

HEALTH CARE CONSUMERS' COUNCIL
MINUTES

The Health Care Consumers' Council was held at 1000, Tuesday, 18 May 2010, at the Naval Health Clinic Patuxent River (NHC), Conference Room.

1. CAPT Ireland, Commanding Officer, Naval Health Clinic, Patuxent River (NHCPR) welcomed those in attendance and asked that information from this forum be taken back to staff members. Due to scheduling conflict, CAPT Schmeiser was unable to attend.

2. Ms. Pam Ramseur, (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). CDR Dalgetty has returned from deployment and he will be the Family Advocacy Case Review Chair. LT Stump, Pediatric Nurse Practitioner, will depart in August to Okinawa and CAPT John Manning, an experienced Pediatric Nurse Practitioner, will report in September from Camp Lejeune. CDR Padgett will be leaving in June. His replacement is LT Evan Wright.

b. Clinic Closure: The Clinic will run a modified schedule over the Memorial Day holiday weekend. Signs will be posted at the clinic and the pharmacy to alert beneficiaries of the changes in business hours. Friday, 28 May: Normal clinic hours 0800-1200; same day/acute appointments only 1200-1600. Pharmacy normal operations from 0800-1530; from 1300-1330- no new scripts will be processed; only refill pick-up will be available. New prescriptions will not be processed after 1530. Pharmacy will close early at 1600 (vs. normal closing time at 1800). Due to reduced Pharmacy staffing, please anticipate possible extended wait times. Sat-Mon, 29-31 May: Clinic & Pharmacy Closed

3. LCDR Stephens, Director for Administration. The clinic was built in 1968 and requires regular maintenance and renovations. The clinic notifies beneficiaries with signage and TESTER articles. Reviewed current projects:

a. Windows: The windows at the clinic are being replaced with blast-proof/energy efficient windows. At this time, the project is 85% complete. There has been minimum impact on patient care. The vestibule window replacement has caused some re-routing of traffic flow to ensure safety of patients. Currently, the Pediatrics clinic is co-located with Family Medicine and pediatric patients should check in at the Family Medicine front desk. Signs are posted and the staff will assist patients who are looking for the clinic.

b. 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.

c. Carpentry Upgrades: The clinic will be painting the interior of the Command. This is a project that was planned last year, but was put on hold due to the deployment of the ABH staff to Haiti.

d. Occupational Medicine: Occupational Medicine has finished the relocation to the main clinic. They are now co-located with Optometry.

e. SARP/BH Renovations: Behavioral Health and SARP have relocated to building 436. Information is posted and patients were notified. The renovation will include the creation a new waiting room for the BH Clinic (separate from Radiology).

4. Mr. Koch, Director, Public Health and LCDR Stephens, Director for Administration: Update on NAS Medical Readiness.

a. Influenza Status: Reviewed the percentage of visits for influenza-like illnesses (ILI) reported by the U. S. Outpatient influenza-like illnesses Surveillance Network (ILINET). The graph summarized data from October 1, 2006 – 24 April 10, demonstrating that the Nation is coming out of the peak season.

97.6% of Active duty have been immunized, with 57 personnel left that need to get the vaccine, according to MRRS.

Beneficiaries age 6 months and up may receive seasonal influenza vaccine during walk-in hours at the Immunization Department on Mondays, Tuesdays, Thursdays, and Fridays 1300-1500. Open to Active Duty, Family Members, Retirees with a valid DOD ID care as well as 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.

b. Public Health News: The clinic continues to immunize against the H1N1 influenza. The vaccine for the 2010 influenza season will include vaccines from the 2009 H1N1, H3N2, and Influenza B.

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.

c. 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.

d. Medical Readiness Indeterminate: The fully medial ready statistic for Patuxent River NAS is above 75%, with approximately 7% Medical Indeterminate. 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. DOD/SECNAV instructions require personnel to have an annual Periodic Health Assessment on their birth month or the month before which will be considered current until the end of their birth month the following year. 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

e. Training: There was a request to arrange training on MRRS. LCDR Stephens will take this as an action item.

5. 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. Civilian Referrals: There has been an increase in the number of referrals to the Civilian Network, with corresponding increase in cost. The clinic has been referring based upon the need to comply with drive-time standards. However, if beneficiaries are seen by a network providers and then surgery is scheduled for the DC/Baltimore area, the MTF has the right first of refusal and ADSM should receive care from the MTF. There have been several instances when the ADSM has surgery scheduled in DC or Baltimore and a military provider has not had the opportunity to review their status.

b. Traveling with TRICARE: (Handout provided) If a beneficiary needs emergency care while traveling in the United States, they should visit the nearest emergency room or call 911.

Beneficiaries must notify their primary care manager or Health Net Federal Services (HNFS) (1-877-TRICARE) within 24 hours, or the next business day, so that ongoing care can be coordinated and to ensure proper authorization for care. If a beneficiary requires URGENT, routine or specialty care while traveling, that care must be coordinated with the PCM and/or HNFS before receiving care to avoid using the point of service option.

c. College Students: TRICARE eligibility ends at age 23 for unmarried children who are full-time students and at age 21 for those NOT attending school full time. The current Health Care reform bill did not affect this eligibility. At this time, both the Senate and House have proposed legislation that would give TRICARE beneficiaries the opportunity (at an undetermined cost) to keep unmarried children covered under a family’s health plan until age 26 (Similar to the Health Care Reform bill). Legislation has NOT been finalized.

