



Regional Newsletter

Dedicated to enhancing the exchange of information within the region

Published April 9, 2010



CONTENTS

Request for Joint Incentive Fund Proposals1

Salute To: Naval Hospital Corpus Christi Referral Reconciliation Process2

Pharmacy EOB Now Being Mailed.....3

Barksdale’s Network Provider Reception.....4

Humana Military’s Preventive Screening Campaign.....4

New Radiation Oncology Clinic Opened in March5

Visit TRICARE’s Media Center5

AFMOA Health Benefits Division Update6

Health Care Reform Q&A’s.....6

Brigade Appointment Reporting Tool.....7-9

AF Doctors Perform First Hand Transplant in DoD10

TRICARE Records Process System Reaches Milestone.....11

AF Medical Units Merge in San Antonio.....12

Spotlight on Ms. Patricia Oakes.....13

Training and Conferences.....14

FISCAL YEAR 2011 REQUEST FOR JOINT INCENTIVE FUND (JIF) PROPOSALS

The Joint Incentive Fund between the Department of Veterans Affairs (VA) and the Department of Defense (DoD) was created by Congress to encourage development of sharing initiatives at the facility, intra-regional and nationwide level. Accordingly, we are requesting proposals for Fiscal Year (FY) 2011 using the format in the link at the bottom of this page.

The Memorandum of Agreement for the JIF states that the following criteria will be used to evaluate proposals:

- Improves Quality of Care
- Improves Access to Care
- Mission Priority/Corporate Direction
- Return on Investment
- Measurable Performance Data Identified
- Size and Scope of Impact
- Supports VA/DoD Joint Strategic Plan
- Other Intangible Benefits

The National Defense Authorization Act for FY 2009 included a Congressional add for JIF projects specifically focusing on research to establish new models of health care delivery to aging service members, understanding interactions between traumatic brain injury (TBI) and cognitive aging, to enhance the presence of gerontology and age related medical issues throughout VA and DoD. The Department of Veterans’ Affairs FY09 Appropriation indicated important areas of collaboration include seamless transition of veterans, continuity of care through joint clinics, women veterans health programs, identification and treatment of military sexual trauma, suicide prevention programs, registries for trauma and post traumatic stress disorder (PTSD), development of joint clinical practice guidelines for polytrauma injury, TBI, blast injury, mental health/PTSD, and burn and amputee patients. Since there were no projects of this type submitted in FY 2010, again we are seeking projects that will fulfill the intent of Congress concerning these topics.

To expedite the selection process, we ask that all proposals include a business case analysis and official certification by the Service or Veterans Integrated Services Network Director/Chief Officer that the proposal will be either self-financing, have no recurring costs or that recurring costs will be funded within existing budgets after JIF funding ends.

To allow each department enough time to appropriately evaluate proposals, Friday, July 23, 2010, is the designated date proposals should be forwarded from the initiating local command/field activities to the appropriate Service intermediate command and VISN for review. Changes that result from this review should be jointly coordinated by the local VHA Program Office.

The final joint submission from the VISN or Services headquarters should be simultaneously forwarded electronically to connie.mcdonald@ha.osd.mil and michael.gardner2@va.gov by the designated lead coordinator, with copies to all appropriate DoD and VA officials, no later than Wednesday, September 1, 2010. For further questions, the POCs can be reached at (703) 681-8884 or (202) 461-6514.

<http://mx.ha.osd.mil/pickup.aspx?id=28955f94-d12b-4a73-8b4f-b5313854a29d>

A SALUTE TO: **NAVAL HEALTH CLINIC CORPUS CHRISTI REFERRAL RECONCILIATION PROCESS**

Naval Health Clinic Corpus Christi enhanced its patient care by streamlining the referral reconciliation process with a performance improvement strategy that accelerates capture and posting of legible referral results in patients' electronic medical records.

Clinic primary care managers refer patients to network providers for specialty care, but were limited to paper processing that made tracking and measurable metrics difficult.

Now, Team Corpus Christi performs 100% review, reconciliation or closure of all initial network referrals and provides a disposition for each. The total number of administratively closed referrals is at 98%.

Setting up the process was straightforward. It involved constructing a five-step plan that closes the loop within 10 weeks by submitting the referral; tracking and obtaining 'evaluate only' results within 10 days and 'evaluate and treat' results within 30 days; converting results into a PDF file; posting results in the initial patient encounter; and finally notifying provider for automatic sign-off on the note.

This efficient electronic process improves patient continuity of care because the paperless environment reduces document-filing person-hours, and network health care professionals can provide clear, legible electronic follow-up that facilitates expeditious patients' electronic medical records filing.

