



# Regional Newsletter

*Dedicated to enhancing the exchange  
of information within the region*

Published 27 Jun 08

## MESSAGE FROM THE DIRECTOR



Mr. Michael A Gill, SES  
Director,  
TRICARE South Region

This will be my last entry for the TRICARE-South newsletter. For those who have not heard, I am returning to the Air Force acquisition world following four exciting and rewarding years with the TRICARE Management Activity as the Regional Director for TRICARE Regional Office-South.

As I reflect back over these past few years I can honestly say – where did the time go? In 2004 we were transitioning to the Next Generation of TRICARE Contracts (T-NEX) and standing up a new governance model for oversight and execution of these new contracts. Today, we are moving forward with the Third Generation (T3) of TRICARE Contracts, which will continue to raise the bar of excellence for this great benefit.

The transition and delivery of healthcare since start up of T-NEX has been nothing short of outstanding. The collective team of the Military Health System rallied around the effort and while there were bumps in the road (which makes this job pretty exciting), we were able to maneuver around them in a manner that made it transparent to our beneficiaries and continued to provide ready access to the best health care available in the world --- and that is pretty awesome.

To those whom I have had the pleasure and honor to work with, thank you for your support, patience and cooperation in working through some tough issues and challenges. In the end, it was and continues to be the needs of our Service members (past and present) and their families that drive us to do what is in their best interest --- and for that my hat is off to you.

If there is anything that I have learned from you it is that this profession of healthcare is complex, dynamic and above all, about taking care of people. It is not an easy business to manage and we must continue to learn, test, and adjust as we look for ways to train and equip our medical personnel to go into harm's way, while providing access to quality healthcare to those who depend on us back home.

Please keep up the great work you do in supporting our Nation's Warriors (past and present). They deserve no less than the best.



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### THOUGHT FOR THE DAY

"The real art of truly communicating with others is not only to say the right thing at the right place, but to leave unsaid the wrong thing at the tempting moment."

– Lady Dorothy Neville

## A SALUTE TO ... NAVAL HOSPITAL JACKSONVILLE'S GASTRIC BYPASS SURGERY ANNUAL

### SUPPORT GROUP FASHION SHOW



Twelve patients who have experienced a new lease on life through Naval Hospital Jacksonville Fla.'s (NH Jax) Gastric Bypass Surgery Program celebrated their accomplishments on 29 Feb 08 with the program's annual Gastric Bypass Support Group Fashion Show. This year the theme was "A leap of faith... A leap of hope... A leap of health! A celebration of successes."

The hospital's annual Gastric Bypass Program Fashion Show is an opportunity for patients to share what the program has done

for them. The road they've chosen hasn't been without risks and challenges. The commitment they've made is for life. Most men think of a fashion show as "a woman thing." But 54-year-old Ken Robinson, is proud to show off his new look. But what he's really happy about is what the gastric bypass program has done for his health. He said, "The greatest benefit is just being here today. The biggest benefit is medical." Robinson no longer takes any medication and he can shop in a regular store and buy normal clothes. Another benefit is not using an extender seatbelt when traveling by plane he said. Robinson's wife Nancy is a nurse in the Naval Hospital Jacksonville Family Medicine Department. She remains a source of encouragement for him and the other patients in the program.

The hospital's support group is a key element of the patients' recovery process. Lorena Mack is a sponsor for new patients entering the Gastric Bypass Program. She had her surgery in April 2004 and weighed 250 pounds. Today, that's down to 132 pounds, a 118 pound reduction. The 52-year-old no longer needs blood pressure or heart medications. Lorena said that as a sponsor, "I give them a reality check from the patient's point of view rather than of the surgeon. There are often questions they will ask another patient that they won't ask a professional."

Gastric Bypass Surgery patients soon learn that achieving that "new you" involves more than just the physical results of the surgery. It involves a complete life-style change. It isn't just snip, snip, and their days of healthy eating, exercise and doctor visits are over. This just gives them a new start, the opportunity to say I've got a fighting chance now and this time I'm not going to blow it. I'm doing this because I want a better life with my partner, because I want to be there for my children and most important I'm doing it for me. I'm ready to live!"

More than 750 patients have been through NH Jax's Gastric Bypass program since it was started in 1997. Its success has depended on the qualifications, experience and dedication of a highly skilled surgical team and the dedication of all who deliver pre and post-operative care. In this kind of work, and especially in a hospital where individualized compassionate care is a hallmark, patients can't be just another 15-minute appointment. They receive individualized care which fully involves the patient, their families and all of Naval Hospital Jacksonville's provider assets.

Patients who enter the Gastric Bypass Surgery Program are usually people who have exhausted every other means of losing their weight and now face serious medical complications if their weight isn't brought under control. They've tried all the diets and attempted exercise programs but they couldn't shed the pounds. This could be because of genetic or medical issues, or from psycho-social behaviors developed from early childhood. Regardless, they now faced life-threatening illness brought on or complicated by their obesity. Sometimes it is their last hope.

Imagine how you'd feel if your doctor sat you down, took your hand and said if didn't lose weight you were going to die and you knew you couldn't lose the weight on your own.

