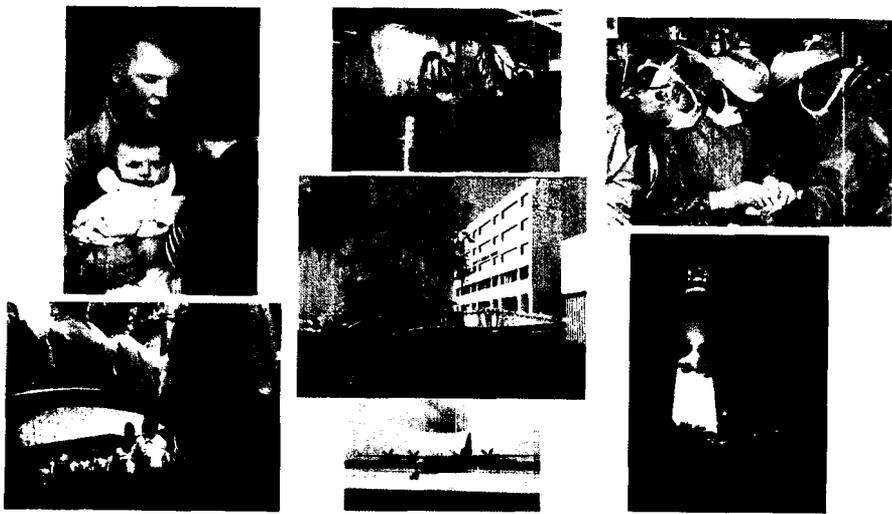


  
U.S. AIR FORCE

**Keesler Medical Center**  
*Welcomes*  
**ADM (RET) Gehman - BRAC Commissioner**

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**Keesler Medical Center – 2005**  
**95 Beds/2334 assigned personnel**

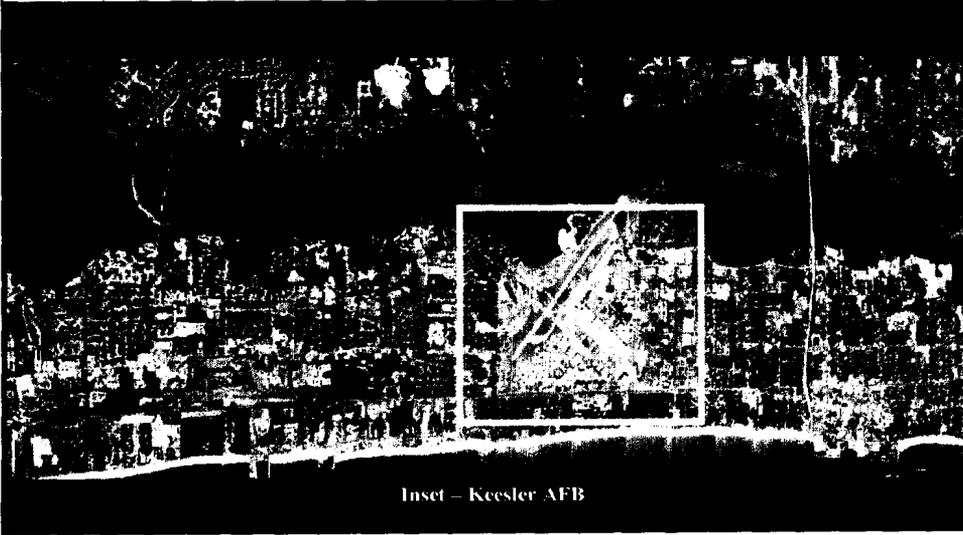
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## Biloxi, Mississippi

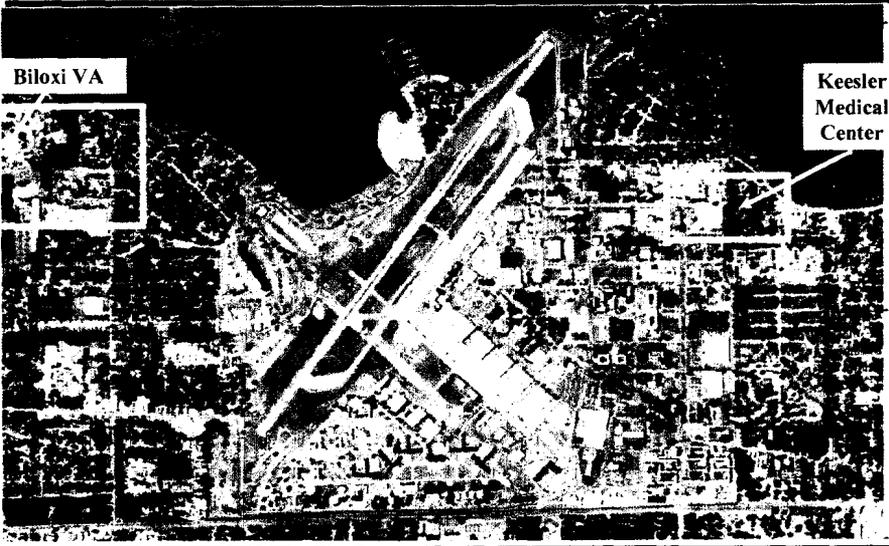


Inset - Keesler AFB

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## Keesler Air Force Base



Biloxi VA

Keesler Medical Center

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 **81st Medical Group Campus – 2005**  
**95 Beds/2334 assigned personnel**

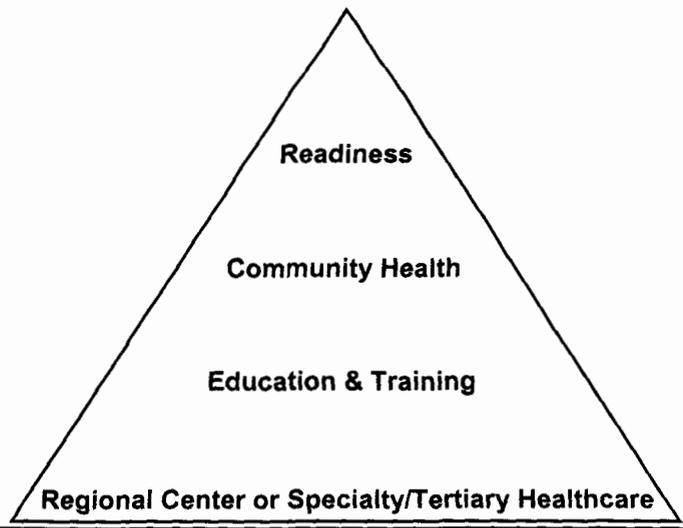
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 **81st Medical Group**  
**Organizational Goals**

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**Readiness**

**Community Health**

**Education & Training**

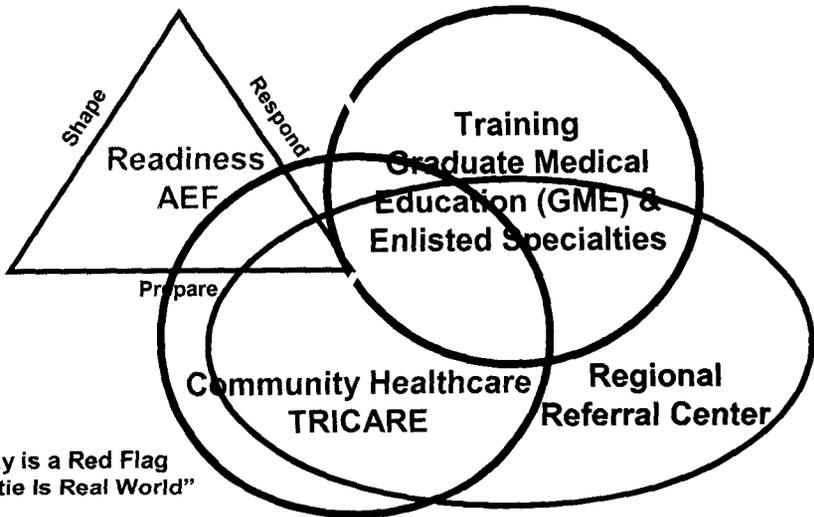
**Regional Center or Specialty/Tertiary Healthcare**

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 **Keesler Medical Center TODAY**  
**Multi-Focused Mission**

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Shape  
Respond  
Readiness  
AEF  
Prepare  
Training  
Graduate Medical  
Education (GME) &  
Enlisted Specialties  
Community Healthcare  
TRICARE  
Regional  
Referral Center

Everyday is a Red Flag  
"Each Sortie Is Real World"

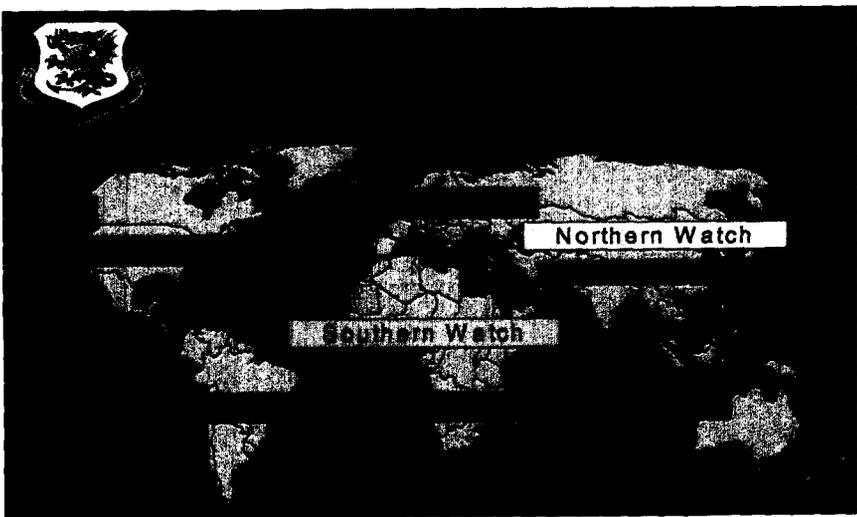
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 **Readiness**  
**"Global Care – We're There!"**

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Northern Watch  
Southern Watch

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## Medical Readiness

### ■ Process Improvements

- Faster, Leaner, 100% Ready, **962** on UTCs
- Homeland Security Relationships, Training
  - In-Place Decontamination Capability, Training
- Civilian Partnerships
  - National Disaster Medical System (NDMS)/Lifesaver 2003, 2004, 2005
- Dec 02 Smallpox Effort
- DOD Blood Donor Center
- Portable Ultrasound Diagnosis In Field
- Physician Graduate Year One (PGY-1) Mandatory Curriculum



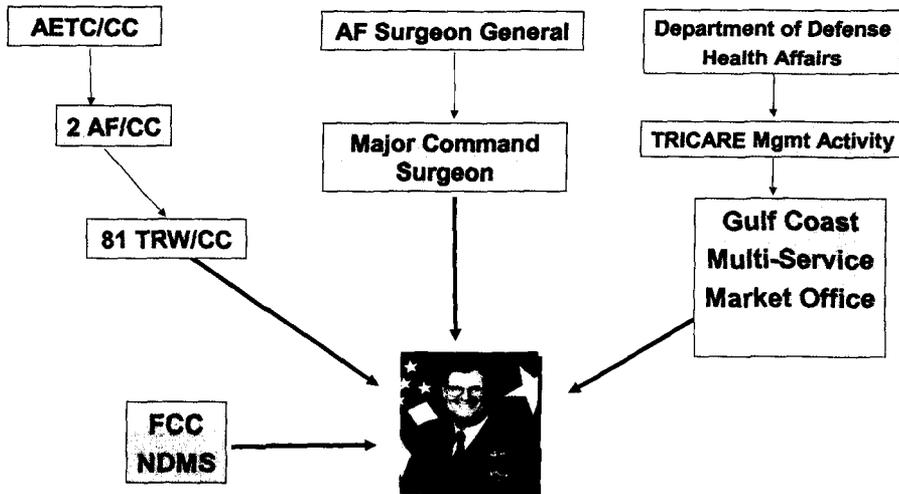
Lt Col (Dr) Jim Webb  
*The New York Times*  
30 Mar 2003, AF Photo

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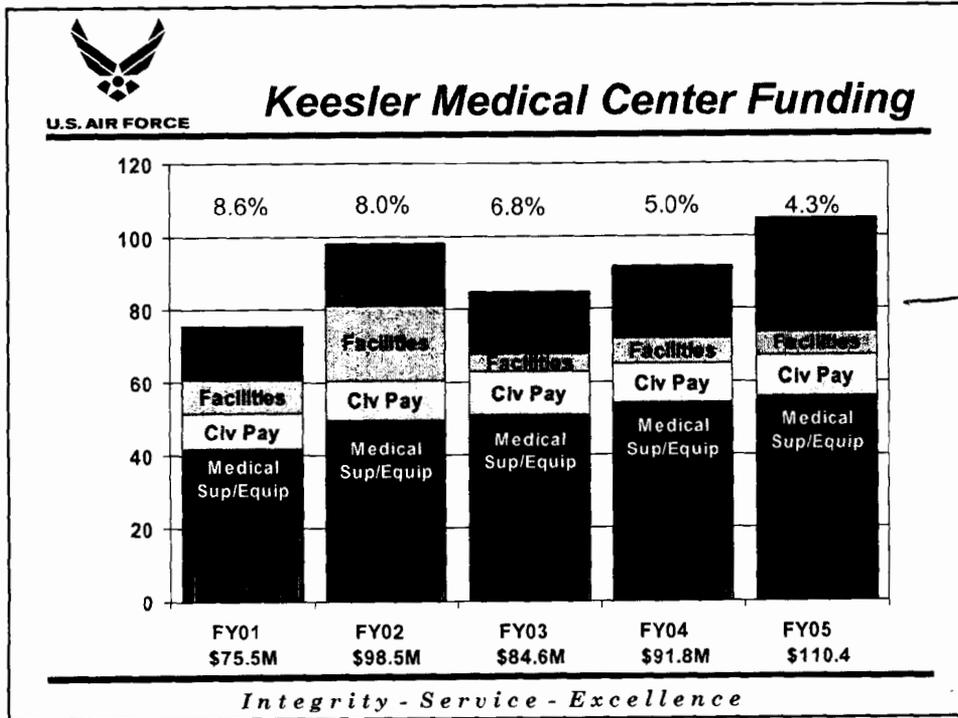


