

19 May 2009

HEALTH CARE CONSUMERS' COUNCIL MINUTES

The Health Care Consumers' Council was held at 1000, Tuesday, 19 May 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. CAPT Schmeiser, Executive Officer, Naval Air Station, was unable to attend due to a prior commitment. Mr. Michael Quigley, NAS Deputy Director, represented NAS Patuxent River.

a. Change of Command: On May 29, 2009 CAPT Linda Ireland will be assuming Command of the Naval Health Clinic, Patuxent River. This meeting will be CAPT McCormick-Boyle's last HCCC meeting..

b. The Joint Commission and Medical Inspector General Visit: Last week, The Joint Commission and the Medical Inspector General teams completed their surveys of the Clinic. Reports from both organizations were overwhelmingly positive. As part of the inspections, surveys were sent out to Command beneficiaries. The Clinic received both positive and negative feedback from the community and any issues identified will be addressed. "Thank you for allowing us to serve."

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: LCDR Michael Feeser, Optometrist; LT Monika Turner, Pharmacist; and Dr. Dhimitri Gross, Family Practice Physician have joined the clinic.

b. Access: Appointment availability has increased and access should be better. Thank you for getting the word out to beneficiaries regarding missed appointments; the no show rate has decreased. If there are any issues, please notify the Clinic.

3. LCDR Stephens, Director for Administration.

a. Renovations: 80% of work on the roof is complete. There has been weekend work to limit impact on patient care.

b. Parking: The clinic is reviewing the parking situations, researching shifting staff parking. Thank you for your patience.

c. Painting: The inside of the Clinic is scheduled to be painted. Most of the work will be completed at night and on weekends to minimize effects on patient care.

4. CDR Padgett, Director for Public Health Services:

a. Deployment Health Assessments: 197 personnel are currently showing in the Medical Readiness Reporting System (MRRS) as needing to complete a Post-deployment Health Reassessment (PDHRA/DD2900). There is a known issue with Hardship Duty Pay dates causing incorrect flagging of personnel that has been reported to OPNAV N-135, CDR Struve for their review. However, MRRS is the system that the CNO's office is using to monitor compliance with the Deployment Health requirements. Please make sure you have a point of contact at your unit that is monitoring MRRS DHA compliance and ensuring check-ins and check-outs are current on

their DHA requirements. The unit MRRS rep of the unit IA POC would be ideal people to monitor this process.

b. Individual Medical Readiness(IMR): DOD and SECNAV requirements for monitoring unit Medical Readiness status. Fully Medically Ready (FMR) DOD goal >75%. A better picture of how units are doing would be the Medical Indeterminate number. Medical Indeterminate means that a person is deficient on their annual Periodic Health Assessment and/or their annual Dental assessment. Our local goal is to have the Medical Indeterminate rate <10% and ultimately <5%. This will significantly help describe unit readiness particularly for last minute deployment/IA requirements. 369 or 2221 personnel (12%) are currently Medical Indeterminate in MRRS and need to be seen by medical and/or dental to determine their status. The base reached a level of 9.9% in April with the help of the PRT enforcing PHA requirements. Navy Test Wing Atlantic is doing particularly well with the IMR requirement. Units are asked to track these personnel and help them either complete their DOD requirements or let medical know if errors exist in MRRS. The CFL's or the IA POC would be an excellent position to monitor this data in MRRS on a monthly basis.

c. Influenza: H1N1 influenza is spreading slowly across the country with seasonal influenza cases intermixed as well. The expectation is that the influenza activity for both viruses will die down over the summer months. Rate or spread and illness involved have so far been reassuring that this is not a particularly concerning event; however, it is also not something to let your guard down about either. Good hand washing, covering coughs and sneezes, and removing ill personnel from the work-center are the main control measures. In the fall, it will be vital to ensure maximum compliance in a timely manner with the seasonal flu vaccine in order to minimize reassortment opportunity of the H1N1 virus as well as to lessen the overall influenza load on medical as well as work centers.

5. LCDR Working, (representing CDR Regan, Department Head, Dental Clinic)

a. Dental Readiness: CDR Regan will review Dental Readiness every other meeting.

b. Active Duty Dental Plan (ADDP): TRICARE Active Duty Dental Program (ADDP): Effective 1 Aug 09, United Concordia will take over active-duty civilian dental care (instead of referrals going through MMSO). Any civilian dental treatment currently being received, that was referred under MMSO, must be completed by 31 Jul 09 or the ADSM may be responsible for payment for any care after that date. Routine dental referrals through MMSO will continue until 30 June, but the referral must indicate that dental work must be completed by 31 Jul. During July, only emergent or minor specialty care may be authorized and must be completed by 31 July; Pax Dental is notifying patients now with a "Transition from MMSO to ADDP" info sheet. United Concordia Representative will be at NHCPR on Wed, 24 June @ 1230 to discuss the ADDP program and train Dental providers; NAS base representatives are invited to attend. ADDP information will also be available on the clinic internet site.

