

HEALTH CARE CONSUMERS' COUNCIL  
MINUTES

The Health Care Consumers' Council was held at 1000, Tuesday, 20 July 2010, at the Naval Health Clinic Patuxent River (NHC), Education and Training Room.

1. CAPT Mills, Executive Officer, Naval Air Station Patuxent River welcomed those in attendance and stated that Health Care consumption is high on the Base CO's agenda. Since he has been at Patuxent River, he has been impressed with the Clinic. He provided a brief personal history and introduced the new base CMC, CMC Mark Cummings.
2. CAPT Ireland, Commanding Officer, Naval Health Clinic, Patuxent River (NHCPR) asked that information from this forum be taken back to staff members and echoed CAPT Mills comments regarding the clinic. She stated that she is very proud of the clinic and its personnel. The clinic is an older facility that has a great staff. Currently, there is a Mil-Con request for a new facility. There are executive personnel changes occurring at the clinic over the summer months. CAPT Weiss (former XO) has detached. CAPT Jack Pierce, incoming XO, should arrive on 2 August. He is a practicing Psychiatrist. In the interim, CAPT Scott is acting XO. This will be LCDR Stephens last meeting. He has been active with many facilities issues and has done a great job. His replacement is LCDR Romeo Tizon from Okinawa.
3. LCDR Stephens, Director for Administration. LCDR Stephens recognized Public Works for the great job getting projects completed. The clinic was built in 1968 and requires regular maintenance and renovations. Current projects include:
  - a. Landscaping: Improvements to the grounds should not affect patient parking.
  - b. Dental Renovation: The Dental Clinic's \$2.3M renovation project is in review. It is long overdue and will result in the need to deploy "dental vans" around the clinic. This project will have an impact on parking, but staff will use overflow parking to maintain adequate access for patients.
  - c. SARP/BH Renovations: Behavioral Health and SARP have relocated to building 436. The new target completion date is November. The renovation will include the creation a new waiting room for the BH Clinic (separate from Radiology).
  - d. Vestibules and Windows: The Contractor has stayed on schedule with the vestibule and window replacement project. There has been a significant decrease in heating/cooling cost since the installation (Approximately 17%)
  - e. HVAC: The clinic has experienced problems with the HVAC. The unit was replaced three years ago and has experienced numerous troubles since installation. At this time, the clinic is looking to upgrade the system and is working with NCA to explore options.
4. LTjg Teer, Command Medical Readiness Coordinator
  - a. Deployment Health Assessments: Quarterly, a list of PDHRA/DD2900 deficiencies is distributed from the CNO's office. Pax River has done a tremendous job of completing this requirement in personnel that deployed FROM Pax River. Individuals, who have transferred to Pax River, with past deployments, represent the majority of the deficiencies for NAS Pax River. It is recommended that each unit's check-in process include a review of MRRS PDHRA status.
  - b. Medical Readiness Indeterminate: The fully medical ready statistic for Patuxent River NAS is approximately 70%, with a 12% Medical Indeterminate. According to CAPT Ireland, the CNO goals will be revised to 80% and 8%, respectively. There were questions regarding St.

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Indigo's student populations (transient). Dahlgren has a similar issue and the base has all students check-in with the clinic to assess their readiness status. It is recommended that unit's points of contact be identified and given MRRS access. This individual can monitor readiness status, monthly. Command Fitness Leaders (CFLs) can encourage timely PHAs for PRT readiness and may be able to MRRS. OPNAV instruction requires a current PHA before being allowed to participate in the semi-annual PRT. Deficient personnel are notified at the end of each month that they are deficient. Birth month personnel are notified two months in advance that they need to schedule the PHA/Flight Physical. Recommend that CFLs monitor PHA status monthly at unit level. LTJg Teer will get the distribution list for all CFL and will send out the deficiency list.

c. Training: MRRS Training for CFL's will be 10 Aug 13:30-14:30 and 17 Aug 09:30-10:30 at the Pax Naval Health Clinic. Contact LTJG Teer to schedule.