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## Chains of Accountability



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### Keesler Medical Center Staffing

Current Staffing	Authorized	Assigned
Officer	505	476
Enlisted	1085	1059
Civilian	207	211
Residents	102	103
Subtotal	1899	1849
Volunteers		134
Contractors		351
Total 81 MDG Personnel		2334

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*fuzzie #*



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## "A Day in the Life"

### 2004 Averages

- 1,225 Outpatient Visits - 7 day/ wk #
- 51 Occupied Inpatient Beds
- 2 Births
- 372 Radiology Procedures
- 2,390 Laboratory Procedures
- 3,951 Prescriptions
- 80 ER Visits
- 19 Surgeries
- 20 Ambulatory Procedures

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## GME Success 2004

- Physicians in Residency training: 83  
*Internal Medicine 24; Surgery 24; Pediatrics 23; OB/GYN 11; Thoracic Fellowship 1*
- Patient encounters per year: 105,000
- Operations performed: 5000
- American Board Certification, 10 years: *Internal Medicine 97%; Surgery 100%; OB/GYN 100%; Pediatrics 94%*
- Full accreditation by AMA Accreditation Council for Graduate Medical Education (ACGME):  
*Surgery 5 yrs; Pediatrics 3 yrs; Internal Medicine 4 years; OB/GYN 2 years; Institution 5 yrs - #'s are declining*

*# of residents over 100 if you add dentists and nurse anesthetists*

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## ***GME Success 2004***

- **Dentists in Residency training: 12**
  - **Advanced Education in General Dentistry – 8 Residents**
  - **General Practice Dental Residency – 2 Residents**
  - **7 year accreditation by American Dental Association**
  - **Endodontics Residency – 2 Residents**
  - **5500 patient encounters per year**
  
- **Certified Registered Nurse Anesthetists in training: 6**
  - **500 anesthesia cases per resident per year**

**(Residents in Internal Medicine, Surgery, and Anesthesia rotate to Biloxi VA Medical Center)**

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10



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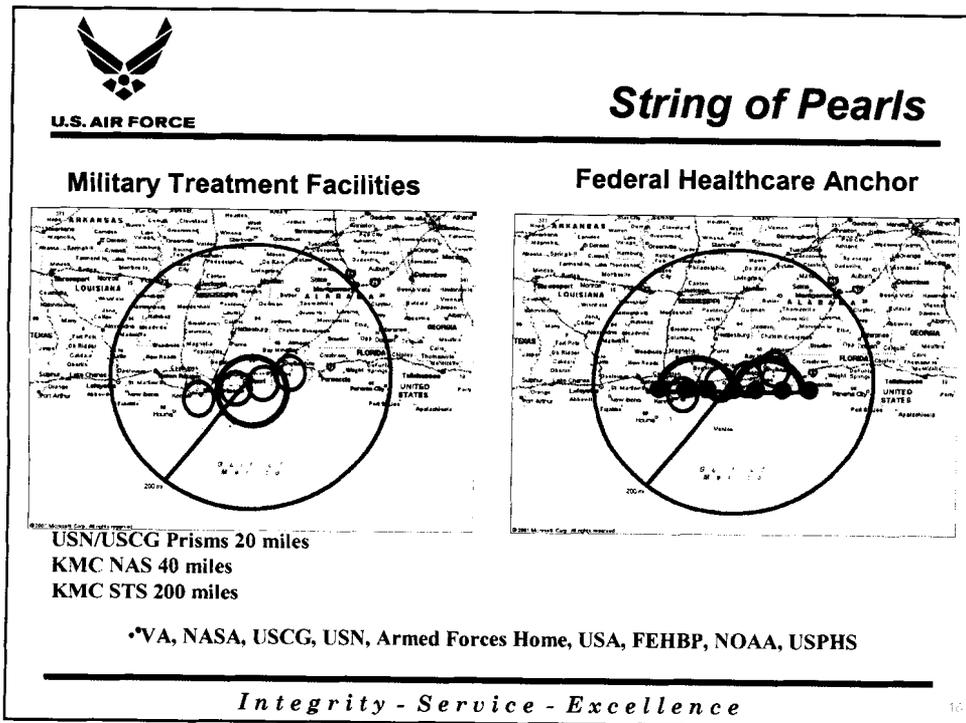
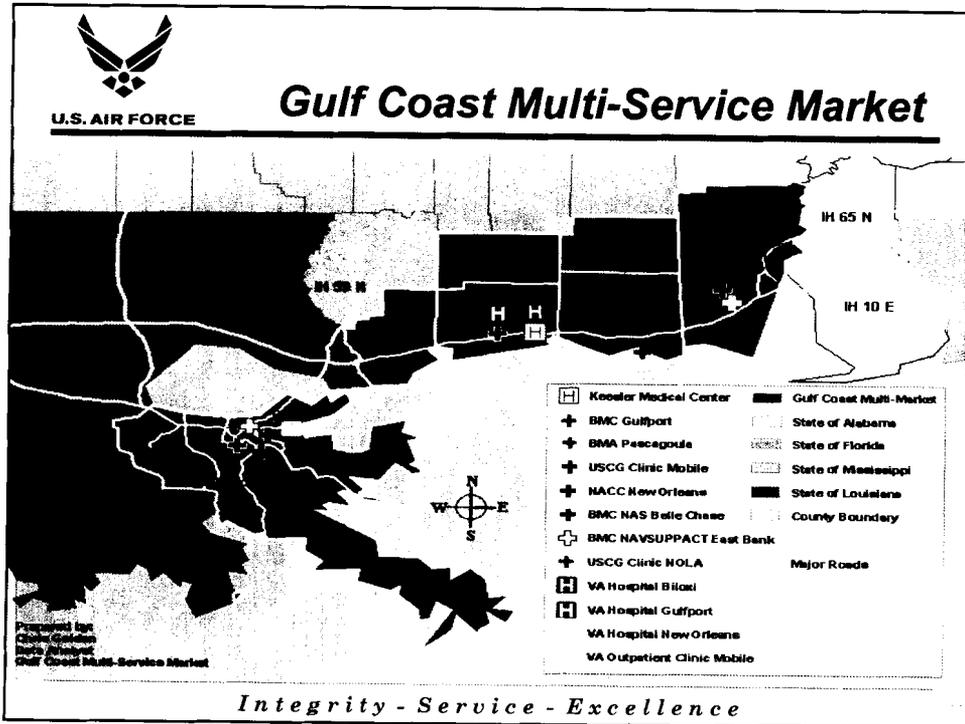
## ***Education and Training***

- **Phase II – Working integration with 81<sup>st</sup> TRW**
  - **8 Programs**
  - **3 - 38 Weeks**
  - **Average 325 Apprentice Course Grads/yr**
- **CRNA Residency**
  - **18 month program**
  - **6-10 Grads/yr**



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11



  
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## A Federal Solution

**Coast Guard 8th District  
Mobile, AL**



**Coast Guard Falcon**



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## Future Plans

- VA/DoD Sharing – The \$200M Cares Commission for Biloxi
- Cutting edge Clinical Research/Genetics Labs that require sustainment = military working dog projects
  - CRL has 195 open clinical research protocols
  - Genetics has 2 research protocols
- \$40M Facility Improvements and Military Construction Projects
- Ongoing Global Readiness Support
- Hub for Regional Transportation System
- State of the Art Dental Clinic
- Interior Upgrade Awaiting Funding
- Multi-service Market Manager Role
- -ologist Staffing Challenges
- Inspected by 98 Regulatory Agencies
- 35 Inspections projected for 2005
  - 58 Inspections completed in 2004
  - 58 Inspections completed in 2003



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*Questions?*



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DCN: 11912

<b>Recommendation: Convert Inpatient Services to Clinics</b>					
	<b>One Time Costs (\$K)</b>	<b>Net Savings During Implementatio n (\$K)</b>	<b>Annual Recurring Savings (\$K)</b>	<b>Return on Investment (\$K)</b>	<b>NPV savings over 20 Years (\$K)</b>
<b>Keesler Air Force Base, MS</b>	<b>2,620,289</b>	<b>(139,147)</b>	<b>236,943</b>		<b>(30,411)</b>
<b>Fort Eustis, VA</b>	<b>955,327</b>	<b>(3,941)</b>	<b>18,710</b>		<b>(1,230)</b>
<b>Fort Knox, KY</b>	<b>2,161,152</b>	<b>(15,055)</b>	<b>62,427</b>		<b>(1,359)</b>
<b>Marine Corps Air Station Cherry Point, NC</b>	<b>983,512</b>	<b>698</b>	<b>59,415</b>		<b>(2,156)</b>
<b>Naval Station Great Lakes, IL</b>	<b>2,363,220</b>	<b>(43,350)</b>	<b>73,990</b>		<b>(11,849)</b>
<b>Andrews Air Force Base, MD</b>	<b>2,219,427</b>	<b>(27,564)</b>	<b>135,472</b>		<b>(7,441)</b>
<b>U.S. Air Force Academy, CO</b>	<b>249,163</b>	<b>(6,237)</b>	<b>19,178</b>		<b>(1,348)</b>
<b>Scott Air Force Base, IL</b>	<b>1,039,910</b>	<b>(12,048)</b>	<b>61,305</b>		<b>(3,314)</b>
<b>MacDill Air Force Base, FL</b>	<b>233,237</b>	<b>(9,212)</b>	<b>23,169</b>		<b>(2,091)</b>
<b>Totals</b>	<b>12,925</b>				<b>-818,094</b>



### Questions for Keesler, MS

1. What is your average daily patient census (or workload)? **See atch 1 for breakdown**

Fiscal Year	Occupied Bed Days	Days in Year	Ave Daily Census
FY05	11919	243	49.05

For the last 5 years, what was your average daily census?

Fiscal Year	Occupied Bed Days	Days in Year	Ave Daily Census
FY00	28920	365	79.02
FY01	25572	365	70.06
FY02	22024	365	60.34
FY03	19159*	365	52.49*
FY04	18588	366	50.79

\* Inpatient mental healthcare moved to Gulfport VA in FY03; FY02 was last full year of inpatient mental health care at Keesler. Many of those types of patients are now treated on an outpatient basis in Keesler's Intensive Outpatient Program.

2. How much excess capacity do you have at your facility? **See atch 2 for breakdown**

Family Medicine – 351 TRICARE Prime Slots available  
 Internal Medicine – (267) There are no Prime slots available  
 Pediatrics – 1,176 TRICARE Prime slots available  
 Flight Medicine – 1,415 TRICARE Prime slots available

3. What is the proportion of outpatient to inpatient visits? **See atch 1 for breakdown**

99.02% outpatient  
 0.98% inpatient

4. What is the proportion of total cost dedicated to inpatient v. outpatient services?

Inpatient = \$50,385,223.43  
 Outpatient = \$84,779,562.96

5. Is your service population different for outpatient v. inpatient services? No difference

6. Provide military and civilian staff demographics (i.e., age, salary, specialties, etc.)  
**See atch 4 for breakdown**

7. Does the recommendation assume medical staff positions be eliminated?  
If so, how many? What type?

The BRAC recommendation that Keesler Medical Center becomes an "ambulatory care center" with outpatient surgery capability assumes many medical professional (provider) staff positions will be eliminated at Keesler Medical Center, as typical Air Force ambulatory care centers do not require inpatient-specific services and most specialty services. Also, Graduate Medical Education (GME) programs require inpatient capability and established training programs (of which there are none presently in the Biloxi-Gulfport area except at Keesler Medical Center), so GME can not exist in its totality either in the proposed freestanding ambulatory care center or operate out of it (unless local civilian hospitals establish such programs in cooperation with the Air Force).

Some surgical specialty services can continue with primarily ambulatory surgery center support, as long as referral hospitalization can be arranged through a civilian facility if required, and in-patient practice opportunities are available for skills maintenance of Keesler Medical Center providers. And, some medical specialties can offer high-volume consultative capability and limited procedure work, as long as support is present from a local inpatient facility and, again, cross-privileging and credentialing are available. However, such referral arrangements may depend on the receiving hospital's capacity and willingness to accept these patients (with TRICARE reimbursement), the willingness of the medical staff of the receiving hospital to credential and privilege Keesler providers to provide on-going care and the willingness of individual civilian physicians to provide cross-coverage (problematic due to the limited beneficiary population which Keesler providers may see).

Inpatient-specific and GME-related medical staff positions which would be eliminated include:

- *All positions in the Graduate Medical Education Office and the residency program director offices*
- *Intensive Care Medicine*
- *Trauma/Critical Care*
- *Emergency Medicine (unless reconfigured as "Urgent Care Service")*
- *Nutritional Medicine*

Specialty services which are commonly not present in Air Force ambulatory facilities and thus would be eliminated include:

**Pediatrics**

*Adolescent Medicine*  
*Allergy*

*Cardiology*  
*Clinical Genetics*  
*Clinical Genetics and Clinical Cytogenetics*  
*Developmental/Behavioral*  
*Endocrinology*  
*Gastroenterology*  
*Hematology-Oncology*  
*Infectious Diseases*  
*Neonatology*  
*Neurology*

**Internal Medicine**

*Allergy*  
*Cardiology*  
*Dermatology, General*  
*Dermatology, Mohs Surgery*  
*Endocrinology*  
*Hematology-Oncology*  
*Infectious Diseases*  
*Nephrology*  
*Neurology*  
*Pulmonology*  
*Rheumatology*

**Surgery**

*Cardiothoracic*  
*Colorectal*  
*Laparoscopic*  
*Neurosurgery*  
*Orthopedics, Hand*  
*Orthopedics, Pediatric*  
*Plastics*  
*Urology*  
*Vascular*

**Obstetrics-Gynecology**

*Obstetrics*  
*Reproductive Endocrinology and Infertility*  
*Maternal Fetal Medicine*  
*Molecular Genetics*  
*Gynecologic Oncology*  
*Gynecologic Pathology*

*Urogynecology and Pelvic Reconstructive Surgery*

**Radiology**

*Chest/Cardiac*

*Neuroradiology*

*Nuclear Medicine*

*Radiation-Oncology*

**Pathology**

*General*

*Cytopathology*

*Dermatopathology*

*Transfusion Medicine/Bloodbanking*

Surgical services which can operate from an ambulatory facility providing limited "high volume" procedures include:

- *General Surgery*
- *Gynecology*
- *Orthopedics*
- *ENT*
- *Ophthalmology*

Medical services suited for operation in an ambulatory setting in which limited "high-volume" procedures can be offered include:

- *General Internal Medicine and Pediatrics, Family Medicine, Flight/Occupational Medicine*
- *General Allergy Services*
- *Gastroenterology*
- *Women's Health*
- *Immunizations*
- *Optometry*
- *Health and Wellness Services*

Note that the above descriptions do not include the loss of inpatient and specialty support staff (nurses, technicians), administrative services staff, and ancillary services personnel (laboratory, pharmacy, radiology, etc.) whose services would no longer be required with the loss of in-patient and specialty services at Keesler Medical Center. Also, according to the Objective Medical Group structure, the loss of a designated squadron is likely.