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*Studies have shown that 13 million Americans (and that number is rising) are considered morbidly obese. In fact, today, 283 million Americans, approximately two thirds of the adult population, suffer from weight-related health conditions..*

**A SALUTE TO ... NAVAL HOSPITAL JACKSONVILLE —  
GASTRIC BYPASS SURGERY PROGRAM'S ANNUAL SUPPORT GROUP FASHION SHOW**

*No one should consider this as their first option for losing weight.*

On top of all that, many individuals carry the emotional baggage of low self-esteem fostered by years of guilt laid on by friends, family, even strangers on the street. For many people the standard cures of diet and exercise can't realistically be expected to fix the problem according to Capt. (Dr.) James Prescott Flint, assistant program director. He said, "It is common knowledge in the medical community, as well as in the public eye, that the far majority of diets and diet programs cannot sustain weight loss in any significant fashion. People may lose a significant amount of weight, and this is great, but the trick is to keep the weight off. Many patients who are interested in the NH Jax program, recount a history of significant weight loss but then they gain it all back. These are the people who might be good candidates for the hospital's bariatric surgery program otherwise known as gastric bypass surgery."

Flint stressed that not everyone can become a candidate for the program, but that anyone who is morbidly obese and interested in bariatric surgery, should speak to his or her primary care provider about the program. "We have strict criteria for entering the program, but there are many people who are perfect candidates, but are never referred," he said. "Until the mainstream media and the mainstream medical community jump on board the bariatric surgical express, patients are going to have to do their own investigating, and ask that they be considered for the program, as long as they meet the criteria. Sometimes, they can't just sit back and let things happen. Just like in our program, sometimes, they have to work for their health."

As part of the hospital's General Surgery Department, the Gastric Bypass Surgery team is led by Cmdr. Craig Shepps, director; Dr. Flint, previously mentioned as the assistant director, and Noemi Massari, RNBSN, coordinator/case manager. Dr. Shepps is a general surgeon with experience in obesity surgery since 1979. He has been the director of the program since 2004. Flint is also a highly skilled general surgeon, who earned his M.D. from the University of Florida's College of Medicine, and graduated from the general surgical residency at St. Mary's Hospital in Connecticut, a Yale program affiliate. Since then, he has completed multiple advanced laparoscopic surgical programs and courses. He has a keen interest in laparoscopic surgery and all it offers. Massari is a registered nurse and a member of the American Society for Metabolic & Bariatric surgery. She has worked with the program 12 years. She plays a vital role working with the patients and has developed a highly successful Gastric Bypass program. She has personally managed, directed and case managed over 500 patients in this program. Massari also coordinates the program's support group. She said, "This is an invaluable asset to the program in that it decreases patient visits to emergency rooms and clinics, the use of large amounts of medications, and helps patients become more active and thus more productive in society." Shepps said this annual event is something that he really looks forward to because it gives the patients the opportunity to show off the success they have achieved from a significant lifestyle change. "I enjoy all aspects of being a general surgeon, particularly with active duty members who are deployed; but bariatrics is by far the most rewarding. The patients are profoundly grateful, repeatedly thanking me for giving them their life back! It is tremendously rewarding to be able to care for diabetes and hypertension and help these patients become happier and more productive members of society."

I cannot count the number of times patients have told me how they want to be around when their children grow up. It breaks my heart to hear that, but, I know it's true. When we can guarantee that we can make that happen, the joy is palpable!"



*Some before and after photos of program participants.*

*Photos courtesy of NH Jacksonville Public Affairs*



## **TRAINING, MEETINGS & CONFERENCES**

### **TIP AD HOC AND TIP ONLINE TRAINING**

The 2008 training schedule is listed below. Before each class an email will be sent out asking for attendee submissions. Please make sure that all attendees scheduled for future training sessions meet the criteria (outlined in the contract) to attend the training. TIP Ad Hoc attendees are limited to two per MTF/MMSO and are those staff identified in your MOU. TIP Online attendees are those personnel that serve in a BCAC or HBA capacity. You may have more than two per facility for the Online course but they must function as a BCAC or HBA. If you have any questions, please email [janet.pendergist@tros.tma.osd.mil](mailto:janet.pendergist@tros.tma.osd.mil) or call (210) 292-3278/DSN: 554-3278.

#### **TIP Ad Hoc for 2008 8:30 - 4:30 (one-day class)**

30 Jul 08—Augusta, GA

15 Oct 08—San Antonio, TX

#### **TIP Online for 2008 8:30 - 11:30 (half-day class)**

31 Jul 08—Augusta, GA

16 Oct 08—San Antonio, TX

### **2008 TRICARE SOUTH FUNDAMENTALS COURSE DATES**

22-24 Jul 08—Birmingham, AL

21-23 Oct 08—San Antonio, TX

### **2008 TRICARE SOUTH REGIONAL MEETING**

For the last two years, the South region meetings were held in a sub-regional format.

This year the meeting will be held for the entire region on 22-23 Jul 08 at the Gaylord Opryland Hotel in Nashville, TN. For more information and registration, please visit our webpage at [www.tricare.mil/tsm/default.cfm](http://www.tricare.mil/tsm/default.cfm).

### **ADDITIONAL CONFERENCES**

<a href="#">August 9-15</a>	11th Annual Force Health Protection Conference	Albuquerque, NM
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### **ONGOING TRAINING AND COURSES**

TRICARE Data Quality Training Courses: For more information, go to:

<http://www.tricare.mil/ocfo/mcfs/dqmcp/training.cfm>

TRICARE Financial Management Education Program (TFMEP) Courses: For more information, go to:

<http://www.tricare.mil/ocfo/privatesector/tfmep/index.cfm>

TRICARE University, TMA Reporting Tools, and TRICARE Briefing Materials: For more information, go to: <http://www.tricare.mil/training/index.cfm>

Working Information Systems to Determine Optimal Management (WISDOM) Training Courses: For more information, go to: <http://www.tricare.mil/ocfo/bea/wisdom.cfm>

## **TRICARE IMPROVES BENEFIT FOR MILITARY CHILDREN WITH AUTISM**

**FALLS CHURCH, Va.**— As of March 15, eligible children of active duty members (and activated National Guard and Reserve members) with autism will have more service options thanks to a new TRICARE demonstration project.