#### 5. Mr. Koch, Director, Public Health

a. Influenza Status: At this time, the FY10 season is coming to an end and the DoD will start preparing for the FY11 Influenza season. The clinic will keep base personnel informed as information becomes available. The vaccine for the 2010 influenza season will include vaccines from the 2009 H1N1, H3N2, and Influenza B.

b. Heat: The clinic monitors the Heat Index daily and posts the corresponding Heat Index Flag Conditions on the Clinic's Website. Please encourage all to keep hydrated and watch for Heat Stress.

c. Vectors: The local area has both Tics and Mosquitoes. To prevent exposure to vector transmitted illness, keep grass short, use insect repellent with DEET. More information is available at the CDC website: <http://www.cdc.gov>

i. Tickborne rickettsial diseases (TBRD): are a set of distinct diseases with similar signs and symptoms that are transmitted to humans by tick bites. In the United States, these diseases include, but not limited to, Rocky Mountain spotted fever and Lyme disease. Ticks become infected while feeding on blood from infected animals. Infection may be transmitted to humans during the feeding process (regurgitation). If you find a tick attached to your skin, remove a tick quickly. Use fine-tipped tweezers or notched tick extractor. Persons should avoid removing ticks with bare hands. Folklore remedies such as petroleum jelly or hot matches do little to encourage a tick to detach from skin. In fact, they may make matters worse by irritating the tick and stimulating it to release additional saliva, increasing the chances of transmitting the pathogen.

ii. Mosquito born disease: Providers and staff have been asked to watch for Dengue or Malaria among personnel returning from Haiti and Q-Fever among personnel returning from Iraq.

6. CDR Working, Director for Healthcare Business and Clinical Support . Emphasized that most of the information provided today is on the clinic's website:

<http://www.med.navy.mil/sites/paxriver/Pages/index.htm>

a. ID Card requirement: A valid ID card must be presented upon check-in for care. For children under age 10 years, an ID card is not required but the sponsor/parent bringing the child the appointment must show a valid sponsor ID card. There are situations though when children under 10 years old are required to have an ID card. If a person other than the parent or legal guardian is bringing a child to the clinic for routine medical care, that adult person must have a valid ID card: if he/she does not, then the child (even if under age 10 yrs) must have an ID card. In cases where a patient presents without valid ID, the patient must sign the NAVMED 6320/9

Eligibility for Medical Care form then bring a valid ID to the clinic Patient Admin office within 30 days. POC: LT Dunham, 995-4561, Patient Admin Dept.

b. VA Care for ADSMs on Terminal leave: Health Affairs has new policy for active duty who need routine primary or urgent care while on terminal leave. ADSMs who will be on terminal leave near a VA, but not near a military treatment facility, may ask their PCM here at Pax Clinic for a referral to the VA (member needs to provide terminal leave dates and location of VA they plan to go to). Health Net/TRICARE will then process the referral and the VA will receive authorization to provide care. This does not apply to specialty care, and if the ADSM will be near an MTF on terminal leave then the member should continue to receive necessary care from that MTF. Information will be posted on the NHCPR internet site.

c. Blood Drive: Armed Service Blood Program will hold next blood drive on Thursday, 29 July from 0900-1300 at the Moffett Bldg Atrium. All are encouraged to come and donate blood. All blood types, especially 0 negative, are needed. Parking spots are set aside for convenience.

d. TRICARE- Drive Time Waiver Update: As of Oct 2009, TRICARE requires enrollees residing > 30 minutes from the MTF to have a drive-time waiver on file. This waiver is usually done when people check in to the TRICARE office. If enrollees move outside the 30 min range, they need to complete a waiver with TRICARE. We just received an update from TRICARE that NHC Pax has 164 enrollees with no drive time waiver on file. Letters have been sent; if you receive a letter, please come to the TRICARE office to sign the waiver. If no action is taken, you may receive a second letter but if no waiver done then non-AD enrollees (family members, retirees) will be disenrolled as of 1 Oct 10. They will then need to come into TSC to reenroll. POC: Mr. Carpenter, TRICARE Service Center.

