

18 January 2011

HEALTH CARE CONSUMERS' COUNCIL
MINUTES

The Health Care Consumers' Council was held at 1000, Tuesday, 18 January 2011, at the Naval Health Clinic Patuxent River (NHC), Command Conference Room.

1. CAPT Mills, Executive Officer, Naval Air Station Patuxent River: Welcomed those in attendance.

2. CAPT Ireland, Commanding Officer, Naval Health Clinic, Patuxent River (NHCPR) asked that information from this forum be taken back to tenant command personnel.

3. Ms. Rogers-Jasey, (representing CAPT Scott, Director for Health Services).

a. New Providers: Mr. Ronnie Crymes, Pax Pharmacist; LTJG Berlin, Physician Assistant (Pax Mil Med), LT Smith, Family Practice physician (will be assigned to Pax Mil Med, currently covering in Family Practice for Dr. Reilly-Torres), and Ms. Cheah, Family Nurse Practitioner at BHC Dahlgren.

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

a. Radiology Closure: Radiology dept. renovations and install and testing of new x-ray machine were completed last week. There are still a few minor details being worked out but overall both projects went very well. We appreciate everyone's patience since this project began in early December. CAPT Mills asked what radiology services were now available here; CDR Working said only basic x-rays such as chest, arms, legs, spine, etc. The new GE x-ray unit provides new technology which requires less exposures (i.e. repeat shots) to get an x-ray, better imaging, and reduced radiation exposure to Radiology staff and patients.

b. TRICARE Dental Program: TRICARE Management Activity announces its intent to award the TRICARE Dental Program (TDP) contract to Metropolitan Life Insurance Company of Bridgewater, N.J. Dental care coverage under the new contract begins Feb. 1, 2012, following a 12-month transition period from the current contractor, United Concordia Companies, Inc. TDP provides comprehensive dental coverage to family members of uniformed services active duty personnel. New and enhanced benefits will include an increase in the annual maximum, increase in the lifetime orthodontic maximum, accidental dental injury coverage, an additional cleaning for women during pregnancy, and much more. Under the new contract, all enrollees will enjoy lower premiums in the first year. More information about the TRICARE Dental Program is available at

c. NNMC updates: Encourage people traveling to NNMC for care to check NNMC's website for updates on specialty clinic locations and parking, before traveling to NNMC. Also reminder that free Pax shuttle is available M-F, departing this clinic twice/day; shuttle schedule is posted on our clinic website; to sign up to ride shuttle, call the NHC quarterdeck. CAPT Ireland said that she had recent discussion with the shuttle drivers about possibly changing the patient drop-off location at NNMC to another building (currently the drop off/pick up location is outside Bldg. 10), i.e. for closer location to new outpatient clinic buildings on opposite end of

complex. CO expressed concern for patients who maybe cannot walk distance between Bldg. 10 and new outpatient clinics; she emphasized NNMC staff (in blue blazers) are available to assist and there are wheelchairs available upon request. CO mentioned that Sarah, the morning shuttle driver has NNMC complex maps available to people riding the shuttle. Drop off/pick up location to be readdressed after WRNMMC merger is completed later this year.

5. LCDR Tizon, Director for Administration, Facilities Update. CAPT Ireland stated that the MILCON request for a new facility at Patuxent River is being updated and reconsidered again for FY14. DFA reviewed current projects:

a. Mental Health/SARP: departments will relocate back to main clinic (Bldg 1370), from Bldg. 436 as of 25 Jan 11.

b. Radiology: project completed (see previous report by CDR Working.

c. Projects impacted by Continuing Resolution: CAPT Ireland said the Continuing Resolution may possibly extend all the way through FY11. If this occurs, she is still trying to get funding for Dental renovations and Bathroom Upgrade project (to meet ADA Compliance). These were Special Projects for FY11. Dental renovation is a 12 month project. We submitted 5 projects for FY12 to BUMED Board (meets in February); 4 of the projects are for our branch clinics. During Dental Renovation, dental treatment will be provided from fully-equipped dental trailers which will be located in the lower front parking lot area.

6. LT Teer, Command Medical Readiness Coordinator.

a. Deployment Health Assessments (Handout): Most recent quarterly list of PDHRA/DD2900 deficiencies has MRRS showing 86 requiring PDHRA; the report no longer includes Branch Health Clinic personnel. 53 personnel are overdue. CMDCM (SW) Cummings reported that his command made the MRRS report review a collateral duty, with monthly MRI &PHA reports and MRRS lists now routed up their COC. They are now engaging the Chiefs' Mess and in Dec-Jan the new process resulted in "hit list" cut in half; he recommended that it maybe not be a CFL but a collateral duty within each command. CAPT Ireland recommended CFLs have some involvement, if they have MRRS access, and also because active-duty cannot take the PRT if PHA is not current. There was brief discussion about need for Commands to track PHA completion based on birth month: ADSMs can begin process 30 days prior to their birth month. CAPT Mills emphasized that all commands should be monitoring PHA completion. CAPT Ireland mentioned that the Clinic will be looking at the Deployment Health process in the next couple of months to help streamline the process (e.g. ensure check-out with Ms. Edick when PHA complete, to ensure entry into MRRS) and improve tenant commands' compliance with requirements.

