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OCT 17 2012

MEMORANDUM

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

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

To: K. A. Koskinen, CDR
CG HSWL SC (rpdcn)

Subj: OCTOBER 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 16 October 2012; LCDR Emerson called the meeting to order at 1400.

2. Members Present:

LCDR T. Emerson	MCPO D. Smith	HSC D. Bartolini	Ms. S. Schanz
Mr. D. Hunter	HS1 H. Thurston	BMC K. Murphy	SK1 R. Dietrich
SCPO C. Seybold	Mr. G. Corlin	Mrs. K. Bulger	CWO2 G. Wade
HSC J. Woytsek			

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 Koskinen) or speak with the HSWL SC CMC, (MCPO San Nicholas), Deputy (Mr. Munson), or Commanding Officer (CAPT Rinoski).

(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: One PHS Physician billet remains vacant (since Jan '12); LT Jason Buenaventura is expected through an interservice transfer from the U.S. Army in November.

b. Physician Assistants: ~~One PA active duty billet will remain vacant this assignment year due to lower recruit shipping numbers.~~

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

(3) PHS Dental Officers: CAPT Robin Scheper reported aboard in August.

(4) PHS Medical Lab Technologist: PHS MLT billet is being recruited; this position will be a HSWL Service Center billet with detached duty to Cape May. Responsibilities will include management of CG medical laboratory program with oversight of CG clinic medical labs.

(5) GS/Registered Nurse: Currently interviewing to fill one part-time RN position in our Patient Care Unit.

(6) Enlisted Staffing: Currently 50 of 50 positions are filled with eight more slated for PCS assignment in November to prepare for AY13 transfer season which will potentially result in transfer of 21 tour-complete HS's.

(7) Work-Life: The Child Development Care Specialist (GS-11) was hired in September. Ms. Kelly Bulger will be the primary point of contact and local subject matter expert for all Active Duty Coast Guard members requesting Family Child Care Home certification, seeking quality child care services and school related resources and information.

(8) Contract Openings: 24 of 24 contract positions are filled.

e. Medical & Dental Readiness for Regional Practice Cape May AOR:

- 1) Periodic Health Assessments: 94.6%
- 2) Dental: 93.8%
- 3) Immunizations: 97.3%
- 4) Medical Tests: 97.5%
- 5) Influenza: 70.8% (deadline for 100% is December 17th)

** Mobile dental unit and staff deployed to Sector Delaware Bay 24-25 September; dental readiness increased to nearly 95% at SDB as a result.

f. 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.

(1) CWO2 Wade from ESD Cape May asked what the process will be for personnel who were exempted previously from this vaccine. LCDR Emerson replied that everyone will be rescreened to determine eligibility for this vaccine by a CG Medical Officer, those who were exempted in the past will be screened to determine if the reason for original exemption still applies (e.g. history of eczema, chronic health conditions, pregnancy, etc.).

g. Annual Influenza Vaccine: We have received our annual stocks of influenza vaccine and have distributed to our satellite clinics and Independent Duty Corpsmen. The deadline for 100% Active Duty and Reserve vaccination is 17 December. As of this morning 1160 of 1638 area Coast Guard men and women have received the annual vaccination. The vaccine has been extended to contract CDC and health care workers as well as civil service employees (GS/WG). Depending on supplies/availability, the clinic may also hold a couple of walk-in flu shot clinics for other beneficiaries (Space-A). The flu vaccine is a covered TRICARE benefit, for this reason we strongly encourage space-A beneficiaries to obtain this vaccine in the civilian network, especially those deemed high risk due to chronic health conditions, pregnancy, etc.

h. Cape May Patient Advisory Committee CG-Portal Site: At the request of an area afloat unit the Cape May Clinic has established a CG Portal site to post all Patient Advisory Committee announcement, meeting minutes and other useful information. The NEW portal site can be found at: <https://cgportal2.uscg.mil/units/Cape-May-PAC/SitePages/Home.aspx>. Thanks for the idea CGC VIGOROUS!

i. Semi-annual Clinic Newsletter: The Clinic Newsletter was updated in July; 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

j. New Health Record for Active Duty Personnel: HSWL Regional Practice Cape May rolled out the new Active Duty Health Record to the fleet on 13 July with Victor-186 as the first company to graduate with this new health record. The old health record, which consisted of a blue 6-part medical record and a separate 2-part green dental record, is being replaced by a new 10-part combined medical & dental record. The new chart has done away with Social Security Numbers (SSN's) on the record cover which is replaced by the DOD Identification Number; this number may be found on the back of your CAC card. Our new electronic health record "EPIC" is expected in the next year; this new EMR includes a mechanism in which bar code labels are generated and affixed to health records, enabling the use of scanner technology to account for record location anywhere in the CG. An AIG was released to announce the new health record with directions to health services personnel to begin transitioning to the new record in the field. Directions for filing medical information in this new record can be found at: <http://www.uscg.mil/hq/cg1/cg112/cg1123/default.asp>.

