

20 March 2012

HEALTH CARE CONSUMERS' COUNCIL
MINUTES

The Health Care Consumers' Council was held at 1000, Tuesday, 20 March 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). 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 with continued focus on Health, welfare, operations and readiness.

a. Solid Curtain Citadel Shield: NAS Patuxent River currently undergoing Solid Curtain, Citadel Shield, with different scenarios underway. All will be seeing increased security. This is a great training opportunity.

b. Patient Safety Week: XO had the opportunity to participate in the Patient Safety Week hosted by the Clinic and Ms. Montes de Oca. Great event and an opportunity to focus on Safety.

c. Dental: Even with the relocation to trailers, the staff do a great job and he had a fantastic experience.

2. LCDR Faith, Director Healthcare Business, representing CAPT Raimondo, CO, Naval Health Clinic, Patuxent River (NHCPR):

Welcomed those in attendance and thanked all for the opportunity to communicate with our beneficiaries. CAPT Raimondo was unable to attend, but the clinic also wanted to emphasize the partnership with the base. Goal is to keep pilots flying; maintenance personnel, maintaining aircraft, etc.. The Clinic is here when you need us.

a. The Joint Commission (TJC): Introduced Mr. Sherard, Process Improvement Coordinator. He reviewed results of TJC Survey, stating that it was a very successful survey. The Clinic will always focus on quality care. This survey should assure patients that the Clinic strives to provide the safest and highest quality of health care.

b. Medical Inspector General MEDIG: During the same period, the Clinic was also evaluated by the MEDIG. MEDIG looks at programs and identified areas for improvement. We did well overall and will continue to work to improve.

c. Referrals: One item identified by the IG when speaking with tenant Commands concerned ADSM being referred to WRNMMC (Bethesda) for specialty care. The Clinic must balance the wishes of the patients with the needs of the Navy. The Clinic recognizes that it must look at lost man-hours and productivity; however, it is also necessary to maximize the use of military providers and being good stewards of the healthcare dollar. Referrals to Military Providers are essential during med boards, because the Military Provider understands the consequences of specific issues. The Clinic does have specific specialists who see patients at NHCPR on a monthly basis (i.e. Orthopedics, Neurology, ENT.) At this time, these providers will see ADSM only. Dependents and retirees will be sent to the Network. Encourage personnel to ask questions.

3. CDR Higgins, Representing, Director of Health Services (DHS).

a. Military Acute Appointments replacing Sick Call: Starting next Monday, 26 March, Naval Health Clinic Patuxent River's Military Medicine department will no longer offer sick call hours. This change is being implemented to provide improved access to care and eliminate the unnecessary time spent in the sick call queue at military medicine waiting to be seen. Scheduled appointments will be available for active duty service members who have either a non-urgent (routine) or urgent (acute) health concern. Service members should call the appointment line at (301) 342-1506 or Military Medicine Clinic at (301) 342-1429 to request a routine or acute appointment. To schedule a Periodic Health Assessment/Birth Month Review (PHA/BMR) please call the Deployment Health Clinic directly at (301) 757-7025 or the Appointment Line at 301-342-1506. All PHA's are performed in the Deployment Health Clinic for any service member not on flight status and not receiving flight pay.

b. Naval Health Clinic Operations During Exercise Solid Curtain-Citadel Shield: The annual Anti-Terrorism/Force Protection Exercise SOLID CURTAIN-CITADEL SHIELD is scheduled for 19-24 Mar. In an effort to ensure access to health care and pharmacy services during the exercise, Naval Health Clinic Patuxent River will be operating under a modified schedule for the entire week. Monday, Tuesday, and Wednesday 19-21 Mar, the clinic will offer expanded hours from 0700-1900 and pharmacy hours 0800-190. The morning of Thursday, 22 Mar, regular clinic services will be available from 0700-1200. From 1200-1600 only acute and walk-in appointments will be available. The pharmacy will be open from 0800-1800. Friday, 23 Mar, only acute and urgent walk-in appointments available from 0800-1600. Pharmacy hours 0900-1700. The Clinic and Pharmacy will resume normal operations on Monday, 26 Mar, 2012. If you have any questions, please contact the Clinic Customer Relations Officer, Ms. Jane Hambel at 301-995-4980.

c. Appointment Line: As of Wednesday, March 14, the Appointment Line will be open in the afternoons.