b. Medical Readiness Indeterminate: LT Teer reviewed the Fully Medical Ready (63.4%) rate and Medical Ready Indeterminate (17.5%) for NAS PAX. 385 personnel (out of 2174) are in indeterminate status (decrease from 704 personnel as of Nov 2010 report). *FMR target was raised to \geq 80%*, whereas MRI goal was reduced to 8% or less; CAPT Ireland pointed out that as of Jan 2010 we were at \geq 75% and $<$ 8% respectively, so targets are attainable. CAPT Ireland reported that here at the clinic, she tied PHA completion requirement to leave/liberty and our rate decreased significantly to 1.9%. CAPT Mills emphasized that each command needs to closely monitor MRI. Deployed personnel will show on list (unless "exclude" criteria used on MRRS report) and will affect MRI if PHA comes due during deployment period; Commands need to be able to explain to CNO. An enlisted attendee, who said he was formerly with the Marines, asked

if FMR and IMR are combined for overall goal; CAPT Ireland clarified CNO FMR goal is 80% or above and BUMED goal is 90% (FMR + IMR combined). MRI counts against deployment, i.e. if PHA, certain immunizations, etc. are not current. A Chief in attendance asked if follow up appointments count since; said he was told by someone at Dental that “any dental appointment or work needed puts someone in class 4 status. CAPT Ireland explain that class 4 status is based on date of last annual exam (which does tie to PHA date); therefore, a repeat dental exam may be required within the year.

Clinic POCs: Ms. Edick, 301-342-5492,
342-1741,

and LT Teer, 301-342-1741,

7. Mr. Koch, Director, Public Health

a. Influenza Status: Reviewed the influenza statistics for the United States (week ending Dec 31, 2010). Maryland has had some localized areas of flu cases and small increase in overall number of cases (slide 2); Pax is in Region 5, which also includes NCA so does not reflect only Pax area. The overall percent of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) for influenza-like illness (ILI) has increased from 1.5% to nearly 5%, the highest this flu season to date, but still below the national average. Current emphasis to all ADSMs and beneficiaries- if you are sick, stay home to reduce social interactions and risk of contracting the flu, i.e. “social isolation” is effective method of preventing spread of flu viruses. During week 52 (slide 5) there is slight rise in flu cases compared with previous years, as we move into February.

The clinic has received the full allotment of vaccine. 93% of active duty personnel have been immunized. 172 personnel left that need to get the vaccine according to MRRS. CAPT Mills asked Mr. Koch, if all 172 personnel get vaccine, will that put us at 100%; Mr. Koch said no, it depends on if/how ADSM and vaccine info is entered in MRRS, and the number of ADSM that are TAD/Deployed. If command’s have people that are deployed they may not achieve 100% vaccination coverage. Mr. Koch said he will send out updated “hit list” from MRRS to all Commands.

Influenza Vaccination Available to all Beneficiaries: Open to Active Duty, Family Members, Retirees with a valid DOD ID card; and Government Civilians with a current CAC. Contractors are not eligible for the vaccine from the clinic unless they also meet one of the other categories above. Immunization and Preventive Medicine Department hours for flu shot vaccine are outlined in Mr. Koch’s presentation (attached).

Flu vaccine supply (slide 11); some of our supply will expire in February. Additional supply orders may be impacted by funding i.e. Continuing Resolution.

CAPT Mills asked if “getting the flu shot can give people the flu,” as many people are concerned about this, including school-age children. Mr. Koch explained that flu shot (intramuscular) is not live vaccine so typical side effects are usually mild (e.g. headache) and/or localized, e.g. discomfort at injection site. Flu Mist (the nasal vaccine) is “live, attenuated virus,” but attenuated means it is weakened virus so again, typically only causes some mild side effects. Some people do not experience any side effects from either type of vaccine. If someone has received the current vaccine but contracts the flu, it may be they have a strain of the flu that was not covered by the seasonal vaccine.

b. 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. MRRS and NFAAS

systems do not communicate. The NHCPR is supplying cards to all who have received their 2010 vaccination. If an individual gets a flu shot at another MTF or at civilian location, they need to bring in the documentation to their medical POC to enter into MRRS and NFAAS. When ADSMs get flu vaccine at NHC Pax River, the info is entered into the Imms module of CHCS, which then is transmitted to MRRS (although discrepancies between CHCS and MRRS can still occur). ADSMs should keep their vaccine card, even after their info has been entered into MRRS and NFAAS, in case data discrepancy shows up later saying vaccine wasn't received.

c. Misc. Mr. Koch reported that new "Sake" sushi concession at NEX has been checked by Preventive Medicine department and passed inspection. Also, HM1 Bautro is now on board in Preventive Medicine and will be replacing HM2 Daugherty. HMC Kilcoyne has also returned from deployment.

