DCN: 11378

MINUTES OF THE DECEMBER 16, 2004 MEETING OF THE MJCSG PRINCIPALS

LOCATION: Pentagon, Room 2C554, 1530 -1730

Attending: LtGen Taylor – Chair; ADM Martin – Acting for USN/SG; MGen Webb USA/SG; Mr. Chan – ASD (HA)/CP&P; CAPT Cullison – USMC/SG; Col Hamilton – Secretary; CAPT Shimkus – BUMED; Mr. Yaglom – USA/SG; Dr Opsut – OSD/HA; Mr. Curry – USA/OTSG; Mr. Stevens – USA; Mr. O'Connell – DoD/IG; Col Jacob – USAF/SG; CAPT Hight – BUMED; COL Powers – USA/SME; CAPT Miller – USN/SME; CAPT Mukri – USN/NMETC; CAPT Taft – USN/NMETC; Lt Col Jones – USAF/SG; Lt Col Ericson – USAF/SME; Maj Fristoe – HA/TMA; Maj Guerrero – AF/SG; Maj Harper – AF/SGSF; Dr. Christensen - CNA; CDR Bradley – Navy Analyst; Maj Coltman – Recorder.

Decisions:

- **Approved** the following Candidate Recommendation **[MJCSG Approved; vote (5/0)]**:
  - HCS-1 (MED-004): Disestablish the Inpatient Facilities at MCAS Cherry Point
- **Hold** on decision for the following Candidate Recommendation pending Navy/Marine input **(MJCSG voted 5/0 to hold):**
  - HCS-1 (MED-004): Maintain inpatient facilities at NH Beaufort
- **Delete** the Following Registered Scenario Recommendations **[MJCSG Approved; vote (5/0)]:**
  - E&T- 7A-C (MED-0009, 0010, 0011) – Consolidate Preventative Medical Functions
  - HCS-2A (MED-0001) – Close Hickam AFB Clinic
  - HCS-1L (MED-0051) – Realign Inpatient Facilities at Offutt AFB
  - HCS-1G (MED-0046) – Realign Inpatient Facilities at Luke AFB

Action Items:

- Legal Reviews:
  - Can Medical/line services occupying/sharing same building?
  - USHUS closure prohibited by Title 10, can BRAC supercede?
- 0-6 Lead Follow-up:
  - HCS-1 (MED-004): NH Beaufort Scenario Recommendation Follow-up:
    - Annual frequency of training recruits admitted for inpatient services
    - Validate TRICARE participation of area civilian hospitals
  - Re-Evaluate/Brief Utilization of Base X and present additional options
  - Run Model Excursions for 20 ADPL, 175K RWPs, Penalty 10K
  - Sub-groups continue working criteria 5-8 questions for candidate development
  - Continuous follow up/report on outstanding capacity/COBRA data calls

Meeting Overview:

Members present: 5, Represented: 1, Absent: 1

- Chair opened the meeting my emphasizing the importance of validating each step of the MJCSG candidate recommendation and decision process. We must clearly articulate reasons for all candidate recommendations with supporting model runs and data analysis. However, it is especially important to articulate why the MJCSG decided to recommend closing an activity when the quantitatively determined numbers did not support the decision. Chair turned the meeting over Secretary to lead discussion on status of request for clarification (RFC) and

DCN: 11378

COBRA data call results [See attached slides and references (COBRA Information Paper, Economic Impact Tool, BRAC 2005 Definitions)].

- RFC Data Status: Currently there are just over 100 outstanding RFCs (down from 526 reported on the 9 Dec meeting); the majority of unresolved issues are related to the HCS scenarios with seven unresolved issues with material capacity and 18 with MILVAL. These cannot be validated centrally and need site and Service specific validation; missing this data could have major impact scenario/data analysis. Some of the delay is related to the routing and validation process of through the Services and then BRAC offices (see attached slides).
- Scenario Data Call/COBRA: There are 52 MJCSG scenarios in the tracker with total of 93 (100%) data calls currently fielded out to the Services. Total returned is 20 (22%). Chair re-emphasized the limited time and opportunity for scenario changes with delays in data returns to meet the ISG suspense of the 20 Dec 04. Chair requests group keep pressing for the numbers and continue with recommendation development using existing data and other central database sources if available. COBRA/Scenario data calls are also reported as helpful in reconciling the numbers. Chair requests notification if/when he needs to report to the ISG the data calls status and/or resulting delay in recommendation development for further action to the Services. Continue to provide data call status updates to MCJSG.

