

15 November 2011

HEALTH CARE CONSUMERS' COUNCIL
MINUTES

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

1. CAPT Raimondo, Commanding Officer, Naval Health Clinic, Patuxent River (NHCPR): Welcomed those in attendance and thanked all for the opportunity to communicate with our beneficiaries. The Clinic is here to serve the men and women of NAS Patuxent River.

a. Joint Task Force (JTF) Integration: The Walter Reed National Military Medical Center (WRNMMC) and the Fort Belvoir Community Hospitals are both open with inpatient capabilities. This is an opportunity for the Clinic beneficiaries to use these state of the art facilities. It is important to remember that the main mission is to care for our wounded ill and injured ADMS. The Surgeon General (SG) stated that "no wounded ill or injured will fly over WRNMMC."

2. CMDMC Cummings, Command Master Chief, Naval Air Station Patuxent River:

Welcomed those in attendance. Thanked the clinic for the continued hard work.

Expressed appreciation regarding the Clinic's efforts towards prevention. The goal is to keep people from getting ill. The influenza program is vital to the health of our community. We must continue to "press to the finish line." At this time of year, weather fluctuates and people are getting ill. Please remind all to wash hand and use hand sanitizer. Anything we can do for prevention is essential during the Flu and cold season.

3. CAPT Hearn, Director of Health Services (DHS).

a. Medical Home Port: Beneficiaries who were previously enrolled to Family Medicine or Pediatrics are now enrolled to the two Medical Home Port teams. Medical Home Port includes increased access to care, where beneficiaries will be capable of reaching their Medical Home Port team, as needed, through visits to the clinic or virtual tools (such as secure email, powered by *RelayHealth*). The next stage is to develop a Medical Home Port for Military Medicine. The clinic wants to ensure that the same high quality of care is provided to all enrolled beneficiaries. The new Military Med Home Port will only be for those ADMS actually enrolled to one of the NHCPR's providers (not those enrolled to squadron Flight Surgeons.) More to come regarding transition to this methodology.

b. Sick Call: The clinic is in the process of reviewing Military Medicine Sick Call. Goal to reduce the amount of time sailors are away from their work areas while requesting care for acute issues.

c. Specialty Care Clinic: The integration between Walter Reed and Bethesda is complete and the new Walter Reed National Military Medical Center (WRNMMC) will continue to support the Naval Health Clinic with specialty care. NHCPR will continue to provide services from the following specialties: Gynecology, Otolaryngology (ENT), Orthopedics (providers from Malcolm Grow), and Neurology. At this time, the Clinic is working on Dermatology services.

d. School Liaison: At this time, working with Ms. Simpson, the School Liaison, to ensure providers have the correct forms for required physicals.

4. LCDR Faith, Director, Healthcare Business (DHB):

LCDR Faith replaced CDR Working, responsible for Referral Management, Enrollment, Access, Case Management, Customer Relations, and Business Operations. Recently attended the Base Indoctrination and was glad to be able to represent the clinic to those new to the base. Stressed the importance of DEERS.

a. DEERS: You must be registered in the Defense Enrollment Eligibility Reporting System (DEERS) to be eligible for TRICARE. Please ensure that you maintain updated information in DEERS. DEERS can be updated in person at the DEERS office at PSD building. It can also be done at DEERS on-line. Pamphlets available on how to update DEERS are available at the TRICARE Service Center, and on the clinic's internet site. If you wish to update your phone number and/or address in DEERS while you are here, see the Medical Records customer representatives, Ms. Millen (Enrollment office at TSC), or Ms. Hambel (Customer Relations); these staff members have access to DEERS to update phone number and address information.

b. Thanksgiving Holiday Hours: 23 November, Wednesday: Normal clinic hours are from 0730-1200. Acute Care/Walk-ins only from 1200-1600; 24 November, Thursday: Thanksgiving Day Federal Holiday. Clinic will be closed. 25 November, Friday: Acute Care/Walk-ins only from 0730-1600. Normal Clinic operations will resume on Monday, 28 November 2011. For questions, please contact our Customer Relations Officer, Ms. Jane Hambel at 301-995-4980.

5. LTjg Trimner, Patient Administration officer representing the Director For Administration (DFA): Two major project for the upcoming year:

a. Dental Renovation: This is a \$4M project to renovate the entire Dental Clinic. Starting this week (approximately deployment date Saturday, November 19th) trailers will be deployed in the lower staff parking lot. The project is projected to last from 1 December 2011 Until 31 March 2012. There will be a reduced number of staff parking spaces at the clinic during this renovation. Patient parking should not be impacted. Clinic staff will be patrolling the on-site parking lots to ensure that parking is appropriately utilized. Information will be placed in the TESTER.

b. Bathroom Renovation: The bathrooms at the clinic will be remodeled to become ADA compliant. Work will take place after hours. Two bathrooms will be modified at a time, with the goal of minimal disruptions.

