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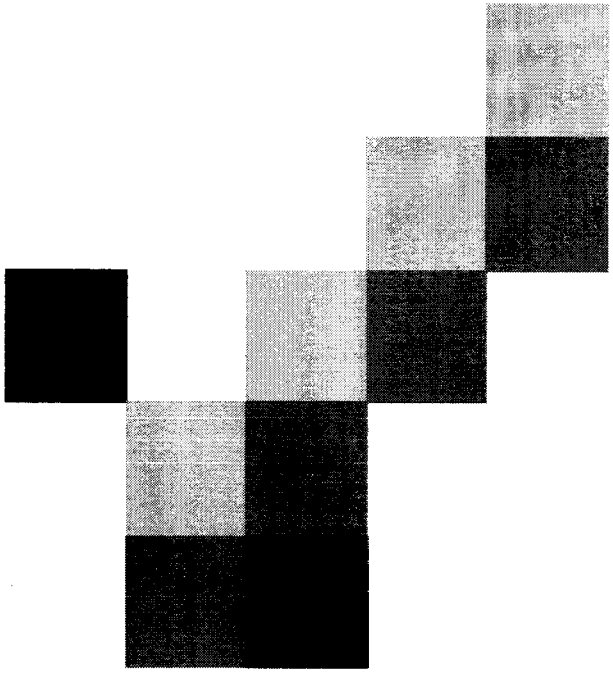

Community Presentation

KEESLER AFB MEDICAL CENTER

Regional Hearing
New Orleans, LA
22 July 2005

Keesler Medical Center

- The BRAC 2005 Recommendation:

  Realign Keesler Air Force Base, MS, by disestablishing the inpatient mission at the 81st Medical Group; converting the medical center to a clinic with an ambulatory surgery center.

- It is the only medical center that would be downgraded in BRAC 2005 without consolidation into a similar local institution

  [e.g., Walter Reed AMC to NNMC Bethesda, Wilford Hall (Lackland) to Brooke (Fort Sam Houston)]

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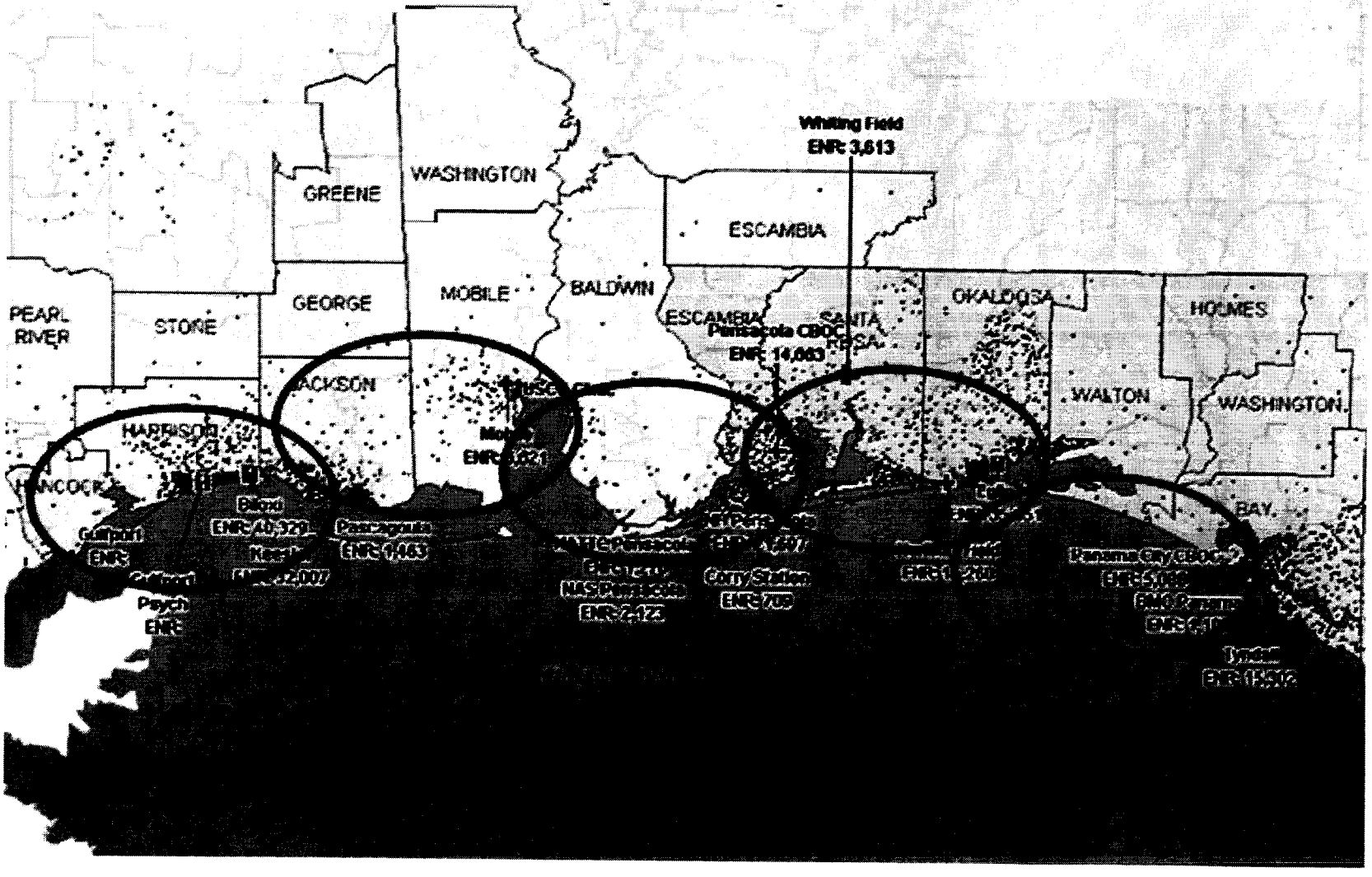
81st Training Wing
Keesler AFB, MS