□ HCS-1 (MED-004) Candidate Recommendations: Realign/Close Inefficient Inpatient functions:

- Scenario recommendation is to realign/close inpatient functions at non-isolated facilities that do not meet the minimum of 10 ADPL requirement and then realign workload to the civilian networks and/or other military hospitals. The following sites were identified based on current data: Ft Eustis, MCAS Cherry Point, West Point, NAS Lemoore, Navy Hospital Beaufort, and USAF Academy Hospital.
- HCS rep presented criteria 5-8 data for candidate recommendation for disestablishing inpatient functions at MCAS Cherry Point and NH Beaufort. The four additional sites identified will be presented to the MJCSG for candidate recommendations at a later date pending further data analysis.
    - HCS rep presented the MED-004 MCAS Cherry Point brief and led discussion on recommendation for disestablishing inpatient facilities (see attached slides). Chair clarified that outpatient/ambulatory surgical services would remain open and are not included in this recommendation. Army rep also clarified that GYN outpatient services would continue but obstetric services would be outsourced to the civilian medical network. In FY02, the AD eligible population was 8,806 with 9,784 ADFMs/3,864 Other enrolled. There are two Joint Accreditation of Hospital Organizations (JCAHO) or Medicare accredited hospitals with available inpatient services within 40 miles with a total of 505 inpatient beds and the capability to absorb the additional workload (see attached map). The NDA group validated the civilian hospital was not on the list of those declining TRICARE enrollees. HCS presenter discussed payback issues related to costs and savings with/without realigning military personnel to Base X. One-time costs were discussed related to MILCON projects, personnel, overhead, moving (personnel, technology, etc.) and other (such as environmental mitigation costs). The payback years identified in slide 9 should read ”Realign Military to Base X – 2 years and “Eliminate Military to Scenario - 1 year” instead of immediate (as indicated on the slide). Also clarified was the fact that COBRA would not reflect the immediate cost savings of military personnel until they are redistributed into the system from Base X or unless they are used to replace the vacant civilian positions. With the

DCN: 11378

disestablishment of this function, the average functional military value for all inpatient facilities increases 0.48 (from 42.58 to 43.06). Criterias 6-8 (economic, community, environmental) impacts were discussed and nothing significant was identified. The other medical impact identified was the civilian cost per admission which lies in the 9th deciles or in the top 20% for inpatient services as civilian facilities. This scenario disestablishes the inpatient capabilities and converts the hospital into an ambulatory care center. Recommend MJCSG approve the following Candidate selection based on optimization model runs, excess capacity, low ADPL and MILVAL, and other supporting data analysis:

- **HCS-1 (MED-004): Disestablish the inpatient facilities at MCAS Cherry Point (MJCSG Approved with 5/0 vote)**

▪ HCS representative presented the MED-004 NH Beaufort brief and led discussion on the recommendation to disestablish the inpatient facilities (see attached slides). It was noted that this facility was located in a fairly isolated region (see attached map) with four Joint Accreditation of Hospital Organizations (JCAHO) or Medicare accredited hospitals with inpatient services within 40 miles. However, these facilities are either small, difficult to get to, or there is a question of TRICARE participation. The NDA group validated that the nearby civilian hospitals were not on the list of those declining TRICARE enrollees. However, the Navy rep voiced concern that the closest, most accessible facility may have an agreement for obstetric care only and challenged if they were truly a part of the TRICARE network. In FY02, the AD eligible population was 10,395 with 7,843 ADFM/6,190 Others enrolled. The Navy rep informed the group that these numbers did not include the training recruits. In addition, the Marine rep voiced concern over allowing new training recruits to obtain inpatient treatment off base, stating it was a USMC policy to maintain military control of trainees. Chair asked that this issue be validated through the BRAC process and allow the Navy Dept to provide information relevant to military judgment. The Navy rep requested HCS rep obtain frequency of annual admissions for training recruits. HCS rep discussed payback issues related to costs and savings with/without realigning military personnel to Base X. Also clarified was that COBRA would not reflect the recapture of military personnel costs until later when redistributed from Base X or unless they replaced the losing civilian billets. With the disestablishment, the average functional military value for all inpatient facilities increases from 42.58 to 43.22. However, if the military positions are moved to Base X then there is no savings associated with closing this function and no payback years. For Criterias 6-8 there were minimal to no impact noted. The other medical impact identified was the civilian cost per admission which lies in the 6th deciles for inpatient facilities. Based on Navy input, HCS recommends the MJCSG approve the following **(Action Items; Follow up at next MJCSG meeting)**:

