

20 September 2011

HEALTH CARE CONSUMERS' COUNCIL
MINUTES

The Health Care Consumers' Council was held at 1000, Tuesday, 20 September 2011, at the Naval Health Clinic Patuxent River (NHC), Command Conference Room.

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

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

2. CAPT Ireland, Commanding Officer, Naval Health Clinic, Patuxent River (NHCPR):

Introduced the in-coming Commanding Officer, Captain Lisa Raimondo. CAPT Raimondo had been the XO at Quantico. The Change of Command will take place on 23 September at 1000, at the Rivers Edge Conference Center.

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

a. 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), Ophthalmology, Dermatology, Orthopedics, Neurology, and General Surgery.

b. Deployment Health clinic: Has relocated to room 146. The new process should have a positive impact on base readiness, PHAs, and post deployment health.

c. Optometry: The changes to the PHA process have increased the number of Active Duty Service Members (ADSM) seen at Optometry. Due to the ADSM access prioritization, there is reduced access at Optometry for retirees and family members. The clinic will continue to see enrolled retirees with chronic conditions, such as diabetes, that require regular eye exams. Other beneficiaries can access network care for their preventive eye exams. Active Duty Family Members (ADFM) are entitled to one exam annually. Retirees and their family members can have an exam every other year without referral as long as seen by a network provider. A list of providers can be found at www.hnfs.com or by contacting the Health Benefits Advisor, Ms. Hambel, 301-995-4980

d. Medical Home Port: Beneficiaries enrolled to either Family Medicine or Pediatrics should have received a letter regarding the Clinic's change to Medical Home Port. 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*). At this time there are two Teams and patients will be able to build a relationship with one of the Medical Home Port teams. Navy Medicine is aligning care to civilian standards for this model of healthcare delivery. Benefits of *RelayHealth* include: connectivity to healthcare providers for routine communications; access to lab and other diagnostic test results; consultations for non-urgent health matters; access to view healthcare account information and set up and manage Personal Health Records (PHR).

Question regarding the Personal Health Record of *RelayHealth* versus the "Blue Button" from TRICARE On-line. They are two separate systems.

4. CAPT Ireland, representing CAPT Manning, Director for Clinical Support Services.

a. Pharmacy: Wait-times at the Pharmacy have increased. This increase is driven by the merger of Walter Reed and NNMC. WRNMMC is unable to process the refills from the refill line in a timely manner. Clinic leadership contacted leadership at WRNMMC regarding this issue in an effort to rectify the impact at the pharmacy. Until the situation is resolved, beneficiaries are asked to be patient. The clinic continues to work with John's Hopkins Applied Physics lab to modify the pharmacy and increase efficiencies.

5. LCDR Tizon, 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. The start date is mid-November. The clinic will be deploying trailers in the lower staff parking lot. The project is projected to last from 1 December 2011 Until 31 March 2012. According to CAPT Grzesik, Dental Department Head (DH), there will be a reduced number of operatories (staffing and hours remain unchanged). Capacity might be affected. If necessary, the clinic will use the Active Duty Dental program to ensure dental readiness. Root Canals, IV Sedation, Oral Surgery and more complicated periodontal cases and implants will be referred to the network. Access standards will be maintained.

There will be a reduced number of staff parking spaces at the clinic during this renovation. The clinic will be utilizing off-site parking for staff and shuttle service. Patient parking should not be impacted. 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.

c. New Facility: Funding for Military Construction (MILCON) of a new facility is projected for FY16-FY18. NHCPR will continue to fund special projects for the Main Clinic and the three Branch Health Clinics (BHCs) to maintain the current facilities.

6. Medical Readiness Update. HMC Burton

a. Deployment Health Assessments: Most recent quarterly list of PDHRA/DD2900 deficiencies has MRRS showing 175 personnel currently show in MRRS as requiring PDHRA. 44 personnel are overdue for their PDHRA.

b. Medical Readiness Indeterminate: 387 personnel out of 2255 have a readiness category of indeterminate. The Fully Medical Ready (74.9%) rate and Medical Ready Indeterminate (13%) for NAS PAX. FMR target is $\geq 80\%$, whereas MRI goal is 8% or less. At this time, corpsmen are working with individual UICs to review records and improve readiness. Also, the new Deployment Health Center, a one-stop-shop, is having a positive impact on these statistics. Proactive efforts can make a difference. Recommendations are for the CFLs to obtain roster of individual the month prior to birth month, and have them schedule appointments. The NHCPR IMR is 2.9% (176 ADSM).

