

HEALTH CARE CONSUMERS' COUNCIL
MINUTES

The Health Care Consumers' Council was held at 1000, Tuesday, 21 September 2010, at the Naval Health Clinic Patuxent River (NHC), Command Conference Room.

1. CMDCM (SW) Cummings, Command Master Chief, Naval Air Station Patuxent River welcomed those in attendance. Thanked clinic for great medical and dental service.

2. CAPT Ireland, Commanding Officer, Naval Health Clinic, Patuxent River (NHCPR) asked that information from this forum be taken back to staff members. She stated that the clinic would like to work closely with the Ombudsmen to get this information out to families. She also thanked the Active Duty (AD) representatives for their continued support in disseminating the information to the base.

3. Ms. Thurber, (representing CAPT Scott, Director for Health Services).

a. Providers: There are two new providers in the clinic. LT Crossman is now stationed in Military Medicine. She joins the clinic after her time in Bahrain. CAPT John Manning is the new Pediatric Nurse Practitioner. He comes from Camp Lejeune. He brings to the clinic a vast experience (at Camp Lejeune, 200 babies are born each month.) He is an Asthma Champion, extensive experience working with Asthma patients.

b. Clinic Closure: The Clinic will run a modified schedule over the Columbus Day holiday weekend. Signs will be posted at the clinic and the pharmacy to alert beneficiaries of the changes in business hours. Friday, 8 October: Normal clinic hours 0800-1200; same day/acute appointments only 1200-1600. Pharmacy normal operations from 0800-1530; from 1300-1330- no new scripts will be processed; only refill pick-up will be available. New prescriptions will not be processed after 1530. Pharmacy will close early at 1600 (vs. normal closing time at 1800). Due to reduced Pharmacy staffing, please anticipate possible extended wait times. Sat-Mon, 9-11 October: Clinic & Pharmacy Closed

4. LT Teer, (representing LCDR Tizon, Director for Administration), Facilities Update.

Current projects include:

a. Landscaping: Improvements to the landscape and the Clinic grounds are almost complete. The sidewalk project is under way. Patients are advised to be careful with the construction.

b. Vestibule: The sidewalk replacement at the front of the building will be coordinated with the front vestibule project. Several (six) parking spaces will be out of use during this time. The clinic will market this information to beneficiaries.

c. Dental Renovation: The Dental Clinic's renovation project is slated for the new fiscal year, with an expected start time of 1st or 2nd QTR FY11. The project will take approximately 12-18 months. It is long overdue and will result in the need to deploy "dental vans." At this time, the lower parking area (staff parking) has been identified as the staging location for the vans. Staff will use overflow parking to maintain adequate access for patients. There was a question regarding the clinic's ability to handle the volume of patients. The vans should have between 9-10 room and might decrease the volume, but not the complexity of care.

d. SARP/BH Renovations: Behavioral Health and SARP have relocated to building 436. The project completion date is on target for 1 November. The renovation will include the creation a new waiting room for the BH Clinic (separate from Radiology).

5. LT Teer, Command Medical Readiness Coordinator

a. Deployment Health Assessments (Handout): Quarterly, a list of PDHRA/DD2900 deficiencies is distributed from the CNO's office. At this time MRRS is showing 259 requiring PDHRAs. That number includes all the Branch Health Clinics. NAS Pax stands at 118 deficient. It is recommended that each unit's check-in process include a review of MRRS PDHRA status. Members need to be educated regarding the PDHRA process. Individuals are logging in and completing the on-line survey; however, the does not fulfill the requirement.

b. PDHRA Process: Upon return from deployment, the member must log into MRRS and complete the PDHRA. Once the on-line assessment is complete, the member needs to call Pax Military Medicine Clinic for a PDHRA appointment. This appointment should be with their PCM. At the appointment, the provider/PCM will access MRRS and review the member's on-line assessment. During the review the provider will discuss issues with the member, and enter any necessary referrals or follow-up care. The provider/PCM prints the PDHRA and sends a hard copy to Medical Records. Provider/PCM signs off PDHRA in MRRS. NOTE: the process is not complete until the PDHRA is signed off and entered in MRRS; it will continue to show in MRRS as incomplete. CFLs should be tracking PDHRA completion. CAPT Ireland noted that returning medical staff does not receive their 96 until the PDHA is complete.