7. Ms. Chapman, Case Management: Case Management is staffed with two Registered Nurses and one Licensed Social Worker. The department assists patients who are faced with multiple medical issues; premature infants and those with special needs or NICU stay; recent prolonged hospital stay; High Risk OB; Mental Health issues; and those enrolled in the Exceptional Family Member Program (EFMP). They can help individuals develop a plan to gain control of their illnesses or injury treatment; along with coordination of referrals to specialists at other military treatment facilities (MTFs) as well as civilian providers and referrals to support services. Please notify Case Management if patients need multi-specialty referrals or have chronic conditions/Cancer. The Case Managers also coordinate with the Navy Marine Corps Relief Society Visiting Nurse.

8. Ms. Ashton, Health Promotion:

a. Health Promotion: 20 August, there will be a program focusing on "Healthy Lunch Box Meals," designed to give parents health alternatives for the upcoming school year.

b. Ship Shape: Ship Shape course will start after next PRT cycle, contact Mindy Ashton, (2-4050 or [mindy.ashton@med.navy.mil](mailto:mindy.ashton@med.navy.mil)) or access the link on the NHCPR's home page. The program will have to start early because of the holidays (Thanksgiving/Christmas).

c. Tobacco Cessation: NHCPR leads the NCA in Tobacco Cessation, awarded the Golden Eagle Award. The program has a very high success rate.

9. Ms. Thurber, PI Coordinator, (representing CAPT Scott, Director for Health Services).

a. Providers: There are two new Flight Surgeons in Military Medicine, LT Andrew McLaughlin and LT Sandra McLaughlin, replacing LCDR Chung and LT Fowler. LT Stump, Nurse Practitioner (NP), will depart this fall and CAPT John Manning, Pediatric NP, will report in September. LT Wright replaced CDR Padgett. Dr. Sheoran has returned from leave.

b. Relocation: Effective Monday, 26 July, Pediatrics will be co-located with Family Practice

10. Ms. Lolita Tyler-Lockett, Fleet and Family Service Center (FFSC):

a. Newsletter: At time of meeting, the August BEACON was unavailable. It will be out next week. The FFSC distributes monthly newsletters. Please have staff sign up, 301-342-4911.

b. Ombudsman Program: Introduced Alex Hoffman, Ombudsman Coordinator. Ombudsmen are volunteers, trained to act as liaison between family members and the active-duty command. Command Ombudsmen are encouraged to attend HCCC meetings and disseminate information.

c. New Parents Support Program: The FFSC registered nurse provides hospital visitation, in-home services, and support for all eligible military families assigned to Pax River who are expecting a baby or have a child under five months old. Services include infant education classes, breast pump loan locker and parenting classes. Single AD SMN are highly encouraged to contact the center to arrange services.

d. Counseling: The FFSC has licensed clinical social workers available for crisis intervention, short-term individual, marriage and family counseling for active-duty members and their families. At this time, the center has reduced staffing.

11. Ms. Jane Hambel, Customer Relations Officer

a. Customer Feedback: Reviewed the Navy Patient Satisfaction (NPSS) results for FY 2010 YTD, with a review of peer clinics. NHCPR is over 89% in overall satisfaction. Access at this time is high. BUMED is encouraging all to complete NPSS surveys. New posters have been distributed in the clinic. Will continue to monitor survey results and report every other meeting.

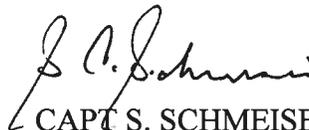
12. The meeting adjourned at 1055. Representatives were asked to pass information from this meeting to all members of their commands. The next Health Care Consumers' Council meeting is scheduled for Tuesday, 21 September 2010 at 1000. The agenda will be distributed prior to the meeting. If a representative would like to have a topic covered at this forum, please contact the Commanding Officer at extension 2-1462.

Submitted:



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