



DCN: 2619

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

May 16, 2005

MEMORANDUM FOR OSD BASE CLOSURE AND REALIGNMENT OFFICE
ATTN: Mr Pete Potochney

FROM: HQ USAF/SG
1780 Air Force Pentagon
Washington, DC 20330-1780

SUBJECT: Consultations with the 2003 NDAA Section 726 Workgroup

In September 2004, TRICARE Management Activity formed a workgroup as outlined in Section 726 of the 2003 NDAA. The main purpose of this workgroup is to serve as an advisor to the Secretary of Defense to ensure the beneficiaries have access to care as a result of Base Realignment and Closure recommendations.

The Medical Joint Cross Service Group (MJCSG) used this workgroup in several areas:

- A "Request for Consultation" was forwarded to the BRAC Workgroup in October 2004 by the Chairman of the Medical JCSG requesting a "review of lessons learned" from our experience in the BRAC 1995 deliberations and a "review of those medical catchment areas where closure or significant downsizing... would leave DoD beneficiaries without adequate medical support." The Workgroup responded in a memorandum outlining areas of concern on 07 December 2004. (Attached) The results were considered in the deliberation process.
- On request, the 726 workgroup provided Network Adequacy Reports. Network Adequacy Reports are a means to examine the number and types of health care providers required in a given area for the population it serves.
- On request, the workgroup provided lists of the Networked hospitals for a given area. The Medical JCSG used the American Hospital Associations data to determine the number of hospitals within a 40-mile radius of an installation. The workgroup then gave the Medical JCSG the means to determine which of those hospitals were currently in the TRICARE Network.

A handwritten signature in blue ink, which appears to read "George Peach Taylor, Jr.", is positioned above the typed name.

GEORGE PEACH TAYLOR, JR.
Lieutenant General, USAF, MC, CFS
Chairman, Medical Joint Cross Service Group

Atch
Section 726 Workgroup Response Memo



TRICARE
MANAGEMENT
ACTIVITY

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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DEC 7 2004

MEMORANDUM FOR: CHAIRMAN, MEDICAL JOINT CROSS SERVICE GROUP

SUBJECT: Response to Request for Consultation on BRAC 2005 Medical Issues

Reference: Memorandum dated October 4, 2004, "Request for Consultation on BRAC 2005 Medical Issues"

1. In the fall of 2004 a BRAC workgroup was chartered to be available to the Secretary of Defense and the Defense Base Closure and Realignment Commission in a consulting capacity for the 2005 round of realignments and closures. Additionally, the group was tasked to provide the Secretary of Defense a plan for the provision of health care when, through closure or realignment, accessibility to health care services is affected in CONUS and OCONUS.

The working group is composed of the following members: 1) ASD (HA) or designated representative; 2) Service Surgeons General or designated representatives; 3) One independent member (appointed by Secretary of Defense) from each TRICARE region whose experience qualified them to represent persons authorized health care benefits.

2. In our role of supporting your Medical Joint Cross Service Group (MJCSG), we are responding to the memo of 4 Oct 04 that requested the BRAC Working Group provide the MJCSG informal response on two areas of interest:
 - (a) Lessons learned from our experience in the BRAC 1995 deliberations.
 - (b) Medical catchment areas where BRAC actions would leave the remaining Department of Defense (DoD) beneficiaries without adequate medical support.
3. Brief Review of Lessons Learned from the BRAC 1995 deliberations:
 - a. ISSUE: There was a great amount of emotion associated with BRAC -- anger, disillusionment and even outrage from beneficiaries was not uncommon. Retirees were significantly more affected by the closing of bases than active duty members and their families, as they were more geographically tied to the area. Military retirees and their family members felt that they were entitled to health care benefits for life and that closure was a violation of their entitlement.

4. In preparing a response to your second question, the committee members provided their input as representatives of the beneficiaries in their respective regions. We then looked at their responses and did a quick review of the areas put forward. Below are a few locations that we believe need to be examined more critically for community capacity if MTF closure is contemplated. This list is not meant to be totally inclusive; however, it does summarize the general concerns of the Working Group.