- **HCS-1 (MED-004): Maintain inpatient facilities at NH Beaufort. (MJCSG voted 5/0 to hold decision pending Navy/Marine input)**

□ Chair requested a re-look at the utilization of Base X and how to show immediate savings for military personnel when developing recommended scenario candidates. Currently by assigning personnel to Base X, no savings are seen unless they replace the civilian positions or upon re-distribution of personnel at a later time. Can we look at authorized military positions to eventually recoup and re-distribute where needed? Currently Base X does not track AFSCs and

DCN: 11378

basically just accounts for generic military medical positions. In the Multi Service Market scenarios personnel are shuffled around but not assigned to Base X. Can we replace all civilian positions, decide where to position military providers to maintain currency and meet wartime readiness requirements and then give up leftover military positions to show savings? Chair requests Re-Evaluate/Brief on Utilization of Base X with suggestions for other options **(Action Item - Follow up: Brief on Base X at next MJCSG meeting)**.

- GME Program Review/Follow-up: E&T rep briefed GME recommendations highlighting Service SG inputs on acceptable percentages of amount/type of GME programs to retain in military system. Percentages were developed by Service SGs based on unique MILDEP mission requirements and military judgment. The Navy was noted to be more willing to civilianize, the Army more opt to retain military, and the AF was somewhere in-between in respect to GME program in-house matrix. This information was compared to the current Service capacity/excess for each program, DoD capacity/excess and then related to the Service minimal baseline requirements. The E&T rep compared this to a checkbook process where DoD excess capacity would cover potential training programs losses from the registered scenarios (see attachment/slides). The briefing provided an overview of "conditional" scenario recommendations developed in response to the HSC scenarios.
  - The projected inpatient MTF closures were identified and related to potential impacts to the current GME programs. The smaller hospitals/programs can be supported and absorbed into the current GME system. Identified were Andrews AFB, Keesler AFB, Offutt AFB, Scott AFB, NAS Pensacola, and West Point with a total of 12 separate GME programs/1-11 training slots. For the larger MTFs with GME programs adjustments may be necessary [Walter Reed Medical Center (WRAMC), National Navy Medical Center (NNMC), Wilford Hall Medical Center (WHMC)]. Next/New Scenarios, (involving Fort Benning, NAS Jacksonville, NH Bremerton, Eglin AFB, Travis AFB, EAMC, Wright Patterson AFB) also suggested that adjustments maybe needed. Refer to slides for identified excess (highlighted in blue) and deficits (highlighted in yellow) based on Service SG baseline percentage requirements. E&T rep reviewed program losses based on large MTF inpatient closure scenarios. Chair stressed that we should not artificially maintain large military hospitals just to keep GME programs and that we should analyze redundant programs that are Service specific. There may be sites that can be used as buffers for deficits (i.e. Offutt, Scott). Chair further encouraged an aggressive look and redesign of GME programs to fit proposed inpatient structure while maintaining Service minimums as a catalyst for identifying areas for potential risks. The MJCSG would review these risks to see if they can be absorbed. For example, if closure of a large hospital will cause a Service to outsource the GME of a single provider, then the Service have to decide if the single provider is worth the expense of running a large hospital or if they would be willing to adjust their outsourcing matrix to accommodate that additional out-sourced GME.
    - **GME Recommendation: Perform optimization model runs using submitted/approved percentages and 5.9 ADPL baseline with further excursions (i.e. ADPL 10, 20, etc.) (MJCSG Approved, vote 5/0).**
- Uniformed Services University of Health Sciences (USHUS): ASD (HA)/CP&P rep briefed that, according to Title 10 (Subtitle A, Part III, Chapter 104, § 2112a), USHUS closure is prohibited. Chair suggested that we continue with scenario candidate recommendations based on supporting data and cost savings and allow the BRAC process to play out. Secretary will request legal review to see if the law can be superceded with final BRAC recommendations.