The clinic's Medical Management team goes the extra mile by training key personnel in daily clinic operations; networking with other facilities to expand web portal access for fast results; monitoring an alert system, notifying providers of unused referrals 14 days prior to administrative closing date; and tracking daily urgent care and emergent care for clinic nurses to follow-up on patients' medical necessities.

Dedicated to patient and family centered care, Naval Health Clinic Corpus Christi's referral resulting initiatives improve continuity of care and conserve valuable resources. They are sustainable in healthcare settings and they ensure providers have the necessary clinical information without having to request on the spot results.



Lt. Lonetta Canales, medical management department head, and Patricia A. Prewit (right), referral reconciliation specialist, discuss the referral reconciliation process that has significantly improved patient continuity of care at Naval Health Clinic Corpus Christi. The poster, 'Closing the Loop' that Prewit is pointing at was shown at the Health Innovations Program 2010 Military Health Systems Conference recently and has been selected to be presented at the American Academy of Ambulatory Care Nursing (AAACN) conference in May. (U. S. Navy photo by Bill W. Love/Released)

WHY INCREASE ENROLLMENT IN THE TRICARE MAIL ORDER PROGRAM (TMOP)?

Submitted by TRO-South Business Operations Division

At the recent Military Health System (MHS) conference, Rear Admiral Hunter, Deputy Director, TRICARE Management Activity, challenged the 3500 attendees to collectively achieve \$4.3M in savings each week by implementing three objectives that support the MHS' Strategic Quadruple Aim.

One of the objectives focuses on increasing enrollment in the TRICARE Mail Order Pharmacy (TMOP) program, now known as Home Delivery. Specifically, she challenged each attendee to transfer prescriptions of four patients to Home Delivery who now get their brand name prescriptions at a retail pharmacy.

TRO-South and Express Scripts Inc. (ESI) can assist your staff in reducing your beneficiaries' reliance on the expensive retail pharmacy while increasing their use of the Home Delivery program. The table depicts monthly average cost per 30-day equivalent prescriptions in the U.S. by the three pharmacy Points of Service (POS).

Pharmacy POS	Sum Total of 30 day equivalent RXs	Sum Total Submitted amount due	Average Cost per 30 day equivalent RXs
Home Delivery	2,728,057	\$90,302,437.06	\$33.10
MTF	6,800,272	\$120,153,652.85	\$17.67
Retail	6,336,282	\$425,973,351.29	\$67.23
Grand Total	15,864,611	\$636,429,441.20	\$44.12

As one can see, the preferred POS is the military treatment facility (MTF). TMOP is also a good option to fulfill your beneficiaries' maintenance pharmaceutical needs. The MTFs, on average, provide pharmaceuticals for about 26% of the cost for an equivalent prescription in the Retail pharmacy. With Home Delivery, the savings is about 50% less than retail. From a cost savings perspective, maximizing prescription throughput in your MTF is desired. However, one must balance that objective with providing reasonable beneficiary pharmacy wait times. Shifting your beneficiaries' maintenance prescriptions to Home Delivery rather than having them acquire them in the more expensive Retail Pharmacy saves the government and the beneficiary money; while also improving beneficiary access at the MTF pharmacy. With Home Delivery, the beneficiary receives up to a 90-day supply of medication delivered to their door versus having to go to the retail pharmacy monthly to get their prescriptions.

In the link below is a tri-fold that outlines this ESI initiative now underway at Walter Reed Army Medical Center (WRAMC) and a few other MTFs, to educate beneficiaries about Home Delivery. Results to date at WRAMC show about 7% of beneficiaries exposed to this education shift their retail prescriptions, MTF prescriptions, or both to Home Delivery. At Ft. McPherson, which is closing due to the Base Realignment and Closure commission, the shift is 18%. Cut and paste the following link into your browser to view the tri-fold: <http://mx.ha.osd.mil/pickup.aspx?id=b0d58219-e1c3-49e6-b90a-246bac2b75b4>

While ESI current process isn't fully automated and requires minor additional work for your pharmacy staff, ESI and TMA are close to implementing a fully automated prescription transfer process in the Composite Health Care System (CHCS). This new CHCS feature allows MTF pharmacy staff to electronically transfer prescriptions and automatically enroll beneficiaries to Home Delivery when beneficiaries present at the MTF pharmacy window and request their refills be transferred to Home Delivery. This new capability should be available this summer.