c. Medical Readiness Indeterminate: 770 personnel out of 2711(17.4%) have a readiness category of indeterminate. This indicates the member is either deficient on PHA and/or annual Dental exam. The fully medical ready statistic for Patuxent River NAS is approximately 63%. This statistic has declined over the past year from a high of approximately 73%. According to CAPT Ireland, the CNO goals will be revised, effective 1 October 2010, to 80% and 8%, respectively. It is recommended that unit's points of contact be identified and given MRRS access. This individual can monitor readiness status, monthly. Command Fitness Leaders (CFLs) can encourage timely PHAs for PRT readiness and may be able to MRRS. OPNAV instruction requires a current PHA before being allowed to participate in the semi-annual PRT. Deficient personnel are notified at the end of each month that they are deficient. Birth month personnel are notified two months in advance that they need to schedule the PHA/Flight Physical. Recommend that CFLs monitor PHA status monthly at unit level.

Members have 60 days to complete their PHR. They are in the window during the month prior to their birth month and the entire birth month. Unless the member is current with their PHA, they can't take the PRT, and that is a failure. CMC Cummings requested a meeting to get all CFSs to ensure that the CFLs have access to MRRS and know how to use it. A meeting will be set and information will be placed into the Tester.

CAPT Ireland stated that Ms. Edick is the other POC at the clinic and members should see her prior to departing the Clinic. She can ensure that all requirements are met. The plan is that she will be co-located with Military Medicine. Clinic POCs: Ms. Edick, 301-342-5492, roxanne.edick@med.navy.mil and LT Teer, 301-342-1741, edward.teer@med.navy.mil

6. Ms. Ashton, (Representing Mr. Koch, Director, Public Health)

a. Influenza Status: Reviewed the influenza statistics for the United States during week 20, 2010. Only 1.0% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is below the national baseline of 2.3%. Also reviewed Maryland statistics.

The FY11 Influenza season is starting. The clinic has received a partial shipment and currently has reduced vaccine availability. Nationwide, there is not much flu activity and there are not any shortages of vaccine. The Clinic does have minimal amounts of both Flumist and Injectable vaccine (awaiting additional doses this fall). The priority for administering of vaccines is:

1. Military/Civilian ordered to deploy
2. Medically High Risk, Health Care Workers in direct patient care, and Emergency Essential (EE) personnel
3. Basic, Advanced, and Officer Trainees
4. All other military personnel
5. All other mission essential DoD Civilian and contract employees.
6. All other beneficiaries

Individuals must bring documentation from their command indicating that they are soon to deploy or that they have been identified as Emergency Essential (e.g. Police, Fire Fighters)

Reporting Requirements: Condition of Readiness Representatives (CORS) should have validated NFAAS by 1 September. CORS for each command are required to report vaccinations for their Mil and EE personnel via NFAAS within 24hrs of vaccination. If an individual gets a flu shot, they need to bring in the documentation. The NHCPR is supplying cards to all who have received their 2010 vaccination. The clinic will advertise vaccine availability in the TESTER, on the internet and via the base PAO.

Dependents and Retirees can obtain the flu shot at network pharmacies without a referral.

7. Ms. Ashton, Health Promotion:

a. Ship Shape: Ship Shape course will start this fall. It is an eight week course (1 ½ hours per week), contact Mindy Ashton, (2-4050 or mindy.ashton@med.navy.mil) or access the link on the NHCPR's home page. The program will have to start early because of the holidays (Thanksgiving/Christmas).

b. October is Breast Cancer Awareness Month: On October 27th, there will be a luncheon (venue TBD). Loraine Diana will be providing an update. More to come regarding this event.

c. Great American Smoke Out: 18 November 2010 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. In addition, on 6 November, there will be a Canine Walk/run to focus on the fact that pets are affected by second hand smoke.

