

26 Nov 07

MINUTES OF
HEALTH CARE CONSUMERS' COUNCIL

The Health Care Consumers' Council was held at 1000, Tuesday, 20 November 2007, at the Naval Health Clinic, Pax River (NHCPR), Conference Room.

1. CAPT Macyko, Executive Officer, Naval Air Station, and CAPT McCormick-Boyle, Commanding Officer, Naval Health Clinic, Patuxent River, welcomed attendees.

CAPT Macyko discussed some safety items. A fire in a base trailer last week was due to an overloaded, unauthorized extension cord; fortunately the sprinkler system put it out and the only damage was water damage. It was the second fire in the region this month so we are emphasizing to facility managers to check their areas for holiday safety. Fire inspectors are getting out to spot check and review QA with facility managers; we want to get this done before the holidays.

Over 1600 attended the Safety Stand-down, including the "Street Smart" presentation. Program was well received with excellent feedback from attendees. The most extensively traveled week-end is coming up and the president has taken a lot of airspace back to ease traffic congestion. E-mail messages on this topic do not suffice; everyone needs get out, talk to their people face to face and review travel plans with an emphasis on safety.

CAPT McCormick-Boyle announced the December 19, 2007 Blood Drive, an article will appear in the Tester. Need to emphasize this drive now more than ever, flyers are available for any Command to distribute.

2. LCDR Stephens, Director for Administration. Working with Contractor with Base Public Works; NHC projects should be restarted before the end of December. Funding delays have been resolved, we appreciate everyone's patience.

3. LCDR Vieten, Behavioral Health Department Head

a. "Pax River IAs: Psychological Adjustment": Enclosure (1) is a brief on psychological adjustments when the IAs return.

-Synopsis of military research on Post Traumatic Stress Disorder (PTSD) and psychological outcomes of going to war, dating back to the Vietnam War. Things that are correlated with good psychological outcomes are good training, unit morale, good leadership, high quality equipment, sense of mission, high state of readiness, close medical assets and unit cohesion.

-The worst case scenario is the Individual Augmentee due to low unit cohesion, low perceived social support and low esprit de corps. Most articles that describe personnel with PTSD show people who look pretty disparate and pathetic. In reality, Soldiers or Sailors will not

look like this; they will not crump in the work spaces. They will look squared away, will get the job done, achieve Sailor of the Quarter, etc.

-Typical person with PTSD will show multiple symptoms of chronic stress: muscle tension, fatigue, insomnia, decreased interest, feeling nervous, eating disorders, etc. In addition, they will have a constant “fight or flight” response (increased heart rate, shallow respirations, sweating, and vasoconstriction) and unpredictable re-experiencing (flashbacks, hallucinations, triggers). They are coping with these things all day, every day.

-What you will notice are concurrent disorders such as depression, disengagement, substance abuse or dependence, and V-codes. V-codes are behaviors like bereavement, battlefield issues, marital discord, abuse, aggressive behavior, etc.

-Leaders need to look for operational impairment, lapse of judgment, chronic lateness for work, etc. The people who have trouble creating their own social support have the biggest problem.

-At NHCPR, we have a multifaceted approach for the PTSD patients. Included are initial evaluation and diagnostic clarification, treatment planning, informational materials, individual therapy, group therapy (average rank in the group is E-7), occasional use of medications, and discussions on career impact. The ultimate goal is to instill the role of advocacy to take the message to other patients.

-At NHCPR, the pillars of treatment are:

- 1) Facing the event.
- 2) Avoiding avoidance.
- 3) Reducing hyper-arousal.
- 4) Spiritual or religious guidance.
- 5) Care of the body.
- 6) Social support, including group support.
- 7) Psycho-education.
- 8) Lower their expectations (expect the panic attacks and manage).

-Bad things a person with PTSD should not do include substance abuse (alcohol, drugs, food or tobacco), social isolation, avoidance behaviors and labeling. Smoking is a central nervous stimulant and is counterproductive to dealing with psychological disorders.

- For more information:

- 1) LCDR Vieten and the Mental Health Department :(301)-342-7628
- 2) Military One Source
- 3) www.ncpdst.org has many handouts and answers many questions.
- 4) Veteran’s Administration

-CBS research found the prevalence of suicide in veterans is 6200 per year. No suicides lately on this base but we have come close.