If you're interested in pursuing either ESIs current Home Delivery initiative or its fully automated process, please contact us so we can assist you in implementing either of these Home Delivery initiatives at your location. TRO-South POC: 210-292-3286/3245

BARKSDALE AFB ANNUAL TRICARE NETWORK PROVIDER RECEPTION

Submitted by 2d Medical Group

Theme: Global Medics Anytime...Anywhere **When:** Held on the eve of The Defender's of Liberty Air Show, during the Twilight practice run of the Air Show performance. Next one: April 23, 2010

Why: The core MOU states under MTF and network provider collaboration: To enhance relationships, optimize MTF care, and increase satisfaction, the contractor will facilitate provider collaboration between MTF and civilian providers. The MTF providers and the TRICARE network providers are invited to collaborate and develop professional relationships that ultimately will increase access to specialty care for our TRICARE beneficiaries.

Highlights: Medical displays are provided to share with the civilian providers how mobile military medicine is accomplished in less than desirable locations and situations without the modern conveniences they are provided in a stationary facility. Bio-wall displays pictures and biographies of the MTF providers for face recognition and introduction to the civilian guests. Military guests have included the pilots of featured flying groups such as the Blue Angels, Canadian Snowbirds, Thunderbirds and Strike Eagle Force, as well as the US Air Force Honor Guard and local member of Congress. Entertainment is added with static displays of EOD demonstrations and tours of B-52 and A-10 and the twilight practice run of the air show performers.

Benefits: There has been a 20% increase in network specialty provider enrollment and a 50% increase in network hospital enrollment. Access has increased to specialty providers that typically have long wait times for initial appts, and those with limited availability in the local area. We now have special access for ADSM patients for some specialists in high demand. The reception has opened lines of communication between the specialists and the MTF primary care managers. It has also enhanced and increased access to care for our TRICARE patient population. The MTF has retained some network providers that were ready to disenroll from the TRICARE network by providing them direct access to the MTF PCMs for networking opportunities.

HUMANA MILITARY'S PREVENTIVE SCREENING CAMPAIGN

Submitted by Humana Military Marketing

According to the Centers for Disease Control and Prevention (CDC), cancer is the second-leading cause of death in the United States, with lung cancer, colorectal cancer and breast cancer ranking first, second and third respectively. The American Cancer Society ® has found that death rates due to colorectal and breast cancer declining, which suggests that screening and early detection are working.

To help raise awareness about the importance of preventive cancer screenings, Humana Military, in collaboration with the TRICARE Regional Office South, has launched a Preventive Screening Campaign to increase screening rates among beneficiaries. This campaign will be implemented in two phases targeting breast and colorectal cancer in that order. Utilizing information from the Military Healthcare System Population Health Portal (MHSPHP), Humana Military has developed a multifaceted campaign that includes beneficiary and provider notification along with other initiatives.

Humana Military is in the process of enhancing its beneficiary web portal to include modules on breast and colorectal cancer screening. We will also post links in the provider web portal to several free continuing medical education (CME) credits.

As a reminder, TRICARE covers annual mammograms for women over age 39, annual Pap smears starting at age 18 or younger if sexually active and multiple screening options for colorectal cancer. No referrals are required for clinical preventive services administered by network providers or at military treatment facilities.

For more information, visit Humana Military's Web site at www.humana-military.com.

NEW RADIATION ONCOLOGY CLINIC OPENED IN MARCH

Submitted by the 81st Medical Group Public Affairs

The staff at Keesler Medical Center's new radiation oncology clinic has begun to treat patients," said Maj. (Dr.) Clayton Chen, 81st Medical Operations Squadron chief of radiation oncology.

The heart of the clinic, the linear accelerator (linac), was moved into the structure last year from its previous location on the ground floor of the main medical center building. The new clinic building is elevated 24 feet above sea level to avoid flooding from any future Katrina-like storm. Currently, there are minor construction items being completed and the linear accelerator is undergoing final commissioning.

The clinic staff includes two active-duty radiation oncologists and two government civilian administrative assistants provided by the Biloxi Veterans Affairs Medical Center. The team also includes eight contract members: two physicists, a dosimetrist, three radiation therapists, a chief radiation therapist and a nurse.

The majority of the services provided -- approximately 95 percent, according to Major Chen -- involve treating cancer patients. The remaining 5 percent of patients have benign conditions, such as keloids or heterotopic bone formation. The clinic will be able to treat up to 30 patients daily, with 80 percent of them referred by the VA medical center.

