

17 January 2012

HEALTH CARE CONSUMERS' COUNCIL MINUTES

The Health Care Consumers' Council was held at 1000, Tuesday, 17 January 2012, at the Naval Health Clinic Patuxent River (NHC), Command Conference Room.

1. CAPT Shevchuk, Executive Officer, Naval Air Station Patuxent River: Welcomed those in attendance, including the NAS CMC (CMC Cummings) and PAO (Mr. Younger). Stated that this meeting demonstrates the partnership between the different units on base and provides a venue for information sharing. He stated that he appreciated the emphasis on medical readiness and customer service. Feedback is welcomed, either through the Navy Patient Satisfaction Survey or ICE. Please take the time to provide feedback; it is appreciated.

2. CAPT Raimondo, Commanding Officer, Naval Health Clinic, Patuxent River (NHCPR): Welcomed those in attendance and thanked all for the opportunity to communicate with our beneficiaries. The Clinic is here to serve the men and women of NAS Patuxent River. She also appreciates the partnership the clinic has established with the base and its tenant units. Stressed the point that without wellness, warriors cannot do what they need to do. With the current economic environment, all are vying for funding, but the bottom line is that at the clinic, the focus on healthcare and readiness. The tenant commands want their warriors well and in the air, not grounded. The clinic is a partner to the success of the mission.

3. CAPT Hearn, Director of Health Services (DHS).

a. Military Acute Appointments replacing Sick Call: The clinic is in the process of changing the Military Medicine Sick Call process with the goal of reducing the amount of time sailors are away from their work areas while accessing acute care. In the near future, Military Medicine will implement an acute appointment schedule. ADSM can either call or show-up to be triaged for acute care. There will be acute appointments all day. The ADSM will not have to stand around for hours waiting to be seen. Information will be disseminated in the TESTER and the POW.

b. Behavioral Health Care: The Behavioral Health Clinic is staffed for treatment of non-emergency conditions. If a member is experiencing a psychological emergency, i.e. a threat to self or others, than the individual should be taken to the nearest emergency room (St. Mary's Hospital (SMH)) or call 911 for ambulance transport. SMH has a process to have the ADSM transferred to Walter Reed National Military Medical Center (WRNMMC). If the member is stable and will need hospitalization, they can be driven with a duty driver and escort directly to WRNMMC. It is important not to delay care.

c. PRT Waivers: According to OPNAVINST 6110.1J, Physical Readiness Program section, 5.d. Medical Waiver Management; members with two consecutive medical waivers or three in a four-year period shall be referred to the military treatment facility (MTF) for a medical evaluation board (MEB). MEB findings shall be forwarded to Navy Personnel Command (NAVPERSCOM), Career Progression Department (PERS-8) for disposition. The Clinic is in the process of reviewing records to determine which ADSM will require a MEB. LTJg Trimner, Stacey.trimner@med.navy.mil, 301-995-4561, is the POC for this review. It is very time

intensive process. Command Fitness Leaders (CFLs) from some organizations already have this information and are encouraged to work with LTJg Trimner.

d. Deployment Health: The Deployment Health clinic has moved out of Military Medicine and focuses on readiness and concentrates on screenings, including: Overseas, IA, Sea, and PHA.

4. LCDR Tizon, Director For Administration (DFA): Two major projects are underway at the clinic:

a. Dental Renovation: This is a \$4M project to renovate the entire Dental Clinic. Trailers are deployed in the lower staff parking lot and are fully operational. There is parking for Dental patients in front of the trailers.

b. Bathroom Renovation: The bathrooms at the clinic are being remodeled to become ADA compliant. Work is taking place after hours. Two bathrooms are being modified at a time, with the goal of minimal disruptions. At this time, the project is ahead of schedule. Projected completion is the end of March.