“TRICARE is taking the lead on making educational intervention services available to our beneficiaries,” said Army Maj. Gen. Elder Granger, deputy director, TRICARE Management Activity. “I encourage our educational community to join us in this effort. Anything we can do to enhance the quality of life of our service families is a benefit to the nation and helps fulfill our obligation to the men and women who serve.”

The TRICARE Management Activity (TMA) and its managed care support contractor (MCSC) partners continue to aggressively recruit providers for participation in the TRICARE's Enhanced Access to Autism Services Demonstration, which commenced in mid-March 2008. Because the demonstration is breaking ground by establishing a new class of autism treatment providers (paraprofessional tutors working under the direction of supervisors fully certified to provide applied behavior analysis), the initial phase has been devoted to recruiting providers in sufficient number to meet beneficiaries' demand for the demonstration's services. The rate at which providers have been brought into the demonstration has not met expectations.

TMA is committed to adjusting the demonstration's parameters as required to make it successful. To this end, we have already made changes by issuing modifications to the autism demonstration portion of the managed care contracts (e.g., increased provider reimbursement rates, eliminated some testing requirements for beneficiaries). A few of these modifications have been in the form of a "stop work" order to the MCSCs focused narrowly on specific provisions of the contracts. Some in the general public have misinterpreted this to mean TMA has stopped the demonstration itself. This is not the case. The demonstration remains underway, and services are being provided under it, though not yet in nearly the amount necessary to satisfy beneficiaries' needs. To rectify this, TMA will likely make further adjustments to the demonstration as more experience is gained in providing this new benefit.

“Our mission is to provide access to quality care,” said Granger. “When our families tell us that the needs of their children are not being met, it’s important that we do what we can to make the system work for them while ensuring that our standards of care are maintained. We think this enhancement will accomplish that.”

Of the more than 1.2 million children of active duty service members it is estimated that approximately 8,500 carry one of the autism spectrum disorder diagnoses. In order to participate in the demonstration project, children must be enrolled or enroll in the Exceptional Family Member Program provided by the service member’s branch of service and register for the TRICARE Extended Care Health Option (ECHO). Participation in the autism services demonstration is voluntary.

ECHO is a supplemental, voluntary program which provides extended benefits, up to \$2,500 per month for eligible active duty family members. Monthly cost shares apply. ECHO benefits are only available to active duty family members (including family members of activated National Guard and Reserve) residing in the continental United States or one of the U.S. territories.

Active duty (and activated National Guard and Reserve) families can learn more by contacting their Managed Care Support Contractor.

## REGIONAL PROVIDER COLLABORATION EFFORTS

The next several pages are a few of the articles submitted during this fiscal year on provider collaboration events that have taken place across the region. If you have any initiatives you would like to share, please send in for inclusion in the next newsletter.



### PATRICK AFB—Visiting with an Astronaut

On 27 November 2007 Patrick AFB hosted its first MTF and network provider collaboration meeting. The 45th Medical Group's MTF Commander, Colonel Florence Valley, invited specialists from the local network to hear Brigadier General Susan J. Helms speak about the 'Physical Effects of Space on the Human Body.' General Helms has been the Patrick AFB Wing Commander since Fall, 2006, but as a former astronaut, General Helms, has previously been on five short-term space missions and also made the International Space Station home for six months.

The collaboration audience consisted of network providers from a variety of specialties as well as 45th Medical Group (MDG) staff. Those in attendance were treated to a video presentation narrated live by General Helms documenting her experience from lift off, six months on the International Space Station, to landing. She spoke fondly of her time in space while describing the scenes presented in the video. Once the video was complete, General Helms continued by discussing the changes she and the other astronauts realized while becoming reacquainted with Earth and gravity. The providers were thrilled to learn about General Helms' physical and psychological experiences. Finally, the audience was given the opportunity to ask questions which further engaged all participants before the event was brought to a close. Civilian providers offered the 45th MDG rave reviews for hosting such a special event and appreciated the 45th MDG reaching out to the civilian community with an event especially for them.

### NAVAL BRANCH HEALTH CLINIC KINGS BAY— Grand Opening, Breakfast and Submarine Tour

After much planning, initiative to move the TRICARE Service Center from Point Peter Rd in St. Marys to the Naval Branch Health Clinic on Kings Bay Naval Submarine Base has come to fruition.

The Kings Bay TSC opened its doors on January 22, 2008. An open house and ribbon cutting ceremony also took place on this day. NSB Kings Bay Commanding Officer Captain Wes Stevens, Naval Branch Health Clinic, Naval Hospital Jacksonville Commanding Officer Captain Raquel Bono, Kings Bay Officer in Charge Commander Cora Rodgers, Humana Military Healthcare Service Medical Director Southeast Market Dr. Roger Holland, and Mr. Mike Taylor, Humana Military Healthcare Service Market Director Florida, officiated the ribbon cutting.



Following the ceremony, a Collaboration breakfast meeting of 80+ providers, both military and civilian took place at the Branch Health Clinic. Captain Bono was the guest speaker and spoke with the network providers about the importance of the partnership between military and civilian medicine. The providers were given a guided tour of the TRICARE Service Center and the Branch Health Clinic. Some of the providers were given a tour of a submarine located on the base. HMHS received many notes and words of appreciation from the providers in attendance for assisting with this event which was the first of its kind in the area.

