assigned to remote areas need to have the peace of mind that the same benefit will be provided to them regardless of where they are located. Additionally, members with complex illnesses and extensive treatment plans require clinical case management experts to help the patient successfully navigate the system, reducing delay and frustration while ensuring quality and continuity of care. Finally, TRICARE requires that members re-enroll every time they transfer from region to region. Enrollment in one region must be honored in all regions. The claims process is another major source of frustration for our Active Duty members and their families. We must have a system that ensures the government, not the beneficiary, receives the bills. Additionally, the protracted time it takes contractors to pay provider bills creates a disincentive for providers to remain in the network. My staff is working closely with Dr. Sue Bailey, ASD (Health Affairs), to fix or remove these major irritants. In the near-term, the Joint Chiefs would like to see improvements in the overall health care benefit. For years our recruiters have promised health care for life for career members and their families. As we all know, that is not what they receive. To honor this promise, the President's budget includes the expansion of TRICARE Prime Remote for active duty family members and the elimination of co-pays for *all* active duty family members enrolled in the TRICARE Prime network. The Chiefs and I recognize the compelling need to provide more comprehensive coverage for our retirees and their family members. Where specific TRICARE coverage is not available, we must offer them other benefits. Our intent is to reduce out-of-pocket expenses. Let me stress that the Joint Chiefs' commitment to quality healthcare for all military members, including retirees, remains firm. Keeping our promise of ensuring quality healthcare for military retirees is not only the right thing to do, it also is a pragmatic decision because it sends a strong signal to all those considering a career in uniform."

[Flag Voice Contents](#)

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