6. Medical Readiness Update. HMC Burton (Enclosure #1)

a. Deployment Health Assessments: Most recent quarterly list of PDHRA/DD2900 deficiencies has MRRS showing 38 personnel currently show in MRRS as requiring a PDHRA/DD2900 (down significantly from last quarter of 175 personnel. 7 are due and 31 are Overdue (down from 44 overdue last quarter.)

b. Medical Readiness Indeterminate: 121 personnel out 2241 have a readiness category of Indeterminate (down significantly from 387 last quarter.) The Fully Medical Ready rate 80.2% (up from 74.9%) and Medical Ready Indeterminate 8.2% (down from 13%) for NAS PAX. FMR target is $\geq 80\%$, whereas MRI goal is 8% or less. The extra efforts this past quarter are reflected in these recent numbers. 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. The Clinic is working to change all ADSMs over to Birth Month Recall (BMR) exams versus exams in connection with their Physical Fitness Assessment (PFA). This will help avoid the large “rush” of ADSMs needed exams at the PFA cycle.

c. Optometry: One of the benefits of the new “Deployment Health Clinic” is that ADSMs are now being consistently evaluated at the Optometry Clinic. The Clinic has identified ADSMs who have not had a full eye exam in 10-12 years. Patients with pathologies of the eye have been identified. The change has really had an impact on the health of our service members.

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: Ms. Temple, Dental Liaison (Enclosure #2)

Dental Readiness, effective 14 November is 94.57%, with 35 Class 4 (down from 40) and 84 Class 3. Ms. Temple will be happy to work with commands to identify personnel in an effort to improved readiness.

e. Dental Renovation: The dental renovation will occur December through approximately June. Treatment will occur in a temporary modular unit. During the move, 28 Nov – 2 Dec, the clinic will be open only for exams and acute care; upon set up in the temporary modular units, appointments will resume. Patient parking will not be affected.

NOTE - Update on Renovation after the meeting: Dental clinic move to the temporary modular units will be delayed. The units will be delivered on 28 November, after business hours and the move for clinic staff is scheduled for the week of 12-16 December. During that week, only exams and acute care patients will be seen on a walk-in basis. Information will be disseminated via the NAS POW, Tester articles, and contact with command dental liaisons.

7. Mr. Koch, Director, Public Health (Enclosure #3)

a. Influenza Season and Supplies: With the start of FY12 Influenza Vaccine Season, reviewed current immunization status for all services compared to NAS Patuxent River’s statistics. Effective 8 November, 83% of ADSM have been immunized. According to MRRS, there are 425 personnel that still require immunization. The clinic has conducted five (5) base theater shot events and six (6) organizational events on-site.

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. The percent of all outpatient visits due to P&I continues to remain similar to previous weeks for all regions. Percents were below baseline and tracked with previous season percents. The CDC’s ‘Flu View’, weekly surveillance of outpatient illness. Providing information on patient visits to health care providers for influenza-like illness (ILI) in the U.S. ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. Based upon the November 5th summary, the US is starting to see an upswing in the number of cases (similar to previous years.) The season usually runs September through mid-March.

b. Hours and Availability: Influenza Vaccination available to all beneficiaries: open to ADSM, family members, retirees with a valid DOD ID as well as mission essential/critical

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 Department: Seasonal influenza vaccine is available for High Risk (pregnant, diabetic, asthmatics, etc)), and eligible beneficiaries 6 months and older on a walk-in basis from 0730 to 1130 and 1300 to 1500 Monday, Tuesday, Thursday, and Friday

Preventive Medicine Department: Seasonal Influenza vaccine is available for all Active Duty on a walk-in bases from 0800 to 1130 and 1230 to 1500 Tuesdays and Thursdays.

Influenza Information Phone Line: 301-342-7894

c. Compliance: Mandatory for all Military; required for all direct patient care health care workers; and DoD employees in which it is stipulated in position description. Members must notify the MTF if they received vaccination from non-MTF - Navy units have 72 hours (three working days) to document, administer and report vaccination from time of vaccine receipt. Deadline for vaccination: 70% active component vaccinated by November 15st and 90% by December 1st.

Next year, the goal will be to have all ADSMs immunized with 48-72 hours after receiving the vaccine on-base.

d. Salmonella: The Clinic has seen an upswing in the number of cases of Salmonella cases, majority with the pediatric populations. Infected patients usually develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts 4 to 7 days, and most persons recover without treatment. It can be difficult to isolate a cause, and at this time a link has not been identified. General recommendations to consider are hand-washing; avoid direct or even indirect contact with reptiles and wild animals; cook poultry, ground beef, and eggs thoroughly. Parents should consider other sources like dirty floors, pets, and parks and playgrounds as potential sources of salmonella, and ensure children; especially toddlers are not ingesting possible contaminated foreign matter.