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.

c. Dental Readiness: CAPT Grzesik, DH for Dental for the past two months. Thanked all for support and introduced Ms. Temple, Dental Liaison. Ms. Temple is the Dental Clinic's POC for dental readiness and is working on MRI. At this time, there are 40 Dental Class IVs. Ms.

Temple will be happy to work with commands to identify personnel in an effort to improved readiness.

Information regarding the dental clinic has been updated on the NHCPR's website and the FFSC Military Installation site.

d. TRICARE Dental Program: Effective 1 May 2012, Met Life will be the new contractor for the dependent dental program (United Concordia will continue to be the contractor for the Active Duty Dental Program (ADDP) and Delta Dental for the Retiree Dental Program). Some of the changes associated with this new contract include: an increase in the annual maximum from \$1,200 to \$1,300; an increase in the lifetime orthodontic maximum from \$1,500 to \$1,750; coverage of posterior resin (white) fillings; additional \$1,200 maximum per year for services related to accidents/injuries; no cost shares for some periodontal services for diabetics; coverage of an additional cleaning for women during pregnancy (three/year); first-year premiums at or below current rates. More to come.

7. Mr. Koch, Director, Public Health

Reviewed 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 September 30th summary, the US is starting to see an upswing in the number of cases (similar to previous years.)

a. Influenza Season and Supplies: The season usually runs September through mid-March. 80% of the supplies have been received. The vaccine's composition is: A/California/7/2009 (H1N1)-like virus; A/Perth/16/2009 (H3N2)-like virus; and B/Brisbane/60/2008-like virus. **These are the same viruses that were selected for the Northern Hemisphere for the 2010-2011 influenza vaccine.

Influenza vaccination is available to all beneficiaries: ADSM, ADFM, Retirees (with a valid DOD ID card) and their dependents, and Government civilians with a current CAC card. Contractors are not eligible for the vaccine from the clinic unless they also meet one of the other categories.

b. Hours and Availability: Group shot events were conducted at the base theater on 30 Aug and 2, 8, 9 Sep (0730-1200). The clinic is planning one to two more shot events.

Vaccines are available at the Immunization clinic 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; every weekday except Wednesday.

Preventive Medicine Department will provide seasonal Influenza vaccine for all Active Duty on a walk-in bases from 0800 to 1130 and 1230 to 1500 Tuesdays and Thursdays. The clinic maintains the 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.

According to CDC, a person infected with influenza may pass it on to others one day before symptoms begin to appear and as late as five to seven days after symptoms appear. Children and those with weak immune systems may be contagious for longer periods of time.

Recommendations: If you are ill, stay home and don't go back until you're better. Get vaccinated and reduce your chances of getting sick with the flu.

8. CMDCM (SW) Mark Cummings, representing the Fleet and Family Support Center:

a. Suicide Prevention Month: September is National Suicide Prevention Month. On Sept 22, at 1045, MWR, Suicide prevention coordinators, and the FFSC are hosting the Laps for Life at the NAS Pax River Track. It is a 17-Lap Team Relay supporting Suicide Prevention Awareness month.

9. Ms. Ashton, Health Promotion:

a. National Fruit and Vegetable Month: September is National Fruit and Vegetable month. For more information go to www.fruitsandveggiesmatter.gov

b. Breast Health Month: October is Breast Health Month. More than 2000 men are diagnosed with breast cancer annually. Need to remind both men and women to be vigilant.

c. Great American Smoke (Tobacco) Out – 17 November.

d. Ship Shape: Will be revised with a new CD. The next program will start in October. The clinic will post information on the CFL website. 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.

e. PARFQ screenings: Starting Thursday, 22 September, there will be two authorized medical department representatives at the Energy Zone on Thursdays from 0730 to 1100. They will also be available on 29 Sep and 6 Oct. These will be routine PARFQ screens, i.e. personnel with stable medications, etc. The only question that does not need to be screened is Question 1, "Are you 50 years of age or older." This required a one-time screening, but does not require repeated screenings. Contact HMC Jeremy Raymond, Jeremy.Raymond@med.navy.mil or 301-342-2562.

10. Ms. Hambel, Customer Relations:

a. Customer Feedback: Reviewed the Navy Patient Satisfaction (NPSS) results for FY 2011 YTD, 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.

b. Pharmacy: As mentioned by CAPT Ireland, 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 will take 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 is being reduced to ZERO. This is the most cost effective way for maintenance medication. Any questions, contact Ms. Hambel at 301-995-4980.

11. Closing Comments by CAPT Ireland: She stated that she enjoyed serving the Pax River Community and working with the Commands. CAPT Raimondo is looking forward to being at Pax. 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, 15 November 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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