5. Medical Readiness Update. HMC Burton (Attachment #1)

a. Deployment Health Assessments: Most recent quarterly list of PDHRA/DD2900 deficiencies has MRRS showing 17 personnel currently show in MRRS as requiring a PDHRA/DD2900 (down significantly from last year of 175 personnel). 7 are due and 10 are Overdue (down from 44 overdue last year.)

b. Medical Readiness Indeterminate: 105 personnel out 1581 have a readiness category of Indeterminate. The Fully Medical Ready rate 75% and Medical Ready Indeterminate 7% . FMR target is $\geq 80\%$, whereas MRI goal is 8% or less. The new Deployment Health Center, a one-stop-shop, is having a positive impact on these statistics. Proactive efforts of the Command Medical Liaisons have made a difference. Recommendations are for the CMLs to send out a Birth Month roster the month prior to birth month, and have them schedule appointments. The Clinic is working to change all ADSMs over to Birth Month Recall (BMR) exams versus exams in connection with their Physical Fitness Assessment (PFA). This will help avoid the large "rush" of ADSMs needed exams at the PFA cycle.

Clinic POCs: HMC Burton 301-342-1418, James.burton@med.navy.mil; Ms. Edick, 301-342-5492, roxanne.edick@med.navy.mil and HM2 Toussaint LPO 301-342-1418 ; erica.toussaint@med.navy.mil. Clinic staff is available to go out to Commands to provide command specific training and information.

d. Dental Readiness: CAPT J. Grzesik, Department Head, Dental (Attachment #2) Dental Readiness, effective 10 January is 93.09%, with 71 Class 4 and 81 Class 3. Ms. Temple will be happy to work with commands to identify personnel in an effort to improved readiness.

e. Dental Renovation: Clinic is open in the temporary modular units. Patients should check-in at the large modular unit (the one with ramp), for all appointments and staff interaction. Patient parking is located adjacent to the modular units. With the move to the trailers, there may be an increased usage of the Active Duty Dental Program (ADDP), with referral to civilian providers

6. Mr. Koch, Director, Public Health (Attachment #3)

a. Influenza Season and Supplies: We are currently in the middle of the FY12 Influenza Season. Reviewed Centers for Disease Control (CDC) national statistics for influenza activity. The percent of all outpatient visits due to ILI has stated to increase as we enter into the peak of

the season. The CDC's 'Flu View', weekly surveillance of outpatient illness, reviews trending since September 2008. It provides information on patient visits to health care providers for influenza-like illness (ILI) in the U.S. ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. Based upon the January summary, the US is starting to see an upswing in the number of cases (similar to previous years.) The season usually runs September through mid-March.

Reviewed current immunization status for all services compared to NAS Patuxent River's statistics. Effective 11 January 2012, 92% of NAS ADSM have been immunized. According to MRRS, there are 183 personnel that still require immunization. The clinic has conducted five (5) base theater shot events and six (6) organizational events on-site.

b. Hours and Availability: Influenza Vaccination available to all beneficiaries: open to ADSM, family members, retirees with a valid DOD ID as well as mission essential/critical government civilians with a current CAC. Contractors are not eligible for the vaccine from the clinic unless they also meet one of the other categories above.

Immunization Department: Seasonal influenza vaccine is available for High Risk (pregnant, diabetic, asthmatics, etc)), and eligible beneficiaries 6 months and older on a walk-in basis from 0730 to 1130 and 1300 to 1500 Monday, Tuesday, Thursday, and Friday

Preventive Medicine Department: Seasonal Influenza vaccine is available for all Active Duty on a walk-in bases from 0800 to 1130 and 1230 to 1500 Tuesdays and Thursdays.

Influenza Information Phone Line: 301-342-7894

c. Allergy Immunotherapy Support Services: Effective February 1, 2012, the clinic will no longer offer allergy immunotherapy injections. It is in the best interest of our patients that they receive their allergy injections from the prescribing allergist, under his/her direct supervision. Beneficiaries are urged to contact their allergist to arrange all future allergy shots. To assist in the transition, an active referral for six months has been placed for beneficiaries effective January 1, 2012. For additional referrals, beneficiaries should contact your Primary Care Manager (PCM).