DCN: 11378

Continue to work COBRA and candidate recommendation for MJCSG approval. **(Action Item – Follow up with Legal).**

- Scenario Clean-up:
  - **<u>Recommend deleting the following registered scenario recommendations</u>: [MJCSG Approved; vote (5/0)]:**
    - **E&T- 7A-C (MED-0009, 0010, 0011) – Consolidate Preventative Medical Functions**
      - Not enough certified data to analyze/run optimization model.
    - **HCS-2A (MED-0001) – Close Hickam AFB Clinic**
      - Capacity data updates shows Pearl Harbor can not absorb additional workload.
    - **HCS-1L (MED-0051) – Realign Inpatient Facilities at Offutt AFB**
      - Already scheduled for inpatient closure in FY06
    - **HCS-1G (MED-0046) – Realign Inpatient Facilities at Luke AFB**
      - Already scheduled for inpatient closure in FY06
- Candidate Recommendation Overview/Schedule: Finalizing Scenario Development and Registration policy letter was reviewed and discussed. No new scenarios will be registered into the tracker unless directed by the ISG, as part of conflict resolution, including those to enable Military Department scenarios, without formal prior approval. As previously stated, this is an iterative process with numerous opportunities for Services to vet issues and revise recommendations especially based on Services' major force movement scenarios input scheduled in Jan 05. In response, MJCSG need to respond with rolling recommendations.
- Closing Comments: Focus on pressing for the last of the certified data. Continuous follow up required on scenario data calls especially since turn-around of 24 hours is not occurring because of various delays in the system. Chair will brief ISG on slow turnover in scenario data; it has been weeks not days particular with RDA. The San Antonio/National Capital Region scenario seen as very complicated and detailed. MJCSG sub-group continues to work on restructuring product services. Follow up with action items identified.

- NEXT PRINCIPAL MEETING: 17 Dec 2004, Pentagon Room 2C554, 1500-1700.

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

Attachments:
1. Agenda with attachments (Data Status Updates Slide; Candidate Recommendations; GME Scenarios Brief; SG Medical Residency Voting Sheet Spreadsheet; Scenario Clean-up Recommendation Slides)
2. COBRA Informational Paper, Economic Impact Tool, BRAC 2005 Definitions

DCN: 11378

MJCSG Principals Meeting

12/16/2004
15:30 PM to 17:30 PM
Pentagon, Room 2C554

Meeting called by:	Chair	Type of meeting:	Deliberative
Note taker:	Maj Coltman		

Agenda

Chair Comments	Lt Gen Taylor	5
Data Call Status	Maj Guerrero/ Maj Fristoe	10
Recommendation Proposal Status	Mr Opsut	20
Candidate Recommendations		
GME Review	CAPT Hight	20
Scenario Cleanup	Col Hamilton	10
Around the Table	All	10
Closing	Chair	5

Medical Joint Cross Service Group

MJCSG Principles Mtg

16 Dec 04

DN: 11378

Data Calls

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

RFCs

JCSG	Material Capacity Data Issues (ques/sites)	Material Military Value Issues (ques/sites)
Medical	4/4	31/7

Capacity Status		
Material Capacity Data Issues		
Number of Sites	Site Name	# of Unresolved Questions
1	Fort Belvoir	1
2	Keesler AFB	1
3	Langley AFB	1
4	Scott AFB	1
4	Total	4

Military Value Status		
Material Military Value Data Issues		
Number of Sites	Site Name	# of Unresolved Questions
1	Fort Benning	1
2	Fort Myer	1
3	Fort Polk	1
4	Fort Sam Houston	2
5	Walter Reed Army Medical Center	2
6	Randolph AFB	1
7	Naval Experimental Diving Unit	23
7	Total	31

DCN: 11378

COBRA

- **Scenarios in tracker _52__**
- **Total Scenario Data Calls __93_**
- **Total Fielded to Services/4th Estate __93 (100%)__**
- **Total Received from Services/4th Estate __20 (22%)___**