Treatments will range from a "single shot" given over one day or as many as 40 "fractionated" treatments given over eight weeks. Ultimately, the types of radiation the clinic will offer include 3-D conformal radiation, intensity modulated radiation therapy, stereotactic radiosurgery, stereotactic body radiotherapy, respiratory gated therapy and brachytherapy. IMRT and 3-D conformal radiation make up the majority of the treatments given to patients. Stereotactic radiotherapy is used for cancers requiring a lot of pinpointing, mainly brain lesions and small lung cancers. Gated radiotherapy is useful in treating lung cancer and will allow the radiation treatments to follow lung tumors with a patient's breathing motion. Brachytherapy uses radioactive implants to treat prostate, gynecologic, and breast cancers.

Major Chen said not all the therapies will be available when the clinic reopens, though they expect them to be within the next few months.

"It has been a long road, but I am very proud of the new department," he said. "We will offer many new technologies and treatment modalities that were not available pre-Katrina. When it's all said and done, it's about providing the best possible care to active duty, veterans and their families."

VISIT TRICARE'S NEW AND IMPROVED MEDIA CENTER

Don't feel like waiting for that next newsletter to get all the latest TRICARE news? Visit the new and improved Media Center at www.tricare.mil/mediacenter for the hottest links to TRICARE's social media and updates to what's happening with TRICARE. The new Media Center makes it easier than ever for beneficiaries and providers to follow TRICARE online and share information with friends and family. By joining the conversation, TRICARE is addressing concerns and providing resources to resolve the common issues beneficiaries have when accessing their health care benefits.

Become a TRICARE fan on Facebook, get tweets on Twitter or sign up for e-mail alerts delivering the latest TRICARE benefit information. View TRICARE news releases, and videos, download podcasts and much more. It's all at the new TRICARE Media Center at www.tricare.mil/mediacenter.

AIR FORCE MEDICAL OPERATIONS AGENCY (AFMOA) HEALTH BENEFITS DIVISION UPDATE

Submitted by AFMOA Health Benefits Division

Over the last two years the Air Force Medical Service (AFMS) has undergone major changes to its organizational structure. Most notable is the re-alignment of the Air Force Medical Operations Agency (AFMOA) and the Air Force Medical Support Agency (AFMSA).

AFMOA, located in San Antonio, is responsible for operations and execution. AFMOA is tasked with providing resources and direct support to AF Medical Treatment Facilities (MTF) by interpreting and executing policy guidance to ensure standardization across the AFMS. In addition, AFMOA provides reach-back support for the Major Command Surgeon Generals. AFMSA, located in Washington DC, is responsible for establishing policy guidance. AFMOA and AFMSA interact regularly.

The Health Benefits Division of AFMOA is the functional area tasked with providing direct support to AF MTFs in TRICARE Operations, Patient Administration, Medical Records Management, and Health Insurance Portability and Accountability Act (HIPAA) compliance. The Division is structured into four regional branches that mirror the TRICARE Regions (North, South, West, and OCONUS) and one support branch (health records management and HIPAA). The Health Benefits Division is now fully stood up and staffed with the exception of the HIPAA consultant cell. It should be up and running by Sep 2010. South Region MTFs can contact their AFMOA Health Benefits Team via email at AFMOA.SGAT@lackland.af.mil.

HEALTH CARE REFORM Q & A'S:

Questions & Answers

Q1. Will the new legislation transfer TRICARE into another government health care program?

A1. No. The Patient Protection and Affordable Care Act leaves TRICARE under sole authority of the Defense Department and the Secretary of Defense, and we are governed by an independent set of statutes. "For the Department of Defense, and specifically for our 9.6 million TRICARE beneficiaries, this law will not affect the TRICARE benefit. Eligibility, covered benefits, co-payments and all other features of our TRICARE program remain in place." – Assistant Secretary of Defense (Health Affairs), Dr. Charles Rice

Q2. What does deeming TRICARE as "qualifying coverage" mean?

A2. It ensures that TRICARE beneficiaries will not be impacted by the new legislation's requirement that people without qualifying coverage will have to pay a financial penalty.

Q3. Is TRICARE For Life considered "qualifying coverage" under the new law?

A3. Yes, TFL is deemed qualifying coverage under the legislation already passed by both the House and Senate.

Q4. Will my enrollment fee, premiums, deductibles or co-pays to go up because of this legislation?

A4. There is nothing in the legislation that would change any TRICARE fees.

Q5. The new health care bill allows adult children to stay on their parent's healthcare plan until age 26 if their employers don't offer insurance. Will TRICARE adopt this policy?

A5. Many beneficiaries with dependent children are very interested on how the Act will impact their children age 26 and younger. Our current age limits – 21, or age 23, if the dependent is in a full-time school program – are set by statute, so separate legislation would be required to change them. If changes are made to the statutes governing TRICARE, then, like any other legislative initiative, time will be required for us to implement the changes. Until that time, the benefit remains unaffected by the Patient Protection and Affordable Care Act.