## **REGIONAL PROVIDER COLLABORATION EFFORTS-continued**

### **NAVAL HOSPITAL JACKSONVILLE—Community Partnership Breakfast**

Naval Hospital Jacksonville, FL began sponsoring regular Network Collaboration Breakfasts in July 2006. These events bring together hospital staff and their colleagues in the civilian medical community. The communication opportunities offered have proven invaluable in building stronger relationships between our staff and their civilian sector colleagues. It offers all parties the opportunity to share information, ideas, observations and concerns. It also brings civilian providers together with Navy leadership and familiarizes them with what military medicine is all about.

The first breakfast on July 7, 2006 brought together local providers to meet with Naval Hospital Jacksonville Commanding Officer Capt. Raquel Bono, who reiterated the hospital's appreciation of the provider's support and the shared commitment Navy Medicine has with them to provide the highest quality healthcare possible. She also discussed the shared challenges military and civilian providers face in today's healthcare environment. That was followed on Oct. 20 in a gathering of more than 80 network physicians from the Humana Military Healthcare System (HMHS) involved with the hospital. The hospital's guests joined staff for a weekly Colors awards ceremony. That included a rifle drill demonstration by the hospital color guard, hoisting of the national ensign, presentation of individual awards to staff and brief welcoming remarks by Capt. Bono. The guests then entered the hospital Galley for the breakfast meeting.

The Navy's "Top Doc," Navy Surgeon General Vice Adm. Donald C. Arthur, was here from the Bureau of Medicine and Surgery in Washington, DC. He thanked the network providers for their continued support, particularly in helping Navy Medicine deal with the challenges involved in the "War on Terror." This was followed by Cmdr. Lisa Kelty, the hospital's Emergency Department Head who presented a moving overview of her recent tour of duty in Iraq as a combat physician. Complete with slides of operations in her battlefield hospital, her remarks spoke to the close bond she and her staff developed with the Marines under their care at the "tip of the spear" in Iraq.

The most recent Network Provider gathering, on July 20, 2007, was expanded to include other civic leaders and was therefore called a "Community Partnership Breakfast." More than 100 guests attended. Among these were staff members representing local House and Senate elected officials, TRICARE network providers, local dentists, city council members and other VIPs. They were joined by 100 hospital staff members. After attending the Colors ceremony, they participated in a Yellow Ribbon ceremony honoring deployed hospital and Naval Branch Health Clinic staff members.

Featured at the breakfast meeting was Commander, Navy Region Southeast Rear Adm. Mark Boensel. The admiral has cognizance over naval installations throughout the Southeastern United States and the Caribbean. His remarks focused on the integral role Navy Medicine and Naval Hospital Jacksonville play in fulfilling the healthcare component of his Quality of Life objectives.

The breakfast was followed by an opportunity for guests to tour the facility and for dentists to participate in a break-out session. The dental session was well received. Dentists discussed the active duty service member TRICARE Dental Plan and Military Medical Support Office (MMSO) requirements such as electronic funds transfer for payments, the Navy standard of dental care and treatment concerns.

The hospital's Network Provider Breakfasts are an invaluable tool in strengthening Navy Medicine's bonds with network partners. It enables the hospital to reach out to community leaders interested in insuring the very best in quality healthcare is available for active duty service members, at home or deployed, military families and retired beneficiaries. It is a great complement to existing involvement with organizations such as the Duval County Medical Society, military retiree organizations and other civic groups. It affords the hospital a tremendous opportunity to showcase our provider's commitment to service excellence.

## REGIONAL PROVIDER COLLABORATION EFFORTS—continued

### NAVAL HOSPITAL PENSACOLA—Conference on Traumatic Brain Injuries (TBIs)

Military medicine is “seeing the most complicated cases we have ever seen in our nation’s history of wars,” the medical director of the Tampa, Fla.-based veterans’ Polytrauma Rehabilitation Center told attendees of the March 13 ‘Regional Provider Collaboration’ conference. Naval Hospital Pensacola and Humana Military Healthcare Services were co-hosts of the regional conference, on the Warrington campus of Pensacola Junior College, which focused on the effects of Traumatic Brain Injuries (TBIs), ‘Wounded Warrior’ assistance and sensory substitution devices.

Dr. Steven G. Scott, director of the Polytrauma Center at the James A. Haley Veterans’ Hospital in Tampa, told an audience of nearly 100 participants that blast wounds have become the “signature injury” of the war within Operations Iraqi and Enduring Freedom (OIF/OEF) and a subject prior to 2003 that there wasn’t much medical research of the subject – even after the first Gulf War in 1991. The VA physician has now become one of the leading medical researchers in the country on TBI and is the clinical go-to-guy for returning OIF/OEF veterans for the VA healthcare system’s Region 8. The physician-researcher got his clinical start by developing sports medicine programs. He began work with the VA and “needed to understand about blast injuries” in order to treat veterans. Scott developed Blast Injury Programs based on his sports medicine background and plugging in ‘blast’ for ‘sports medicine’ which allowed him to better study the mechanisms of blast injuries which “opened the whole door.”

“I began looking for the medical (research) side (of blast injuries) when veterans began coming to the center,” he said prior to the conference, “but there was very little.” There was some information about the Oklahoma City bombing, from Israel and Ireland ... “but there was very little known” about it. Dr. Scott’s research suggests the healthcare providers develop “more sensibilities and become aware” about individuals with TBI that will make them “better able to provide care now and in the future.”

The Tampa specialist praises the military medicine and transportation teams involved in OIF/OEF. “Although we’re seeing more serious head injuries, the advance trauma care at the front lines are saving lives;” and the transportation mechanisms to bring a TBI victim “all the way across the world” from Samarra to San Antonio, home of the new physical rehabilitation center for combat veterans at Brooke Army Medical Center.