Request to have an article for the base newspaper and to determine the number of dental beneficiaries who are currently receiving care under MMSO.

c. AHLTA - Dental Clinic began using AHLTA, the electronic medical record system, in May. Dental appointment times are temporarily longer to give staff extra time to document in the electronic record, so dental appointment access may temporarily be more limited than usual.

6. 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. Enrollment: As mentioned at the last meeting, there is a new TRICARE enrollment policy as of Feb 2009:

- Does not apply to AD members

- If residence < 30 minutes from MTF- mandatory enrollment at MTF
- If residence > 31 minutes from MTF- beneficiary has option to enroll at MTF CIVNET:
 - (1) If the beneficiary wants to enroll at MTF, has to sign waiver (on enrollment form) but waiver does not require MTF/CO approval, and
 - (2) MTF cannot prevent beneficiaries from choosing CIVNET enrollment
- Non-AD beneficiaries already enrolled to MTF, if reside > 31 minutes from MTF, must have signed access waiver (enrollment form- section V) on file w/TRICARE
 - Enrollees who do not have waiver on file will receive letter in July 09 timeframe from TRICARE notifying them they need to sign a waiver - letter will advise they call TRICARE or go to nearest TSC; patient will have several months to act, if they do not sign waiver in time their enrollment will be transferred from NHCPR/MTF to civilian provider in the area.
 - Those who have a waiver on file will not receive a letter (will not receive any notification from TRICARE, and nothing will change with their enrollment)
- b. Summer PCS Season:
 - (1) DEERS – It is essential that DEERS is up-to-date. There are several ways to update DEERS (phone, mail, personal visit, website). (HANDOUT)
 - (2) College Students – When students return to area for summer, they can change enrollment for the summer months. Once again, DEERS must be accurate. (HANDOUT)
 - (3) Summer Travel – A handout was provided on how to access care while traveling. No referral needed for emergency care, but for Urgent care, must contact clinic for referral.
- c. Blood Drive, June 17, 2009: The NHCPR will hold a blood drive June 17th in conjunction with the National Naval Medical Center in Bethesda. It will take place in the Moffett Building from 0900 to 1300. Bone Marrow registration drive may occur in conjunction. There will be posters around the base and information in the TESTER. The goal is 150 units. Please remember that the military does not purchase blood from the Red Cross. These blood drives support our troops. For more information, contact HM1 Steve Mukiibi at 301-342-2752 or steve.mukiibi@med.navy.mil.

7. HM2 Borges, EFMP Coordinator:

a. Exceptional Family Member Program (EFMP): The EFMP program is a mandatory enrollment program for active duty personnel who have family member(s) with special needs. Enrolling in this program will help to ensure that military families are located in geographical areas where their family members' needs can be met. Special needs include any special medical, dental, mental health, developmental or educational requirement, wheelchair accessibility, adaptive equipment or assistive technology devices and services. With the PCS season fast approaching, the sponsor should ensure that packets are current. Packets are only good for three years. Members must know when the packet will expire.

All EFMP participants must be prescreened prior to receiving an assignment (acceptance) for enrollment at NHCPR. A Physician and Case Manager reviews each packet to determine if needs can be met. It is an individual assessment, not just based upon category. HM2 Borges works with both sailors and marines. The EFMP Coordinator will notify sponsors of approval/disapproval within 10-14 days.

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

a. Co-payments for ADSM and ADFM on TRICARE prime:

Neither ADSM or ADFM categories are required to pay the \$12 copay for office visits. (TRICARE Prime Retirees are responsible for the \$12 copay.) If, in the past, an ADSM or ADFM beneficiary has already paid fees or are being billed, please advise them to inform the MTF of charge or bring in bill (Ms. Hambel is the Debt Collection Assistance Officer (DCAO)). HNFS is

currently working with the Civilian Network Providers to issue refunds to our beneficiaries if they have erroneously been charged in the past. If an ADSM or ADFM is charged or billed, advise them to have the provider's office contact 1-877-TRICARE while they are in the office. HNFS will inform the office what should or should not be charged to our beneficiaries.