For more information, visit www.tricare.mil (top of page).

BRIGADE APPOINTMENT REPORTING TOOL

Submitted by Winn Army Community Hospital

Here at Ft. Stewart we have developed an upcoming appointment reminder report and no-show report by unit. Last Aug we had AD no-show of 16%, when we implemented the tool/new process the first units were at 13% no-show. Now we are at less than 8% almost every week.

This program is saving approximately \$20,000 per week = 200 no-shows avoided each week at \$100 per appt. More importantly, soldiers are getting the care they need.

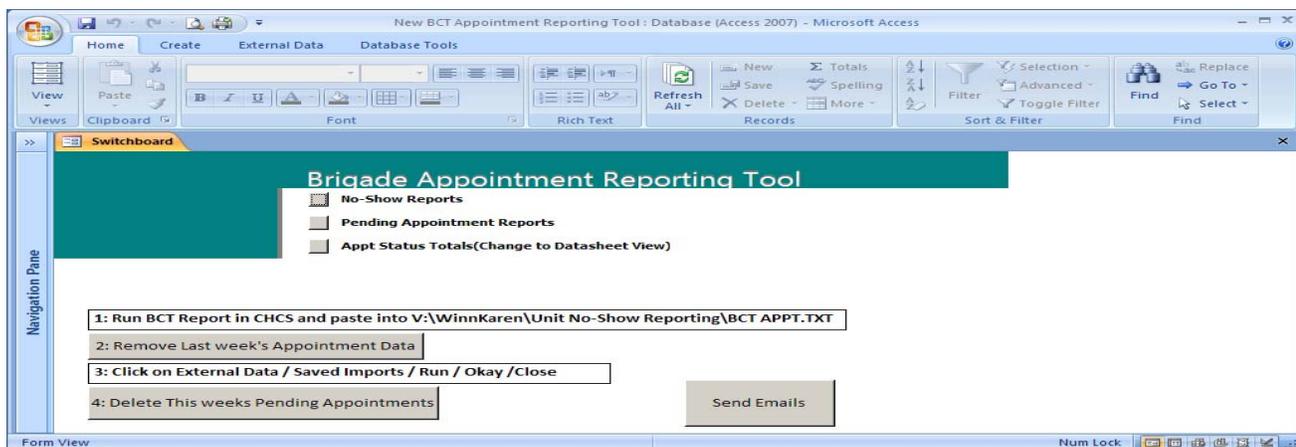
The advantage of this process is that it never gives the clinic name, which allows us to include the mental health appts, which programs like audio care do not include.

To assist in lowering active duty no-show rates, we have created an Access database to cross reference the UIC for each AD soldier with their brigade. This allows two reports to be created and sent to the POC's for each brigade. These reports are sent each Friday afternoon displaying next week's pending appointments and the current week's no-show appointments.

The appointment data is pulled from CHCS using an ad-hoc query, then saved as a delimited text file. Using the Saved Imports option in Access, the data is easily imported into the appointments table. A report for each brigade has been setup based on a query from the appointments table cross-referenced with the brigade table.

Each POC's e-mail address has been saved in a table, along with the pending appointment and no-show report required for each brigade. A macro has been setup and attached to an icon which allows us to e-mail each report to the designated POC. The macro creates both the pending appointments and the no-show report, then attaches it to a new e-mail message and sends the message to the POC identified in table.

Access Database:



- Continued on next page

BRIGADE APPOINTMENT REPORTING TOOL—CONTINUED

Sample Pending Appointment Report:



1st Brigade Pending Appointments

BCT	UNIT	RANK	PATIENT	APPOINTMENT DATE/TIME
1st BCT	0069 AR RGT 03 CO B RIFLE	CPL		WEDNESDAY - 10 Feb 2010 0930
	0069 AR RGT 03 HOME DET	PFC		FRIDAY - 12 Feb 2010 1100
		SPC		WEDNESDAY - 10 Feb 2010 1430
		SPC		FRIDAY - 05 Feb 2010 1315
		PFC		FRIDAY - 12 Feb 2010 1300
		PFC		WEDNESDAY - 10 Feb 2010 1300
		PV1		TUESDAY - 09 Feb 2010 1100
		SPC		MONDAY - 08 Feb 2010 1300

Sample No-Show Report:



1st BCT Appointment No-Show Report

BCT	UNIT	RANK	PATIENT	APPOINTMENT DATE/TIME
1st BCT	0069 AR RGT 03 HOME DET	PFC		THURSDAY - 04 Feb 2010 1330
		SGT		MONDAY - 01 Feb 2010 1000
		PFC		MONDAY - 01 Feb 2010 0815
		PV2		THURSDAY - 04 Feb 2010 1500
		PFC		MONDAY - 01 Feb 2010 0900
	0007 IN RGT 02 CO A HOME DET	SSG		MONDAY - 01 Feb 2010 0800
		SSG		WEDNESDAY - 03 Feb 2010 0800
		SGT		TUESDAY - 02 Feb 2010 0820
		SPC		TUESDAY - 02 Feb 2010 0845
		SPC		THURSDAY - 04 Feb 2010 0800

The following Monday the data is refreshed with only the last week’s appointments, to calculate the percent of no-shows. The Appt Status Total is a crosstab query which gives the total Kept and No-show appointment. This data is copied and pasted into a spreadsheet to calculate the percent of no-show appointments.

STATUS	188TH IN BDE	1ST BCT	2BCT	3CAB	3D SB	4th BCT	92 EN BN	DSTB	HAAF	MEDDAC	WT CADRE	WTU
KEPT	38	249	192	8	427	601	194	67	514	90	20	291
NO-SHOW		23	9		47	56	19	7	26	3	7	5

BRIGADE APPOINTMENT REPORTING TOOL—CONTINUED

Spreadsheet Sample:

	A	B	C	D	E	F	G	H	I	J
1	% of Unit No-Show Appointments by Brigade									
2	Week Ending	188TH BDE	1BCT	2BCT	3SB	4BCT	92 EN	DSTB	HAAF	TOTAL
14	25-Dec-09	0%	5%	0%	13%	16%	16%	12%	14%	14%
15	1-Jan-10	10%	38%	0%	11%	11%	18%	4%	6%	10%
16	8-Jan-10	14%	13%	0%	11%	10%	10%	9%	5%	8%
17	15-Jan-10	20%	13%	14%	9%	14%	6%	6%	6%	10%
18	22-Jan-10	7%	16%	10%	10%	11%	15%	17%	12%	12%
19	29-Jan-10	0%	11%	7%	11%	9%	5%	8%	8%	8%

104	BCT NO SHOW Statistics For 25 Jan - 29 Jan 2010									
105	STATUS	188TH IN	1st BCT	2BCT	3D SB	4th BCT	92 EN BN	DSTB	HAAF	TOTAL
106	KEPT	19	134	142	400	504	188	72	356	2178
107	NO-SHOW		17	11	47	47	10	6	32	184
108	Cost of No-Shows	\$0	\$1,700	\$1,100	\$4,700	\$4,700	\$1,000	\$600	\$3,200	\$18,400
109	TOTAL SCHEDULED	19	151	153	447	551	198	78	388	2362
110	% NO SHOW	0%	11%	7%	11%	9%	5%	8%	8%	8%

AIR FORCE DOCTORS PERFORM FIRST HAND TRANSPLANT IN DOD

Submitted by 59th Medical Wing Public Affairs

A team of military and civilian doctors performed the first-ever female hand transplant in the U.S. Feb. 17 at Wilford Hall Medical Center here.

Retired Master Sgt. Janet McWilliams is the 10th person in the U.S. to undergo this procedure and the first to have it done in a Department of Defense facility. Almost nine years ago, the former first sergeant of Lackland AFB's 342nd Training Squadron, lost her left hand and her right hand was severely injured when a package bomb exploded in her office.

After years of surgical reconstruction and failed attempts to find a suitable prosthesis for her left arm, doctors asked Sergeant McWilliams if she was willing to be put on a waiting list for a hand donor. Since the incident, Sergeant McWilliams said she underwent more than 25 surgeries for her injuries, but when her doctor suggested a hand transplant, she didn't stop to think; she immediately said, "Yes." On Feb. 16, a hand donor was identified.

"I received a gift, a hand," she said. "In the back of my mind, I've always wanted to have a hand. This wonderful family gave me that gift. I'm so honored to have this hand."

In contrast to an organ donor, selecting a donor for a hand transplant recipient involves additional emphasis on matching skin tone color, gender and the size of the hand, said Dr. Joe Nespral, the director of Clinical Services at the Texas Organ Sharing Alliance. Two weeks after the surgery, Sergeant McWilliams already experienced movement in her thumb and fingers, said Maj. (Dr.) Dmitry Tudor, who was part of the surgical transplantation team and is the chief of Hand and Upper Extremity Service at Wilford Hall. However, he said, it would take at least six months for her to regain any feeling in her new hand.