Students will be returning home for the summer. It is a good time to make sure that their ID cards are current.

If a student has transferred their enrollment to their school location, they can be seen at the clinic on a space available basis. At this time, the clinic has capacity to care for these students.

d. Autism Demonstration Project: To provide continued financial assistance to active duty service members who have a child with an Autism Spectrum Disorder (ASD), TRICARE has extended the Enhanced Access to Autism Services Demonstration to March 14, 2012. Enrollment in ECHO is required. If there are questions regarding this program, please contact the Case Managers at the clinic.

e. Emergency Room Care: Reviewed the cost for ER Care versus Urgent Care.

	<u>Urgent care cost</u>	<u>ER Cost</u>
ADFM	\$14,427	\$1,051,734
AD	\$2,177	\$386,000

It is important that beneficiaries contact the clinic prior to receiving care so that they can be properly triaged. Health care costs have risen dramatically and are affecting line funds to support war effort. There is a focus on maintaining the health care benefit and cost containment.

f. Navy Marine Corps Relief Society Visiting Nurse: (Handout) There is a great new resource for military active duty and families at Pax River and Indian Head. Her name is Susan Zebedies, and she is the new Navy Marine Corps Relief Nurse at Pax River. Her office is located over in the Chapel Annex. She works collaboratively with NMCRS nurses and case managers at NMMC/D.C. area, Pax Fleet & Family Support Center (FFSC), and in conjunction with the Dahlgren FFSC to assist people in the Indian Head area (currently Dahlgren itself is not in her area of responsibility). She will be a great asset to work with our Case Managers (CMs). The Visiting Nurse Program is free and designed to improve the quality of life for Navy and Marine Corps families. She is available to make home visits to provide health education, information, and continuity between the patient and the health care community.

6. Ms. Henderson, Case Management: May is Mental Health Month, discussed Behavioral Health resources, including:

a. “inTransition” A voluntary program that is designed to support service members (who are receiving mental health care) as they transition between health care systems or providers. The individual is assigned a personal coach to assist during this transition period. The coaches are skilled counselors, who understand today’s military culture and issues. The program is accessible via toll-free phone number 24 hours a day, 7 days a week, 365 days a year. There are

several different ways to access the program and any type of discharge will work.

<http://www.health.mil/InTransition>

b. Web-based TRICARE Assistance Program (TRIAP): TRIAP is designed to assist service members and their family members 24 hours a day, seven days a week. It augments TRICARE's existing counseling assistance benefits by offering Internet Counseling. Beneficiaries with a computer, Webcam, and the associated software can speak face-to-face with a licensed counselor over the Internet.

c. Military Pathways: Military Pathways offers service personnel and their families the opportunity to take anonymous, mental health and alcohol use self-assessments online, via the phone, and through special events held at installations. The self-assessments are a brief series of questions that, when linked together, help create a picture of how an individual is feeling. The program is designed to help individuals identify their own symptoms and access assistance before a problem becomes serious. www.MilitaryMentalHealth.org or call 1-877-877-3647.

d. Tele-psychology/Social Work: Ms. Susanna McNamara is a new provider in the Behavioral Health clinic. She provides pediatric counseling as well as tele-social work in conjunction with the tele-psychologist at Walter Reed.

7. Ms. Ashton, Health Promotion:

a. Health Promotion: May is Fitness month and Asthma Education Month. June is Men's Health Month.

b. Ship Shape: Ship Shape course began last week and will continue for 7 more weeks. If any command has a need after PFA cycle, contact Mindy Ashton, (2-4050 or mindy.ashton@med.navy.mil) or access the link on the NHCPR's home page.

c. Health and Fitness Expo: Health and Fitness Expo at the Drill Hall May 25 1000-1400. Nutrition, Preventive Medicine, TRICARE, Dental and Health Connections are a few of the anticipated participants.

8. Mr. Carpenter TRICARE Service Center (TSC) Manager:

a. TRICARE Brief: Staff is available to go to commands/squadrons to give a TRICARE brief. Clinic staff may accompany if you would like medical issues discussed also. Please contact Mr. Carpenter (TRICARE service Center Manager, 1-301-866-6060) to schedule a brief.

b. TRICARE North Region Contract: Health Net Federal Services (HNFS) has been awarded the North Region Contract.

c. Traveling with TRICARE: Additional copies of the "Traveling with TRICARE brochure was provided so that the information could be brought back to beneficiaries in the Commands.

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

a. Newsletter: The FFSC distributes electronic newsletters monthly. Please encourage your folks to sign up, call 301-342-4911.

b. Month of The Military Spouse: May is the month of the Military Spouse. During the month, there will be specials in recognition of their support.

c. IA Family Relaxation Retreat: May 25th at 1700 at the River's Edge Catering and Conference Center, the FFSC will host a dinner for all IAs and their family members (current, former, and future (with orders). A light dinner will be provided along with free babysitting, and a time for relaxation. RSVP by calling 301-342-4911.

d. Home Buying Seminar: Wednesday, May 26th

e. NAS Pax River Shred Day: Thursday, June 10th from 1030-1330.

10. Ms. Jane Hambel, Customer Relations Officer

a. Customer Feedback: (Handout) Reviewed the Navy Patient Satisfaction (NPSS) results for FY 2010 YTD, with a review of peer clinics. NHCPR is over 90% 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.

11. Forum for Questions:

a. Comments: Communication between clinic and NAS is good. Ombudsmen are encouraged to attend the HCCC 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, 20 July 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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Reviewed:



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