Allergists are the experts and they should be overseeing the injections. We were offering a service that was a convenience. This move is in the best interest of the patients. There were a total of 41 patients, with eight ADSMs receiving this service.

d. Hand, Foot and Mouth Disease: There have been a few cases indentified at the Child Development Center (CDC) over the past month. The CDC has taken the necessary actions to ensure appropriate hygiene measures were maintained, and informed parents. Hand, foot, and mouth disease (HFMD) is a moderately contagious viral illness that commonly affects infants and children, mostly younger than 10, but any age can be affected. HFMD is usually not serious. Nearly all patients recover in 7–10 days without medical treatment. Rarely, an infected person can develop viral meningitis and may need to be hospitalized for a few days. Symptoms usually begin with a fever, poor appetite, malaise (feeling vaguely unwell), and often a sore throat. A couple of days after the fever starts, painful sores can develop in the mouth. There is no vaccine to prevent the disease or any specific treatment. There are simple steps you and your family can take to reduce the risk of getting sick, including: practicing good hygiene, such as washing hands frequently, cleaning objects and surfaces (toys, doorknobs, etc.) and avoiding close contact (like kissing and hugging) with people who are infected. More information at: <http://www.cdc.gov/Features/HandFootMouthDisease/>

7. Mr. Carpenter, TRICARE Service Center Administrator, HNFS: (Attachment #4)

a. TRICARE Young Adult (TYA): Became effective 1 May 2011. Premium-based health plan offering health care benefits to those under age 26. Enrollment is required. The new TYA Prime benefit became effective on 1 January 2012. TYA Standard/Extra premium rates have decreased to \$176/month starting January 2012. TYA Prime has a premium rate of \$201/month. Enrollment eligibility is based upon the eligibility of the sponsor. For example, Reserve member (TRICARE Reserve Select) only have the Standard/Extra option, therefore, there “young adult” could only enroll into the Standard/Extra TYA program.

b. TRICARE North Mobile Website: Health Net Federal Services, LLC (Health Net) understands military families often find themselves in new locations. With the new website, local urgent care and convenient care clinic, doctor and contact information is in the palm of your hand. Health Net has introduced www.hnfs.com/go/mobile – the Health Net TRICARE North Region mobile website offering on-the-go health care information. It provides convenient access to the most commonly used features, including: The TRICARE network provider directory; Urgent care and convenient care clinic listings; TRICARE contact information; Behavioral health resources; and frequently asked questions.

c. TRICARE Mail Order Pharmacy: Generic prescriptions are now covered at \$0 co-pay.

d. Walgreens Pharmacy: As of 1 January 2012 Walgreens is no longer a Network Pharmacy. If used by Prime patients, Point of Service charges apply (\$300 deductible and then claims are paid at 50% cost share). If the patient is Standard/Extra then Standard benefits apply which would be a deductible and non-network cost share. The patient would pay for the prescription and then file the claim.

8. Mrs. Tyler-Lockett, Fleet and Family Support Center:

a. FFSC Beacon (Attachment #5): The latest version of the Beacon was distributed.

b. Job Fair (Attachment): On January 24th, the FFSC will be hosting a Job Fair at the Naval Air Museum on route 235.

c. Shred Day, (Attachment #6) February 22 in the FFSC parking lot. This is for personal paperwork, not for command or classified material.

d. Ombudsman Coordinator: Introduced Ms. Angela Armer. Ms. Armer stated she will make efforts to have the ombudsmen attend this meeting.

e. Ms. Gloria Arteaga (Sexual Assault Response Coordinator – SARC): Stated that there are 93 Victim advocates trained. The “team” came together recently in response to a recent case. In April, the 5K Sexual Assault Prevention run will occur. She is willing to come out to commands to assist and support.