This transplant, Sergeant Williams said, is not only a significant occasion for her, but for all wounded warriors. "I am hoping that I can open the door for other wounded warriors who are coming back from Iraq, Afghanistan and other areas of the world who've lost hands (or) arms," she said. "Hopefully this will provide hope for them as well as receiving something back that is absolutely priceless and that is our dignity." Whenever she's in the hospital, Sergeant McWilliams dons a hospital gown with her former first sergeant rank and the patches of her former units. She said she hopes the news of this procedure gives wounded warriors another choice and helps them decide if this type of procedure is for them.

To date, no active-duty individuals have undergone this procedure, said Army Col. (Dr.) James Ficke, the chairman of Wilford Hall and Brooke Army Medical Center Integrated Departments of Orthopedics and Rehabilitation. There are about 50 wounded warriors who have an injury that may be eligible for this type of procedure. Along with Sergeant McWilliams, only one former Marine has received a hand transplant, but his procedure was done at a civilian facility. Sergeant McWilliams faces months of occupational therapy, and in a years' time, Doctor Tudor said he hopes she will have enough function to perform daily activities.

"The journey is going to be rough; it's not going to be easy," she said. "There's nothing you can't do in life. 'No,' is not part of my vocabulary. This beautiful hand will certainly become a part of my body. Now, after all these years, I can finally wear that engagement ring again and my wedding band. It is just absolutely priceless."

TRICARE RECORDS PROCESS SYSTEM REACHING MILESTONE

In just six years, almost a billion TRICARE Encounter Data records have been processed, a milestone event for the system that has come a long way in quickly and efficiently processing data records for TRICARE services around the world.

Civilian providers complement the direct care provided at military treatment facilities for TRICARE beneficiaries worldwide. Rapid data record processing, courtesy of TRICARE Encounter Data (TED), helps civilian providers get paid promptly for their services.

How quickly and easily claims are paid is an important feature for providers when they consider accepting patients from health care plans. The TED system gives providers an incentive to participate in TRICARE, and increased participation in TRICARE networks provides beneficiaries better access to health care.

“We all sincerely appreciate the hard work and innovation involved in this milestone,” said Rear Adm. Christine Hunter, deputy director of the TRICARE Management Activity. “TED has helped TRICARE provide outstanding health care around the world. The efficiency and ingenuity has strengthened the TRICARE network.”

TED allows TRICARE to process records for provider payments in less than 24 hours in most cases. Providers submit claims for payments to their regional contractors, who after processing the claim send a TED record to TRICARE. TED verifies and analyzes the information in each record, allowing payments to occur promptly.

Since it began in 2004, TED’s speed and efficiency has been constantly improved. It’s now one of the fastest claim processing systems in the world, able to process 700,000 records in just over three hours. TED collects, verifies and tracks purchased care claims for the Military Health System. TED has processed \$140 billion of purchased care services for TRICARE beneficiaries worldwide since 2004.

In addition to faster purchased care claims processing, TED records prevent payment for duplicate, fraudulent or erroneous claims. The information in the TED records also provides data for developing health care trends and budget projections.

“TED’s simple, innovative global interface allows purchased care records to be transferred seamlessly from providers to TRICARE and back at remarkable speed and volume,” said John Arendale, chief of TRICARE Purchased Care Integration. “This milestone reflects the solid, tangible value of electronic claims processing in helping TRICARE provide the Military Health System and its beneficiaries the best possible health care.”

TED processed 189.5 million records for TRICARE in fiscal year 2009, representing \$22.3 billion in paid claims. TED processing was built and is maintained by the Resources Division of the Defense Health Services Systems.

Source: <http://www.tricare.mil/pressroom/news.aspx?fid=613>

AIR FORCE MEDICAL UNITS MERGE IN SAN ANTONIO

Submitted by 59th Medical Wing Public Affairs

The 59th Medical Wing at Lackland Air Force Base just got bigger. All Air Force medical treatment facilities in San Antonio now fall under a single command structure. The 59th MDW headquarters is located at Wilford Hall Medical Center and led by Maj. Gen. Thomas W. Travis. The 59th MDW operates the Air Force's largest medical facility. Its mission is to provide deployed and in-garrison healthcare, graduate medical education and clinical research, all designed to enhance Air Force readiness.

Feb. 1 marked the activation of two new medical groups. The 12th Medical Group at Randolph Air Force Base became the 359th Medical Group, and the 37th Medical Group at Lackland became the 559th Medical Group. The realignment unites the medical units and their subordinate squadrons from Randolph and Lackland Air Force bases under the 59th MDW. With the addition of approximately 700 members from these two groups, the wing grows to approximately 6,000 active duty members, civilians and contractors.

