

15 Mar 2011

HEALTH CARE CONSUMERS' COUNCIL
MINUTES

The Health Care Consumers' Council was held at 1000, Tuesday, 15 March 2011, at the Naval Health Clinic Patuxent River (NHC), Command Conference Room.

1. CAPT Mills, Executive Officer, Naval Air Station Patuxent River: Welcomed those in attendance. Stated that there has been an upswing in the Physical Health Assessment (PHA) statistics at NAS Patuxent River and requested that there continue to be an emphasis on this issue. Also, the Public Health Department has been working with base institutions and there has been noted improvement and progress. Stated that communication from these meetings is outstanding and stated that it should be disseminated to all installation personnel.

2. CAPT Pierce, Executive Officer, Naval Health Clinic, Patuxent River (NHCPR):

a. Deployment Health: There will be a new Deployment Health office; designed to improve the process and create a more effective, real time medical readiness program. The new office will incorporate Occupational Health, Preventive Medicine, and Military Medicine.

b. Change of Command: It was originally scheduled for 29 April, but due to numerous factors, including the current fiscal issues, it has been postponed until 23 September. More to come on this issue.

3. Ms. Rogers-Jasey, (representing CAPT Scott, Director for Health Services).

a. New Providers and clinical staff: There have been several new providers at NHCPR and the BHCs: Ms. Cathleen Alty, Dental Hygienist at BHCs Dahlgren and Indian Head; Ms. Beth Bringle, RN Pediatrics and Family Medicine; LCDR Latosha Mays, a Reserve Pharmacist is working at the main Pharmacy; LCDR Nguyen is replacing Dr. Deschere at Indian Head.

b. Pharmacist: CAPT Mills mentioned that there had been an incident at another military pharmacy where a Sailor was administered an inappropriate medication and it showed on Urinalysis. CAPT Mills stated that it had nothing to do with the Pharmacy at NHCPR, but wanted this to be mentioned. CAPT Pierce requested that LT Turner attend the next meeting to discuss system in place to prevent such an occurrence.

4. LT Teer, Facilities Update.

a. Current Projects: The Continuing Resolution is affecting projects, so at this time, there are no current projects.

b. Future projects include: Dental renovations (12 month project that will include the need to deploy trailers); bathroom upgrade project (to meet ADA Compliance); and the Pharmacy renovation project.

c. Integrated Disability Evaluation System, (IDES), this all-in-one medical examination serves the purpose of both determining fitness to return to duty and rating the AD/SM on service connected disabilities. This is a joint effort where the VA performs the exit examination for service members who appear to military physicians to be unfit for further duty. Upon completion of the examination, the records are forwarded electronically to VA's Veterans Benefits Administration (VBA) for assignment of a service-connection rating and then to the local DoD board for a medical decision on continuing service. The NHCPR will be standing up the ID/ES

by the end of April. A temporary location will be at the clinic while renovation to the permanent space at building 421, Subway building, is underway.

5. LT Teer, Command Medical Readiness Coordinator.

a. Deployment Health Assessments: Most recent quarterly list of PDHRA/DD2900 deficiencies has MRRS showing 115 requiring PDHRA. 87 personnel are overdue. The new deployment Health Center to be reviewed by LCDR Higgins.

b. Medical Readiness Indeterminate: LT Teer reviewed the Fully Medical Ready (65%) rate and Medical Ready Indeterminate (18%) for NAS PAX. 420 personnel (out of 2150) are in indeterminate status. FMR target was raised to $\geq 80\%$, whereas MRI goal was reduced to 8% or less. CAPT Mills emphasized that each command needs to closely monitor MRI. Clinic POCs: Ms. Edick, 301-342-5492, roxanne.edick@med.navy.mil and LT Teer, 301-342-1741, edward.teer@med.navy.mil

c. Dental readiness: Introduced Ms. Shannon Temple, the new POC for Dental Readiness (DENCAS) and the Dental Liaison. Contact number 301-342-4056. She provided information regarding her role and that she was trying to identify the Command POCs so that she could contact them regarding dental readiness.

d. Deployment Health Center: LCDR Higgins reviewed the revised program. As mentioned by CAPT Pierce, the clinic is revamping its deployment health process and hopes it will be operational by 1st week of April. There will be a centralized appointment process for all screenings PHA, OSS, Sea Duty, IA, PDHRA x3, and check-in/check-out. It does not include exams that require a physical by a provider. The Command medical readiness coordinator will be involved. There will be a POC at each command. This process will be appointment based, and no longer called part I and part II PHA. PHA's will be conducted during birth month and is designed to increase command readiness. Due to the change, it may cause the need for a second PHA during startup phase. For air crew, continue to have PHA performed during flight physical.

6. Mr. Koch, Director, Public Health

a. Influenza Status: Reviewed the influenza statistics for the United States (week ending 5 March 2011). DC has had some localized areas of Influenza like Illnesses (ILI). The percent of all outpatient visits due to ILI continued to remain relatively stable with previous weeks for all regions. Percents were at or above baseline and previous season percents. Percents were below baseline and tracked with previous season percents.

95% of Active duty have been immunized. 172 personnel left that need to get the vaccine according to MRRS. The deadlines for: 90% Total Force Vaccinated – November 21st

100% Total Force Vaccinated – December 1st. Current emphasis to all ADSMs and beneficiaries- if sick, stay home to reduce social interactions and risk of contracting the flu, i.e. "social isolation" is effective method of preventing spread of flu viruses.