9. Ms. Ashton, Health Promotion:

a. Ship Shape: Current program eight attendees. If you have individuals who need the program prior to the spring PRT, please contact Mindy Ashton (mindy.ashton@med.navy.mil), or call 342-4050 or access the link (Ship Shape icon) on the NHCPR’s home page.

b. Mission Nutrition: A two day program sponsored by MWR. February 2-3. Sign up at MWR.

c. Dietary Services: The clinic has hired a new Dietician. She will be at the clinic three days per week. She also will be supporting the Branch Health Clinics of Dahlgren and Indian Head. No referral is needed; call 301-342-1506. She is available to come to commands for briefings, i.e. Safety Stand-down.

d. February is Heart month: (Attachment #8) Feb 3rd “Wear Red” day, focusing on women’s heart disease.

e. Cruise into Shape”: (Attachment #9) Starts in March. Sponsored by the Navy Marine Corp Relief Society. Participation is voluntary and based on self-reported information about diet & exercise. Registration can be done at the NMCPHC website or contact Ms. Ashton.

11. Ms. Chapman, Case Management: (Attachment #10)

a. Case Management Services: Case Managers are available to assist patients and their families with complex medical issues, obtaining specialty care, inpatient stays, and coordination with Health Net Federal Services (HNFS) the TRICARE North Region Contractor. Case Management care be a great resource for ADSM placed on Limited Duty (LIMDU).

Case Management was active recently regarding a case of ADSM inpatient in Florida needed to be transferred to WRNMMC.

12. Ms. Hambel, Customer Relations:

a. TRICARE Dependent Dental Program: Effective May 1, 2012, MetLife will become the dental carrier for the TRICARE Dental Program. Changes to the TDP will include enhanced dental coverage at a lower premium share than before: Coverage of posterior resin (tooth colored/white) fillings; Increase in the annual maximum to \$1,300 per enrollee (formerly \$1,200); Increase in the lifetime orthodontic maximum to \$1,750; \$1,200 per year for services related to dental treatment due to an accident; No cost shares for scaling and root planing (deep cleaning) for diabetics; Coverage of an additional (3rd) cleaning for women during pregnancy; Expansion of the survivor benefits to surviving spouse and child(ren). PLEASE NOTE that the change to MetLife is for the TDP program only. The Active Duty Dental Program will still be administered by United Concordia and the Retiree Dental Program by Delta Dental.

b. Customer Feedback: (Attachment #11) Reviewed the Navy Patient Satisfaction (NPSS) results for FY 2012 effective January 2012. Only a small sample size of surveys has been received. Overall satisfaction is at 81.76%, down from previous quarters. Only 24 surveys have been received. Ancillary satisfaction is low due to the impact of the pharmacy wait-times.

c. Pharmacy, LT Turner, Department Head Pharmacy: Wait times have increased due to several factors: Integration at WRNMMC has affected refill delivery to NHCPR; 20-30 % increase in the number of prescriptions filled locally; outdated automation; and limited space at the NEX location and too few customer service windows.

The clinic understands the concerns expressed by the patients and are taking actions to address these problems: new automation being installed (**originally scheduled for the week of Feb 8th, now pushed to a later date**). NOTE: Pharmacy will be unable to fill new Prescriptions during this time. Refills delivered from WRNMMC will be dispensed at Window 5; marketing of the TRICARE Mail Order Pharmacy option, including the zero co-pay for generic medications; and the improvement project by John’s Hopkins. Even with this proposed changes, there will continue to be longer wait times for pharmacy services. Please be patient and understand that certain issues will take longer to fix.

Questions were raised regarding pharmacy service hours. CAPT Raimondo stated that she is researching all options.

d. Marketing of information: Questions regarding how information is disseminated to tenant commands. Health Care Consumers’ Council, the TESTER, and the Base POW are the primary

tools used by the Clinic. It was requested that information be sent to the PAO for NavAir to be included in their POW.

13. Closing Comments by CAPT Raimondo: Thanked all in attendance and encouraged all to share information with others in their organizations.

The meeting adjourned at 1115. Representatives were asked to pass information from this meeting to all members of their commands.

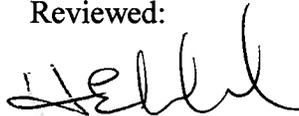
The next Health Care Consumers' Council meeting is scheduled for Tuesday, 30 March 2012 at 1000. The agenda will be distributed prior to the meeting. If a representative would like to have a topic covered at this forum, please contact the Ms. Hambel, Customer Relations Officer, at extension 5-4980.

Submitted:



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Reviewed:



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