9. Ms. Ashton, Health Promotion:

a. February is Heart month: Feb 4th is "Wear Red" day.

b. STD prevention: Free condoms are available at Military Medicine and Health Promotions office.

c. "Cruise into Shape": Starts in March. Anyone who has gone through CFL course in past 2 years has received brief on this. Participation is voluntary and based on self-reported information about diet & exercise. Last year the NAS Fire Dept participated and received t-shirts from NMCPHC. Registration can be done at the NMCPHC website or contact Ms. Ashton.

d. March is National Nutrition month: Probably will involve commissary information & activities. Details TBA.

e. April is National Public Health month: Week of April 4-10th. Theme is "Safety is No Accident," with focus on helmets, car seat safety, etc. "Immunizations for Infants" will be focused on during last week of April.

f. April- Month of the Military Child: CMDCM Cummings (NAS Command Master Chief) said planning is starting for events throughout the month; he asked if clinic would be interested in sponsoring/hosting an event and if we would like to send clinic rep to first planning meeting. Ms. Ashton said she would attend.

g. Ship Shape: If you have individuals who need the program prior to the spring PRT, please contact Mindy Ashton (), or call 342-4050 or access the link (Ship Shape icon) on the NHCPR's home page.

10. Ms. Lori Tribino (attending for Mr. Carpenter TRICARE Service Center (TSC):

a. TRICARE Young Adult Program (TYAP): New program will extend coverage for eligible family members up to age 26 years of age. Initially, the program will be a premium based TRICARE Standard program. Benefits will be retroactive to 1 Jan 11 so beneficiaries are encouraged to save receipts for care received after that date. TYAP is anticipated to be in place in late spring 2011. TESTER article is forthcoming, along with updates.

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

a. Staffing: FFSC now fully staffed. New Licensed Clinical Social Worker, Sara Urich, is on board. Michelle has also returned from maternity leave.

b. Navy School Liaison Officer: Dawn Simpson is the new school liaison officer; she was unable to attend today but sent pamphlet to be distributed which outlines role of the liaison officer, services available, and on-line resources related to program. CAPT Mills mentioned two

recent articles which ranked Maryland schools as second nation-wide, and St Mary's as #1 school system in Maryland.

c. Child Abuse Prevention month: April is the month for prevention of child abuse. FFSC has several current programs, such as NPSS, to help prevent child abuse. Sara Urich comes from the Center for Children in Leonardtown, so is very familiar with child abuse issues.

Copies of February Beacon newsletter were provided for distribution around clinic.

12. Case Management: not available to attend today. CDR Working reminded attendees that case managers are available to assist patients and their families with complex medical issues, obtaining specialty care, etc.

13. Customer Relations Officer

a. No update on Navy Patient Satisfaction (NPSS) results, report at next HCCC.

14. Closing Comments by CAPT Ireland:

a. Exceptional Family Member Program (EFMP) update: Since NHC Pax River is part of the NCA region, we can technically take the highest category of EFMP patients. However, since the distance from Pax to specialty are in the NCA exceeds the 1 hour drive time access standard, we are working with BUPERS to try to change back to category 3 as maximum level we will accept, with category 4 or 5 evaluated on case-by-case basis. In addition to limited specialty care access, local school resources may not be adequate either. Unfortunately we do not always get contacted by BUPERS to review EFMP cases before they PCS to Pax River. CAPT Mills recommended that each command look at who is in the command, i.e. who is in EFMP (or who needs to be), consider how this may affect their PCS orders, etc.

b. Integrated Disability Evaluation System (IDES) update: We are making progress on IDES implementation. IDES is the pairing of the PEB and VA compensation process for active-duty personnel who are separating and/or retiring. CAPT Ireland thanked CAPT Schmeiser and NAS Leadership for cooperating and working with us to find space on base to use for IDES offices. We will be using part of Bldg 421 (Subway). We are working closely with VA to be able to start, i.e. processing patients by 1 Apr 11.

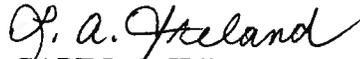
c. Wednesday closure of Clinic: Beginning Wed, 26 Jan 11, the clinic will close starting at 1200 each Wednesday for training, provider administrative time (e.g. to complete medical record documentation, call patients, etc.), etc. This closure is for all clinics and ancillary services, i.e. Laboratory, Pharmacy, etc. For acute medical issues and triage to appropriate care, there will be a Medical Officer and Dental provider on duty; to reach a duty provider, call the clinic quarterdeck at 342-1418 and call will be transferred to the provider. We may be adding late-stay provider coverage on other weekdays. The closure has been advertised via the Tester, Enterprise newspaper, via Base PAO, signs, etc.

d. Change of Command: CAPT Ireland is detaching in April, prospective CO is CAPT Lisa Raimondo (currently XO at NHC Quantico). Tentative date for change of command is Friday, 29 April.

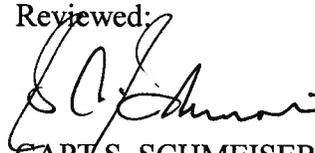
The meeting adjourned at 1100. Representatives were asked to pass information from this meeting to all members of their commands.

The next Health Care Consumers' Council meeting is scheduled for Tuesday, 15 March 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:


CAPT L.A. IRELAND, NC, USN
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Reviewed:


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