4. LCDR Tizon, Director For Administration (DFA): Two major projects are underway at the clinic. We appreciate beneficiary patience and understanding.

a. Dental Renovation: The project is on schedule and maybe ahead of schedule. Projected completion, the end of April. The Dental Clinic should be back in main clinic by May/June. Information will be posted in the TESTER and POWs.

b. Bathroom Renovation: The bathrooms at the clinic are being remodeled to become ADA compliant. Work is taking place after hours. Renovation of the last three bathrooms is underway. April/May completion.

c. Medical Home Port: There is a small remodel in the Medical Home Port. It is not affecting patient care and should be complete in the middle of May.

d. Military Construction: At this time, NHCPR is projected to receive funding for MILCON and a new facility for FY14/15. However, anything can change based upon economic conditions.

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

a. Deployment Health Assessments: Most recent quarterly list of PDHRA/DD2900 deficiencies has MRRS showing 15 personnel currently show in MRRS as requiring a PDHRA/DD2900. 11 are due and four are Overdue.

b. Medical Readiness Indeterminate: 108 personnel out 1678 have a readiness category of Indeterminate. The Fully Medical Ready rate 80% and Medical Ready Indeterminate 6% . 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.

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 15 March is 93.59%, with 25 Class 4 and 113 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

f. Dental "No-Shows" or "Failures": Please make sure that your personnel show for their appointments. The Dental Clinic sends monthly letters to the Commanding Officers. The letters are also sent to the Dental Liaisons.

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

a. Influenza Season and Supplies: We are currently in the FY12 Influenza season; it is a later season then previous years. Reviewed current immunization status for all services compared to NAS Patuxent River's statistics. Effective 7 March 2012, 94% of NAS ADSM have been immunized. According to MRRS, there are 132 personnel that still require immunizations.

b. Tricare GardasilR Vaccine for Males: Tricare will now cost share the vaccine for males. TRICARE covers this vaccine for males starting at age 11 to 21 (not age 9). Tricare can only cost-share on vaccines if they're recommended by the CDC.

c. Tuberculosis – PPD result follow-up: The Immunization clinic is tracking the No-Show rate for individuals who fail to return to the clinic to have their PPD read. At this time, there is a approximately a 20% No Show rate. This rate includes all enrollees. The clinic will be focusing on ADSMs and hopes to present specific statistics at the next meeting. Please remind personnel that they have to return to have their PPD read between 48 and 72 hours or they will need a new PPD. This is a waste of man-hours for both clinic staff and organizations and impacts medical readiness.

b. Occupational Health Medical Surveillance: The Clinic is working with NAS to get lists of those who need to be in the Surveillance program. Accurate lists are needed so that individuals can be notified when they are required to have an exam. This has worked effectively in the past, and a few workcenters continue to provide up-dated lists. The Industrial Hygiene surveys help to identify shops where personnel are assigned who might require surveillance. Shop supervisors should use the information in the IH survey reports to identify and document in ESAMS, those individuals that should be included in a specific medical surveillance program. IH Reports contain directions on how to submit personnel lists to Occupational Health.

c. Indoor Quality and Mold Sampling: The Clinic works with Base Safety when indoor sampling is required. The clinic can sample for CO, CO₂, Temperature, and humidity. It does not sample for mold. Base Safety is the first POC regarding any Mold issues.

7. Mr. Carpenter, TRICARE Service Center Administrator, HNFS:

a. TRIWEST: In the West Region, the current contractor, TRIWEST, lost the contract. United Health Care will be taking over that contract.

b. TRICARE Brief: Staff is available to go to commands/squadrons to give a TRICARE brief. Please contact Mr. Carpenter (TRICARE service Center Manager) to schedule a brief.

