

17 March 2009

HEALTH CARE CONSUMERS' COUNCIL
MINUTES

The Health Care Consumers' Council was held at 1000, Tuesday, 17 March 2009, at the Naval Health Clinic (NHC), Conference Room, Patuxent River.

1. CAPT McCormick-Boyle, 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. CAPT Macyko, Commanding Officer, Naval Air Station, was unable to attend due to a prior commitment. CMDCM Stigler, represented NAS Patuxent River.

2. Ms. Pamela Ramseur (representing CAPT Scott, Director for Health Services) CAPT Scott could not be available today due to previous commitment.

a. New Providers: Ms. June Schaffer, Physician Assistant, joined the Family Practice clinic from St. Mary's Hospital. She has experience in Urgent and Emergency Care. She will be seeing acute patients in the clinic.

3. LCDR Stephens, Director for Administration.

a. Renovations: The major upcoming project is the replacement of the roof. Trucks will be parked near trees for the next three to six weeks. The project is not expected to affect patient care, however, there may be some smells associated with this project.

b. Signage: The clinic is reviewing bids to improve the signage at the clinic, in an effort to improve traffic flow. To date, the staff has done a good job directing patients.

c. Dental Parking: There was a concern regarding the limited parking near the dental clinic. Staff will be reminded to only park in staff parking areas.

4. CDR Regan, Department Head, Dental

a. Dental Readiness: Discussed the four classes of dental readiness. Class 1 and 2 worldwide deployable, (Operational Dental Readiness) Classes 3 and 4 not considered worldwide deployable:

(1) Class 1 (Dental Health). – Patient current with dental examination, do not require dental treatment or reevaluation. Goal for Dental Health is 65%, Navy average - 42%, NAS Pax River – 65%.

(2) Class 2. - Current dental examination, may require non-urgent dental treatment / reevaluation, unlikely to result in dental emergencies within 12 months.

(3) Class 3. - Require urgent or emergent dental treatment.

(4) Class 4. - Unknown dental classifications, dental exam needed.

Operational Dental Readiness (Percentage of personnel class 1 and 2): Goal – 95%, Navy average 88%, NAS Pax River - 95.5%. Dental personnel review list monthly of those individuals in class 3 and 4 and are persistent in scheduling them for appointments. Please remind personnel that dental readiness can affect their career.

b. Active Duty Dental Plan (ADDP): To be discussed by LCDR Working later in meeting. Stressed the importance of completing MMSO consults by 31 July. New program to take effect 1 August 2009.

c. AHLTA Dental (electronic dental charting): On April 20, 2009, the Dental version of AHLTA (electronic documentation) will be launched at the clinic. Through AHLTA, dental providers can document a patient's screening results in the integrated record and make that information accessible to the patient's primary care provider. Due to the implementation of this new software, production at the dental clinic may be reduced. Staff will need training and there will a temporary reduction of appointments. An article regarding this issue will be placed into the base paper.

5. CDR Padgett, Director, Public Health Services:

a. Deployment Health Assessments: CNO's office is monitoring the Post-deployment Health Reassessment (DD2900) compliance via MRRS. Known issue with Hardship Duty Pay dates introducing errors has been reported to OPNAV N135, CDR Struve. 183 personnel currently show in MRRS as requiring a PDHRA/DD2900

b. Periodic Health Assessments: 349 out of 2180 deficient, 84% compliance. Deficiency list passed to CFL contacts and e-mails sent to deficiencies.

c. Flu immunization status: 156 active duty personnel are still deficient and will remain deficient in MRRS until 1 June. The base is at 93% compliance. According to the CDC, Maryland is in a "Regional" spread of influenza, but surrounded by "Widespread" outbreaks. Based upon historical data from the US Outpatient Influenza-like Illness Surveillance Network, influenza-like illnesses peak between the seventh and eleventh weeks (mid-February to mid-March) of the year and then start to decline.