Influenza Vaccination is available to all beneficiaries: Open to Active Duty, Family Members, Retirees with a valid DOD ID card; and 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 and Preventive Medicine Department continue to have flu shot hours. Season usually runs through mid-March. This should be the last meeting this flu season to report these statistics. Some supplies expired in February and some will expire in July.

b. Measles: Mr. Koch reviewed the recent Measles cases/incident. Measles is a highly contagious airborne virus spread from person to person by breathing, coughing or sneezing.

Individuals at greatest health risk from a measles exposure include pregnant women, infants under the age of 1 year old, individuals whose immune system is under functioning (immune-compromised), and any individual under the age of 54 years old who has not been vaccinated against measles. An infected person is considered contagious beginning 4 days prior to the start of the rash until 4 days after the start of the rash. The risk of a large measles outbreak increases as the number of children who are not vaccinated in the United States grows each year, primarily due to religious conviction or poorly supported fears of vaccination initiating diseases such as Autism.

If exposed or develop Measles: Immediately phone your health care provider; do not go to child care, school, work, or out in public until you are seen by a provider. Prior to going to the clinic, you should call the clinic to notify them of your symptoms and to allow them to prepare for your arrival. Prevention: If you or your child has not been vaccinated against measles, it is time to do so. Call your or your child's primary care provider and schedule a vaccination today.

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

a. Copies of the Beacon newsletter were provided for distribution. Review of upcoming classes, including TSP and Command Financial Specialist Classes.

Ombudsmen: Ms. Alex Hoffman, representing the Ombudsmen stated that she forwards information to all the Ombudsmen. CAPT Mills volunteered to write a letter inviting them to this meeting.

8. Ms. Cathy Chapman, Case Management:

a. OB Case Manager: Ms. Judy Rudy is the OB Case Manager. She contacts all patients with a positive pregnancy test; provides High Risk pregnancy screening & follow up; provides patients with information & referral for TRICARE OB Providers in the Southern Maryland area; serves as point of contact for pregnant patients for questions/concerns during Pregnancy; provides basic information about TRICARE benefits related to pregnancy & enrollment of newborn. The New OB Information Packet is available on-line for expectant patients.

b. ADSM Instructions: Ms. Rudy provides instructions for pregnant ADSMs to ensure that they are connected to services, including occupational health.

c. Case Management Services: case managers are available to assist patients and their families with complex medical issues, obtaining specialty care, etc.

9. Ms. Ashton, Health Promotion:

a. Ship Shape: If you have individuals who need the program, 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. Next class will be in May.

b. April is National Public Health month: Week of April 4-10th. Theme is "Safety is No Accident," with focus on helmets, car seat safety, etc. "Immunizations for Infants" will be focused on during last week of April.

c. April- Month of the Military Child

10. Ms. Hambel, Representing, Director for Healthcare Business and Customer Relations

a. Q-matic system at Pharmacy: The older system had malfunctioned and has been replaced.

b. Blood Drive – The Armed Services Blood Program at National Naval Medical Center, Bethesda, in conjunction with Naval Health Clinic, Patuxent River, will hold a blood drive on Thursday, 28 Apr 2010, 0900-1300 at the Moffett Building Atrium (Bldg 2272). To schedule an appointment in advance, go to www.militaryblood.dod.mil or www.militarylifeforce.com. Walk-in donors are also welcome. All blood donations go to military personnel. For more information, contact the Naval Health Clinic POC: CDR Julie Working @ 301-995-3681.

c. Radiology – The renovation project was complete at the end of January.

d. Appointment Line On: 27 January, the Naval Health Clinic Patuxent River replaced its obsolete appointment line system with an updated system that incorporates several changes to the phone options. When calling the appointment line, 301-342-1506, please listen carefully, since menu options have changed. Troubleshooting and modifications have been made since January to ensure prompt processing of incoming calls. There have been technical issues during implementation. As we work through these issues, we request patience with this upgrade. The contractor and the clinic are working on this new product to ensure a smooth, efficient appointment process. Questions or concerns please contact Ms. Jane Hambel, Customer Relations at 301-995-4980. Handout provided.

e. TRICARE Young Adult Program (TYAP): New program will extend coverage for eligible family members up to age 26 years of age. Initially, the program will be a premium based TRICARE Standard program. Benefits will be retroactive to 1 Jan 11 so beneficiaries are encouraged to save receipts for care received after that date. TYAP is anticipated to be in place in late spring 2011. TESTER article is forthcoming, along with updates.

f. Customer Satisfaction: Reviewed FY10 final statistics and YTD FY11 results. Due to the Radiology closure and reduced manning at the pharmacy, Ancillary satisfaction is lower. Completion rates continue to be low. Please encourage your personnel to complete the surveys and provide feedback. There have been changes to the survey for FY11, with an increased number of questions for the NCA. There will also be new data collection methods. NHCPR has been selected as a pilot site for a handheld survey device. No word on implementation. Will continue to monitor survey results and report every other meeting.

11. Closing Comments by CAPT Mills:

a. Attendance: Reiterated the fact that the information passed at this meeting is important and encourage all Commands to have representation. The Ombudsmen are volunteers and will be invited by CAPT Mills to attend.

The meeting adjourned at 1100. Representatives were asked to pass information from this meeting to all members of their commands.

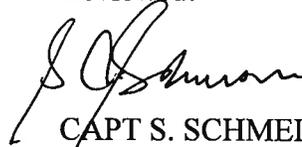
The next Health Care Consumers' Council meeting is scheduled for Tuesday, 17 May 2011 at 1000. The agenda will be distributed prior to the meeting. If a representative would like to have a topic covered at this forum, please contact the Ms. Hambel, Customer Relations Officer, at extension 5-4980.

Submitted:



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Reviewed:



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