8. CDR Working, Director for Healthcare Business and Clinical Support. Emphasized that most of the information provided today is on the clinic's website:

<http://www.med.navy.mil/sites/paxriver/Pages/index.htm>

a. Medical Home Port (MHP): Is a health care delivery model now in early implementation phase by Navy Medicine. It has been adapted from "Patient-Centered Medical Home" concept implemented in recent years in the civilian sector (Cigna, Aetna, Blue Cross/Blue Shield, etc). It is currently being piloted at the three Navy MEDCENs and three Family Practice Residency Commands. MHP has been shown to enhance patient's relationship with personal physician and improve coordination of care across the health

system, quality and safety, and access to care. Changes at Pax clinic: the clinic will have 2-3 primary care teams with 3-4 providers each, plus 1-2 nurses, and ancillary staff (medical assistants & corpsmen), and a team appointment clerk. Enrollees will be notified of which team they are assigned to (this will be based upon current PCM). Renovation project will be done in Family Medicine/Pediatrics in spring/summer 2011 to create team offices and rooms for patient education and private breastfeeding. Case Management and Mental Health providers will be "embedded" in same clinic as Family Medicine and Pediatrics. In the next several months, the clinic will be reducing the number of different appointment types used. This should make it easier to make an appointment. The Clinic will also be implementing a secure-messaging email system, where patients can communicate with their provider and other assigned team members. This is designed to enhance communication about lab results, patient education, etc. BUMED's goal is to officially start Medical Home at all MTFs by June 2011, but this process is on hold until the implementation of secure-messaging. Medical Home information and updates will be added to the clinic website and disseminated via HCCC and the Tester.

b. ID Card requirement (Handout): To receive care, valid ID card is required for all adults and children ages 10 years old and above. In some cases, children under 10 yrs should also have an ID card. This is a DoD regulation. Please see new information posted on clinic website, and pamphlet available here today, for info about this requirement. Patients presenting for care without a valid ID card will be required to fill out a form to our Patient Admin department; you must return to Patient Admin w/in 30 days or a bill will be generated for the visit. Expired ID cards may be confiscated by clinic staff.

c. New telephone system: The clinic is currently testing a new phone system to replace the current outdated system. The phone tree options will be changing. The clinic will keep beneficiaries updated on all changes. The goal is seamless transition to new system, which will provide much better automatic appointment reminders, disease management/screening reminders (such as mammograms), etc. System should also be better technically, such as reducing dropped calls, etc. The plan is to change fully over to new system by 01 Jan 2011.

d. Pharmacy: The clinic is in process of hiring another pharmacist and hopes to have someone on board within 8 weeks. The clinic implemented Tele-pharmacy services to the Branch Clinics in July. The clinic has been approved for a project to renovate NEX Pharmacy spaces to replace work stations, shelving, add storage, etc. this should improve efficiency and workflow in the limited space. The Pharmacy also has a new ScriptPro drug automation system ordered, that will be installed when upgrade project is done. This should result in faster prescription fill times. The estimated project length is three weeks, specific dates TBA. Information will be communicated to the base and community when dates known. Pharmacy services at NEX will be reduced during that time and may require temporary use of local civilian network pharmacies for all new prescriptions and non-formulary meds; refill pick will tentatively still be available at the NEX).

e. Blood Drive: Armed Service Blood Program will hold next blood drive on Wednesday, 6 October from 0900-1300 at the Moffett Bldg Atrium. All are encouraged to come and donate blood. All blood types, especially 0 negative, are needed. Parking spots are set aside for convenience.