6. LCDR Working, Director for Healthcare Business. Emphasized that most of the information provided today is on the clinic's website at <http://www.paxriverclinic.med.navy.mil>.

a. BUMED Comprehensive Needs Assessment of Pregnant single ADMS: BUMED's Patient-Family Centered goals have renewed focus on single pregnant sailors and marines. Our OB Case Manager, Judy Rudy, has always identified and followed these women throughout pregnancy but now tracking may be more frequent, and a Comprehensive Needs Assessment form will be used by the Case Manager to ensure these women are offered all necessary and recommended health and social support services. POC: Judy Rudy, RN 757-2353. Current guidance for military commands for AD pregnant women is OPNAV 6000.1C (Jun 07).

b. Enrollment: Current policy for ADFMs is that they will be enrolled here at NHCPR. As of 6 Feb, policy applies to newborns also. Requests to enroll to a civilian provider can be submitted to our Enrollment Coordinator, Ms. Evelyn Millen (office located in TRICARE Service Center), requests will be routed to CO for consideration.

c. Policy/procedures for travel reimbursement (related to medical care): (1) TRICARE Medical Attendant policy- applies to non-AD attendant accompanying FM for medical travel required > 100 miles from MTF. (2) ADFM medical travel to which TRICARE Medical Attendant Policy does not apply- if request meets criteria for reimbursement then Pax clinic comptroller will assist in providing orders, processing claim for travel expenses, etc. (3) ADMS -

reference is DON Policy manual - expenses paid by Command to which member is administratively attached. POC for questions: LCDR Working at 301-995-3681.

c. Active Duty Dental Plan (ADDP): New dental plan for active duty service members will become effective 1 Aug 09. All referrals for civilian dental care must go to network of United Concordia providers. After 31 July 09, private sector dental care cannot be submitted to MMSO for payment so treatment referred under MMSO must be completed by 31 Jul; if treatment is not completed, the member will be at risk for payment responsibility of any care completed after this date. Orthodontic referrals must cease after 31 Mar 09, and routine dental care referrals will cease after 30 Jun 09 to ensure work can be completed by 31 Jul deadline. Details regarding referral process will be provided at May HCCC meeting. Online training information will be available for service members. POC: CDR Regan at the NHCPR Dental Department, 301-342-1407.

d. TRICARE On Line appointments: Patients enrolled to Pax can book their appointments through TRICARE On Line at <https://www.tricareonline.com/appointments.do>. We have web-enabled 50% of our same day Acute, Routine, and Established (follow-up) appointments for patient use. Information on how to use TOL is posted on the TRICARE section of clinic website. We encourage people to register and try to use the appointing system and give us their feedback. POC: Jane Hambel, Customer Relations Officer 301-995-4980.

e. Blood Drive, March 25, 2009: The NHCPR will hold a blood drive March 25 in conjunction with the National Naval Medical Center in Bethesda. It will take place in the Drill Hall from 0900 to 1300. Bone Marrow registration drive may occur in conjunction. For more information, contact HM1 Steve Mukiibi at 301-342-2752 or steve.mukiibi@med.navy.mil.

7. Ms. Thurber, Performance Improvement Coordinator:

a. Pharmacy Refill Process: The Clinic has an active Lean Six Sigma project to review the refill process at the clinic. Cards were distributed that described the refill process and Ms. Thurber stressed the point that if refills are not pick-up within 14 days, they are returned to stock, if possible. If not possible, there is waste of those medications at a cost to the government. The team is also looking at automation to remind beneficiaries to pick-up the refill. CAPT McCormick-Boyle suggested that the wasted dollar figure should be posted at the pharmacy.

8. Ms. Murphy, TRICARE Service Center (TSC)/Community Representative:

a. Traveling with TRICARE: It is the time for spring break and a good opportunity to remind beneficiaries regarding the procedures for travel with TRICARE. She distributed handouts *Traveling While on Prime* and reviewed procedures for beneficiaries to follow when Urgent or ER care is needed. Reviewed the importance of updating DEERS/PSD while college student are home for spring break. If the child is to turn 21 and is a full-time student, it is essential that DEERS/PSD be updated with proper information to allow them to continue health care without a break in coverage. If not updated, the individuals will lose eligibility automatically effective midnight on their 21st birthday.