The world’s history has never seen the magnitude, precision and available medical care on these types of medical transportations. “I think it’s worthy of the Nobel Peace Prize,” he said.

The VA and the Defense department “use each others strengths to benefit the other,” he says. Defense medicine knows military trauma; and the VA is “very experienced with physical and mental rehabilitation.

Military medicine needs to be giving the wounded veteran the “best of the best,” he says, and working “to give back the freedom to those who fought for our freedom.

“That’s about as American as you can get ... Americans helping Americans!”

Dr. Anil Raj, research scientist with Pensacola’s Institute for Human and Machine Cognition, and Mr. Terry Handley of Humana Military Healthcare Services’, were also among presenters at the conference.

Dr. Raj is developing sensory substitution devices to aid TBI patients; and Hanley his regional director of the VA-Gulf Coast’s Wounded Warrior Assistance Program in Biloxi, Miss.

## REGIONAL PROVIDER COLLABORATION EFFORTS-continued

### MARTIN ARMY COMMUNITY HOSPITAL — Network Providers Gain Hands-On Experience with Weapons



It is not often you see civilian gastroenterologist and family medicine physicians firing a .50 caliber machine gun, but that is exactly what happened recently at Fort Benning, Georgia. Martin Army Community Hospital (MACH) and Humana Military Healthcare Services (HMHS) co-sponsored the annual Provider Collaboration Meeting in April 2008. Each year MACH and HMHS put together a collaboration event with the network providers in the Fort Benning area. According to Joan Herman, Chief of the Managed Care Branch, “It is important because it

allows us an opportunity to bring military and civilian providers together to collaborate, put a name with a face, and update them on the latest at MACH.”

The event hosted about thirty providers and started with a social hour that allowed personal networking. Dr. Roger Holland, the HMHS Southern Region Director, briefed participating providers on the Shaping Hope and Recovery Excellence (SHARE) program, provider online web services, and the consult return process. MACH’s Commander, Colonel Harry Warren, M.D. briefed the participants on several concerning issues including construction plans for the replacement hospital, increases in beneficiary population due to BRAC, and the continued emphasis on treating our wounded warriors.

The final brief was given by Major George Vonhilsheimer, M.D. who shared his experience as the senior medical provider working in one of the Pentagon’s health clinics when the building was struck during the September 11 attack. Dr. Vonhilsheimer covered triage operations, casualty treatments, and personal responsibilities on that day.

MACH and HMHS added a special element to the event that made it more memorable to the participants. The providers were transported to Red Cloud Range for a live fire demonstration conducted by the 197<sup>th</sup> Infantry Brigade. The demonstration included some of the latest weaponry and vehicles used by the United States Army Infantry.

197<sup>th</sup> Commander Colonel Gregory Kane recognized the attending providers for their continued medical support of soldiers and their families in their times of need. To show his appreciation, COL Kane gave a short safety briefing and allowed the participants to gain hands-on experience by firing many of the weapons on site. Captain Brian Freidline, Chief of the Healthcare Management Division, he said, “I really didn’t know how many of the providers wanted to fire weapons. I was surprised that every provider fired at least one of the available weapons.”

The Provider Collaboration Meeting was a tremendous success. MACH and HMHS are looking forward to the next annual meeting.

## **ACTIVE DUTY SOLDIERS AND APPOINTMENTS**

**Submitted by: Chief, Clinical Operations Division, Fort Hood**

Fort Hood is unique in the large number of Active Duty Soldiers assigned and since 2003, additional tens of thousands of Army National Guard and Army Reserve Soldiers have deployed and re-deployed from this installation. With the medical management challenges comes the large number of appointments and no-shows which impact access to care each day.

A recent four month study of no-show rates clearly identifies a pattern of behavior with an average of 4000 missed appointments each month (minus December); 80% of the no-shows are in the grades of E-5 and below.

The installation leadership was provided the names of soldiers missing appointments but in turn requested a listing of soldiers *pending* appointments. Our IT section put such a report together – almost 15,000 appointments provided weekly. Last week a HIPPA-compliant listing of the pending appointments was sent to a brigade commander, battalion commander, the MEDCEN command sergeant major and a medical group command sergeant major for review and feedback.

The report is broken down by major subordinate commands (MSC) and as there are approximately 1245 units listed without a noted MSC in CHCS – this is a concern. Data Quality will be another opportunity presenting itself as a result of this exercise. The Managed Care Division will be working with us to consider solutions to missing commands and units transferred between commands on FT Hood. The pending appointment listing is six to eight weeks out, broken down to 18 separate MSCs – one being the listing without annotated commands.

The goal is to see if this affects our no-show rates. To test whether it is more effective to be pro-active than to pursue punitive measures to ensure Soldiers make their appointments. Provided the information, will leadership respond? Will Soldiers cancel their appointments? For additional information call (254) 288-8475

## **TRICARE PRIME REMOTE (TPR) ELIGIBILITY AND WAIVERS**

Many beneficiaries are not sure if they fall under a TRICARE Prime Remote geographical area. One option that is available to verify eligibility is the TPR Look-Up Tool on the TRICARE website at [www.tricare.mil/tpr](http://www.tricare.mil/tpr). By simply inputting their home and work zip codes, eligibility can be validated. If eligibility is confirmed, beneficiaries can then download the Enrollment and PCM change forms as needed.