Note also that the following medical/surgical specialties are available presently at Keesler Medical Center, but are lacking in the Gulfport-Biloxi civilian community. These

services, as noted above, can be expected to close if Keesler Medical Center becomes an ambulatory care center typical of the others in the Air Force.

### **Pediatrics**

*Adolescent Medicine*  
*Clinical Genetics*  
*Developmental/Behavioral*  
*Endocrinology*  
*Gastroenterology*  
*Hematology-Oncology*  
*Infectious Diseases*  
*Neurology*

### **Internal Medicine**

*Dermatology, Mohs Surgery*  
*Infectious Diseases is present on the coast but does not care for HIV patients*

### **Surgery**

*Colorectal*  
*Laparoscopic*  
*Orthopedics, Hand*  
*Orthopedics, Pediatric*  
*Trauma/Critical Care*

### **Obstetrics-Gynecology**

*Reproductive Endocrinology and Infertility*  
*Maternal Fetal Medicine*  
*Molecular Genetics*  
*Gynecologic Oncology*  
*Gynecologic Pathology*  
*Urogynecology and Pelvic Reconstructive Surgery*

### **Dental**

*Hospital Dentistry*

The only dental services that would be definitely affected would be Hospital Dentistry. The 2 residents in the 1-year General Practice Residency would have to do their hospital training at the VA Hospital. This is only about 20% of their training and we already have our residents do some of the training at the VA. This would just have to be expanded. We do not see this as a major problem as some of our dental providers are already credentialed at the Biloxi VA.

Oral Pathology could be affected but would most likely stay the same. There still will be a requirement for pathologists for outpatient surgery. The number of pathologists assigned would most likely decrease, but dental pathology requirements would stay the same.

8. What is your present service population (i.e. number of active duty, active duty family members (ADEM), retirees, recruit-trainees, other students etc.)?

See atch 3 for additional breakdown

*depts of retirees*

How many are enrolled in: TRICARE Prime

*in a pie graph*

- Enrolled Prime = 35,295
- Prime Enrolled to MTF = 34,384
- Prime Enrolled to Civilian = 911 (approx 2.5%)

Non-enrolled: TRICARE Standard/Extra = 20,811

What proportion of your service population gets its care from the civilian provider network? Service population = 56,106

9. How much of your inpatient care comes through your emergency department?

Total admission from ER to MTF services over past 5 years: 457

FY00	118 = 0.35%
FY01	57 = 01.17%
FY02	92 = 0.29%
FY03	44 = 0.14%
FY04	116 = 0.40%
FY05	30 = 0.15%

Number of ER visits over the last 5 years?

FY00	34,060
FY01	33,532
FY02	31,793
FY03	30,748
FY04	29,028
FY05	19,951 (thru May 05)

10. How many inpatient beds are authorized in the Medical Center for the 81<sup>st</sup> Medical Group?

126 staffed beds:

84 staffed beds

11 Staffed Newborns

16 staffed NICU (cribs)

15 staffed ICU

11. How many inpatient beds will be eliminated? What is the current supply of community inpatient beds available to military members and dependents?

Keesler Medical Center would maintain limited bedded capability to support "same-day" surgical operations (that is, to support post-operative care lasting less than 24 hours); however, without longer-term admitting capability, even outpatient surgery case selection would be limited to procedures on primarily young, healthy beneficiaries with few (if any) co-morbidities (pre-existent medical conditions which place patients at higher surgical risk and need for direct inpatient support, such as advanced diabetes, hypertension, heart disease, or obesity; note that these conditions are prevalent in the retiree population serviced by Keesler Medical Center). Based on other Air Force ambulatory surgery centers and the Keesler population base, between 15 - 20 "23-hour observation" beds would be required. All other active beds designed for longer-term care would be eliminated.

Other bedded facilities with full-service 24-hour Emergency Departments (for Keesler Medical Center referral stabilization and disposition) in the immediate Gulfport-Biloxi area (with numbers of beds, from the latest American Hospital Association reference guide) include:

BILOXI REGIONAL MEDICAL CENTER (150 Reynoir Street, Biloxi) - 153 beds

VETERAN'S ADMINISTRATION GULF COAST VETERAN'S HEALTHCARE SYSTEM/MEDICAL CENTER (400 Veteran's Avenue, Biloxi) – Currently only provides 10 psychiatric service beds to active-duty members only (Gulfport campus only) – Biloxi VA has 66 acute beds in main facility

GULF OAKS HOSPITAL/GULF COAST MEDICAL CENTER (180 DeBuys Road, Biloxi) – 189 beds

GARDEN PARK MEDICAL CENTER (15200 Community Road, Gulfport) – 130 beds

MEMORIAL HOSPITAL (4500 13<sup>th</sup> Street, Gulfport) – 445 beds

OCEAN SPRINGS HOSPITAL (3109 Bienville Blvd, Ocean Springs) – included in "Singing River" Hospital System

SINGING RIVER HOSPITAL (2809 Denny Boulevard, Pascagoula – 20 miles east) – 388 beds

HANCOCK MEDICAL CENTER (149 Drinkwater Blvd, Bay St. Louis – 30 miles west) – 104 beds

Note that several of these hospitals, notably the large Biloxi Regional Medical Center (which is the nearest civilian hospital to Keesler Air Force Base), are not a part of the TRICARE network, and thus may charge (15-35%) higher prices for services to TRICARE beneficiaries than TRICARE network hospitals. Note also that not all services presently available at Keesler Medical Center are available at the smaller community hospitals in the area, and many services are available at Keesler Medical Center alone.

**See atch 5**

12. Where will your emergency care be diverted once the hospital becomes a clinic and ambulatory surgical center?

Gulf Coast Medical Center – 3.3 miles  
 Singing River Hospital System Ocean Springs – 10 miles  
 VA Medical Center Gulfport - 9.2 miles  
 Gulf Coast Medical Center - 5.4 miles  
 Singing River Hospital - 27.5 miles  
 Biloxi Regional Medical Center- 2.8 miles  
 Biloxi VA Medical Center – 1 mile

13. What medical services will remain as part of the clinic and ambulatory surgery center? What specialty clinics (e.g., ob-gyn) will be expanded, created, or closed.

See also #7, above. The medical services which may remain as a part of the clinic and ambulatory surgery center include: Family Practice, Flight Medicine, Pediatrics, Women's Health, Internal Medicine (civilian contract), General Surgery, Immunizations, Optometry, Physical Therapy, Ancillary Services (Laboratory, Pharmacy and Radiology) and Health and Wellness Services. Family Practice services may be expanded to accommodate slow continued growth anticipated in the local beneficiary population. No new specialty clinics would be created. Specialty services which would remain but offer limited services include Orthopedics, Gynecology, Otorhinolaryngology (ENT), Ophthalmology, Podiatry, and Radiology. All other specialty services would be closed.

14. Will there be any construction or remodeling that will take place to convert the Medical Center building to a clinic and ambulatory surgery center?

As planned, the surgical tower MILCON (Est. Cost \$14.9M) will move forward until it reaches 100% design. The actual building of the surgical tower is somewhat in question however; it still is supported by the USAF/SG and leadership of the 81 MDG regardless of BRAC implications. The rationale for the

push to continue with building a surgical tower is that the tower will relocate several functions (Physical Therapy and Occupational Therapy) within the new tower location, and build approx 10 new, fully equipped surgical suites. These suites would be used to conduct ambulatory surgeries and provide space for recovery in a modern environment with modern equipment.

Other remodeling & construction efforts had been planned such as the pharmacy and adding a 4<sup>th</sup> chiller (Air Conditioning Unit). The renovation of the pharmacy will allow us to upgrade an area of the building which has not been touched in approx 20+ years. This facelift will allow for more efficient work space as well as the installation of an Air Force purchased pharmacy robotics system. The addition of the 4<sup>th</sup> chiller will allow the medical center to increase its cooling capacity. Currently, the 3 chillers which service the medical center run at full capacity during the summer months. This practice, although it is acceptable to do, will shorten the life-span and cause unnecessary wear on our chiller units. The installation of the 4<sup>th</sup>, will not only accommodate the surgical tower MILCON, but will allow us to maintain cooling in emergency situations to our most critical areas (patient care, currently but pharmacy and our clinics as well).

These projects however, are not necessary to ensure full transfer of Keesler Medical Center into a clinic – they will assist in day-to-day operations to ensure that we operate more efficiently, regardless of our size & mission.

15. Does conversion require new construction (MILCON) of a clinic on base? No, but further information on projected/planned projects is as follows:

What size? As mentioned above, the Surgical Tower MILCON estimated cost is approx \$14.9M and would add an additional 30K sq ft to the foot print of the medical center.

Where? This will be located within one of the open areas on the north side of the building – (located across from the snack bar area, the open grassy area that is for out-door eating).

Was the cost included in the COBRA? No, this was not part of the Consolidated Omnibus Budget Reconciliation Act (COBRA) or listed as a Payback to the AF/DOD.

16. Reuse/redevelopment plans for excess space (or entire Medical Center bldg.) after conversion to clinics?

Definitely – the general plan of space utilization will be to bring in the Health Facilities Office (HFO) to conduct a site survey to suggest new ways to better use our vacated space. Additionally, Medical Logistics can explore Enhanced Used Leases – contracts allowing civilian organizations to provide manpower and use

DCN: 11912

empty spaces without our facility. These contracts are in the infancy stages however, there have been some that have been executed in the past 3 years.

We hope that the HFO, coupled with our staff, will be able to provide insight as to how to best use the facility and will work jointly to present the best available options to the Executive Staff.

17. Please provide a list of hospitals, including VA medical centers, within 40 miles of your facility?

*Some do not have 24-hrs. ERS*

- Biloxi Regional Medical Center
- Singing River Hospital System Ocean Springs
- VA Medical Center Biloxi
- VA Medical Center Gulfport
- Gulf Coast Medical Center
- Singing River Hospital
- Garden Park Medical Center
- Gulf Oaks Hospital
- Gulfport Medical Center
- Gulfport Memorial
- Hancock Medical Center

*Some don't accept TRICARE*

18. How can you assure that service members, their dependents and retirees will receive timely inpatient services through the civilian provider network?

Keesler cannot assure this. However, Humana Military Health Services (HMHS) has a contractual agreement with various local facilities. Through its TRICARE contract with DoD, it is responsible for assuring an adequate care network is established and maintained. Inpatient care, other than emergent care, is coordinated through the Health Care Finders at Humana; therefore, care is provided according to the necessity established by the ordering physician.

19. What are the estimated additional costs to USAF and military members by providing inpatient services through the civilian medical network?

There is no inpatient cost for AD members or their Prime enrolled dependents; Prime enrolled retirees and their dependents will pay an \$11 subsistence fee per inpatient day. Patients have the option of choosing balanced billing, which involves paying the balance of the bill resulting from seeing a non-network provider should they choose to do so to avoid a longer driving distance to see a network provider.

20. Are there any cost savings by providing inpatient services through the civilian medical network? If so, what are those savings and how were they calculated?

DCN: 11912

It is difficult to answer this question in a general manner. It depends upon the type of care, the civilian source of care, source billing methods, etc. This question must be addressed in a case-by-case manner.

21. What impact will this have on Graduate Medical Education (GME)?

The only GME programs remaining will be Dental. Hospital dentistry is not sustainable without an inpatient capability.

There are currently ten GME programs: 1. General dentistry 2. General Practice Residency (hospital dentistry) 3. Endodontics 4. Internal Medicine 5. Obstetrics/Gynecology 6. Nurse anesthesia 7. Pediatrics 8. Orthopedic Physician Assistant 9. General Surgery 10. Thoracic Fellow.

What impact will this have on enlisted training? I understand there are eight programs. Where are these programs coming from? How many are enlisted in each program?

1. There are **nine** enlisted medical training programs and **one** non-graduate officer program. Eight of the enlisted programs and the officer program belong to the 882d Training Group at Sheppard AFB, Texas. The ninth enlisted program, Nuclear Medicine Technologist Phase II belongs to the Naval School of Health Sciences, Portsmouth, Virginia.

2. The programs, the number of students per year and the impact of the 81 MDG becoming a surgical/ambulatory care center are listed in the table below. Programs with training deficiencies listed will not be able to remain open indefinitely without resolving the deficiency. Training Affiliation Agreements with one of the local civilian facilities or the VA may alleviate the deficiency and allow the training site to remain open.