- Permanent Party
  - Officer 715
  - Enlisted 3,058
  - Civilian 1,463
- Students
  - Annual – Average 44,000+
  - Average Daily Student Load – Average 5,000+
- Annual Budget/Economic Impact
  - $126M / $1.885B

Keesler Medical Center

- 2,200 on staff + 134 Volunteers
  - 1,586 are on deployment teams
- 95 Inpatient beds
- 75 Specialties/Subspecialties that include:
  - 17 Medical Specialties
  - 17 Surgical Specialties
  - 4 Mental Health Specialties
  - 5 OB/GYN Specialties
  - 8 Pediatric Specialties
  - 7 Dentistry Specialties

Federal Healthcare Anchor



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Keesler's Daily Activities

- 2004 Averages

Outpatient Visits	1,225
Occupied Inpatient Beds	51
Births	2
Radiology Procedures	372
Laboratory Procedures	2,390
Prescriptions	3,951
ER Visits	80
Surgeries	19
Ambulatory Procedures	20

Keesler Medical Center

- Graduate Medical Education (GME)

	# In training
General Surgery	24
Internal Medicine	24
Pediatrics	23
OB/GYN	11
Nurse Anesthetists	6
Dentistry	12
Medical Technicians	335

- Patients seen per year – 105,000
- Operations performed – 5,000
- Anesthesia cases per year – 3,000
- Residents in Internal Medicine, Surgery, Anesthesia also rotate to Biloxi VA Hospital

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Readiness Issues

- Keesler Medical Center is an important component of operational readiness
  - Has 1,586 personnel tasked to deployment teams (1068 have deployed in the last 5 years)
- Keesler Medical Center has a leading role in readiness of troops throughout region
  - Frequently deployed "Seabees" of CBC Gulfport
  - Active duty and their families of all regional bases
  - Guard and Reserve depends on Keesler
  - Troops mobilized through Camp Shelby
- Keesler Medical Center has crucial role in 81st TRW Education and Training Mission
  - 70% of students are right out of Basic.
  - 2 Bases (Ft. Jackson/Navy Beaufort were dropped from realignment due to service concerns for students – Why not Keesler?

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How Did Keesler Make the List?

- Lt. General George P. Taylor, Jr. – Chairman of Medical Joint Cross-Service Group replied…
  - Used FY2002 numbers from bases
  - Fed into computer model to determine Military Value
  - Results were reviewed for anomalies like remote location, no local facilities available, etc.
  - Did not talk to local commanders, communities, local hospitals, Veteran Administration, or Homeland Security Agency.