If a beneficiary does not qualify but believes he/she should be considered for TPR, a waiver request form must be filled and submitted for additional consideration for TPR enrollment. The waiver form can be found under “Forms and Waivers” on the TRO-S webpage at [www.tricare.mil/trosouth/default.cfm](http://www.tricare.mil/trosouth/default.cfm). Reasons for a waiver include, but are not limited to:

- Working in one region but residing in another
- New zip codes (may not show up in TPR database until updated)

## **SOUTH REGION RESPONSE TO BEHAVIORAL HEALTH TASK FORCE**

In August 2006, the Department of Defense (DoD) formed a congressionally directed task force to examine matters related to mental health and the Armed forces. The task force was composed of seven DoD members and seven non DoD members. Secretary of Defense, Robert Gates, received the results and forwarded them to the Congress on June 14, 2007. Some of the significant findings include:

- Mental Health care (aka Behavioral Health) stigma remains pervasive and is a significant barrier to care.
- Mental Health professionals are not sufficiently accessible to service members and their families.
- There are significant gaps in the continuum of care for psychological health.
- The military system does not have enough resources, funding, or personnel to adequately support the psychological health of service members and their families in peace and during conflict.

From this report the TRICARE Management Activity (TMA) was tasked to respond with answers and proposed actions for 12 of the 94 recommendations. Among the recommendations were:

- That the spouses and children of active duty should have ready access to mental health care.
- That contractors and subcontractors should periodically monitor the network for accepting providers.
- There should be a means for obtaining timely assistance to obtain a mental health appointment.
- That the regional offices should monitor access to care and require the presence of the continuum of care.

In response to these recommendations the TRICARE Regional Offices were tasked by the Deputy Director, TMA, to develop specific plans of action to gather data to assess and manage the user “friendly status” of access to behavioral health care; develop a method to identify and manage the provider/beneficiary gaps; and determine a plan to directly assess the beneficiaries perception of user friendliness.

For the past six months TRICARE Regional Office South (TRO-S), Humana Military Health System (HMHS), and the behavioral health subcontractor ValueOptions (VO) have been gathering data on the user friendliness of: obtaining an appointment, utilization patterns of care especially in areas where there are large numbers of active duty dependants, the adequacy of network providers that are available, beneficiary complaints related to behavioral health, the written date of a behavior health referral to the appointment date, improvements to the Behavior Health directory, and conducting town hall meetings to determine if beneficiaries consider the process for obtaining behavioral health appointments is user friendly.

By looking at the demand and population densities, TRO-South, HMHS and VO have identified nine areas of concern where further behavioral health provider development was indicated. Since May 2007, 147 new behavioral health specialists have been added to the network, Key West received a locality based waiver, and 8478 providers have been contacted for demographic information update requests.

There have been no trends identified during the monitoring and analysis of the complaints from email, written correspondence, telephone, and Congressional inquires. The successful addition of four questions have been placed in the third quarter Health Care Survey of DoD Beneficiaries to obtain greater information on behavioral health user access and need.

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## SOUTH REGION RESPONSE TO BEHAVIORAL HEALTH TASK FORCE—*continued from page 11*

In order to decrease the stigma that might be associated with attending a behavioral health specific face to face town hall meeting, ValueOptions recommended a “virtual” teleconference. A toll free telephone number was advertised in the base newspaper and through the MTF in order to encourage participation and questions. Two “virtual” and one face to face town hall meeting have been conducted to date. Another outcome from the task force recommendations was that in December 2007, HMHS/VO began offering a beneficiary assistance service to Active Duty and enrolled active duty family members in locating behavioral health care providers and making behavioral health care appointments. The toll free number established is (877) 298-3514.

Our analysis thus far has not found any evidence of an “unfriendly” status in the process for obtaining appointments. Our active duty family members enjoy a rich behavioral health benefit, which can be accessed via the referral process, part of the unmanaged 8 process or through Military One Source. As part of our actions TRO South has hired a new Behavior Health consultant, Ms. Andrea Brooks-Tucker, to provide oversight of the MCSC and she can be reached at (210) 292-3262.

## TRICARE REGIONAL OFFICE SOUTH GUARD/RESERVE ADVISORY COMMITTEE

Working on a recommendation from MG “Gus” Hargett, Tennessee Adjutant General, to include Reserve Component leadership in Regional TRICARE meetings, TRICARE Regional Office South (TROS), in conjunction with Humana Military Health Care Services (HMHS), on 12 Mar 08 conducted the first ever TRICARE Region South Guard/Reserve Leadership Advisory Committee meeting. After consideration of the numerous mobilization efforts, ongoing contingencies, and the need to expedite TRICARE education to our Guard/Reserve members and their families, we coordinated this forum to discuss current TRICARE issues. The meeting was conducted via audio-conference. All 10 Adjutants General were either attending or represented by members of their staffs. The Army, Navy, Marine, and Air Force Reserve leadership also participated. TRICARE Programs Update, Access Standards, Provider Issues, and Education Opportunities were agenda items. Preliminary feedback is positive. Critiques were sent out to participants 14 March 08. Feedback will be used for future Reserve Component forums. We are planning to schedule the next meeting for sometime in September 2008.

## 2007 COAST GUARD HEALTH CARE AWARDS

**Health Service Technician of the Year (IDHS):** HS1 Charles Favela, USCGS THETIS, Key West, FL was selected based on his performance, professionalism, and impact onboard the CGC THETIS. Since reporting onboard he redesigned their medical program, increased their medical and dental readiness, and provided excellent patient care.