k. Pharmacy Transition at Satellite Facilities: Effective 1 November 2012, the Sector Delaware Bay and Air Station Atlantic City clinic pharmacies, along with 11 other Coast Guard clinic pharmacies, will no longer dispense prescriptions. All prescriptions will be referred to the TRICARE Network to be filled. The clinics will continue to offer the medications included in the USCG over-the-counter (OTC) program, immunizations, emergency in-house medications and flight bags (if applicable). It is recommended that all maintenance (daily) medications be mailed or electronically prescribed by your physician to the TRICARE Home Delivery Program. The Home Delivery Program is the most convenient means to receive prescriptions and is also the most advantageous for the government. Through the TRICARE Home Delivery Program, 90 day supplies of all medications for Active Duty are cost free to the patient. Prescriptions for acute medications (medications needed in a timeframe where mail order is not practical), can be filled at any of the 57,000 TRICARE participating retail pharmacies located throughout the U.S. and Territories. This change is being implemented to improve quality of care across the Coast guard. It will ensure that a Registered Pharmacist is involved in review of your prescription prior to dispensing, which enhances the currently offered standard of care at our satellite facilities at Sector Delaware Bat and Air Station Atlantic City, and brings the procedure in line with accepted standard of care for both civilian and DOD pharmacies. Additional information regarding TRICARE Pharmacy Program including the TRICARE Uniform Formulary, Medical Necessity Forms, and a mobile application can be found at: <http://tricare.mil/mybenefit/home/Prescriptions/PharmacyProgram>.

l. NO CHANGE to Retail Pharmacy Network for TRICARE Beneficiaries: Express Scripts, in line with TRICARE Management Activity's commitment to the efficient management of the TRICARE Pharmacy benefit, has determined it will maintain the same robust retail pharmacy network of more than 57,000 pharmacies available to TRICARE beneficiaries. WALGREENS will remain designated as a non-network pharmacy provider for TRICARE beneficiaries.

m. IDHS assignment to the “White Space”: The “White-Space” as it relates to CG health care is defined as units who obtain medical care from a non-CG clinic (i.e. DOD facility or civilian network provider). STA Barnegat Light, STA Manasquan Inlet, STA Indian River, Atlantic Strike Team and MSD Lewes are White Space locations within HSWL RP Cape May’s AOR. As part of our Patient Centered Wellness Home initiative, IDHS trained corpsmen assigned to the Cape May Clinic will be assigned to our white space locations to provide unit support for medical and dental matters. Services will include CPR and First Aid classes, Medical Readiness updates, health record QA actions, periodic binnacle reports to the command cadre, and collaboration with their assigned Designated Medical Officer (DMOA) for fitness for duty, medical board and medical waiver issues. An IDHS Unit Services and Support checklist is being developed to highlight services and report activities to unit command cadre.

n. HSWL Cape May Clinic realignment under TRACEN Cape May: The Cape May clinic is slated for realignment as a department of Training Center Cape May in the coming months. Most clinics CG-wide have already realigned administratively (ADCON) under Bases, Sectors, and Air Stations with modernization. Training Center clinics (Cape May, Yorktown, and Petaluma) and the CG Academy are next in line to undergo this step of modernization. Operational control (OPCON) of the clinics will remain with HSWL Service Center. This move is not expected to affect patient care operations or services currently being offered in the Cape May clinic.

o. Patient Centered Wellness Home: Coast Guard Clinics across the service will be implementing the Patient Centered Wellness Home model over the next couple of months with an implementation deadline of 31 December 2012. Definition: A Patient Centered Medical Home is a medical practice led by a physician, composed of a team of healthcare providers and support staff, delivering services for total healthcare, and surrounding the patient with support to accomplish health goals. HSWL Regional Practice Cape May will broaden this model to include and coordinate the disciplines of medicine, dental, pharmacy, family support, work-life, and safety, forming the Patient Centered Wellness Home.

- Impact: You will not lose any services or benefits in CG clinics as a result of transition to this comprehensive care delivery system. Notably, you will become a partner in your healthcare rather than a recipient of healthcare. You should become aware of the changes being put in place by an increase in your satisfaction with how you are treated, the coordination of services and support, and your access to care.
- Goals of the PCWH are:
 1. You know your Primary Care Provider by name and see them at least 50% of the time.
 2. Your healthcare needs/desires are ADDRESSED at a single visit because we know the value of your time.
 3. Every effort will also be made to coordinate your services within different departments for a single comprehensive healthcare visit.

4. Services will be put in place to assist you with navigating through civilian or military referrals, and with managing complex care needs to ensure that you get the best and most timely care.