PROGRAM	NUMBER OF STUDENTS PER YEAR	IMPACT ON TRAINING PLATFORM	COMMENTS
Nurse Transition Program (NTP) 882 TRG	31	Training site closure, can not meet course requirements in ambulatory care facility	11-week program, graduate largest number of NTP in AF, 1 of 10 sites
Aerospace Medical Service Apprentice Phase II (AMSA) 882 TRG	152	Training site closure or drastic reduction in student load/graduate with training deficiencies	6- week program, 1 of 7 sites
Surgical Service Apprentice Phase II	30	Training site closure, cannot meet course	6-week program, 1 of 7 sites

(SSA) 882 TRG		requirements in ambulatory surgical center	
Diagnostic Imaging Phase II 882 TRG	17	Student load reduction, may have minor training deficiencies	38-week program, 1 of 14 sites
Diagnostic Imaging Mammography Course 882 TRG	9	Student load reduction, may have minor training deficiencies	2-week course, 1 of 3 sites
Diagnostic Ultrasound Apprentice Course 882 TRG	3	Graduate with 2-3 training deficiencies	16-week course, 1 of 8 sites
<b>PROGRAM</b>	<b>NUMBER OF STUDENTS PER YEAR</b>	<b>IMPACT ON TRAINING PLATFORM</b>	<b>COMMENTS</b>
Nuclear Medicine Technologist Phase II NSHS	2	High potential for site closure, can not meet all course requirements in ambulatory care setting	52-week course
Medical Laboratory Apprentice Phase II 882 TRG	28	Student load reduction, may have minor training deficiencies	36-week course, 1 of 13 sites
Pharmacy Apprentice Phase II 882 TRG	80	Training site closure, cannot meet course requirements in ambulatory care setting	3-week course, 1 of 2 sites, only training platform for Coast Guard
Cardiopulmonary Laboratory Apprentice Phase II 882 TRG	16	Training site closure, can not meet course requirements in ambulatory care setting	32.6-week course, 1 of 7 sites

22. What impact will this have on research conducted at the Medical Center?

**SOURCE: Biomedical Interactive Research Database System (BIRDS) Reports attached. Atch 6**

- a) There are normally around **195** open protocols that this will affect at any given time; there needs to be an IRB to approve the protocols made up of suitable specialties physicians (oncologists, dentists, surgeons, etc) and researchers/physicians performing the protocols with the required support personnel (lab, radiology, pharmacy, etc). Over the past three years, the following 310 protocols were researched:

- 11 Animal Research Protocols
- 22 Animal Training Protocols (~600 permanent party per year trained in support of readiness requirements)
- 40 Exempt Protocols
- 2 Emergency Treatment Protocols
- 233 Human Research Protocols
- 1 Humanitarian Device Exemption

b) Do you conduct research using radionuclides (closed or open source)?

Yes we conduct research using radionuclides. Currently 16 protocols are open with radionuclides in title. This affects facilities in the medical group (pharmacy, radiology, lab).

23. How many civilians and contractors will be affected and what type?

Eleven civilian positions at Clinical Research Laboratory.

#### **Source CRL Unit Manning Document**

01703420J Health Serv Admin 041A3 (Clinical Research Associate)  
 01104920J Scientist, Analytical 061S3A (Statistician Medicine)  
 01104960J Health Srv Mgt JYM 4A051 (Protocol Coordinator)  
 01104940J Public Health App 4E031 (Certified Laboratory Animal Technician)  
 02849740J Public Health App 4E031 (2 part-time animal care takers providing 7 days/week/65 days/yr feeding and cleaning animals used for research and readiness training)  
 01104880J Med Lab Crtf 4T071 Military to Civilian Conversions  
 01703460J Med Lab Crft 4T071 Military to Civilian Conversions  
 03150840J Med Lab Jymn 4T051 Military to Civilian Conversions  
 02730390J Med Lab App 47031 Military to Civilian Conversions  
 02852160J Med Lab Apr 4T031 Military to Civilian Conversions

This also affects:

#### **Hospital Contractors**

1 Clinical Research Associate Nurse (MDOS)  
 1 Telemedicine Contractor (MDSS/SGSE)  
 etc . See below

**To calculate the workload outside the CRL per approved protocols and numbers of contractors/civilian positions:**

Workload in protocols: 10 hrs per month per patient/233protocol/3000 patient enrolled

We have 3000 patients enrolled per Biomedical Interactive Research Database System (BIRDS)

We have 160 patients actively receiving treatment at present.  
This information does not include blood donors for Hepatitis Testing Protocols or the  
Telemedicine Series of Protocols

Also Research Programs supported through Keesler Medical Center:

\$2.5M contract to ISW for protocol for Dermatology Research (unknown number of  
contractors this will involve)

1 contractor 81 MDSS/SGSE Clinical Lab for Telemedicine, Telecho etc MOU in  
progress

**Answer  
# 1**

Occupied Bed Days		# of days	Ave Daily Census
OBD	<b>FY 00</b>	28920	366 79.02
	<b>FY 01</b>	25572	365 70.06
	<b>FY 02</b>	22024	365 60.34
	<b>FY 03</b>	19159	365 52.49
	<b>FY 04</b>	18588	366 50.79
	<b>FY 05</b>	11919	243 49.05

**Answer  
# 4**

FY 04 MEPRS Costs (Includes Salaries as reported in MEPRS)

In Patient	\$50,385,223.43
Out Patient	\$84,779,562.96

**Answer  
# 3**

Visits

	Apr-05	Mar-05	Feb-05	Jan-05	Dec-04	Nov-04	Oct-04	Sep-04	Aug-04	Jul-04	Jun-04	May-04	TOTAL
ToT	25955	28835	25013	28142.00	22579	25591	25998	23046	26854	23546	26179	25239	306977
Out Pt	25746	28650	24829	27928.00	22357	25335	25785	22773	26625	23206	25862	24881	303977
In Pt	209	185	184	214	222	256	213	273	229	340	317	358	3000
OP/ToT	99.19%	99.36%	99.26%	99.24%	99.02%	99.00%	99.18%	98.82%	99.15%	98.56%	98.79%	98.58%	<b>99.02%</b>
IP/ToT	0.81%	0.64%	0.74%	0.76%	0.98%	1.00%	0.82%	1.18%	0.85%	1.44%	1.21%	1.42%	<b>0.98%</b>

**ATCH 1**



DCN: 11912



U.S. AIR FORCE

# TRICARE

## Available Capacity



**13-Jun-05**

Fam Med Red	40
Fam Med White	206
Fam Med Blue	58
FP Red RSA	28
FP Blue RSA	19

**FamMed TOTAL 351**

**1500 to 1**

Int Med Red	18
Int Med White	-368
Int Med Blue	83

**IntMed TOTAL -267**

**300 to 1**

Peds Red	923	*
Peds Blue	144	
Peds RSA	42	
Adolescent	67	

**Peds TOTAL 1,176**

**1200 to 1 MD**

**1500 to 1 NP**

\* Includes Dr Farash at 1200  
Peds Red actual capacity is 32

**Flight Med 1,415**

**750 to 1**

A1D2

Note: The capacity in Internal Medicine is misleading as these providers with capacity are caring for the 334 enrolled to departed provider Janice Ford.

DCN: 11912



# Enrollment as of 13 Jun 2005



Atch 3

**Prime Enrolled: 29,347**

FY05 BP Prime only:

29,603

99% enrolled vs. BP

Goal not to exceed +/- 5% of BP

**Total Enrolled: 34,455**

FY05 BP Prime & Plus:

33,558

101% enrolled vs. BP

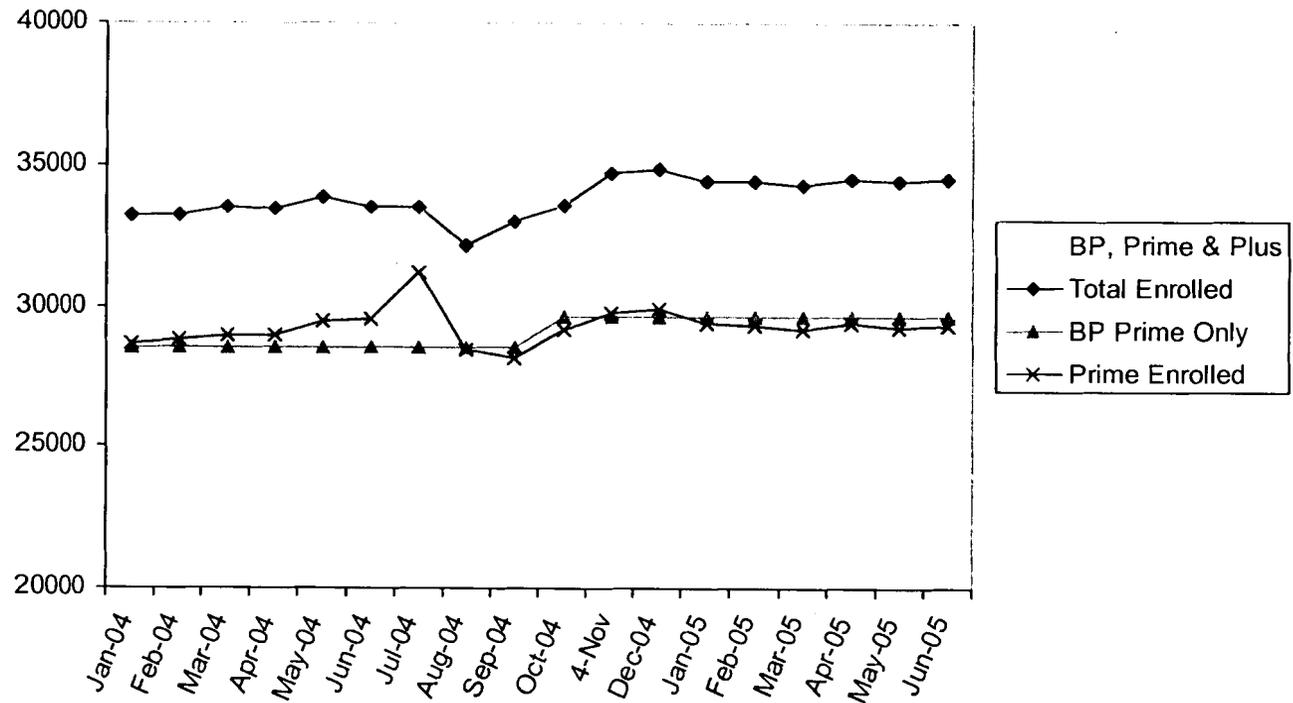
Goal not to exceed +/- 5% of BP

**Capacity:**

Without Residents: 33,488

With Residents: 39,233

**Enrollment versus Business Plan (BP)**



Source for Jan – Sep enrollment numbers:

CHCS

Source for Oct – Jun 05 enrollment number:

GIQD (DEERS) PCM Web Research Application

Atch 3

DCN: 11912

Military

	# Assigned	Salary
TOTAL 41 (HEALTH SERVICES ADMINISTRATOR)	26	\$2,860,104
TOTAL 42 (BIOMEDICAL CLINICIAN)	35	\$3,850,140
TOTAL 43 (BIOMEDICAL SPECIALISTS)	31	\$3,410,124
TOTAL 44 (PHYSICIAN)	89	\$9,790,356
TOTAL 45 (SURGERY)	37	\$4,070,148
TOTAL 46 (NURSE)	221	\$24,310,884
TOTAL 47 (DENTAL)	29	\$3,190,116
TOTAL 48 (AEROSPACE MEDICINE)	4	\$440,016
TOTAL 4A (ADMIN/EQUIPMENT/MATERIEL)	223	\$12,163,535
TOTAL 4B (BIOENVIRONMENTAL ENGINEERING)	9	\$490,905
TOTAL 4C (MENTAL HEALTH)	20	\$1,090,900
TOTAL 4D (DIET THERAPY)	45	\$2,454,525
TOTAL 4E (PUBLIC HEALTH)	17	\$927,265
TOTAL 4H (CARDIOPULMONARY LABORATORY)	42	\$2,290,890
TOTAL 4J (PHYSICAL MEDICINE)	17	\$927,265
TOTAL 4N (MEDICAL & SURGICAL SERVICE)	364	\$19,854,380
TOTAL 4P (PHARMACY)	57	\$3,109,065
TOTAL 4R (DIAGNOSTIC IMAGING)	83	\$4,527,235
TOTAL 4T (MEDICAL LABORATORY)	77	\$4,199,965
TOTAL 4V (OPTOMETRY)	8	\$436,360
TOTAL 4Y (DENTAL)	83	\$4,527,235
Non Medical AFSCs	18	\$1,203,646
TOTAL	1535	\$110,125,059