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

a. Sexual Assault Prevention and Response: (Enclosure #4)

Introduced Ms. Gloria Arteaga (Sexual Assault Response Coordinator - SARC) . She will be holding training for those interested in becoming a Victim Advocate. Training dates: December 5-8. Call the FFSC at 301-342-4911 or 301-787-1867 if interested. Refresher training November 22nd from 1300-1500.

b. Navy School Liaison Officer: Ms. Dawn Simpson discussed the response of the St. Mary's County School board to the revelations surrounding the sexual abuse from Penn State. The most important issue and definitely in the forefront of the Board is to keep students safe.

c. Enclosure #5: Copies of November Beacon newsletter were provided for distribution. Programs are available to help people handle issues (stressors) surrounding the Holidays.

9. Ms. Lori Werrell, Director Health Connections, St. Mary's Hospital:

a. Influenza Update: 100% of the staff of St. Mary's Hospital have been immunized against influenza. Health Connections is going out to the community to provide flu shots.

b. Community Needs Health Assessment: The Hospital is asking county residents for input about the local community, their quality of life, and issues that affect their overall health and welfare. There will be an input session at the Lexington Park Library on 16 November at 0900. The survey occurs every three (3) years. Results will be available on the Hospital's website.

10. Ms. Ashton, Health Promotion:

a. Great American Smoke Out: 17 November 2011 is the Great American Smoke Out. The event is held on 3rd Thursday of November annually. The Clinic will have a display at the NEX. It is a time to try and stop smoking for one day and hopefully, that will lead to being tobacco-free for life. If anyone wants to stop smoking, call 301-342-4050. Resources are available at www.ucanquit2.org

b. Ship Shape: Current program underway (started one week ago). Only three (3) in attendance. The next class will be on 28 November, after Thanksgiving. 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.

11. Ms. Chapman, Case Management: (Enclosure #6)

a. Case Management Services: Case Managers are available to assist patients and their families with complex medical issues, obtaining specialty care, inpatient stays, and coordination with Health Net Federal Services (HNFS) the TRICARE North Region Contractor. Case Management care be a great resource for ADMS placed on Limited Duty (LIMDU).

b. 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. Ms. Rudy provides instructions for pregnant ADMS to ensure that they are connected to services, including occupational health.

12. Ms. Hambel, Customer Relations:

a. Customer Feedback: (Enclosure #7) Reviewed the Navy Patient Satisfaction (NPSS) results for FY 2011 effective November 2011, with a review of peer clinics. NHCPR is over 87% in overall satisfaction. Access at this time is high. Ancillary satisfaction is low due to the impact of the pharmacy wait-times.

BUMED is encouraging all to complete NPSS surveys. Will continue to monitor survey results and report every other meeting. At this time, low average response rate.

b. Pharmacy: (Enclosure #8) Wait-times at the pharmacy have increase, as demonstrated with the low satisfaction for ancillary services. The TRICARE Pharmacy Program has a new co-payment schedule. New prescription copayments took effect on Oct. 1, 2011. 30 day supply retail pharmacy: formulary generic - \$5 (increased from \$3); formulary brand - \$12 (increased from \$9); non-formulary - \$25 (increased from \$22). The 90 day supply home delivery (TMOP): Formulary Generic- \$0 (Reduced from \$3); formulary brand - \$9 (unchanged); non-formulary - \$25 (increased from \$22); copayments for active duty service members will remain \$0.

Please note that the co-payment for generic medications was reduced to ZERO. This is the most cost effective way for maintenance medication. Any questions, contact Ms. Hambel at 301-995-4980 or one of our Pharmacists. New brochure was developed to educate beneficiaries regarding the NHCPR Pharmacy and benefits of TMOP.

c. TRICARE Prime Enrollment Fee Increase: Effective 1 October 1, 2011, enrollment fees for Prime Retirees increased to from \$230 to \$260 individual and \$460 to \$520 family for new enrollment applications received by the contractor on or after October 1, 2011.

d. TRICARE Young Adult (TYA) Prime: (Enclosure #9) TRICARE Prime options are now available under the TYA program. TRICARE Prime options are available for purchase starting December 1, 2011, with coverage beginning January 1, 2012. Information will be available on the Clinic's website and an article in the TESTER.

e. Traveling with TRICARE: (Enclosure #10) Reminder regarding how to access care while traveling, call back to clinic for UC Referral, Call TRICARE 1-877-TRICARE (874-2273) for information regarding network providers.

f. College Students and TRICARE: (Enclosure #11) Student will be home for the holidays. If they need to be seen by PCM, call clinic's appointment line at 301-342-1506.

13. Closing Comments by CAPT Raimondo: Thanked all in attendance and encouraged all to share information with others in their organizations.

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 January 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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