b. Outpatient Substance Abuse Chemical Dependency: Advised of the benefits for Outpatient Substance Abuse Chemical Dependency coverage has been extended as of 3/13/09. TRICARE will cover the treatment of substance use disorders to include individual therapy when provided within a certified Substance Use Disorder Rehabilitation Facility. Referred to HNFS website for more information under Benefits & Exclusions along with referring to handout provided.

c. Access To Care Policy: Advised members about new Access To Care Policy that became effective 2/20/09. The policy has changed for everyone other than ADSMs. (Distance calculations for ADSMs are based upon work address not residence). The policy states patients must be within a 30 minute drive time, door-to-door, from their PCM or they can no longer be assigned to that PCM. If the individual lives greater than the 30 minutes, they can request a waiver to remain with the current PCM. In the past, TRICARE calculated the radius check based solely the beneficiaries' zipcode. The revised policy now requires a check based upon the street address and zipcode. Letters will be sent to patients who are beyond the drive time standard advising them of steps to take to continue care with current PCM. CAPT McCormick-Boyle asked about a blanket waiver to avoid problems in the future. Additional information can be found on HNFS website along with handout provided. One final issue regarding this policy change is that non-active duty individuals who live greater the 100 miles from the MTF will be disenrolled. More details will be provided at the May HCCC meeting.

d. Fraud alert: Warned of unidentified contractor claiming to work for TRICARE conducting surveys on beneficiaries. Advised personnel that TRICARE will never request information such as SSN, credit card or financial information. If more information is needed please contact TRICARE Management Activity at 703.681.3636 also refer to handout provided.

e. TRICARE Brief: Staff is available to go to commands/squadrons to give a TRICARE brief. Clinic staff will accompany if you would like medical issues discussed too. Please contact Ms. Murphy at 301-866-6063 to schedule.

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

a. Upcoming events:

(1) Spouselines - 19 March, 1800 – 1930 at the FFSC – Support Group for spouses of returned IA or GSA veterans. Dinner and childcare will be provided.

(2) FAP Brief – April 15, at the HRO Bldg 1489 rm 102 – Dr. Barbara Craig and MAJ Shelly Martin from the Armed Forces Center for Child Protection. Two separate events, 1000-1200 discussing the effects of Domestic Violence on Children and Child Pornography and Internet Stalking and 1300 – 1500 Deployment stress and child maltreatment.

(3) SAVI training – April 7 – 10.

Call the FFSC at 342-4900 to register. Handouts were provided

10. Ms. Ashton, Health Promotion.

a. ShipShape: A new session will begin on April 23rd and will run from 0800 – 0930. Times were changed to accommodate night shift workers. It will last eight weeks. It is important get those who need shipshape into the class. This is the only ShipShape class that will be held prior to the fall PRT.

b. March is National Nutrition Month

11. Ms. Jane Hambel, Customer Relations Officer

a. Customer Feedback: Reviewed the National Patient Satisfaction (NPSS) results for January and February 2009. New metric regarding access to care. Satisfaction numbers are lower than the first QTR FY09. Will continue to monitor. The new RAVE program is running well, with overall 90% satisfaction with the clinic. There is a 76% return rate for the RAVE cards. Appointments in the “red” at 78%. The clinic is working on these issues with new providers and a review of the appointing phone line.

b. National Month of the Military Child, APRIL: The TRICARE Dental program, United Concordia (UCCP) will be having a drawing during the month. After April 2nd, children enrolled in the TRICARE dental program can go to the website and enter.

c. MyTRICARE: There is a website, offered by PGBA (TRICARE Claims processor) for beneficiaries to check the status of claims. Bookmarks were distributed. All are encouraged to register at www.mytricare.com to set up an account.

12. CMDCM (AW/SW) John Stigler, Command Master Chief: Letters are still going out regarding "NO SHOWs." Please encourage your folks to be aware of the importance of not missing an appointment.

13. The meeting adjourned at 1100. Representative was asked to pass information from this meeting to all members of his command. The next Health Care Consumers' Council meeting is scheduled for Tuesday, 19 May 2009 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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