

27 January 2009

HEALTH CARE CONSUMERS' COUNCIL
MINUTES

The Health Care Consumers' Council was held at 1000, Tuesday, 27 January 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. Due to the inclement weather conditions, CAPT Macyko, Commanding Officer, Naval Air Station, was delayed. CAPT McCormick-Boyle reviewed the slides from the NAS CO Readiness Report.

a. Renovations: LCDR Douglas Stephens was unable to attend. Renovations continue with roof repairs and removal of cementitious material. There has been a shift in patient flow requiring patients to enter the Dental Clinic from the outside entrance at the rear of the clinic.

b. NO-SHOW Letters: The clinic has been sending NO-SHOW letters to the Commands, except for Behavioral Health visits. NO-SHOW rates were reviewed.

c. Force Health (Pre-Deployment Physicals): CAPT McCormick-Boyle briefly reviewed readiness statistics, to be discussed by CDR Padgett. Pre-Deployment Health Assessments (PDHAs) are official within 60 days of deployment. When assessments occur too late in the process, there is a readiness risk leading to late non-deployable findings. It was recommended that Commands considers voluntary advance, pre-60 day PDHA to identify non-deployable personnel.

d. Deployment Support Recommendations: The clinic is implementing a program to support the NHCPR IA Spouses by providing Blue Star pins when a member of the Command deploys. The pin would be a visible marker to identify the IA spouse. Staff will be instructed to ask the spouse if they needed assistance during the deployment and if necessary, contact Command personnel with the spouse's permission.

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: Dr. Sushila Sheoran, our New Pediatrician, started seeing patients in December. Both CDR Margaret Lhuy, Clinical Psychologist, the new Behavioral Health Department Head and Dr. Kathleen Tallent, Clinical Psychologist joined the clinic. They were only seeing active duty during the clinic's shortage of mental health providers. Now that the behavioral health clinic is fully staffed, the clinic is able to see all active duty and dependent family members with the exception of children. The clinic is accepting referrals for care in this area.

b. Specialty Care: The clinic is attempting to increase support from visiting NNMC specialists. During the renovations at Bethesda, patients are encouraged to use the shuttle. Bethesda is experiencing limited parking.

3. CDR Padgett, Flight Surgeon, Aviation Medicine:

a. Individual Medical Readiness: Presented Fully Medically Ready rate for units and Medical Indeterminate rate for units. SECNAV/DOD goal is 75% or greater Fully Medically Ready per

unit. Medical Indeterminate means they have not had an annual dental or periodic health assessments. It was recommended that units concentrate on that rate and look to get it under 10% which will improve fully medically ready rate, improve readiness to do the PRT, and improve dental readiness. It was suggested that the Command Fitness Leaders would be ideal for managing unit Medical Readiness via MRRS and they can request access via Doc Padgett at william.padgett@med.navy.mil.

b. Flu immunization status: 180 active duty personnel are still deficient on this mandatory requirement per MRRS. This is not voluntary and puts the mission of the unit at risk when personnel do not have primed immune response to the flu virus to minimize its effect on them and possibility of spread to others. Military personnel need to be at 100%, particularly as the civilian coverage rate averages around 42% nationwide meaning units already have a large vulnerability in their midst. 92% compliance for active duty is a significant feat for which we commend the units for their hard work. All were encouraged to get the last 180 immunized prior to peak flu season at the end of Feb/beginning of March. Unit MRRS Point of Contact, if you have assigned one, would be able to monitor this requirement.

c. Deployment Health Assessments: CNO's office is monitoring the Post-deployment Health Reassessment (DD2900) compliance via MRRS. MRRS has data issues particularly as it is key off Hazardous Duty Pay dates it is importing from another system. We have sent multiple examples of incorrect DHA deficiencies back to the CNO working group. That being said, units can address the reports that are being reviewed by higher authority by monitoring their MRRS deployment reports and making corrections or annotating errors in MRRS. Unit MRRS Points of Contact can track this requirement. 120 personnel on this base currently showing deficient in MRRS for DHA.

4. 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. TRICARE On Line (TOL) Registration & Appointing: All enrollees to the clinic are encouraged to register for TOL. Since 1 Nov 08, several types of clinic appointments have been web-enabled and available to our patients for on-line booking. Register on line at: <https://www.tricareonline.com/appointments.do>. A PowerPoint presentation on how to register and book an appointment is also available on the Naval Health Clinic website/TRICARE page. We encourage our enrollees to try to use this system and give us their feedback about any problems.

b. Referral Info sheets: Information sheets on specialty care referrals to other military treatment facilities (MTFs) in the NCA area, and referrals to civilian specialists, were recently updated in December 2008. Referral processes can be rather complicated and we want to ensure that our patients understand the processes and have important phone numbers to call if they have questions about a specialty referral at Patuxent River, to another MTF, or the civilian network. Clinic staff should provide referral information sheets to patients when a referral is entered. The information sheets will also be available soon on the clinic website under Services/Referral Management. We encourage patients to call our Referral Mgmt office at 757-7279/7377 with any questions.

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

a. Dental Rate Increase: United Concordia Dental plan for AD family members will increase effective 2/1/09. The amount of the increase is \$0.20 and it is addressed on the Service Member's LES.

b. Health Care Reform in Massachusetts, Proof of Health Insurance is required in Massachusetts when filing taxes. Forms are available at the TRICARE Service Center for any ADSM from Massachusetts who requires proof for tax purposes.

c. 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.