Atch 4

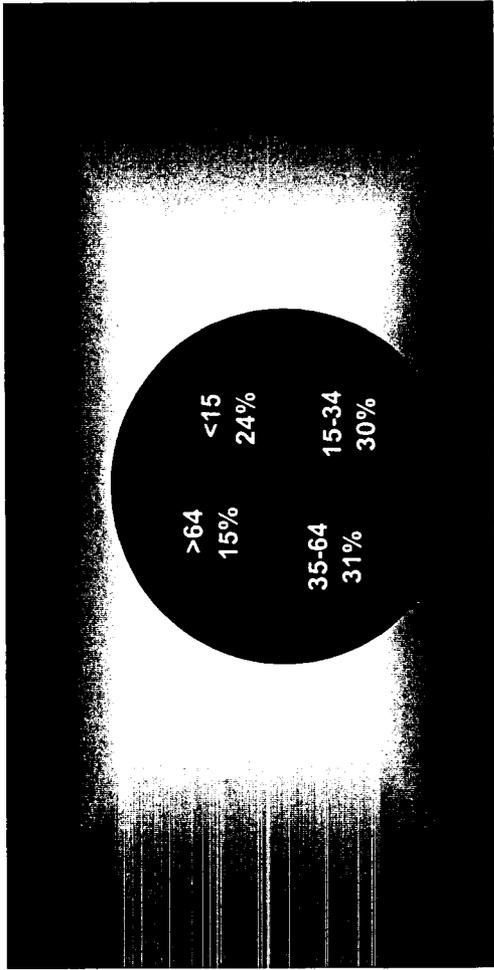
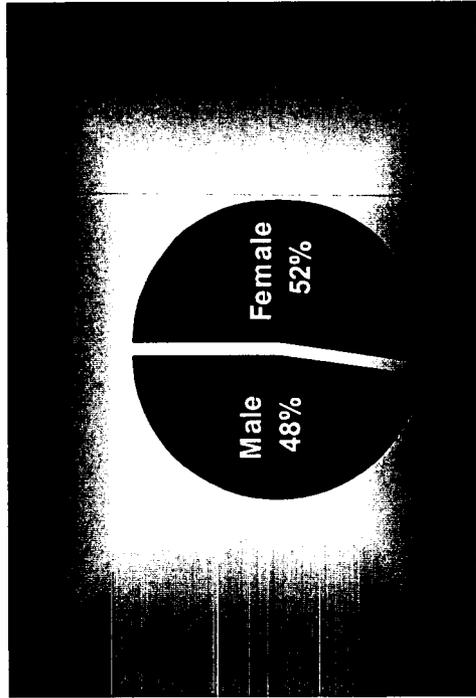
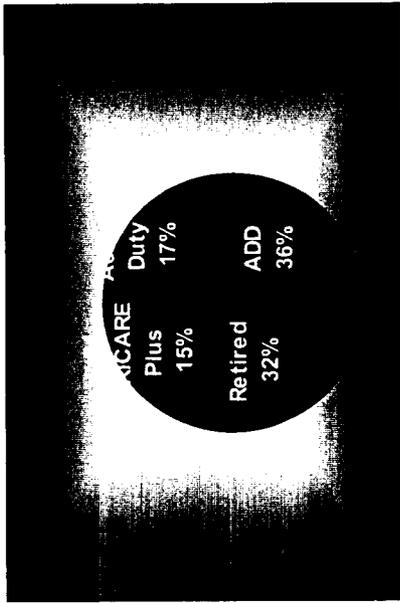
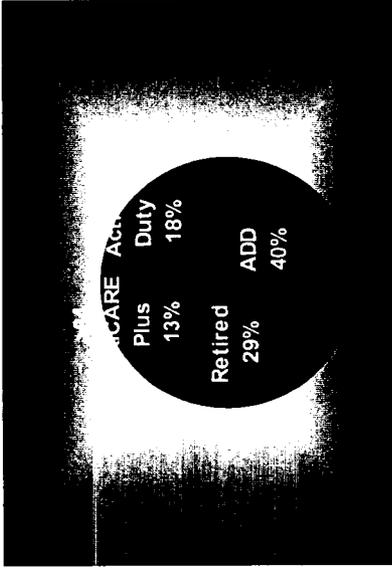
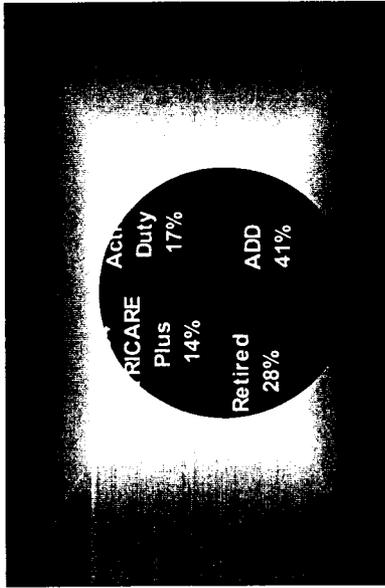
Atch 4





# Enrolled Beneficiary Demographics

Q# 8



Source: Local database

DCN: 11912

DCN: 11912



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## Profile

The hospital's most recent cost reporting period is for their period ending 09/30/2004.  
 Inpatient claims data are for federal fiscal year ending 09/30/2003.  
 OP claims data are for calendar year ending 12/31/2003.  
 Data from other sources are described within headings.  
 Errata: Please notify us by email of any corrections or updates.

## Identification and Characteristics

Last updated 02/16/2005 / Definitions

Name and Address: **Biloxi Regional Medical Center**  
 150 Reynoir Street  
 Biloxi, MS 39530

Telephone number: (228) 436-1686

Hospital Website: [www.hmabrmc.com](http://www.hmabrmc.com)

Medicare Provider Number: 250007

### Notice something

Click here to read about enhancements and additional content now available

<b>NOTE</b>

Type of Facility: Short Term Acute Care

Type of Control: Proprietary, Corporation

Total Staffed Beds: 141

Total Patient Revenue: \$268,697,904

Total Discharges: 6,262

Total Patient Days: 27,555

## Clinical Services

Definitions

### Cardiovascular Services

Cardiac Cath Lab  
 Vascular Intervention

### Wound Care

Wound Care

### Emergency Services

Emergency Department

### Other Services

Hemodialysis  
 Inpatient Surgery  
 Obstetrics

### Neurosciences

Electroencephalography (EEG)

### Subprovider Units

Psychiatric

### Orthopedic Services

Joint Replacement  
 Spine Surgery

### Special Care

Intensive Care Unit (ICU)

## Radiology / Nuclear Medicine /

*Atch 5*

DCN: 11912

**Imaging**

- Computed Tomography (CT)
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging (MRI)
- Single Photon Emission Computerized Tomography (SPECT)

**JCAHO Accreditation**

Accreditation status licensed from the Joint Commission on Accreditation of Health Care Organizations (JCAHO)  
 Last updated 03/31/2005 / Definitions and JCAHO Terms of Use

- Current Status: 02/26/2004 - Accredited

**Inpatient Utilization Statistics by Medical Service**

Definitions

	Number Medicare Inpatients	Average Length of Stay	Average Charges	Medicare Case Mix Index (CMI)
Cardiology	363	5.23	\$24,807	0.99
Cardiovascular Surgery	23	7.43	\$77,653	3.16
Gynecology	21	4.81	\$26,406	0.93
Medicine	705	5.33	\$20,479	0.85
Neurology	163	8.00	\$25,762	0.97
Oncology	45	7.36	\$28,635	1.40
Orthopedics	272	5.53	\$42,552	1.58
Psychiatry	179	12.51	\$22,421	0.67
Pulmonology	341	7.99	\$39,642	1.41
Surgery	176	10.80	\$70,652	2.46
Urology	111	7.05	\$28,869	1.08
Vascular Surgery	23	7.48	\$37,723	1.88
Total	2,441	6.96	\$31,776	1.20

**Inpatient Origin for Top 3 Zip Codes**

Medicare Hospital Market Service Area File for calendar year ending 12/31/2003 / Definitions

ZIP Code of Residence	Admissions	Days of Care	Charges	Admissions Inc/(Dec)	Market Share
39530	697	4,910	\$21,708,596	-14.0%	54.0%
39532	403	2,569	\$14,347,023	5.0%	29.0%
39564	234	1,712	\$7,306,062	-2.0%	12.0%

**Outpatient Utilization Statistics by APC**

Definitions

APC Number	APC Description	Number Patient Claims	Average Charge	Average Cost

DCN: 11912

0612	High Level Emergency Visits	984	\$594	\$202
0120	Infusion Therapy Except Chemotherapy	1,839	\$891	\$133
0611	Mid Level Emergency Visits	991	\$369	\$125
0260	Level I Plain Film Except Teeth	3,087	\$274	\$42
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Contrast	332	\$2,134	\$332
0337	MRI and Magnetic Resonance Angiography without Contrast Material followed by Contrast Material	184	\$2,095	\$326
0280	Level III Angiography and Venography except Extremity	110	\$2,267	\$377
0332	Computerized Axial Tomography and Computerized Angiography without Contrast Material	411	\$1,695	\$264
0343	Level II Pathology	1,760	\$83	\$14
0267	Level III Diagnostic Ultrasound Except Vascular	351	\$1,025	\$159
0333	Computerized Axial Tomography and Computerized Angio w/o Contrast Material followed by Contrast	151	\$2,002	\$312
0283	Computerized Axial Tomography with Contrast Material	173	\$1,677	\$261
0359	Level II Injections	466	\$389	\$124
0269	Level III Echocardiogram Except Transesophageal	250	\$544	\$81
0206	Level II Nerve Injections	114	\$2,126	\$477
0286	Myocardial Scans	158	\$964	\$150
0081	Non-Coronary Angioplasty or Atherectomy	14	\$716	\$160
0291	Level II Diagnostic Nuclear Medicine Excluding Myocardial Scans	145	\$1,154	\$179
0240	Level III Repair and Plastic Eye Procedures	35	\$2,044	\$458
0080	Diagnostic Cardiac Catheterization	16	\$8,881	\$2,058

### Beds and Patient Days by Unit

Definitions

	Available Beds	Inpatient Days
<b>HOSPITAL (including swing beds)</b>		
Routine Services	123	25,037
Special Care	18	3,507
Nursery	0	1,236
Total Hospital	141	29,780

### Financial Statistics

Definitions

	\$	%
Gross Patient Revenue	\$268,697,904	99.61

DCN: 11912

Non-Patient Revenue	\$1,057,661	0.39
Total Revenue	\$269,755,565	
Net Income (or Loss)	\$15,608,109	5.79

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DCN: 11912



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## Profile

The hospital's most recent cost reporting period is for their period ending 09/30/2004.  
Inpatient claims data are for federal fiscal year ending 09/30/2003.  
OP claims data are for calendar year ending 12/31/2003.  
Data from other sources are described within headings.  
Errata: Please notify us by email of any corrections or updates.

## Identification and Characteristics

Last updated 02/16/2005 / Definitions

Name and Address: **Memorial Hospital at Gulfport**  
4500 Thirteenth Street  
Gulfport, MS 39502-1810

Telephone number: (228) 867-4000

Hospital Website: [www.gulfportmemorial.com](http://www.gulfportmemorial.com)

Medicare Provider Number: 250019

### Notice something

[Click here to read about enhancements and additional content now available](#)

<b>NOTICE</b>

Type of Facility: Short Term Acute Care

Type of Control: Governmental, City-County

Total Staffed Beds: 412

Total Patient Revenue: \$709,319,665

Total Discharges: 15,582

Total Patient Days: 89,695

## Clinical Services

Definitions

### Cardiovascular Services

- Cardiac Rehab
- Cardiac Cath Lab
- Coronary Interventions
- Cardiac Surgery
- Vascular Surgery
- Vascular Intervention

### Rehabilitation Therapies

- Physical Therapy

### Wound Care

- Hyperbaric Oxygen
- Wound Care

### Emergency Services

- Emergency Department

### Other Services

- Hemodialysis
- Inpatient Surgery
- Lithotripsy (ESWL)
- Obstetrics

### Neurosciences

- Electroencephalography (EEG)

### Subprovider Units

- Rehabilitation

### Oncology Services

DCN: 11912

Radiation Therapy

**Special Care**

Intensive Care Unit (ICU)

**Orthopedic Services**

Joint Replacement

Spine Surgery

**Radiology / Nuclear Medicine /  
Imaging**

Computed Tomography (CT)

Computed Tomography Angiography

(CTA)

Intensity-Modulated Radiation Therapy

(IMRT)

Magnetic Resonance Angiography (MRA)

Magnetic Resonance Imaging (MRI)

Positron Emission Tomography (PET)

Single Photon Emission Computerized  
Tomography (SPECT)**JCAHO Accreditation**

Accreditation status licensed from the Joint Commission on Accreditation of Health Care Organizations (JCAHO)

Last updated 03/31/2005 / Definitions and JCAHO Terms of Use

- Current Status: 04/24/2004 - Accredited

**Inpatient Utilization Statistics by Medical Service**

Definitions

	Number Medicare Inpatients	Average Length of Stay	Average Charges	Medicare Case Mix Index (CMI)
Cardiology	951	5.70	\$26,265	1.07
Cardiovascular Surgery	914	5.39	\$62,148	3.04
Gynecology	55	3.18	\$15,515	0.87
Medicine	1,656	7.67	\$21,180	0.93
Neurology	305	5.53	\$22,930	1.04
Neurosurgery	16	11.38	\$49,787	2.94
Oncology	164	10.40	\$33,098	1.53
Orthopedics	389	8.29	\$36,204	1.60
Psychiatry	148	7.11	\$16,244	0.64
Pulmonology	733	8.01	\$37,615	1.60
Surgery	333	9.73	\$44,627	2.11
Surgery for Malignancy	32	6.03	\$27,834	1.30
Urology	337	5.60	\$20,902	1.11
Vascular Surgery	246	4.96	\$30,958	1.97
Total	6,288	6.92	\$32,692	1.51

DCN: 11912

### Inpatient Origin for Top 3 Zip Codes

Medicare Hospital Market Service Area File for calendar year ending 12/31/2003 / Definitions

ZIP Code of Residence	Admissions	Days of Care	Charges	Admissions Inc/(Dec)	Market Shar
39501	1,184	8,293	\$35,436,607	2.0%	65.0%
39560	793	5,312	\$26,158,935	-3.0%	69.0%
39503	765	5,132	\$23,596,714	-2.0%	45.0%

### Outpatient Utilization Statistics by APC

Definitions

APC Number	APC Description	Number Patient Claims	Average Charge	Average Cost
0080	Diagnostic Cardiac Catheterization	581	\$5,409	\$1,365
0707	New Technology - Level II ( - 0)	248	\$357	\$61
0612	High Level Emergency Visits	3,516	\$648	\$308
0300	Level I Radiation Therapy	307	\$453	\$114
0260	Level I Plain Film Except Teeth	8,529	\$213	\$41
0337	MRI and Magnetic Resonance Angiography without Contrast Material followed by Contrast Material	619	\$2,188	\$417
0710	New Technology - Level V (0 - 0)	60	\$1,205	\$304
0611	Mid Level Emergency Visits	1,987	\$389	\$185
0120	Infusion Therapy Except Chemotherapy	1,055	\$378	\$205
0283	Computerized Axial Tomography with Contrast Material	1,085	\$1,479	\$281
0286	Myocardial Scans	1,010	\$1,167	\$222
0332	Computerized Axial Tomography and Computerized Angiography without Contrast Material	1,201	\$1,302	\$248
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Contrast	619	\$1,888	\$359
0089	Insertion/Replacement of Permanent Pacemaker and Electrodes	34	\$3,199	\$1,077
0333	Computerized Axial Tomography and Computerized Angio w/o Contrast Material followed by Contrast	675	\$1,465	\$279
0280	Level III Angiography and Venography except Extremity	306	\$1,098	\$209
0090	Insertion/Replacement of Pacemaker Pulse Generator	40	\$1,409	\$474
0088	Thrombectomy	106	\$1,353	\$455
0304	Level I Therapeutic Radiation Treatment Preparation	781	\$341	\$86
0601	Mid Level Clinic Visits	1,105	\$244	\$171

### Beds and Patient Days by Unit

Definitions

	Available Beds	Inpatient Days
--	----------------	----------------

DCN: 11912

<b>HOSPITAL (including swing beds)</b>		
Routine Services	360	76,770
Special Care	52	10,447
Nursery	0	2,291
Total Hospital	412	89,508

## Financial Statistics

Definitions

	\$	%
Gross Patient Revenue	\$709,319,665	99.13
Non-Patient Revenue	\$6,213,322	0.87
Total Revenue	\$715,532,987	
Net Income (or Loss)	\$6,802,749	0.95

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## Profile

The hospital's most recent cost reporting period is for their period ending 12/31/2003.  
 Inpatient claims data are for federal fiscal year ending 09/30/2003.  
 OP claims data are for calendar year ending 12/31/2003.  
 Data from other sources are described within headings.  
 Errata: Please notify us by email of any corrections or updates.

