

MINUTES OF THE JUNE 12, 2003 MEETING OF THE MEDICAL JOINT CROSS SERVICE GROUP (MJCSG)

LOCATION: Pentagon, Room: 1E801#1, 1500-1700 hrs

Members Attending: LG Taylor – Chair, VADM Cowan – Navy Surgeon General, Mr Yaglom – Army Deputy Surgeon General, Mr Ford – ASD (HA), MG Porr – J-4 MRD, RDML Hufstader – USMC Surgeon General. Additional attendees in Atch 1.

Decisions:

- Minutes of May 29, 2003 meeting approved as amended.

Action Items:

- Transformational items will be due at 26 Jun 2003 meeting.
- Data elements are due by the end of the month.
- Subgroups must identify requirements and submit to Col Hamilton at 26 Jun 2003 meeting.

Meeting Overview:

- Chairman welcomed all attendees and discussed importance of guiding framework and data elements.
- The Workgroup Reports were presented and several issues were raised. A possible offsite was discussed to outline data elements. The data element formats were also covered. It was reported that any format will be accepted, and reports will be standardized once accepted. R&D will realign from 3 teams to 2. A planned R&D offsite is scheduled for the July timeframe. J4 discussed where frameworks will go. The medical/dental is the only group that has met.
- Data certification was discussed by Mr. Potochney. Errors in the past analysis have led to the requirement to certify data. Certified data is needed to rebuke community claims of fraudulent data. Data should be certified at every level (wing, MAJCOM, BRAC analysis). Mr. Ford raised concerns about validating data that originates at the DOD level. The services auditor general certifies Services data. The group discussed working a proposal that covers the validation process at the local and DOD level.
- NEXT MEETING: July 10, 2003, Room 1E801#3 Pentagon, 1500-1700 hrs.

A handwritten signature in blue ink, appearing to read "George P. Taylor, Jr.", with a stylized flourish at the end.

GEORGE P. TAYLOR, Jr.
Lieutenant General, USAF, MC, CFS
Chair

Attachments:

1. Additional Attendees
2. Agenda
3. Medical/Dental Infrastructure Draft Metrics
4. 1995 Selection Criteria

Additional Attendees:

Name	Rank	Organization
Gidwani, Pradeep	LTC	OSD/TMA
Harvey, Marian	Contractor	OSD/ATL
Henske, Steve	Capt	BUMED/SG
Joseph, Mike	Civ	DOD/IG
Kurmel, Thom	Col	OASD/TMA-CFO
Martin, Kathy	RADM	DSG
McGue, T.	Capt	BUMED
Myhre, Eric	Capt	DASN/IA
Opsut, Bob	Civ	OSD/HA
Rivenburg, Jan	Capt	DASN/IA
Sager, Marc	Col	HQ USAF/SG
Tomlin, Sandy	Civ	DOD/IG
Vineyard, Michael	CDR	J4/ASSD
Zambito, Paul	Capt	HQMC/HO

Medical Joint Cross Service Group

6/12/2003
 3:00 PM to 5:00 PM
 Room 1E801 #1
 Pentagon, Washington DC

Meeting called by: Chair Type of meeting: Routine
 Note taker: Maj Barber

Agenda

Chair Comments	Chair	10
Standard Items		
Review of Minutes	MJCSG	5
Workgroup Reports	MJCSG	30
New Business	All	10
Data Certification - Open Discussion	Mr Potochney/DoD IG	45
Review of Taskings/Notes	Col Hamilton	10
Closing Comments	Chair	5

Additional Information

Data Certification: Issue - The Military Health System has routinely collected substantial data at the point of service for some years. This data represents a significant resource for understanding the capabilities provided and their potential military value. The MJCSG would like to explore opportunities to use this database to reduce the extent and nature of the data calls needed to support their BRAC 2005 analysis. Ongoing discussions have raised the issue with alternative views being presented from: “the current data bases cannot be used,” to: “certification of the source of the data is necessary to allow its use.” Using this database will impact the design of the capability analysis approach and needs to be resolved. The discussion should include the OSD BRAC office, the DOD IG, and legal counsel as necessary.