b. Access To Care (ATC) Piggy-backed on information provided by LCDR working regarding the drive-time waiver effective February 20, 2009. Informed full implementation date will be October 1, 2009. This will affect ADFM or Retirees enrolled with PCMs over a 30 minute drive from their residence. Letters will be sent from TRICARE informing them of the steps to accomplish to continue care with current PCM outside of the ATC drive-time standards. Provided copy of waiver example and further advised if they believe their family falls in this category then we (TRICARE) can verify if a waiver is already on file.

c. Extended Care Health Option (ECHO): The cap has increased from \$2,500/month to \$36,000/per fiscal year effective April 1, 2009.

d. E-mail from TMA: There is a legitimate TRICARE Management Activity (TMA) email that was sent to any beneficiary with a valid email address in Defense Enrollment Eligibility Reporting System (DEERS) offering subscription service to receive TRICARE communication emails.

e. Influenza: Provided helpful links for additional information regarding Swine Flu.

f. 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 too. Please contact Ms. Murphy at 301-866-6063 to schedule.

9. Ms. Vickie Majors, Fleet and Family Support Center (FFSC):

a. Newsletter: The FFSC distributes electronic newsletters monthly. Please encourage your folks to sign up, call 301-342-4911.

b. Playgroup: There is a weekly play group for children from 1130 – 1230. This is a good opportunity for spouses to get together and meet others in similar situations.

c. SAVI / Ombudsman: Each Command should have a SAVI and an Ombudsman. Ombudsman program coordinator is Colleen Vargas ext. 2-4911.

d. New Director: Ms. Kerri George has been hired as the new Director of the FFSC. .

e. Please encourage all of your folks to participate in the spouse support sessions.

10. Ms. Fedorkowicz, Child Development Center:

a. Forms: New forms being used by the CYP program to include:

- **CYP Medical Authorization Form** (CNICCYP 1700/08) which the program will use when sending a child home requesting that they be seen by a Doctor. The Doctor will then fill out the form. Please note that this form will not be used every time a child is sent home due to illness.

- **Medication Administration Form.** – Will be attached to the CYP Medical Authorization Form. It is also to be filled out by a Doctor when medication is to be given during the day by someone in the CYP program. This form can also be used by itself due to any medication being given by staff must have this form completed before the medication is given. There were questions regarding PRN medications

b. Special Needs Package. When a child enrolls in any CYP programs and the parent declares that they are of special needs or have any allergies they will be given this package. If military they are directed to EMFP to enroll and the Doctor then fills out the Action Plan and/or the Food Allergy Action Plan. When the package is complete it will then be presented to the CYP Special Needs Board and then up to the CO for approval that the program can adequately care for the child. The package is also given to current enrolled families when the need is discovered while in care. Ms. Fedorkowicz was asked to speak to the Medical Staff at the next meeting in June to review forms, and discuss issue of “as needed medications,” etc.

11. Ms. Ashton, Health Promotion.

a. Ship Shape: The current session begin on April 23rd with 15 attending. Any organization that has a member who needs Ship Shape should call the clinic at (301) 342-1506.

b. World No Tobacco Day – 31 May 2009: This is a WHO (World Health Organization) initiative. There are different pictures designed to drive home the point about tobacco use. There will be an article in the TESTER. The clinic is organizing a Tobacco Cessation for civilians.

c. Sun Safety: There is a push to remind everyone that we are entering the time of year when people spend more time on the sun and it is essential to stress sun safety. Sun screen and sun glasses are an important part of prevention. Anyone over the age of three months should be wearing sun glasses. The American Cancer Society's motto is **Slip! Slop! Slap!**[®] (Slip on a shirt!, Slop on sunscreen!, Slap on a hat!) to stay safe in the sun.

12. Ms. Jane Hambel, Customer Relations Officer

a. Customer Feedback: Reviewed the National Patient Satisfaction (NPSS) results for YTD 2009, with a review of Peer clinic and newly acquired Branch clinics. Dental Satisfaction high compared to Navy averages. Will continue to monitor survey results. RAVE data was presented, with overall 91% satisfaction with the clinic. There is a 76% return rate for the RAVE cards. Appointments in the "yellow" at 81%. The clinic is working on these issues with new providers and a review of the appointing phone line.

b. MyTRICARE: There is a website, offered by PGBA (TRICARE Claims processor) for beneficiaries to check the status of claims. Bookmarks were distributed. All are encouraged to register at www.mytricare.com to set up an account.

13. The meeting adjourned at 1105. 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, 21 July 2009 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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