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

a. FFSC Beacon (Attachment #4): The latest version of the Beacon was distributed.

b. Earth day Walk/Run for SAPR (Attachment #5): On Thursday, April 19th the Fleet and Family Readiness will be holding a Run/Walk to support the Navy's Sexual Assault Prevention and Response Program and raise awareness. Ms. Gloria Arteaga (Sexual Assault Response Coordinator – SARC is the POC. She can be reached at the FFSC 301-342-4911.

c. April, Month Of Military Child, (Attachment #6) Distributed handout with events for the month.

d. Life Skills Education: (Attachment #7) Handout listing class offerings

9. Ms. Quinn, Health Connections, St. Mary's Hospital: Health Connections is the community outreach department at MedStar St. Mary's Hospital.

a. Influenza Vaccines are available at Health Connections for \$20.

b. MedStar St. Mary's Hospital: There are several new specialists, including: Pediatric Endocrinology, Pediatric Cardiology, two Urologists, and an Ophthalmologist.

c. Health and Fitness Expo: In association with MWR Department the 2012 Health and Fitness Expo will take place May 8, 2012 from 10:00 a.m. - 1:00 p.m. at NAS Patuxent River, Drill Hall. It is free. If you have questions, contact Kerry Davis 301-995-3896 or kerry.a.davis@navy.mil

d. Mobile Van: Health Connections' Mobile Outreach Center offers health screenings, wellness and disease prevention information, blood pressure checks, and an opportunity to learn about the many community services offered by MedStar St. Mary's Hospital. Currently staffed with a Nurse Practitioner one time per week but will go to four times per week.

10. Ms. Ashton, Health Promotion:

a. April Alcohol Awareness Month: Military Pathways, Military Mental Health Screening Program, is available at <http://www.militarymentalhealth.org/welcome.aspx>

b. Sexual Assault Awareness and Prevention Month: The month of April has been designated Sexual Assault Awareness Month (SAAM) in the United States. The goal of SAAM is to raise public awareness about sexual violence and to educate communities and individuals on how to prevent sexual violence.

c. ShipShape: A new program will start in May after the PRT. 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.

11. Ms. Chapman, Case Management:

a. Psychiatrists: (Attachment #8) Provided a list of Psychiatric resources in the area. Dr. Shaw has a new Nurse Practitioner will assist with Medication Management. Please remember that family members and retirees can self refer. AD SM still require a referral.

12. Ms. Hambel, Customer Relations:

a. TRICARE Dependent Dental Program: (Attachment #9) 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).

Most current TDP enrollees won't have to do any paperwork or take any action during the transition. Only TDP enrollees using automatic payments from their checking account or credit card to pay their monthly premiums need to contact MetLife to reauthorize their payment. These enrollees will receive correspondence from MetLife on or near March 21, 2012 with further instructions regarding payment reauthorization.

On March 21, MetLife's TDP website with customer service contact information and phone lines will go live to support enrollees. All TDP enrollees will receive welcome packages with their new enrollment cards.

b. Customer Feedback: (Attachment #10) Reviewed the Navy Patient Satisfaction (NPSS) results for FY 2012 effective March 2012. Overall satisfaction is at 83.7%, Ancillary satisfaction is low due to the impact of the pharmacy wait-times. New questions added, Appointments booked by phone and Appointment call back. Unsure if this is affecting Access satisfaction. Clinic has specific critical initiatives to address access to care, including phone service, training and staffing.

c. MEDIG Survey: During recent survey, the MEDIG requested feedback from beneficiaries. Overwhelmingly respondents provided feedback regarding the long wait times at the pharmacy and their dissatisfaction. As mentioned in previous meetings, the clinic is aware.

d. Pharmacy, LT Turner, Department Head Pharmacy: (Attachment #11) 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 during the week of April 11-18. 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.

13. Closing Comments by LCDR Faith: 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.

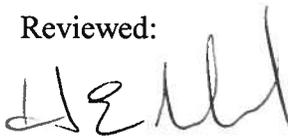
The next Health Care Consumers' Council meeting is scheduled for Tuesday, 15 May 2012 at 1000. The agenda will be distributed prior to the meeting. If a representative would like to have a topic covered at this forum, please contact the Ms. Hambel, Customer Relations Officer, at extension 5-4980.

Submitted:



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Reviewed:



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