Questions:

Do Commands need to do any more for families of IAs than we are doing now? NHC has good services if people come forward. No specific complaints have been heard, the best thing would be to let families know where the resources are via letters and pamphlets. Intrusive leadership and key volunteer networks are useful to identify signs of risk. Pay attention to information from the wives and friends. Communication, preparation and intrusive leadership remain the keys.

Does NAVAIR actually have an office that tracks IAs? Yes, working now to get PDHRAs completed.

When we go to this detailing process for IA deployment, has BUMED coordinated with BUPERS to guarantee all the post deployment checks are being done? The problem isn't just with these deployments and this war, the re-evaluation process is continuous for many years after deployment. Some Vietnam veterans are just now seeking care for PTSD. The answer will fall on all of us collectively to answer this question as time moves on. Smaller bases do a very good job; areas of fleet concentration are of greater concern.

Do more reservists have higher rates of PTSD? Perhaps not, although research shows higher rates for reserves than active duty, the active duty personnel retain a higher level of social support and have a lot of career implications for mental health treatment.

Is there a move afoot to change the PDHA or PDHRA process? No. It actually works very well if people answer the questions truthfully. The misconception is that PTSD is a career killer and until people understand the problem and treatment process better, patients will continue to falsify their questionnaires.

4. LT Dotson, Operational Forces Medical Liaison Officer:

a. Individual Medical Readiness: Enclosure (2) contains individual medical readiness rates for each Command on base. It is shown by total number and percent ready per category. Enclosure (3) contains Post Deployment Health Re-assessment (PDHRA) or Last DD2900 rates listed by Command. The PDHRA is listed as the percent of service members who have completed the PDHRA out of the total number of personnel who have deployed and are eligible for the screening. Some personnel who may have completed the form in the past that has not been captured by the data base may need to fill out the form again. Any Command that has not appointed a readiness coordinator, please contact LT Dotson, HM1 Raymond or CDR Padgett to make sure you have access to your readiness rates.

Data base tracks back to anyone who has deployed since 2004 and the specific names can be identified. Process began in July 2006 and this base has improved from 0% compliance to present 37% level. There are still about 500 people out there we need to make contact with. About 10% of patients are asking for help with post-deployment issues. It is picking up patients who might otherwise not wish to share their health concerns in a face-to-face interview but are comfortable filling out an electronic form with concerns.

b. Civilian Mental Health Care: Deployed civilians who are presently have PTSD or other Global War on Terrorism related health problems are eligible for care at Military Treatment Facilities as would an active duty service member. Presently we are trying to track Pax River deployed civilians. If you have deployed civilians at your activities who might be eligible, let Mr. Ruiz in the Public Health Department or LT Dotson know who they are so we can access the care they might need.

c. Decedent Affairs: Depression issues can be worse during the holiday season. Commands should practice intrusive leadership to make sure our troops are really okay. If you feel you see a service member with concerning signs, contact the Health Clinic to see that care is given to this person.

5. Mr. Ruiz, Director for Public Health Services:

Flu Vaccination Plan: Presently we are taking care of all the active duty beneficiaries. Commands that we have visited already but have stragglers, they can report to Bldg 436 M-F from 0900 – 1100 or MTRF from 1330-1430 for a flu shot and readiness update. Maryland County Health Departments have had extensive flu vaccination programs for children and this will help minimize the risk of bringing the flu home from school. The basics of a flu prevention program are to wash your hands, turn your head to cough or cough in your sleeve, other personal hygiene and crowd avoidance. Our push is to get the active duty immunized by the November 30th and then expand the program to immunize dependants and retirees. The clinic will be open on Saturday Dec 1st and Saturday Dec. 8th (from 0800-1200) for dependant and retiree flu vaccinations. If you have any influenza or immunization questions, the number for Public Health is 2-1496. Flu mist is encouraged but is not necessarily more effective. All vaccinations are going to eventually go to mist route of administration. All vaccine recipients who will be exposed to altitudes need a 72 hour down chit after receiving the mist. On January 1, 2008, the flu vaccination will be part of the Individual Medical Readiness calculations; we expect numbers to go down at that time.

6. Ms. Lolita Tyler-Lockelt, New Parent Support Coordinator at FFSC:

Update from the FFSC: This is military family month, FFSC kicked off the month with a program last Wednesday night (150 participants).

A program called “Grow Right, Grow Bright” for informal care givers watching kids without formal training. Program gives pointers (i.e., treatment for asthma or prevention of lead poisoning) for caregivers and is put on by the Maryland Public Television. It will be held at the Youth Center on Nov. 29 from 1000-1200, childcare will be provided.