**Special Recognition Director’s Award:** The clinic at ISC New Orleans has been selected to receive this award from the Director, Health, Safety and Work-Life. In August 2005, the ISC NOLA Clinic was destroyed in the aftermath of Hurricane Katrina. Over the past three years, the members of the ISC NOLA Clinic have distinguished themselves by providing direct patient care to hundreds of beneficiaries in the most austere conditions, from three different locations. They also ensured scarce specialty care was provided to their patients and maintained a high level of medical and dental readiness in their AOR. This team stood up a new clinic in 2007 and achieved a three-year National AAAHC clinic accreditation for delivery of high caliber care.

## **DRIVE TIME STANDARDS AND PRIME TRAVEL**

For specialty care appointments, the beneficiary's travel time to a TRICARE Network/MTF provider *should* be less than one hour drive time from their residence. An MTF may accept a beneficiary for specialty care under the Right of First Refusal (ROFR). Non-active duty TRICARE Prime beneficiaries have a choice in determining if they will travel over one hour/100 miles to a network provider/MTF. If a MTF has determined they can not complete the specialty care, and the beneficiary is enrolled to a network PCM, they must be returned to the PCM for a referral to a network/non-network specialist within drive time standards. MTFs should not refer a network-enrolled beneficiary to another MTF outside drive time standards or 100 miles without written consent from the patient agreeing to the travel. Upon agreement by the patient, please have them contact the TRO representative at 800-554-3297.

## **DEFENSE DEPARTMENT CENTER OF EXCELLENCE (DCOE) ADDRESSES TRAUMATIC BRAIN INJURY (TBI) AND PSYCHOLOGICAL HEALTH (PH)**

The DoD, with support from the VA, has established a Center of Excellence to address psychological health and traumatic brain injury. The DCoE will advance and disseminate PH/TBI knowledge, enhance clinical and management approaches, and facilitate other vital services to best serve the urgent and enduring needs of warrior families with PH issues and/or TBI. The DCoE will be a premiere center projected to be fully functional by October 2009.

Currently in the initial phase, the DCoE is operating in temporary office spaces in Rosslyn, Virginia. For a more detailed story on the DCoE, please see the following link to the Force Health Protection and Readiness Online Magazine at [http://fhp.osd.mil/fhp\\_online/DCoE.jsp](http://fhp.osd.mil/fhp_online/DCoE.jsp)

## **DR. STEPHEN JONES PENS REGULAR DOD/VA SHARING COLUMN IN US MEDICINE**

Stephen L. Jones, PhD, Principal Deputy Assistant Secretary of Defense for Health Affairs is writing a recurring column on DoD/VA sharing initiatives for *US Medicine*. The current column discusses the Senior Oversight Committee's DoD/VA Data Sharing Work Group. The Data Sharing Work group is co-chaired by Dr. Jones and Dr. Paul Tibbits, VA's Deputy Chief Information Officer for enterprise development. The work group was charged with enabling the Departments to "better share the vast array of beneficiary data, medical records, and other health care information through secure and interoperable information systems, which will allow for a seamless continuum of care". To view current and past columns written by Dr. Jones, please visit:

<http://www.usmedicine.com/column.cfm?columnID=267&issueID=108>

## **NAVAL HOSPITAL JACKSONVILLE BREAKS GROUND ON \$35.8 MIL ADDITION**

**Submitted by: Naval Hospital Jacksonville's Public Affairs**

Naval Hospital Jacksonville, Fla. broke ground on a new \$35.8 million, 62,000 square-foot addition on Monday, June 9. Guest speaker at the 9 a.m. ceremony which took place in front of the main hospital located aboard Naval Air Station Jacksonville, Fla., was Congressman Ander Crenshaw (R), 4<sup>th</sup> District of Florida. Naval Hospital Jacksonville Commanding Officer Capt. Raquel Bono also spoke.

This addition, which will extend from the front entrance of the main hospital tower, will include a 28,000 square-foot surgical suite, a new 8-story elevator tower, new administration spaces and a new physical therapy clinic.

The project also includes renovations on the 6<sup>th</sup> floor of the hospital creating sparkling new spaces for labor and delivery services. Site work includes a new retention pond and utilities. The work will be phased in to minimize interruption of hospital operations and to ensure safety. It is scheduled for completion in 2010. This project has been progressing through the contracting phases for about six years. It faced several challenges especially after Hurricane Katrina put new demands on area construction costs. The specialized nature of the construction was also a factor.

Several upgrades have been progressing at the hospital in recent years. The hospital's 8<sup>th</sup> floor was renovated as an inpatient unit which is currently being used as a maternal infant unit. This new state-of-the-art facility has received rave reviews from patients and staff alike. And crews are currently completing a \$4.9 million project to rehabilitate a 7<sup>th</sup> floor multi-service unit. They are also constructing a new inpatient pharmacy on the 5<sup>th</sup> floor. Those projects should be completed this fall. All of this has been orchestrated to compliment the new addition that will commence construction starting June 9.

"After all the work is done," Bono said, "this facility is going to have a great new look and vastly improved efficiency... The new surgical suite addition and ongoing enhancements to the Labor Deck will significantly enhance the hospital's surgical services and maternal infant care."

Noting that as a member of the House Appropriations Committee, he has seen trillions of dollars approved for projects, Crenshaw said he is proud to have been involved in getting this new addition through the approval process. He said, "This addition represents the long-term commitment of our elected leaders to a continued Navy presence in Jacksonville. But most importantly, it is a tangible commitment to ensuring the best healthcare possible for the military men and women who serve or who have served our country with such valor." He ticked off some statistics that attest to the scope of care at the hospital, which serves as the anchor to a healthcare organization serving more than 200,000 eligible beneficiaries from seven branch health clinics in Florida and Georgia. In 2007, the hospital had 4,729 admissions, 640,000 outpatient visits, performed 4,058 surgical procedures, saw 60,551 patients in the Emergency Department and filled 1,334,495 prescriptions in the pharmacy. There were 1,200 babies born at the hospital.