## Identification and Characteristics

Last updated 02/18/2005 / [Definitions](#)

Name and Address: **Gulf Coast Medical Center**  
 180 Debuys Road  
 Biloxi, MS 39531

Telephone number: (228) 388-6711

Hospital Website: [www.gulfcoastmedicalcenter.com](http://www.gulfcoastmedicalcenter.com)

Medicare Provider Number: 250125

### Notice something

Click here to read about enhancements and additional content now available

<b>NOTE</b>
-------------

Type of Facility: Short Term Acute Care

Type of Control: Proprietary, Corporation

Total Staffed Beds: 136

Total Patient Revenue: \$253,172,474

Total Discharges: 3,286

Total Patient Days: 15,658

## Clinical Services

[Definitions](#)

### Emergency Services

Emergency Department

### Neurosciences

Electroencephalography (EEG)

Sleep Studies

### Orthopedic Services

Joint Replacement

Spine Surgery

### Radiology / Nuclear Medicine / Imaging

Computed Tomography (CT)

Magnetic Resonance Angiography (MRA)

### Wound Care

Hyperbaric Oxygen

Wound Care

### Other Services

Inpatient Surgery

Obstetrics

### Subprovider Units

Psychiatric

Skilled Nursing (SNF)

### Special Care

Intensive Care Unit (ICU)

DCN: 11912

Magnetic Resonance Imaging (MRI)  
Single Photon Emission Computerized  
Tomography (SPECT)

### Inpatient Utilization Statistics by Medical Service

Definitions

	Number Medicare Inpatients	Average Length of Stay	Average Charges	Medicare Case Mix Index (CMI)
Cardiology	207	5.26	\$36,119	1.01
Gynecology	16	2.88	\$40,124	0.93
Medicine	323	4.21	\$25,629	0.81
Neurology	99	5.67	\$36,265	1.03
Neurosurgery	12	4.67	\$68,487	3.20
Oncology	20	5.10	\$34,988	1.43
Orthopedics	300	3.80	\$49,909	1.67
Psychiatry	304	9.09	\$27,434	0.69
Pulmonology	228	7.69	\$69,584	1.34
Surgery	132	6.80	\$86,663	2.10
Urology	67	6.07	\$36,406	0.90
Vascular Surgery	25	7.00	\$81,616	1.96
Total	1,749	5.96	\$44,381	1.19

### Inpatient Origin for Top 3 Zip Codes

Medicare Hospital Market Service Area File for calendar year ending 12/31/2003 / Definitions

ZIP Code of Residence	Admissions	Days of Care	Charges	Admissions Inc/(Dec)	Market Share
39507	314	1,800	\$15,029,585	29.0%	23.0%
39531	302	1,623	\$11,566,364	-11.0%	34.0%
39532	194	1,037	\$7,548,711	-3.0%	14.0%

### Outpatient Utilization Statistics by APC

Definitions

APC Number	APC Description	Number Patient Claims	Average Charge	Average Cost
0707	New Technology - Level II (-0)	57	\$622	\$61
0209	Extended EEG Studies and Sleep Studies, Level II	265	\$5,603	\$837
0612	High Level Emergency Visits	526	\$532	\$200
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Contrast	378	\$3,213	\$871
0260	Level I Plain Film Except Teeth	2,754	\$400	\$108
0610	Low Level Emergency Visits	923	\$292	\$110

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0283	Computerized Axial Tomography with Contrast Material	340	\$2,477	\$178
0332	Computerized Axial Tomography and Computerized Angiography without Contrast Material	393	\$2,374	\$171
0611	Mid Level Emergency Visits	414	\$408	\$154
0208	Laminotomies and Laminectomies	25	\$3,844	\$843
0337	MRI and Magnetic Resonance Angiography without Contrast Material followed by Contrast Material	107	\$4,046	\$1,097
0131	Level II Laparoscopy	19	\$7,160	\$1,571
0267	Level III Diagnostic Ultrasound Except Vascular	333	\$1,372	\$369
0143	Lower GI Endoscopy	79	\$1,921	\$422
0286	Myocardial Scans	110	\$3,035	\$822
0269	Level III Echocardiogram Except Transesophageal	177	\$1,450	\$216
7043	Infliximab injection 10 mg	12	\$275	\$31
0015	Level III Debridement & Destruction	160	\$332	\$50
0280	Level III Angiography and Venography except Extremity	30	\$2,546	\$690
0266	Level II Diagnostic Ultrasound Except Vascular	333	\$910	\$82

## Beds and Patient Days by Unit

Definitions

	Available Beds	Inpatient Days
<b>HOSPITAL (including swing beds)</b>		
Routine Services	126	13,408
Special Care	10	1,625
Nursery	0	625
Total Hospital	136	15,658

## Financial Statistics

Definitions

	\$	%
Gross Patient Revenue	\$253,172,474	99.89
Non-Patient Revenue	\$281,226	0.11
Total Revenue	\$253,453,700	
Net Income (or Loss)	\$8,252,655	3.26

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OP claims data are for calendar year ending 12/31/2003.  
Data from other sources are described within headings.  
Errata: Please notify us by email of any corrections or updates.

## Identification and Characteristics

Last updated 02/18/2005 / Definitions

Name and Address: **Garden Park Medical Center**  
15200 Community Road  
Gulfport, MS 39503

Telephone number: (228) 575-7000

Hospital Website: [www.gardenparkmedical.com](http://www.gardenparkmedical.com)

Medicare Provider Number: 250123

Type of Facility: Short Term Acute Care

Type of Control: Proprietary, Corporation

Total Staffed Beds: 109

Total Patient Revenue: \$166,019,519

Total Discharges: 3,758

Total Patient Days: 17,832

### Notice something

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<b>NOTE</b>
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## Clinical Services

Definitions

### Cardiovascular Services

Cardiac Rehab

### Emergency Services

Emergency Department

### Neurosciences

Electroencephalography (EEG)

### Orthopedic Services

Joint Replacement  
Spine Surgery

### Radiology / Nuclear Medicine / Imaging

### Wound Care

Hyperbaric Oxygen

### Other Services

Inpatient Surgery  
Obstetrics

### Subprovider Units

Psychiatric  
Skilled Nursing (SNF)

### Special Care

Intensive Care Unit (ICU)

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Computed Tomography (CT)  
 Magnetic Resonance Imaging (MRI)  
 Single Photon Emission Computerized  
 Tomography (SPECT)

### Inpatient Utilization Statistics by Medical Service

Definitions

	Number Medicare Inpatients	Average Length of Stay	Average Charges	Medicare Case Mix Index (CMI)
Cardiology	239	5.02	\$21,426	0.92
Gynecology	23	3.09	\$21,973	0.97
Medicine	417	4.76	\$18,435	0.83
Neurology	139	8.65	\$34,241	0.99
Oncology	17	7.18	\$25,808	1.51
Orthopedics	288	4.94	\$42,974	1.67
Psychiatry	175	12.34	\$44,663	0.74
Pulmonology	206	7.29	\$38,090	1.45
Surgery	134	8.80	\$51,355	2.11
Urology	96	5.69	\$22,485	0.94
Vascular Surgery	26	8.54	\$62,387	1.81
Total	1,786	6.60	\$32,662	1.19

### Inpatient Origin for Top 3 Zip Codes

Medicare Hospital Market Service Area File for calendar year ending 12/31/2003 / Definitions

ZIP Code of Residence	Admissions	Days of Care	Charges	Admissions Inc/(Dec)	Market Shar
39503	548	3,420	\$17,422,904	23.0%	32.0%
39501	270	1,718	\$7,949,838	18.0%	14.0%
39574	199	1,026	\$4,945,409	27.0%	34.0%

### Outpatient Utilization Statistics by APC

Definitions

APC Number	APC Description	Number Patient Claims	Average Charge	Average Cost
0707	New Technology - Level II ( - 0)	36	\$381	\$75
0610	Low Level Emergency Visits	1,210	\$231	\$180
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Contrast	250	\$2,794	\$415
0015	Level III Debridement & Destruction	453	\$177	\$34
0260	Level I Plain Film Except Teeth	2,070	\$307	\$45
0337	MRI and Magnetic Resonance Angiography without Contrast Material followed by Contrast Material	156	\$3,615	\$537

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0602	High Level Clinic Visits	503	\$169	\$33
0143	Lower GI Endoscopy	158	\$2,816	\$555
0611	Mid Level Emergency Visits	421	\$320	\$250
0283	Computerized Axial Tomography with Contrast Material	208	\$2,286	\$339
0075	Level V Endoscopy Upper Airway	56	\$1,425	\$344
0332	Computerized Axial Tomography and Computerized Angiography without Contrast Material	247	\$1,950	\$289
0141	Upper GI Procedures	129	\$2,305	\$454
0333	Computerized Axial Tomography and Computerized Angio w/o Contrast Material followed by Contrast	148	\$3,038	\$451
0269	Level III Echocardiogram Except Transesophageal	234	\$816	\$160
0612	High Level Emergency Visits	155	\$464	\$362
0286	Myocardial Scans	131	\$1,318	\$195
0041	Level I Arthroscopy	30	\$2,377	\$575
0076	Endoscopy Lower Airway	73	\$1,231	\$267
0267	Level III Diagnostic Ultrasound Except Vascular	212	\$1,011	\$150

### Beds and Patient Days by Unit

Definitions

	Available Beds	Inpatient Days
<b>HOSPITAL (including swing beds)</b>		
Routine Services	96	15,152
Special Care	13	1,759
Nursery	0	921
<b>Total Hospital</b>	<b>109</b>	<b>17,832</b>

### Financial Statistics

Definitions

	\$	%
Gross Patient Revenue	\$166,019,519	99.72
Non-Patient Revenue	\$457,871	0.28
<b>Total Revenue</b>	<b>\$166,477,390</b>	
<b>Net Income (or Loss)</b>	<b>\$4,033,306</b>	<b>2.42</b>

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Data from other sources are described within headings.  
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## Identification and Characteristics

Last updated 02/16/2005 / Definitions

Name and Address: **Singing River Hospital**  
2809 Denny Avenue  
Pascagoula, MS 39581

Telephone number: (228) 809-5000

Hospital Website: [www.srhshealth.com/SRH\\_Hospital.htm](http://www.srhshealth.com/SRH_Hospital.htm)

Medicare Provider Number: 250040

### Notice something

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**NOTE**

Type of Facility: Short Term Acute Care

Type of Control: Governmental, County

Total Staffed Beds: 336

Total Patient Revenue: \$626,495,004

Total Discharges: 16,271

Total Patient Days: 81,339

## Clinical Services

Definitions

### Cardiovascular Services

Cardiac Rehab  
Cardiac Cath Lab  
Coronary Interventions  
Cardiac Surgery  
Vascular Surgery  
Vascular Intervention

### Rehabilitation Therapies

Physical Therapy

### Wound Care

Hyperbaric Oxygen  
Wound Care

### Emergency Services

Emergency Department

### Other Services

Hemodialysis  
Inpatient Surgery  
Lithotripsy (ESWL)  
Obstetrics

### Neurosciences

Electroencephalography (EEG)

### Subprovider Units

Psychiatric

### Oncology Services

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Radiation Therapy  
Chemotherapy

Skilled Nursing (SNF)

**Orthopedic Services**

Joint Replacement  
Spine Surgery

**Special Care**

Intensive Care Unit (ICU)  
Surgical Intensive Care (SICU)

**Radiology / Nuclear Medicine /  
Imaging**

Computed Tomography (CT)  
Computed Tomography Angiography  
(CTA)  
Intensity-Modulated Radiation Therapy  
(IMRT)  
Magnetic Resonance Angiography (MRA)  
Magnetic Resonance Imaging (MRI)  
Positron Emission Tomography (PET)  
Single Photon Emission Computerized  
Tomography (SPECT)

**Inpatient Utilization Statistics by Medical Service**

Definitions

	Number Medicare Inpatients	Average Length of Stay	Average Charges	Medicare Case Mix Index (CMI)
Cardiology	819	4.47	\$14,756	1.03
Cardiovascular Surgery	482	6.12	\$59,733	3.40
Gynecology	45	4.67	\$22,886	0.99
Medicine	1,652	5.05	\$13,654	0.87
Neurology	474	5.91	\$15,366	1.00
Neurosurgery	36	13.53	\$62,105	2.88
Oncology	106	5.41	\$16,823	1.38
Orthopedics	850	5.77	\$27,436	1.60
Psychiatry	248	11.06	\$11,217	0.68
Pulmonology	995	7.56	\$25,990	1.49
Surgery	458	9.67	\$38,913	2.29
Surgery for Malignancy	32	6.69	\$28,013	1.49
Urology	370	5.37	\$16,133	1.03
Vascular Surgery	152	5.81	\$30,679	1.83
Total	6,721	6.20	\$23,373	1.41

**Inpatient Origin for Top 3 Zip Codes**

Medicare Hospital Market Service Area File for calendar year ending 12/31/2003 / Definitions

ZIP Code of Residence	Admissions	Days of Care	Charges	Admissions Inc/(Dec)	Market Shar
39564	1,247	7,576	\$30,529,986	19.0%	68.0%
39563	878	5,658	\$18,570,649	-1.0%	87.0%



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## Financial Statistics

Definitions

	\$	%
Gross Patient Revenue	\$626,495,004	99.43
Non-Patient Revenue	\$3,589,401	0.57
Total Revenue	\$630,084,405	
Net Income (or Loss)	\$2,054,021	0.33

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Inpatient claims data are for federal fiscal year ending 09/30/2003.  
OP claims data are for calendar year ending 12/31/2003.  
Data from other sources are described within headings.  
Errata: Please notify us by email of any corrections or updates.