- a. Branch Medical Clinic, Brunswick, Maine (650 retirees/family members enrolled)
- b. Naval Hospital Cherry Point (3900 retirees/family members enrolled)
- c. Martin ACH, Fort Benning (13200 retirees/family members enrolled)
- d. Fort Hood, Texas (7100 retirees/family members enrolled)
- e. Sheppard AFB, Wichita Falls, TX (5200 retirees/family members enrolled)
- f. Fort Sill, OK (6900 retirees/family members enrolled)
- g. Bassett ACH, Fort Wainwright, AK (2219 retirees/family members enrolled)

5. In addition, you should consider what effect closure would have on locations where DoD medical treatment facilities play a vital role in the local health care delivery system. The facilities are listed below:

- a. Wilford Hall Medical Center and Brook Army Medical Center are part of a consortium that provides Level I trauma care to the San Antonio, TX community.
- b. Scott AFB, IL provides Level II emergency services to the civilian community.
- c. Andrews AFB, MD provides Level II emergency services to the civilian community.
- d. Travis AFB, CA provides Level II emergency services to the civilian community as well as providing hyperbaric chamber support.
- e. Wright-Patterson AFB provides a multi-place hyperbaric chamber service in an agreement with the Kettering Medical Center Network in the civilian community (50% patients are civilian, 40% VA, 10% DoD).
- f. Naval Hospital Corpus Christi provides services to the Border Patrol and Customs.
- g. Eisenhower AMC, GA provides training and services with the Department of Veterans Affairs and Medical College of Georgia.
- h. Tripler AMC, HI and William Beaumont AMC, TX both share part of their facility with the Department of Veterans Affairs.

- i. Today's perspective: TRICARE for Life will significantly reduce the effect of the base closings on the retired population. Military Treatment Facilities (MTF) already largely exclude Medicare-eligible retirees for most care but do provide an important pharmacy benefit. Today there is a robust retail pharmacy network and mail order program that can fill the gap. (TRICARE Retail Pharmacy - TRRx / TRICARE Mail Order Pharmacy - TMOP).

RECOMMENDATION: Consideration should be given to the community medical capacity to accept MTF retiree and residual Active Duty (AD)/Active Duty Family Member (ADFM) when considering an MTF for closure.

- b. ISSUE: Active duty population shifted to new areas for medical care following base closings. AD personnel and their ADFM transferred to new locations for medical care following the closing of bases in their areas. This influx of beneficiaries caused stress on both the military and community networks, especially in medically underserved communities. Additionally, smaller MTFs did not have the full range of medical specialists within their facilities.

RECOMMENDATION: Consideration should be given to the existing MTF and community health care capacities when considering relocation. If relocation is necessary, plan for adequate time to increase the MTF capacity if the community cannot accept the additional influx of beneficiaries.

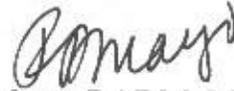
- c. ISSUE: There was a lack of network providers to transfer to.
 - i. Many retirees under the age of 65 are enrolled in TRICARE Prime in certain MTF locations. The largest roadblock to an orderly transition for these beneficiaries in the BRAC location is the non-availability of contractor Prime providers. Another issue is the network for specialty care which will have to absorb some of the demand.

RECOMMENDATION: Same as recommendation in Paragraph 3.a.

- d. ISSUE: Retired beneficiaries expressed an interest in joint DoD and Department of Veterans Affairs (VA) health care.

RECOMMENDATION: When considering a closure, consideration should be given to VA facilities and their available capacity in addition to the local community capacity.

6. If you have any questions about this information, please feel free to contact my POC, CAPT Daniel Wasnechak at 703-681-1768, or e-mail daniel.wasnechak@tma.osd.mil.



Richard A. Mayo, RADM, MC, USN
Deputy Director