FFSC has submitted video on prevention of Shaken Baby Syndrome to be shown on Visions Network three times each day.

Finally, FFSC will be losing their Counseling Advocate Supervisor, Melvina Thornton, and will be down to one counselor.

7. Ms. Linda DeBrock, NAS Ombudsman Coordinator:

Next Ombudsman training will be Dec 5-7, 2007 and is open to any Command Master Chiefs or other leadership personnel as there is a lot of new material.

Next week, the week long Individual Augmentee (IA) program will begin to help IAs prepare for deployment by completing medical screening, mandatory training, legal preparation and other pre-deployment tasks for the service members and their families. Goal is one stop shopping to complete all required pre-deployment tasks within a 5-day no-cost TAD assignment. The formal pre-deployment brief for IAs and their families will be part of this TAD on Wednesday afternoons. The program will save Sailors a lot of time.

8. Mr. Glenn Carpenter, Manager, TRICARE Service Center:

TRICARE UPDATE: Tricare has started an on-line beneficiary enrollment process entitled Beneficiary Web Enrollment (BWE). Flyers will be sent out to every beneficiary. The flyer is submitted as Enclosure (4) and frequently asked questions can be found in Enclosure (5). Military Manpower (not Tricare) will be doing the technical portions of this program and, because they don't have all the regional guidelines for each treatment facility, they will need to forward the application to Healthnet and it will take 6 calendar days to process. You can also do other things on BWE including updating DEERS and other information like that. It also can accept retirement applications 90 days prior to retirement. You can still enroll the other ways, including in-person enrollment, as you did before BWE. Despite these avenues for enrollment, some personnel have never enrolled, even after multiple duty stations. Healthnet might not find out about these beneficiaries until the member is a hospital patient somewhere or the situation is uncovered by a case manager. When it has reached this point, they are very hard to manage and valuable health information may never be found. All beneficiaries need to be enrolled so Healthnet can search for and acquire all referral results and collect them in a complete, correct medical record. This prevents missed information and prevents duplication of services. Unfortunately, the Tricare Service Center has no access to the BWE website and cannot correct application errors.

The Pax River Tricare Service Center will be open this Friday. Encourage your personnel to use the Tricare Service Center for any problems or questions.

9. CAPT McCormick-Boyle, CO, NHC Patuxent River:

a. Enrollment: Enrollment and the accurate entry into the system are important. Leadership can help their people gain access to their healthcare benefit through accurate enrollment. Inaccurate enrollment can really stymie collection of information and access to medical care. In addition, accurate recording of our patient population helps NHCPR compete for resources.

b. Access to Care: NHCPR manpower is getting a little stronger and more solutions to the shortage are on the way. A reminder to all: check-in for an appointment takes a full 15 minutes so everyone needs to arrive 15 minutes before their appointment time. If you are tardy and a later appointment is ready before you are, they will be seen first to keep our providers as close to their schedule as possible. Provider appointment availability is too tight to fall far behind schedule.

c. Pharmacy: Pharmacy cannot keep refill longer than 10 days due to severe space shortage and inability to keep inventory on the shelves. Patients who wait longer than 10 days need to understand our constraints and not get upset with the technicians when their medication is no longer instantly available and the refill process needs to be reinitiated.

d. Getting the word out: Every effort needs to be made to pass this information along. Some work areas may not be getting the minutes of the meeting and we can address those mailing list discrepancies. We will make sure it gets distributed to the CO's group, the CMC's group and the Ombudsman's group. We will also make sure the information is posted on our website.

Commands, however, also need to appoint someone to attend the meetings and the meeting is open to all ombudsmen who wish to attend.

10. The meeting adjourned at 1115. The next Health Care Consumers' Council meeting is scheduled for Tuesday, 15 January 2008. If a representative would like to have a topic covered at this forum, please contact the Commanding Officer at extension 2-1462.

Submitted:

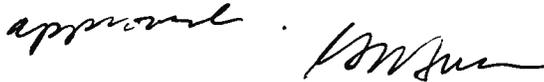


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Enclosures:

- (1) Slide Presentation: "Pax River IAs: Psychological Adjustment"
- (2) Command Individual Readiness Program Summary
- (3) Command Deployment Health Assessment (DD2900) Completion Rates, NAS Patuxent River
- (4) Flyer: TRICARE Beneficiary Web Enrollment
- (5) Beneficiary Web Enrollment Frequently Asked Questions