He also noted the huge economic impact of the Navy and Naval Hospital Jacksonville on Northeast Florida, estimated at more than \$4.5 billion. The Navy is Jacksonville's largest employer with more than 50,000 employees associated with the three local bases; military, government civilians and contractors. Salaries for Naval Hospital Jacksonville's 2,495 military and civilian employees add up to \$147,317,000. In addition, the hospital's providers, after finishing their military careers, often remain here, adding their talents to the civilian medical community.

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## NAVAL HOSPITAL JACKSONVILLE BREAKS GROUND ON \$35.8 MIL ADDITION

Crenshaw noted the role the hospital is playing in the Global War on Terrorism. Last year, 196 Naval Hospital Jacksonville personnel deployed in support of that mission, 125 are deployed today. He compared them to the M.A.S.H units depicted on television, saying “these are the people who actually play that role.” Spotlighting the vast improvements that have been realized in battlefield medicine he noted that in past wars the survival rate for wounded reaching medical care was just 15 percent, today, it is 97 percent. He noted that such accomplishments often require sacrifice. One Jacksonville native, Hospital Corpsman Julian Woods, gave his life caring for a fallen Marine in Fallujah, Iraq in 2004. Naval Hospital Jacksonville recently named a new Tactical Combat Casualty Care competency course after Woods. The course is designed to better prepare medical personnel for the challenges of battlefield medicine.

The Congressman also described the role hospital personnel perform at the Joint Task Force Detention Center at Guantanamo Bay, Cuba. He noted that their care is on par with that of U.S. service members and has on occasion saved lives when preexisting conditions were discovered in health screenings. He noted that the hospital has also reached out in humanitarian efforts, most recently aboard the USS Comfort on a mission to assist those in need in Latin American nations. They were also there helping those devastated by Hurricane Katrina and they remain ready to help with disaster response in the Jacksonville area should the need arise.

Bono observed that “hospitals evolve and grow.” Starting out as a rambling, open ward facility on the banks of the St. Johns River in 1941, moving to its present site with the opening of an eight-story tower in 1967, and adding on a \$19 million outpatient wing in 1989, Naval Hospital Jacksonville has served thousands of war fighters and their families. It served “Our Greatest Generation” during WW II. It served POWs coming home from the infamous “Hanoi Hilton” at the close of the Vietnam War and now sends medical teams to the front lines in support of the Global War on Terrorism.

Besides physically evolving, the care hospitals deliver also matures she said. “Over the years, we have striven to support our patient’s physical, mental and spiritual well-being, fully involving the patient, the patient’s family and our medical staff as a family-centered team focused on the healing process. We’ve also reached for excellence, improving our methods and skills both clinically and in our service to our patients.”

“Today, we have a new culture of care and service in our hospital. That coupled with this new facility marks the beginning of a new era for Naval Hospital Jacksonville. In that era, we will continue our current mission of supporting the Global War on Terrorism and be prepared for any mission to which we are called.”



An artist’s rendering of Naval Hospital Jacksonville’s planned surgical suite addition. Ground was broken for the new addition on Monday, June 9 and is slated for completion in 2010.

## NEW ADDITIONS TO TRO-SOUTH



Ms. Sandra Watson joined TRO-S in April 08 as the Administrative Assistant for both Clinical and Business Operations Divisions. She has worked as a contractor with Lockheed Martin for 9 1/2 years, primarily as the Configuration Manager for EMEDS and also providing support at the Military Health Systems Helpdesk.



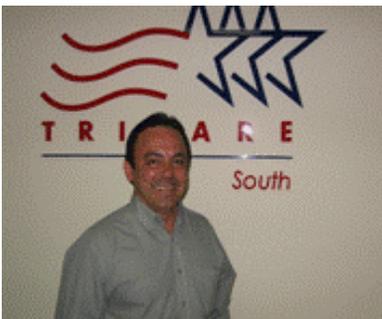
Ms. Andrea Brooks-Tucker, Behavioral Health Consultant joined TRO-S in March 2008. She began working as a psychiatric staff nurse before transitioning into administration. She has worked 27 years as a nurse in psychiatry and substance abuse in the private and public sector. Her most recent job experience was as the Director of Nursing at a psychiatric/substance abuse treatment center in Tallahassee, Florida for the past 7 years. She also worked previously in Texas in treatment facilities and served as the Executive Director of the Texas Peer Assistance Program for Nurses. Andrea holds a Masters Degree in Health Professions from Texas State University.



Ms. Nicole Myers, TRO-S Clinical Data Analyst, comes to the organization from Shim Enterprise, Inc. where she worked as the Business Analyst/SME for the Air Force Surgeon General Data Consolidation Project. She has nine years of Military Health System experience. Nicole holds a Masters in Health Administration degree from Webster University and a Bachelors of Business Administration degree from Strayer University.



Mary Jamvold has joined TRO-S in the Contracts Operations Division responsible for working Performance Assessment. Her assignment with gathering the region's performance results and working with the subject matter experts will be a busy one. Mary's experience as a contract administrator and an executive assistant will be a great asset to the TROS.



Mr. Robert Tijerina, Contract Administrator, joined the TRO's Contracting office in April 08. Mr. Tijerina began his Government career in 1981 in the Jet Engine Propulsion Division at the San Antonio Logistics Center at Kelly AFB. His last assignment was for the Department of Homeland Security, ICE/DRO Regional office where he served as Mission Support Specialist, Property Administrator and Procurement Specialist.