Medical/Dental Infrastructure

Status Report

12 Jun 03

DRAFT METRICS

PHARMACY

a. Metrics: Capacity and Utilization:

- * Cost of Dispensing of all pharmacy cost centers: See spreadsheet (source: MTF)
- * Outpatient (new)
- * Outpatient (refill)
- * Inpatient dispensing
- * Inpatient (ward)
- * Ambulatory Care Clinic Pharmacist
- * Supply
- * IM/IT
- * Waiting time????? (source: MTF)
- * Manpower assessment?????? Authorizations/ assigned (source: MTF)
- * Officer/enlisted mobility numbers (source: Corps Chief Office):
- * Homeland Security
- * Pharmaceutical Stockpile
- * CBRNE
- * By branch of service and by MTF or branch clinic (under and over 65) by month: (source: PDTS)
 - # Rx all ages
- * Total submitted due (source: PDTS)
- * Ave days supply (source: PDTS)
- * Ave due/Rx (source: PDTS)
- * # utilizers (source: PDTS)
- * Ave due/utilizer (source: PDTS)
- * Number of Rx by patient category by month (source: PDTS)
- * Average Amount Due Adjusted to a 30-Day Supply by point of service by month (source: PDTS)
- * Top 20 drugs per facility (by cost and by utilization) (source: PDTS)
 - # Rx new (source: PDTS)
 - # Rx refill (source: PDTS)
 - # Rx per unique patient visit by MTF and by non MTF providers (source: PDTS)

b. Metrics: Surge Capacity:

- * Need to know change in provider staffing and types of providers; backfill requirements
- * Need actuarial data by regions to measure population growth and shift.
- * Need approved MILCON projects

Medical and Dental Information Systems Metrics		
Rank	Capacity Measures	Sample Data
1	Maximum bandwidth (type of line)	1.44 mbps
4	Maximum # of drops	30
7	# of support staff	2
Utilization Measures		
2	Current average bandwidth utilization	60%
3	Average number of concurrent users	15
5	List of MHS, Service and Site specific systems	CHCS-20, Office/internet-25, XYZ-5
6	Current # of users by system	See above
Surge Metrics		
Calculated	Projected Maximum number of concurrent users. (Equals $BW / ((BW * Util) / Ave \text{ Concurrent Users})$) else Max number of drops	25
Calculated	Projected Max number of Supportable users (Equals Benchmark Users per support ratio times #of support	

Medical Dental Staff Contracting

Current Capacity to Contract:

1. Number Mil/Civ in contracting office (fill rates)
2. Percent of budget spent on contracting (funds spent on contracts vs. TOA)
3. Lag time from requirement identification to contract award (Procurement Action Lead Time – PALT)
4. Lag time to hire (number of days from award to arrival for workers)
5. Number of awards desired vs. actual number
6. Current number of professional services contracts
7. Contract administrative overhead costs
8. Fill rates on Contractor FTEs by Specialty

Projected or Surge Contracting Capacity:

1. Projections 5 years from now using same Metrics as above
2. Projected change in lag time to hire 5 years out
3. If funds were unlimited, how many new contracts would you do
4. Mission/Homeport changes
5. Demographic changes (age demographics of population)
6. Major industry changes in catchment area (relocations, closures)
7. Co-located civilian hospital closures (increase in contractors vs. decrease of options downtown)

Current Utilization:

1. Contracts have now vs. unfulfilled requirements
2. Geographic non-availability (% of contracts not executed)
3. Resource sharing agreement change (shifts from agreements to contracts due to T-NEX)

Data Sources:

1. Service Pers Offices
2. HA/TMA and Lead Agents
3. SG Pers Offices
4. HSOs/Major Commands
5. MTF/DTFs Contracting Offices
6. Service Contracting Offices

Medical Functions for Logical Service Areas:

1. Define Logical Service Areas as 40 mile catchment areas using zip codes
2. Functions within VA and CIVs: surveys or same metrics as above
3. Capacity within VA and CIVs: surveys or same metrics as above
4. Utilization within VA and CIVs: surveys or same metrics as above
5. Surge within VA and CIVs: surveys or same metrics as above

Medical Functions outside of Logical Service Areas:

1. TRICARE Regional Office Assessments

DRAFT
MILCON AND FACILITY MANAGEMENT
BRAC METRICS

0. ASSUMPTIONS

- A. Scope – We will evaluate supply, demand and efficiency inside and outside the gate – DoD, Other Federal Health Care (like VA) and Private Sector. One of the questions common to most of the metrics that follow is how we get at the necessary data from other systems (private sector, VA, etc.)
- B. Screening Criteria: We will begin looking at screening criteria to narrow the search for BRAC candidates. Example: we may be interested in taking a closer look at facilities that are poor condition or others that are in markets where private sector care costs substantially less than the MHS.
- C. Other assumptions to be determined.