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Review of Military Value Weighting Factors

- The Health Care Services Military Value Formula, 100 points possible

Active Duty Eligibles	16.20	
Active Duty Family Eligibles	1.35	
Other Eligibles	1.35	
Other non-AD Enrolled in Prime	2.70	
AD Family Members Enrolled in Prime	5.40	
Civilian/VA hospitals	1.80	
Civilian/VA beds per population	7.20	
Civilian primary care providers per population	5.40	
Civilian specialty providers per population	2.25	
Civilian dentists per population	1.35	
Facility Condition Index	12.50	25.0%
Weighted Age	12.50	
On-Site FDA blood testing	4.00	
Proximity on warehouse storage	2.00	
Contingency beds	4.00	
Inpatient cost per RWP	2.80	20.0%
Inpatient total RWP	3.60	
Outpatient costs per RVU	4.00	
Dental costs per DWV	1.20	
Outpatient total RVU	4.80	
Dental total DWV	1.20	
Pharmacy total scripts	1.20	
Total weighted radiology procedures	0.92	
Total weighted lab procedures	0.28	

Military Value Analysis Is Flawed

- Logic behind the Military Value Formula is backward.
  - Emphasizes age/condition of buildings rather than healthcare
  - Marginal credit for quality and quantity of healthcare
  - No credit for Graduate Medical Education Program
  - Marginal value of treating retiree population to train and retain skills
- Math is Wrong!
  - Calculations show 0 points for Keesler facility condition – this should be 11.25!
  - Moves Keesler up to 50.65 Military Value
    - Only two small hospitals (Air Force Academy and Navy Great Lakes) are being realigned that have higher military value. They both have very low ADPL of 6 and 13 – Keesler has ADPL of 60.
    - There are 7 facilities with lower Military value scores that maintained their inpatient services – All have much lower ADPL than Keesler

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A Second Flaw – Destroys Keesler's GME Program

- The Keesler recommendation would destroy Keesler's major military GME program
- Although the BRAC recommendation itself fails to mention the inevitable loss of GME, the minutes and charts of the Medical JCSG reflect:
  - the loss of Keesler residency slots
  - How they could be "absorbed" elsewhere
- Why not state this upfront rather than mask it by removing the patients

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A Second Flaw – Destroys Keesler's GME Program

- Secretary Wynne Memo – JUL 2, 2004
  - *"The military departments and JCSG will not recommend to the Secretary any closure or realignment recommendation that eliminates the capability to conduct graduate medical/dental education (GME/GDE) and clinical training for uniformed medics"*
- Although this imperative was not included in the final principals, the groups were told to consider these to:
  - *"ensures that the military value analysis does not produce results that would adversely affect essential military capabilities"*
- Secretary Wynne Memo – SEPT 28, 2004
  - *"While the imperatives should not be mandatory constraints on the BRAC analytical process, the ideas expressed there in are appropriate considerations in the decision making process."*

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A Second Flaw – Destroys Keesler's GME Program

- The MJCSG did not do a comparative analysis to ascertain the effects of shutting down the Keesler GME.
  - Where will it go?
  - What are the costs?
  - What effects on Keesler Active Duty, dependents, veterans, and retirees?
  - What effects on Accreditation?
  - What effects on the Readiness teams?
  - What effects on Community?

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A Second Flaw – Destroys Keesler's GME Program

- Since the recommendation came out, USAF is now suggesting by 2007 "the community" could take over GME programs that took many years and much funding to establish and to accredit
- This option was never studied in the Medical JCSG deliberations and no local hospitals were consulted
- The option is a nonstarter
  - We have consulted with every area hospital
  - We have written statements that they do not have the capacity and resources to take over Keesler's GME Programs

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What the MJCSG Recommendation Really Does

- Stops Inpatient Care
- No patients – no Graduate Medical Education Program
- Ultimately affects Outpatient care due to loss of specialties
- Bottomline:
  - Healthcare for active duty, their dependents, veterans, and retirees will be drastically reduced in a 4-state area that Keesler now serves. This is a readiness issue!