## Identification and Characteristics

Last updated 02/16/2005 / Definitions

Name and Address: **Hancock Medical Center**  
149 Drinkwater Boulevard  
Bay Saint Louis, MS 39520

Telephone number: (228) 467-8600

Hospital Website: [www.hmc.org](http://www.hmc.org)

Medicare Provider Number: 250045

### Notice something

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<b>NOTE</b>
-------------

Type of Facility: Short Term Acute Care

Type of Control: Governmental, County

Total Staffed Beds: 104

Total Patient Revenue: \$116,814,818

Total Discharges: 4,405

Total Patient Days: 20,478

## Clinical Services

Definitions

### Cardiovascular Services

Cardiac Rehab

### Emergency Services

Emergency Department

### Neurosciences

Electroencephalography (EEG)

### Orthopedic Services

Joint Replacement

### Radiology / Nuclear Medicine / Imaging

Computed Tomography (CT)

Magnetic Resonance Imaging (MRI)

Single Photon Emission Computerized Tomography

### Wound Care

Wound Care

### Other Services

Hemodialysis

Inpatient Surgery

Obstetrics

### Special Care

Intensive Care Unit (ICU)

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**JCAHO Accreditation**

Accreditation status licensed from the Joint Commission on Accreditation of Health Care Organizations (JCAHO)  
Last updated 03/31/2005 / Definitions and JCAHO Terms of Use

- Current Status: 06/11/2003 - Accredited

**Inpatient Utilization Statistics by Medical Service**

Definitions

	Number Medicare Inpatients	Average Length of Stay	Average Charges	Medicare Case Mix Index (CMI)
Cardiology	385	4.74	\$15,474	0.93
Gynecology	22	2.91	\$11,538	0.91
Medicine	634	4.62	\$12,331	0.82
Neurology	146	4.82	\$12,962	1.01
Oncology	27	7.81	\$21,309	1.50
Orthopedics	125	6.40	\$22,393	1.35
Psychiatry	15	3.27	\$6,814	0.76
Pulmonology	420	6.71	\$23,217	1.29
Surgery	118	11.42	\$45,408	2.37
Urology	127	4.78	\$12,027	0.86
Vascular Surgery	21	6.95	\$30,700	1.69
Total	2,065	5.64	\$18,063	1.10

**Inpatient Origin for Top 3 Zip Codes**

Medicare Hospital Market Service Area File for calendar year ending 12/31/2003 / Definitions

ZIP Code of Residence	Admissions	Days of Care	Charges	Admissions Inc/(Dec)	Market Share
39520	742	3,932	\$12,231,424	-7.0%	55.0%
39576	334	1,797	\$6,303,928	8.0%	53.0%
39525	232	1,351	\$4,786,598	0.0%	36.0%

**Outpatient Utilization Statistics by APC**

Definitions

APC Number	APC Description	Number Patient Claims	Average Charge	Average Cost
0611	Mid Level Emergency Visits	1,293	\$164	\$78
0260	Level I Plain Film Except Teeth	4,035	\$135	\$36
0336	Magnetic Resonance Imaging and Magnetic Resonance Angiography without Contrast	390	\$1,173	\$314
0612	High Level Emergency Visits	505	\$276	\$131
0143	Lower GI Endoscopy	244	\$753	\$198

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0733	Non esrd epoetin alpha inj, 1000 u	162	\$37	\$9
0283	Computerized Axial Tomography with Contrast Material	372	\$1,074	\$287
0333	Computerized Axial Tomography and Computerized Angio w/o Contrast Material followed by Contrast	309	\$1,092	\$292
0332	Computerized Axial Tomography and Computerized Angiography without Contrast Material	473	\$922	\$247
0610	Low Level Emergency Visits	1,101	\$89	\$42
0337	MRI and Magnetic Resonance Angiography without Contrast Material followed by Contrast Material	161	\$1,728	\$463
0359	Level II Injections	658	\$94	\$39
0131	Level II Laparoscopy	31	\$3,930	\$1,348
0286	Myocardial Scans	168	\$1,497	\$401
0041	Level I Arthroscopy	53	\$2,518	\$822
0269	Level III Echocardiogram Except Transesophageal	338	\$524	\$137
0141	Upper GI Procedures	163	\$781	\$209
0266	Level II Diagnostic Ultrasound Except Vascular	531	\$313	\$84
0267	Level III Diagnostic Ultrasound Except Vascular	319	\$854	\$229
0600	Low Level Clinic Visits	313	\$54	\$14

## Beds and Patient Days by Unit

Definitions

	Available Beds	Inpatient Days
<b>HOSPITAL (including swing beds)</b>		
Routine Services	94	17,846
Special Care	10	2,229
Nursery	0	1,028
<b>Total Hospital</b>	<b>104</b>	<b>21,103</b>

## Financial Statistics

Definitions

	\$	%
Gross Patient Revenue	\$116,814,818	99.06
Non-Patient Revenue	\$1,109,300	0.94
<b>Total Revenue</b>	<b>\$117,924,118</b>	
<b>Net Income (or Loss)</b>	<b>\$1,621,853</b>	<b>1.38</b>

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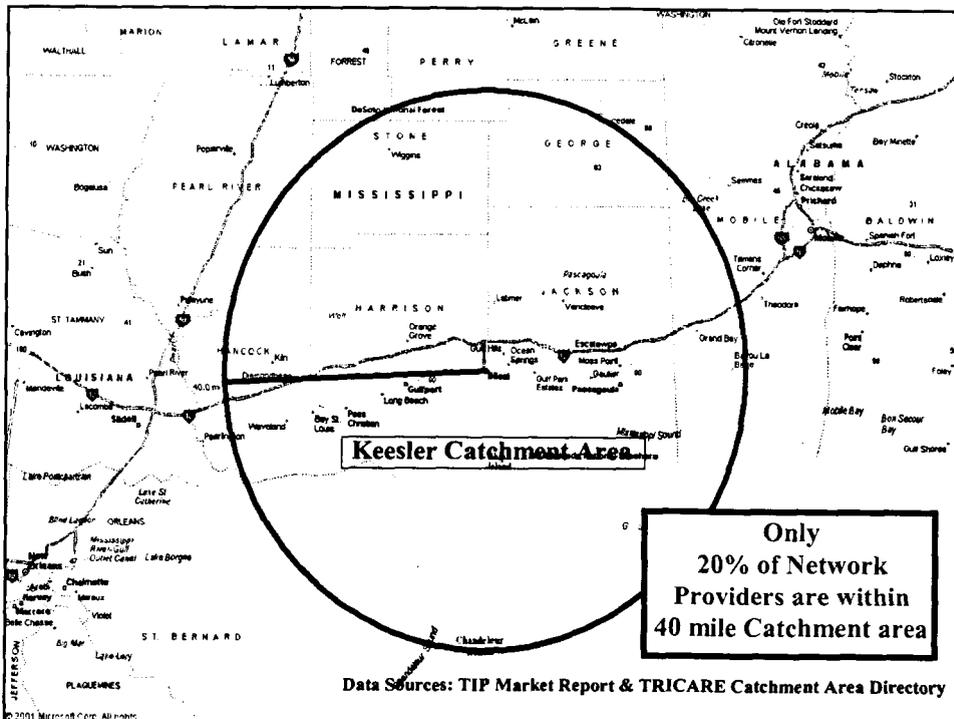


# Network of Providers



Specialty	Providers Contracted Per Humana Optimization Brief	Providers shown within 40 miles of Keesler Area	Providers shown within 40 miles of Keesler Area
Primary Care	315	85	23
Allergy/Immunology	5	3	1
Anesthesiology	48	27	0
Cardiology	39	23	9
Dermatology	7	3	1
ENT	11	1	0
General Surgery	43	28	0
Hematology/Oncology	9	4	0
Nephrology	17	12	6
Neurology	25	9	4
Orthopedic Surgery	44	31	12
Pathology	24	11	0
Physical Medicine	5	4	0
Urology	10	4	0

Data Source: Humana's Optimization Brief, 13 April 2005, [http://www.humana.com/optimization/brief/041305.pdf](#) & HMHS Web Page





## *Network Of Providers*



- 
- Of the 142 providers listed by Humana Military Health Services (HMHS) as being within the 40 mile Keesler catchment area, GIZ staff did a 100% phone check with each one. Here's what we found:
  - 28 of the 142 or 20% of the providers in the 40 mile area cannot be relied upon to support KMC inpatient shift
    - 11 providers are either retired or no longer working in the area
    - 5 no longer accept TRICARE
    - 6 providers who accept TRICARE are not accepting new patients
    - 1 accepts new patients on a case by case basis
    - 5 could not be contacted
- 



## *Network of Providers*



- 
- 247 of the 570 (listed by TRICARE Information Portal) network providers (43%) listed outside the Keesler catchment area by HMHS are located in Mobile
  - These network providers are shared with an eligible population of 9,022 residing in the PRISM area of USCG Mobile
  - USCG Clinic Mobile is primary care only, and all specialty care is referred to the network
-



**BRAC plan for Keesler puts care in doubt**

Biloxi Sun Herald (Biloxi, MS)

Michael Newsom

July 17, 2005

Keesler Medical Center is slated to be scaled back by the Department of Defense, which could leave some 56,000 beneficiaries looking for treatment in civilian hospitals.

Some believe the decision could cause a sharp increase in patient loads in South Mississippi.

The Base Realignment and Closure commission recommends taking away Keesler's in-patient mission and turning it into a "super clinic" with ambulatory services, a move some hospital officials are unsure about. The move would leave retired and active-duty military and their dependents to go to civilian hospitals, some of which do not accept their government-issued insurance plans.

Elected officials from the state and South Mississippi have been in attack mode against the BRAC recommendations.

U.S. Rep. Gene Taylor feels one of the weak points in the case to gut Keesler is the fact the BRAC commission members didn't talk to local hospitals about whether they might take up Keesler's residency program.

"They haven't contacted a single local hospital and asked if their doctors there are presuming all this," Taylor said. "They are presuming that the continuing education would go on. It is really amateurish of them."

"You don't even know if you are going to be able to treat them," Taylor said. "They are assuming those people will get treatment somewhere."

Retired Air Force Lt. Gen. Clark Griffith, president of the Biloxi Bay Chamber of Commerce, is part of a panel that has been extensively researching the Keesler data from the BRAC reports; he said four out of 11 area hospitals aren't enrolled as Tricare providers.

"There are certainly not enough staff beds out of the 11 hospitals that are within the 40-mile radius. Less than half take Tricare," Griffith said. "You are utilizing a set of numbers, when in fact they are not even signed into the Tricare system."

Keesler Medical Center will refer only those who have Tricare to Tricare providers, Griffith said.

Griffith, who has become an expert on the medical situation in South Mississippi since taking up the fight alongside members of Rep. Taylor's office and Sen. Trent Lott's office, local businessmen and outside consultants, also said the medical system cannot support the patient load.

"You are forcing the active-duty military, their families, veterans and retirees into a local medical situation where they don't have the capacity to accept them," Griffith said.

Griffith said he thinks two of the potential problems would be the Tricare participants being sent into a civilian medical system that does not have the amount and variety of specialists that are

DCN: 11912

available at Keesler, and many doctors not accepting the Tricare insurance because the fees paid to doctors are much lower in comparison to those paid by other insurance companies.

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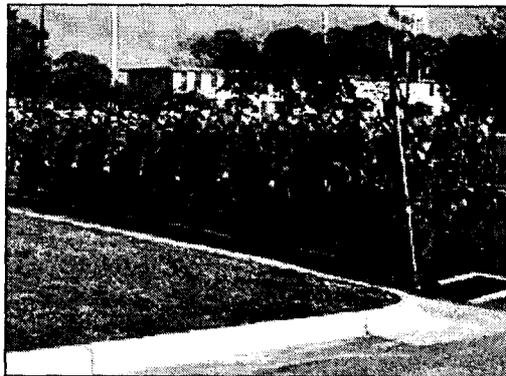


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### Keesler Mission

**"Advance Critical Mission Capabilities of the Air and Space Expeditionary Force... Warriors... Training Warriors... For Warriors!"**



Troops march at Keesler AFB, Miss.

#### A Vital Air Force Mission

The largest mission at Keesler is the 81st Training Wing training mission and is responsible for nearly 500 training courses both locally and at other bases. On an average day Keesler trains nearly 4,700 students. Keesler's population includes 12,646 military and 3,613 civilian personnel. The military count includes Air Force Reserve and active-duty student populations. Civilian numbers include civil service, contract, exchange and other non-tax

funded employees. More than 11,000 military dependents live on Keesler or in the local area.

The 81st Training Wing is in a constant state of transition as it seeks excellence in all we do. Our mission statement is: Advance Critical Mission Capabilities of the Air and Space Expeditionary Force... Warriors... Training Warriors... For Warriors!

Keesler is an important link in the chain established by Headquarters Air Education and Training Command, Randolph AFB, Texas. Our largest training mission is to take young men and women, many fresh from basic training, and teach them skills to benefit the nation and the Air Force as well as our sister services and foreign countries. Keesler also trains pilots in C-21 aircraft, as well as doctors, nurses and technicians in medical specialties.