- Actions: The following provides an overview of a typical encounter in the Wellness Home :
 1. Check-in, your record will be carefully reviewed for any other medical or dental needs.
 2. You will be checked in by a staff member and have vital signs checked.
 3. You will be partially or entirely evaluated by a corpsman (based on your willingness and their ability – please remember we are training today’s corpsman for tomorrow’s mission).
 4. Your medical or dental provider will then see you.
 - a. In some cases, the corpsman will be able to complete your encounter and provide for all of your needs (following review of your evaluation and care plan by your provider). ~~If this is acceptable to you, your encounter will be complete.~~
 - b. You will always have the opportunity to be seen by your provider following the evaluation by the corpsman.
 - c. You will also be able to request to be seen only by your provider (once vital signs and a reason for the visit are obtained).
 5. You will be escorted within the facility to complete labs, x-rays, or other service needs.
 6. Referral and Case Management coordinators will be available to assist you with coordinating off-site or complex care needs.
 7. Upon completion of your visit, you will be able to schedule an Advanced booking appointment (if one is needed).
 8. You will receive a Duty Status form (to return to your command) when necessary.
- Approximately 50% of all appointment slots will be available for Same Day booking and the remainder may be booked in advance (by active duty only). They will also be grouped so that appointment slots can be combined for an extended visit if your needs require more time.
- We will ask that you become more directly involved in your healthcare as a participant rather than as a recipient, with health goals being established by you and your Primary Care Provider. Your active participation is requested, desired, and needed to ensure your readiness to carry out the missions of the Coast Guard.

p. **NEW!! Employee Assistance Program Contract:** Effective 1 May 2012 the CG launched the new CG Support (CG SUPRT) Program. CG SUPRT replaced the old EAP program including WorkLife4You services. CG SUPRT is a professional counseling service designed to help you with your problems both on and off the job. This service is free, confidential, and voluntary. The EAP is an effective way to deal with work-related issues. Contact Cape May’s Employee Assistance Program Coordinator (EAPC), Mr. Glen Corlin, if you have any questions or concerns about this

program/contract @ (609) 898-6731. To access CGSUPRT, members can call toll free at 855-CGSUPRT (855-247-8778) or go to the web site at www.CGSUPRT.com. Many of the services being offered under this new contract are enhancements from the previous EAP. Most notably, SELRES and their families are now fully covered, telephonic health coaching services are now included, the number of face-to-face counseling sessions available to covered members has increased from 6 to 12, and tax preparation assistance is available. The CG SUPRT Program, as was the case with our previous EAP, remains confidential within the limits of applicable laws and regulations. All the old EAP contract marketing material should be discarded, updated marketing material will be distributed to all units within 2-months. See enclosure (1) for a list of services.

q. Transition of Family Member Dental Program from United Concordia to Met Life: The TRICARE Management Activity 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 began 1 May 2012. Beneficiaries are urged to ensure that their current dentist is part of Met Life's network; they may do this by visiting the Met Life web-site at <http://www.metlife.com/individual/>, click "find a dentist" at the upper right-hand side of the web page and search for a "Dental PPO" provider. If the dentist is not a member, dentists can apply to become part of this network by visiting <http://www.metdental.com>.

1. Reserve Dental Readiness: Annual Dental Screening (Type II) Examinations are required for dental readiness. SELRES members can obtain Dental Examinations via one of the following methods:

- 1) Private civilian dentist. SELRES members must provide a completed Department of Defense Active Duty/Reserve Forces Dental Examination, Form DD- 2813 to their cognizant Health Record Custodian;
- 2) Coast Guard Dental Treatment Facility (DTF) on a space availability basis and subject to approval by the Health Services Administrator or HSWL Regional Practice Manager;
- 3) Reserve Health Readiness Program (RHRP). Authorized for SELRES members without dental insurance coverage or who are not able to be seen at a Coast Guard DTF. Contact RHRP at 1-888-697-4299 to make an appointment.

* SELRES members may use one Readiness Management Period (RMP) for this dental screening. Dental treatment or cleaning is not authorized at Coast Guard DTFs or via RHRP. All dental follow up care and treatment are the responsibility of the SELRES member and must be completed by the member at their own expense. SELRES members are encouraged to utilize the TRICARE Dental Program if they do not have a civilian dental insurance coverage.

r. Committee Comments:

1) Mr. Glen Corlin, Employee Assistance Program Coordinator of Cape May Work-Life, has scheduled an Applied Suicide Intervention Skills (ASIS) course 28-29 November aboard TRACEN Cape May; this course is currently full but he is accepting waiting list names via email in case of enrolled student cancellations. Email glen.p.corlin@uscg.mil or contact him at (609) 898-6731.

2) CWO2 Wade of ESD Cape May asked about the process to report influenza vaccine adverse events. LCDR Emerson advised that the clinic or patient may complete an on-line Vaccine Adverse Event Reporting System (VAERS) report by visiting <http://vaers.hhs.gov/index>. VAERS is a national vaccine safety surveillance program co-sponsored by the Center for Disease Control and Prevention and the Food and Drug Administration. VAERS is a post-marketing safety surveillance program, collecting information about adverse events (possible side effects) that occur after the administration of vaccines licensed for use in the United States. VAERS information is also listed on the Vaccine Information Statements (VIS) provided to each patient prior to inoculation.

4. Meeting adjournment at 1500. The next PAC meeting has been scheduled for 15 January at 1400 in the SJCHC conference room.

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Copy: Health Services Administrator file
CG HSWL Portal site
Cape May Patient Advisory Committee CG Portal site
Attendees