1. SUPPLY (capacity)

A. Facility Condition Index

- Description: Provides an index for comparison of the physical condition of facilities. Measures the condition of major building systems against building codes and other industry standards. Expressed as a ratio of relative cost of replacement versus repair
- Data Source: Army, yes; Navy, soon; Air Force, not sure
- Questions: Is there funding available to develop data where there are gaps?

B. Facility Quality Index

- Description: Measures functional characteristics such as space, condition, functional adjacencies.
- Questions: This information does not yet exist. Will need a way to quantify it and collect it.

C. Bed Count (Available / Active / Contingency)

- Description: Quantity of inpatient beds available in the market for routine use and contingency.
- Data Source: TMA has the MHS data. Private sector and VA need work.
- Granularity – do we need to know what type of bed – ICU, Surg, etc.?
- Questions: How do we get the data for beds outside the MHS?

D. Operating Room Count

- Description: Measures basic surgical capacity
- Data Source: TMA has the MHS data. Private sector and VA need work.
- Questions:

E. Exam Rooms (Optimization)

- Description: Provides a measure for primary care capacity
- Data Source: TMA has the MHS data. Private sector and VA need work.

- Questions:

F. Dental Treatment Rooms (DTRs)

- Description: Provides a measure of dental treatment capacity.
- Data Source: TMA has the MHS data. Private sector and VA need work.
- Questions: Do we have information related to the number of DTRs on hand versus the number that are fully staffed?

2. DEMAND (Utilization / Eligibility / Enrollment)

A. Population:

- Description: measures existing and projected eligible beneficiary population in all categories.
- Who has the Data: TMA has the MHS data. Private sector and VA need work.

B. Utilization

- Description: Uses CHCS and other data to determine actual utilization rates of services
- Data Source: TMA has access to the data. Private sector and VA need work.
- Questions: How do we get these figures

D. Enrollment

- Description: Measures current and projected enrollment rates as a percentage of eligible beneficiaries.
- Data Source: TMA has access to MHS data. Private sector and VA need work.
- Questions:

3. EFFICIENCY

A. RVU (relative value unit) / Provider / Square Foot.

- Description: measures the “quantity of services” provided.
- Granularity: At what level do we want to measure this? Product Line or MTF? We have the data for both.
- Data Source: TMA is developing the data.
- Questions:
 - * We need a primer from TMA on RVUs so we can explain the concepts
 - * How do you get the data for how much space a given provider or class of providers is using. Army does not keep square footage utilization rates to the provider level.

B. Cost / Patient / SF

- Description: Unit cost of care in that market.
- Granularity: MTF

- Data Source: TMA
- Questions:
 - * Granularity - is this data at the product line or MTF level.

C. Backlog of Maintenance

- Description: measures the cost of correcting deferred maintenance required for facility to meet existing health care standards

D. Utility Cost / SF (FM)

- Description: Measures energy / operational efficiency
- Data Source: MTFs, perhaps TMA
- Questions:

E. % of Fiscal Year MRP Budget Executed (FM)

- Description: Commanders get a set amount of SRM funds for their facilities. Are they diverting them to other purposes and letting their facilities decay

WAY AHEAD

- Meet with TMA
 - * Validate the metrics
 - * Document source availability of data
 - * Estimate level of effort, schedule and funds needed to collect / build data
- Meet w/ COE & NAVFAC real estate and acquisition staff on Public Private Ventures
- Meet w/ other key groups to compare approach, metrics and information requirements

LIST OF REFERENCES:

1. DD 1191 Space Planning Criteria
2. DODI 4165.14, Real Property Inventory of Real Property Inventory Forecasting. Available on the R&K Website, publication in august.
3. Facility Sustainment Model 5.0
4. ?? Others.

INVESTMENT EQUIPMENT

Assumptions:

1. Self-diagnostic time is insignificant and will not be used as a part of this analysis.
2. In equipment where "hours" is not applicable, use "procedures."
3. All investment equipment will be listed by:
 - a. Leased
 - b. Rented
 - c. Purchased
4. All equipment will be reported. Investment equipment is considered \$250K (including purchase value of leased or rented) and higher.

Definitions:

1. Surge Capacity – when demand, for that piece of equipment, exceeds access to care standards.
2. Market Density – beneficiary population served for:
 - a. Enrolled population
 - b. Population served
3. Training costs – The following parameters define training costs:
 - a. TAD/TDY – sending a service member to OEM for either maintenance or operator training paid for by OM funds from your facility.
 - b. TAD/TDY – sending a service member to OEM for either maintenance or operator training paid for by OM funds from another facility.
 - c. Training received at the facility given by OEM or participating companies where OM dollars are used to purchase the "on-site" training.