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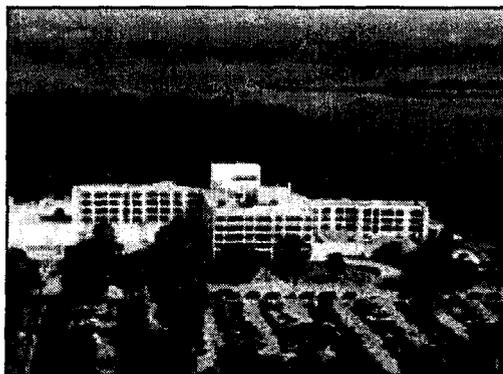
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### Medical Care



**The Keesler Medical Center is the home of the 81st Medical Group.**

The 81st Medical Group operates the second largest medical center in the entire Air Force.

The 81st Medical Group's first and primary mission is medical readiness. It is responsible for deploying an Expeditionary Medical Support hospital with support staff when directed and is responsible for managing the second largest mobility mission in the Air Force.

In conjunction with the Global Patient Movement Center at Scott AFB, Illinois., they transport critically ill patients by air using their famous Critical Care Air Transport Teams. Keesler Medical Center also serves as the Federal Coordinating Center for the National Disaster Medical System, the medical arm of the Federal Emergency Management Agency. They manage and maintain memorandums of agreement with 23 civilian medical facilities throughout the Mississippi Gulf Coast.

Keesler Medical Center serves more than 56,000 beneficiaries within a 40-mile catchment area. About 26,000 outpatients are seen in the clinics each month including 100 to 120 patients from other medical facilities throughout the southeastern United States through the Aeromedical Evacuation System.

Equipped with operating inpatient beds and a staff of more than 2,000 people, the center represents a major concentration of professional capability. The 81st Medical Group is also a major graduate medical education facility offering state-of-the-art training and research.

The center conducts eight graduate medical education programs for doctors, dentists and nurse anesthetists. More than 90 new physicians and dentists undergo internship and residency requirements at Keesler before serving at military medical facilities worldwide, and approximately 25 new nurses are enrolled annually in the USAF Phase II Nurse Transition Program for general nurses. About 350 enlisted graduates of the School of Healthcare Sciences are also trained under Phase II technical training at Keesler.

The 81st Medical Group is one of only three Air Force medical facilities with a formal clinical investigations program with a research facility and resources specifically designated to support such operations. The continually expanding research program features a clinical research laboratory and more than 260 separate investigations.

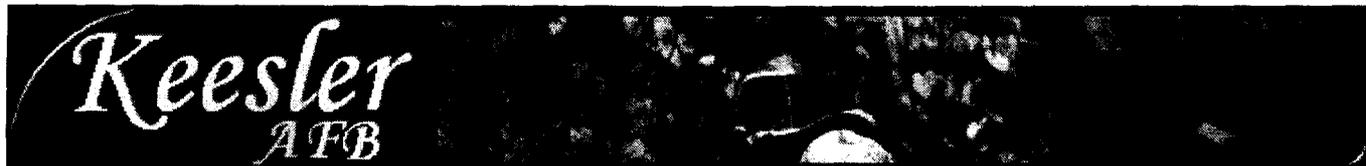


The staff at the Clinical Research Laboratory stands ready to provide support from

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- FOIA Information
- Retiree Activities

### Medical Specialties

Patients initially discuss most medical problems with their Primary Care Manager (PCM) in the Family Practice Clinic or Internal Medicine Clinic (formerly the Adult Ambulatory Care Clinic, AACC). Appointments are available by calling the central appointments number at 1-800-700-8603.

The Medical Specialties Clinic treats patients with problems in the areas of endocrinology, neurology, cardiology, dermatology and infectious diseases. The Medical Procedures Clinic treats patients with problems in the areas of gastroenterology, pulmonary, hematology and oncology. The Infectious Disease Clinic and the Allergy/Immunization Clinic are located together in the basement. The Nephrology Clinic is located on the third floor.

Patients are referred to the Medical Specialties, Medical Procedures, Infectious Disease, Allergy/Immunology, and Nephrology clinics on a consultation basis only, as determined by their PCM. Active-duty members receive priority, followed by TRICARE Prime enrollees. All others are seen on a space-available basis. Clinic hours are 7 a.m. - 5 p.m. Monday-Thursday, and 7 a.m. - 4 p.m. Fridays. Clinics are closed on CWS (Compressed Work Schedule) Fridays.

#### Key Phone Numbers

- Central Appointments: 1-800-700-8603
- Emergencies (on or off-base): 911
- Mental Health (228) 377-6216: (DSN: 597)
- Urgent After Hours PCM Access 1-877-794-4629

Patients are referred to the Medical Specialties and Procedures Clinic, on a consultation basis only, as determined by their Primary Care Manager. Active-duty members receive priority, followed by TriCare Prime enrollees. All others are seen on a space-available basis.

Family Practice Clinic hours are 7 a.m. to 7 p.m. Monday-Thursday, 7 a.m. to 4 p.m. Fridays and 8 a.m. to noon Saturdays. Most other clinics are open 7 a.m. to 5 p.m. weekdays, except "Compressed Work schedule" Fridays.

#### Emergency Care

Emergency Services is fully staffed 24 hours a day to provide emergency care to injured and acutely ill patients. The emergency ambulance service will respond to military beneficiaries requesting this service within its jurisdiction. This includes all housing areas and the confines of the base. All requests for ambulance services whether "on or off" base must go through the 911 system.

Non-emergency patients should first attempt to get an appointment with their primary care manager. Sick call (same day) appointments for active-duty personnel can be made by calling 1-800-700-8603 between 5-6 a.m. All other beneficiaries may call after 6 a.m.



#### Mental Health

Email POC: 81TRW/PA (DSN597) 228-377-2783

Please Read Privacy And Security

**2005 Defense Base Closure and Realignment Commission  
Suggested Q's & A's for Visit to Keesler Air Force Base**

**Q1. The Pentagon has justified its recommendation to close the in-patient capability at Keesler AFB medical center because of its proximity to accredited civilian facilities with inpatient capability. Does the Commission understand that this change would have a direct fiscal impact on soldiers as they would be responsible out-of-pocket for certain medical expenses?**

**A1.** The Commission takes all pertinent factors into account, as prescribed by statute, as it performs an evaluation of the suggestions made by the Department of Defense (DoD) and formulates its own suggestions. The Commission is keenly aware of the human impact had by the closure or realignment of a medical center, and although current military value is the most important consideration, the Commission will also consider the effects that the removal of a medical capability would have on the surrounding community.

**Q2. Estimates are that Keesler AFB will lose 402 jobs (181 military, 31 civilian, and 190 contractor personnel) if the medical center closes. In addition, the Gulfport-Biloxi metropolitan area could lose another 352 jobs if there is no economic recovery. Will the Commission consider the possible economic effect on the area as the Commission reaches its final conclusion?**

**A2.** The Commission will perform a thorough, accurate, and objective analysis which will take into account, chiefly, the military value of Keesler AFB medical center, but will also consider the impact that the closure of the installation would have on the surrounding community. Please be assured that the Commission will make a full evaluation, as prescribed by law, before coming to its conclusions and formulating its suggestions.

**Q3. Estimates are that some 10,001 military retirees live within a 50-mile radius of Keesler AFB. Under the proposed recommendations these retirees would be required to pay for medical expenses out-of-pocket. Will the Commission consider how these changes will affect costs for retirees?**

**A3.** The Commission will perform a thorough, accurate, and objective analysis which will take into account, chiefly, the military value of the base, but will also consider other factors. The economic repercussions resulting from the closure of in-patient care at the medical center is an important factor to the Commission. Please be assured that the Commission will make a full evaluation, as prescribed by law, before coming to its conclusions and formulating its suggestions.

**Q4. The Pentagon has rationalized closing the VA hospital in Gulfport because of its proximity to the medical center at Keesler AFB. However, the Pentagon has also recommended the closure in-patient care at the Keesler AFB medical center. How will the Commission approach such an obvious oversight/discrepancy in the Pentagon's recommendations?**

**A4.** The Commission will perform a thorough, accurate, and objective analysis of the DoD's proposed recommendations. In doing so, the Commission will be sensitive to any discrepancies that might exist within the Pentagon's recommendations.

**Q5. The Keesler AFB medical center provides many residency programs. In order for residency programs to be successful, a hospital needs to maintain in-patient care capability. If the Pentagon's recommendations occur, the residency programs at Keesler will likely close and this will have a dramatic effect on the level of medical care in the area. Will the Commission consider this likely effect?**

**A5.** The Commission will consider the full impact of the DoD's recommendations on the local community. The Commission understands that decisions regarding health care may have a dramatic impact on a community. Oftentimes, the decision to remove a medical capability at one location requires that it be performed at another. The Commission will analyze the DoD's recommendations regarding this medical center deliberately and carefully.

**Q6. Keesler AFB medical center is one of 2 remaining Air Force institutions that provides full-service in-patient care for the Air Force dependents. Full-service refers to the level of subspecialty care that patients receive at Keesler AFB medical center. There is no other facility in the Biloxi/Gulfport region that provides this service to pediatric patients, civilian or military. Will the Commission consider the cost to the community of closing a medical center of Keesler's caliber?**

**A6.** The Commission is keenly aware of the human impact had by the closure or realignment of a medical center, and although current military value is the most important consideration, the Commission will also consider the effects that the removal of a medical capability would have on the surrounding community.

**Q7. How can the Community inform the Commission of information that the Community feels may have been overlooked by DoD?**

**A7.** The BRAC Commission encourages public input into this transparent and objective process. Community groups who wish to submit information for the appropriate regional hearing are urged to contact their Congressional representative. Additionally, the public may submit comments through the Commission's official website, which is [www.brac.gov](http://www.brac.gov).

**Public Comments**  
**Keesler Air Force Base**  
**Mississippi**

<p><b>Hospital closure</b></p> <p>My name is Maj. Della Howell, MD. I have just completed a 3 year training in pediatric hematology/oncology for the military, at a cost of almost \$300,000 to the USAF so I can provide care for military dependents with cancer and blood disorders. My assignment that starts 15 Jul 2005 is Keesler AFB. I have been excited about this position and the potential that this job holds, until I learned of the BRAC listings. Keesler's in-patient unit is on the list to close. I CANNOT provide adequate oncology care to children without an in-patient unit. This will destroy the care for many dependent children, and will waste a tremendous amount of the military's money if this closure takes place. I am not the only subspecialist that is arriving at this hospital in July. 3 other physicians will be arriving, all having been trained at similiar costs to the military, all expecting to have a fully functional hospital in which to care for their patients.</p> <p>Keesler Air Force Base supports many residency programs, almost all of which will require in-patient care experience. The VA hospital in the area does not allow for an adequate training experience for those treating adults, and will not provide any training for the pediatric residents currently stationed at Keesler. This residency program will likely have to close if the in-patient unit is shut down. Residents cannot be trained in a superclinic only.</p> <p>Keesler is one of 2 remaining Air Force institutions that provides a full service in-patient care for the Air Force dependents (Wilford Hall, soon to be BAMC only, is the other). I state "full service" because they provide all the subspecialty care that patients might be able to receive in large civilian academic centers only. There is no other hospital in the Biloxi/Gulfport region that provides this service to pediatric patients, civilian or military.</p> <p>You will be providing a great disservice to the patients in the area and the staff who have spent many years training to do something they love, at quite an expense to the military, I might add.</p> <p>Thank you for reading my comments.</p> <p>Maj. Della L. Howell, MD  Della.Howell@choa.org  (770)315-5564</p>	6/10/2005 12:39:00 PM	Keesler Air Force Base	MS
<p><b>Access to DOD Analysis on Realignment of Keesler AFB Hospital</b></p> <p>I am a retired USAF Officer and my wife and I will be affected by the proposed realignment at the Keesler AFB Hospital.</p> <p>I wish to obtain a copy of the analysis performed by DOD on the KAFB Hospital. I would like to know how the KAFB realignment figures into the Payback assessment, especially since the KAFB realignment has the highest economic.</p> <p>My primary concern stems from a belief, as a taxpayer, that there is no true savings to be gained. While it may appear true that DOD will be blessed with a savings, I do not understand how any element of the Federal Government can assert such a claim when the associated costs are merely being transferred to other Federal Government elements or contracts (Tricare), as well as adding a financial burden upon active</p>	6/3/2005 1:58:00 AM	Keesler Air Force Base	MS

**Public Comments  
Keesler Air Force Base  
Mississippi**

<p>duty/retired members and their families. I believe it is highly likely that taxpayers will be faced with a sizable increase in taxpayer costs. If there is no real savings to be had, then there is no viable reason to create a more complicate, and fragmented process for military members and the families, as well as retirees to run the health care gauntlet.</p> <p>The loss of In-Patient services at Keesler AFB Hospital is not comparable to the reduction of weapon system where planes, tanks and ships are scraped and dismantled and need for associated operational, maintenance, and support/logistics cost eliminated. In-Patient Services remain as services that need to be performed. The realignment process merely transfers these services from Keesler AFB Hospital to another health care activity. The costs associated with these In-Patient Service remains a cost that must be paid.</p> <p>In closing, I would again state my request for obtaining a copy of the detail financial analysis completed by the DOD and USAF with respect to the proposed realignment of the Keesler AFB Hospital. Please advise how I can obtain this information or where I can go on Keesler AFB to review the analysis. I firmly believe that this analysis must be made available to public review, as especially to the population that is directly impacted. If the analysis is worthy and proper, then it clearly can stand on its own merit in the brightest of daylight for all to see and understand.</p> <p>Respectfully</p> <p>Stephen Grimes, Lt Col USAF (Ret) 2806 Robert Hiram Dr Gautier, MS 39553-7441 snkgrimes@cableone.net</p>			
<p><b>Site Visit</b></p> <p>When will the Keesler Hospital site visit occur?</p> <p>Mitch Waldman National Security Advisor Senator Trent Lott, Mississippi ph: 202 224 6253 fx: 202 224 2262 email: Mitch_Waldman@lott.senate.gov</p>	<p>5/26/2005 9:59:00 AM</p>	<p>Keesler Air Force Base</p>	<p>MS</p>