f. Radiology Project: The Radiology department will be undergoing renovation in the next several months, to include a new waiting room. Estimated length of project is 2-3 weeks, during which time all patients will be referred to local civilian network (CIVNET) Radiology centers (St Mary's Hospital, Bean Center/Shah Assoc..) for routine x-rays. Dates TBA and will be announced in The Tester, internet, Base PAO, etc.

g. National Case Management Week: 10-16 OCT. Ms. Chapman, Ms. Henderson, and Ms. Rudy are the three NHCPR Case Managers. Our Case Managers do a terrific job in taking care of enrollees and other beneficiaries and their families, coordinating care for a wide variety of medical conditions, social work issues, and helping people navigate the military and civilian health care system. Look for an article in the October Tester about our case managers in recognition of National Case Management Week.

9. Ms. Henderson, Case Management (Handout): Case Management is staffed with two Registered Nurses and one Licensed Social Worker. The department assists patients who are faced with multiple medical issues; premature infants and those with special needs or NICU stay; recent prolonged hospital stay; High Risk OB; Mental Health issues; and those enrolled in the Exceptional Family Member Program (EFMP). They can help individuals develop a plan to gain control of their illnesses or injury treatment; along with coordination of referrals to specialists at other military treatment facilities (MTFs) as well as civilian providers and referrals to support services. Please notify Case Management if patients need multi-specialty referrals or have chronic conditions/Cancer. The Case Managers also coordinate with the Navy Marine Corps Relief Society Visiting Nurse.

10. Mr. Carpenter TRICARE Service Center (TSC) Manager:

a. ER Utilization (handout): Reviewed Emergency Room (ER) costs versus Urgent Care for NHCPR. The top 10 ER diagnoses were compared to those of Urgent Care and they were basically the same (including ear aches and sore throats). It costs TRICARE \$560 for an ER visit versus \$64 for an Urgent Care visit. The unnecessary costs associated with ER visits have a bottom line effect on the ability to purchase line Navy systems. TRICARE Management Authority (TMA) and Health Net Federal Services (prime contractor) are trying to educate all beneficiaries regarding the need to seek the most appropriate level of care. Besides the additional cost, patients have longer wait times at ERs. By educating our beneficiaries, TMA is looking to reduce the amount of money spent on purchased care.

The NHCPR has a provider on-call 24/7. Patients should call the Medical Officer On Duty (MOOD) to discuss systems and receive advice regarding next step.

b. TRICARE Brief: Staff is available to go to commands/squadrons to give a TRICARE brief. Clinic staff may accompany if you would like medical issues discussed also. Please contact Mr. Carpenter (TRICARE service Center Manager, 1-301-866-6060) to schedule a brief.

11. Ms. Hoffman, Fleet and Family Service Center (FFSC):

a. Ombudsman Program: Introduced Starla Rudley, Ombudsman EFMP Liaison at the FFSC. Ombudsmen are volunteers, trained to act as liaison between family members and the active-duty command. Command Ombudsmen are encouraged to attend HCCC meetings and disseminate information.

b. Domestic Violence Month: October is Domestic Violence Awareness Month. Events include: Walk a Peaceful Mile on October 5 (from 11 a.m. to 1 p.m.); Purple Ribbon Campaign at the Station Commissary and NEX; Family Advocacy Key Personnel Brief on Oct. 12 (from 1 to 3 p.m.)

12. Ms. Jane Hambel, Customer Relations Officer

a. Customer Feedback: Reviewed the Navy Patient Satisfaction (NPSS) results for FY 2010 YTD, with a review of peer clinics. NHCPR is over 89% in overall satisfaction. Access at this time is high. BUMED is encouraging all to complete NPSS surveys. New

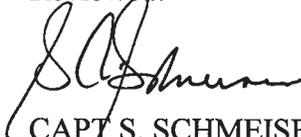
posters have been distributed in the clinic. Will continue to monitor survey results and report every other meeting.

13. The meeting adjourned at 1125. 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, 16 November 2010 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 Commanding Officer at extension 2-1462.

Submitted:


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