The consolidation will be transparent to beneficiaries. There will be no change in services at the Randolph, Lackland, Brooks or Kelly clinics. Military and civilian personnel will see little impact, with the exception of changes in rating officials, in some cases.

The transition of Air Force medical facilities here is a direct result of the 2005 Base Realignment and Closure Recommendation 146, under which installation support functions are consolidated at 12 locations across DoD.

In San Antonio, the newly formed 502nd Air Base Wing, under the Joint Basing Plan, will be responsible for the mission support groups at each installation, while the 59th MDW assumes responsibility for the Air Force medical groups. The realignment helps streamline medical contingency operations planning, installation and clinical support by creating a single interface point for all installations in the area. The medical realignment coincides with the joint base standup of the 502nd ABW's subordinate units held Feb. 2.

"The installations' missions drive the support, not vice versa. Under Joint Base San Antonio, the 59th MDW now has a responsibility to directly support the missions and commanders at each of the installations through the newly activated medical groups," said Maj. Gen. Travis.

The 12th MDG was inactivated by Col. Jacqueline D. Van Ovost, commander of the 12th Flying Training Wing, the prior host unit, followed by the immediate activation of the 359th MDG by General Travis. The 12th MDG has served under the 12th FTW since 1972. Assuming command of the 359th MDG is Col. Soledad Lindo-Moon, with four squadrons assigned.

"The realignment of the medical group here under a medical wing is a change that has the right vector," said Col. Van Ovost. "While the medical group will no longer belong to the 12th FTW after today, it will still provide the world-class health care it always has to the greater Randolph community, only now it will be able to do more under the umbrella of a large medical system that reaches across all of San Antonio."

An afternoon ceremony at Lackland AFB commenced with the inactivation of the 37th MDG, led by Col. William H. Mott, commander, 37th Training Wing. During the activation portion of the ceremony, General Travis stood up the 559th MDG Group. The 37th MDG has a long history dating back to 1953 and has served in Vietnam. Col. Rick Campise will lead the 559th MDG with two squadrons.

"I have no doubt that the excellent medical support of the bases and their missions will continue, and even get better, under this new construct. That will be my goal, and my entire team's goal, as we begin this new adventure called Joint Base San Antonio," said General Travis.

Spotlight On: Mrs. Patricia Oakes



Mrs. Patricia Oakes is the Chief of Referral Management at Barksdale AFB in Bossier City, Louisiana. She is a Registered Nurse and has been at Barksdale for over four and a half years. Throughout her time at Barksdale AFB, Mrs. Oakes has been recognized as a leader and innovator AFMS wide.

Mrs. Oakes won the Outstanding Health Plans Management Civilian of the Year Award in 2006, and has briefed on referral management at several notable conferences, most recently the 2010 MHS Conference in Washington D.C. She was presented with the ACC/SG “Real Pro Award” for her work with referral management during the Surgeon General’s visit in 2008. Mrs. Oakes has set the benchmark for referral management throughout the Air Force, and is regularly contacted by other bases that are looking for guidance in reshaping their referral processes.

Of her many innovations, one of the most successful to date has been her creation of the annual Barksdale Provider Reception. In order to satisfy the contractual guidelines of meeting with network providers once a year, she helped to create an annual event in conjunction with Barksdale’s Air Show. It has become the must-attend event for the local Shreveport-Bossier City medical community and has resulted in a 20% increase in network specialty providers, as well as a 50% increase in network hospitals.

Currently, Mrs. Oakes remains on the forefront of innovation with her work expanding Barksdale’s network, and by being a liaison to the civilian providers, which ensures the base population has adequate access to care. She is an indispensable member of the 2 MDG team, and continues to ensure that the 2 MDG leads the way in referral management.

2010 TRAINING, MEETINGS & CONFERENCES

*For more information and registration on South Region training opportunities,
please visit our webpage
at <http://www.tricare.mil/trosouth/Training.cfm>.*

ANNUAL C&CS CONFERENCE

New Orleans, LA, August 3 - 5, 2010

The conference webpage and registration will not begin until mid-June 2010. More information to come.

TRICARE SOUTH FUNDAMENTALS COURSE DATES

Dallas, TX, May 11 - 13, 2010

Memphis, TN, July 20 - 22, 2010

San Antonio, TX, October 19 - 21, 2010

TRICARE INFORMATION PORTAL (TIP)

AD HOC TRAINING

San Antonio, TX, May 26, 2010

Augusta, GA, August 25, 2010

San Antonio, TX, November 17, 2010

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>