RATES

1. Value Rate:
 - a. By facility - value of Investment Equipment/total value of inventory.
 - b. Sustainment costs (repair, service, maintenance)/Acquisition cost.
 - c. Useful Age Rate by facility – age of investment equipment by piece/life expectancy.
2. Training – beyond any training included in initial acquisition
 - a. Operator – annual training costs per piece of equipment
 - b. Maintenance – annual training costs per piece of equipment
3. Market Density Rate (per market):
 - a. MHS - # of pieces of equipment (by device code)/enrolled population
 - b. MHS - # of pieces of equipment (by device code)/population served
 - c. Community – # of pieces of equipment (by device code)/enrolled population
 - d. Community - # of pieces of equipment (by device code)/population served
4. Utilization Rate
 - a. MHS - #of hours of actual operation/# of hours capable of operation
 - b. Community - #of hours of actual operation/# of hours capable of operation

5. Capacity Rate:
 - a. MHS – total number of hours or procedures (x) capable operating hours
 - b. Community – total number of hours or procedures (x) capable operating hours
6. Surge Rate:
 - a. MHS – total number of hours or procedures (x) extended operating hours
 - b. Community - total number of hours or procedures (x) extended operating hours
7. Efficiency Rate:
 - a. MHS – total operating cost (FTE, consumables, OH)/# of procedures
 - b. Community - total operating cost (FTE, consumables, OH)/# of procedures
8. Reliability rate:
 - a. MHS – total down time/total up time (by piece of equipment)
 - b. Community – total down time/total up time (by piece of equipment)
9. Failure rate:
 - a. Number of failures/total operating hours
10. Cost rate:
 - a. Maintenance cost/operating hour
 - b. Maintenance cost/action (study or procedure)
11. Availability rates:
 - a. Inherent availability – the probability that a system or equipment, when used under stated conditions in an ideal support environment, will operate satisfactorily. This excludes preventive or scheduled maintenance.
 - i. Expressed as – Mean Time between Failure/Mean Time Between Failure plus Mean Corrective Maintenance Time (MTBF/MTBF + MCT).
 - b. Achieved availability – the probability that a system or equipment, when used under stated conditions in an ideal support environment, will operate satisfactorily. This includes preventive maintenance.
 - i. Expressed as Mean Time Between Maintenance/Mean Time Between Maintenance plus Mean Active Maintenance Time (MTBM/MTBM + M).
 - c. Operational availability – the probability that a system or equipment, when used under stated conditions in an actual operational environment, will operate satisfactorily.
 - i. Expressed as – Mean Time Between Maintenance/Mean Time Between Maintenance plus Mean Maintenance Downtime (MTBM/MTBM + MDT).

Military Value

1. The current and future mission requirements and the impact on operational readiness of the Department of Defense's total force.
2. The availability and condition of land, facilities and associated airspace at both existing and potential receiving locations.
3. The ability to accommodate contingency, mobilization, and future total force requirements at both existing and potential receiving locations.
4. The cost and manpower implications

Return on Investment

5. The extent and timing of potential costs and savings, including the number of years, beginning with the date of completion of the closure or realignment, for the savings to exceed the costs.

Impacts

6. The economic impact on communities
7. The ability of both the existing and potential receiving communities' infrastructure to support forces, missions and personnel
8. The environmental impact.

2005 Additional Selection Criteria Requirements

Military Value shall include at a minimum the following:

1. Preservation of training areas suitable for maneuver by ground, naval, or air forces to guarantee future availability of such areas to ensure the readiness of the Armed Forces.
2. Preservation of military installations in the United States as staging areas for the use of the Armed Forces in homeland defense missions.
3. Preservation of military installations throughout a diversity of climate and terrain areas in the United States for training purposes.
4. The impact on joint warfighting, training, and readiness.
5. Contingency, mobilization, and future total force requirements at both existing and potential receiving locations to support operations and training.

Selection Criteria shall also address at a minimum the following:

1. The extent and timing of potential costs and savings, including the number of years, beginning with the date of completion of the closure or realignment, for the savings to exceed the costs.
2. The economic impact on existing communities in the vicinity of military installations.
3. The ability of both existing and potential receiving communities' infrastructure to support forces, missions, and personnel.
4. The impact of costs related to potential environmental restoration, waste management, and environmental compliance activities.