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A Third Flaw – Community Infrastructure Assessment

- MJCSG says "NO issues"
  - Based on National Medical Association figures with no input from facilities themselves.
- We visited all hospitals in local area that are in the TRICARE system and found significant problems

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A Third Flaw – Community Infrastructure Assessment

- Our personal visits to each hospital revealed:
  - Distinct difference in licensed beds-vs-staffed beds
  - Many specialties / sub-specialties that would be lost at Keesler do not exist within 40 mile radius.
  - Local hospitals / providers are not excited about joining Tricare System
    - Less than 50% of hospitals have joined
    - Only 20% of necessary providers are within 40 miles
    - Fees from Tricare are low
    - Current law will further decrease TRICARE fees by 26% over the next 6 years

Bottomline to Community Assessment

- BRAC Recommendation forces our military members, their families, veterans, and retirees into a civilian medical network that…
  - Does not have the capacity to take it
  - Does not have the specialties that are currently provided on base
  - Dislikes TRICARE for low fees and bleak future
  - Do not want to move Keesler's GME Program into their hospital

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Another Flaw – Savings!

- "Projected recurring savings for Keesler alone is $30 million per year."

-- Lt. Gen George P. Taylor, Jr.
Chairman, MJCSG

Another Flaw – Savings

- Still reviewing this, BUT we do know this:
  - Wrong $ figure for inpatient cost per admission was used. ($4,314.25 -vs- $6,790.00)
    - MJCSG admitted this error and stated in a Congressional response that it will reduce the savings by $10 million per year.
  - GAO reports personnel savings is wrong – no end-strength change
  - There will be a considerable increase in Tricare costs due to increased caseload
    - Just because another agency picks up the cost, it is not a savings to taxpayers.
    - Additional cost by Humana in Mid-90's resulting from a similar increase was $4.5 Billion.

Summary

- MJCSG recommendation is Wrong!
- MJCSG methodology is Wrong!
- MJCSG results are Wrong!

Summary

- MJCSG recommendation is Wrong!
  - Eliminates inpatient and GME (no data supports loss of GME)
  - Drastically reduces medical access / care for 4-state area.
  - Affects active duty personnel the most
    - Over 94,000 active duty patients seen last year from all branches of service
    - Dependents, veterans, and retirees also lose
  - Detrimental to readiness and jointness to all regional bases

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Summary

- MJCSG methodology is Wrong!
  - Uses computer model that is biased toward buildings rather than military health care.
  - Significant Math errors
  - No interaction with local commanders, local community healthcare officials, other government agencies

Summary

- MJCSG results are Wrong!
  - Doesn't save $30 Million per year
    - Already reduced by $10 Million
    - Personnel savings questionable – no end-strength change
  - Doesn't factor in additional cost of TRICARE
  - Jobs loss (362) is clearly low
    - Losing GME will increase that to **???????**

Summary (Continued)

- Local medical community is already stretched thin due to shortage of physicians
- AmeriMed study (2004) highlights shortages
- Community has 72% of the US average of specialty care physicians per population*
- Community has 64% of the US average of family & general practice physicians per population*
- Community has 75% of the US average of dentists per population*

Once again, the unavailability of community health resources has serious consequences for the active duty warfighter and dependents

*Source: Congressional Research Service using data from the Area Resource File compiled by the Health Resources and Services Administration of HHS.

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Summary (Continued)

- Other community Effects:
  - Loss of emergency service due to disasters
  - Loss of medical personnel for Coast
  - Loss of retirees for Coast
  - Loss of synergies with VA & local hospitals
    - Cares commission decisions must be relooked

Medical Joint Cross-Service Group BRAC 2005 Debriefing Realign Keesler Medical Center

- Does it?:
  - ☐ Support the Warfighter and their families (in Garrison and Deployed) **Decreases Medical Access & Care!** NO!
  - ☐ Maximizing Military Value while reducing footprint, while maintaining surge capability NO!

    Emphasizes buildings; Not Healthcare!
  - ☐ Maintaining or improving access to care for all including retirees, using combinations of the Direct Care and TRICARE **Does the Opposite – Decreases Access!** NO!
  - ☐ Enhancing Jointness **Eliminates Existing Jointness!** NO!
  - ☐ Maximize synergies gained by co-location/consolidation NO!

    Disregards VA Initiatives!
  - ☐ Examine out-sourcing to better leverage health care system investments NO!

    Doesn't give credit for Existing Out-Sourcing!

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What is the right thing to do?

- Support our war fighters, their families, our veterans, and retirees.
- Remove the Keesler Medical Center from the Realignment List!