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

a. New Sexual Assault Response Coordinator: The Sexual Assault Response Coordinator, Linda Dentry, was introduced. Ms. Dentry presented the upcoming Sexual Assault Victims Intervention (SAVI) training schedule. Reviewed statistics for sexual assault (one in four females and one in six males will be sexually assaulted.) The key components are awareness, prevention, and education. Victim Advocacy includes 30 hours of training. Advocates are available 24/7. Besides the scheduled training, Ms. Dentry will come out to the Command to speak with the personnel.

7. Ms. Cathy Chapman, Case Management.

a. Out of Area Admissions: Please remember to inform case management department when an ADSM is admitted to a facility outside of the area (TAD). Case Mgt. can assist with coordination of care and services during recovery.

b. National Resource Directory: Reviewed resources, www.nationalresourcedirectroy.org, an online partnership for wounded, ill, and injured service members, Veterans, their families and families of the fallen, and those who support them. It is a web-based directory of services and resources available across federal, state, and local government agencies.

8. CDR O'Loughlin, Director, Clinical Support Services

a. Hours of Operation: The Pharmacy is open from 0800 to 1800 M-F, with limited services on Saturday from 0900-1300 (refills only, no pharmacist is on duty.)

b. TRICARE Mail Order Pharmacy (TMOP): Reviewed the benefit for TMOP. There is a co-pay for Retirees and Family members but the service works very well for chronic medications. Co-pay costs are less because you can get a 90-day supply for one co-pay as opposed to 30-60 day supply at some retail pharmacies.

9. Ms. Ashton, Health Promotion.

a. Wear Red Day is February 6th sponsored by the American Heart Associations, in recognition that Heart Disease as the #1 killer in the US.

b. "Crews into Shape" is a 4-week challenge to increase exercise, servings of fruits and vegetables, and water intake. It is sponsored by the Navy Marine Corps Public Health Center¹. It is a great team-building exercise. It is for AD, Civilian, and Family Members. Go to the NHC website and click on Wellness corner and then click on "Crews into Shape" to register.

c. ShipShape is in session and will end in February. The Clinic will start ShipShape again in April. Please, even if you have not finished your cycle, get those who need shipshape into the class. It is important to get to them as early as possible, at least 10 to 12 weeks from beginning of Spring PFA, so please pass on the importance of current PHA's.

10. Ms. Jane Hambel, Customer Relations Officer

a. Customer Feedback: Reviewed the National Patient Satisfaction (NPSS) results for 2008 and first quarter 2009. Information was provided on how the survey is administered and questions asked. Beneficiaries are encouraged to complete either the mail or internet version of the survey. The phone survey only asks nine questions and provides limited feedback to the clinic.

11. CAPT Macyko, Commanding Officer, Naval Air Station:

a. Weekend Immunization Clinic: Thanked the staff of NHCPR for the weekend (Saturday) immunization clinic at the NEX.

b. Inclement Weather: Due to the snow and ice, there had been seven minor car accidents on base. He reminded all in attendance to take it slow and not to rush.

c. IA Homecoming Parade to be held on Thursday, January 29th at 1630. Three corpsman will be coming home. All were encouraged to attend.

12. CMDCM (AW/SW) John Stigler, Command Master Chief: Questions regarding automated phone call appointment reminders. He stated that he has been receiving several from the clinic. CAPT McCormick-Boyle asked that he contact the clinic the next time he receives a call in error so that it can be researched and corrected.

13. The meeting adjourned at 1055. 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, 17 March 2009 at 1000 The agenda and date will be distributed.

If a representative would like to have a topic covered at this forum, please contact the Commanding Officer at extension 2-1462.

Submitted:


CAPT R. J. McCORMICK-BOYLE, NC, USN
COMMANDING OFFICER
NAVAL HEALTH CLINIC
PATUXENT RIVER 2/11/09

Reviewed:


CAPT A. MACYKO, USN
COMMANDING OFFICER
NAVAL AIR STATION
PATUXENT RIVER

HEALTH CARE CONSUMERS' COUNCIL
Attendance Matrix
2009

	9/16 08	11/19 08	01/27 09																	
FLEET READINESS CTR	A	P	P																	
AIROPS	A	A	A																	
FFSC	P	P	P																	
VX-20 (FW)	P	P	P																	
MAD	A	A	A																	
NASPAX	A	P	P																	
NAWC	A	A	A																	
NTWL	A	P	P																	
PW	A	A	A																	
HX-21	A	P	P																	
VX-23 (STRI)	A	A	A																	
SUPPLY	A	A	A																	
TPS	A	A	A																	
VQ-4 DET	A	P	P																	
VXS-1	A	A	P																	
VC-6	A	A	A																	
NAVAIR	A	A	P																	
PSD	A	A	A																	
MWR/CYP	A	A	A																	
ACT/OMBUDS	P	A	A																	
HEALTH NET	P	P	P																	
AIMD	A	A	A																	
VX-1	A	A	A																	
MOAA			P																	

Legend: A= Absent P = Present R = Represented E = Excused
 X = No Longer Assigned