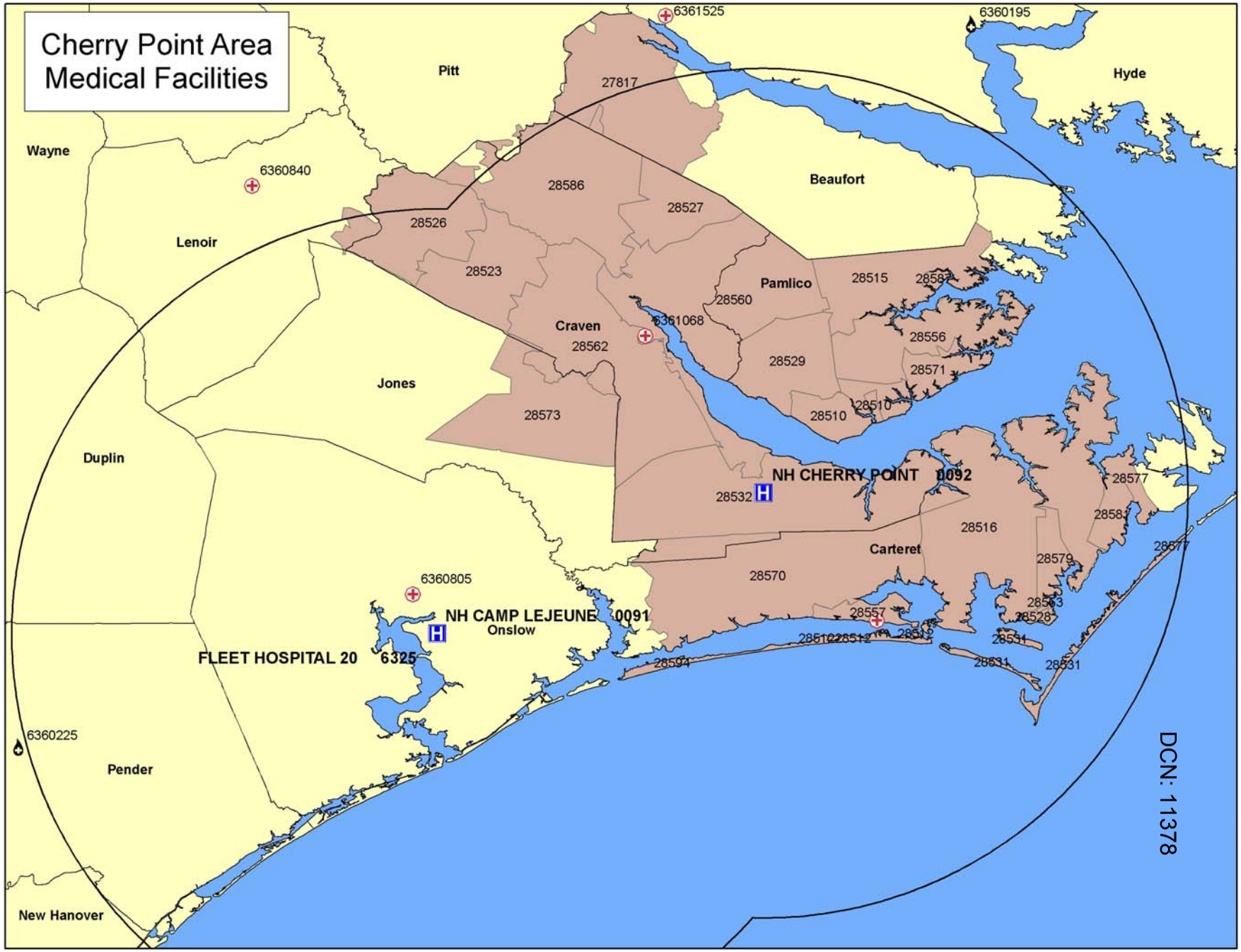
DCN: 11378

Medical Joint Cross Service Group

MED 004 MCAS Cherry Point

Disestablish Inpatient

DCN: 11378



Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

Background Cherry Point

- ADPL - 9.8
- Beds - 28
- RWPs - 897
- Population
  - Eligible (AD/ADFM/Other) 8,806 / 11,126 / 8,449
  - Enrolled (ADFM/Other) 9,784 / 3,864
- Civilian Hospitals w/in 40 Miles: 2 (505/382)
- Auth O/E/C (74/151/150)
- Military Value
  - Total 9.8
  - Functional 16.3

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

Justification

- Reduces excess capacity
- Redistributes military providers to areas with more eligible population
- Reduces inefficient inpatient operations
- Civilian/Military capacity exists in area

DCN: 11378

Payback

	Realign Military Base "X"	Eliminate Military to Scenario
One-Time Costs	1,005	995
MILCON	0	0
NPV	-160,241	-181,335
Payback Years	Immediate	Immediate
Break Even Year	2007	2007
Mil/Civ Reductions	0/22	16/22
Mil/Civ Relocation	16/0	0/0

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

Military Value

- **Average functional military value for all inpatient facilities**
  - **With Cherry Point – 42.58**
  - **Without Cherry Point – 43.06**

DCN: 11378

Impacts

- **Criteria 6 – Minimal**
- **Criteria 7 – None**
- **Criteria 8 – None**
- **Other Medical impacts**
  - **Civilian cost per admission - $7,625**
    - **9th decile**

DCN: 11378

Recommendation

- **Recommend disestablishment of inpatient facilities at MCAS Cherry Point**

DCN: 11378

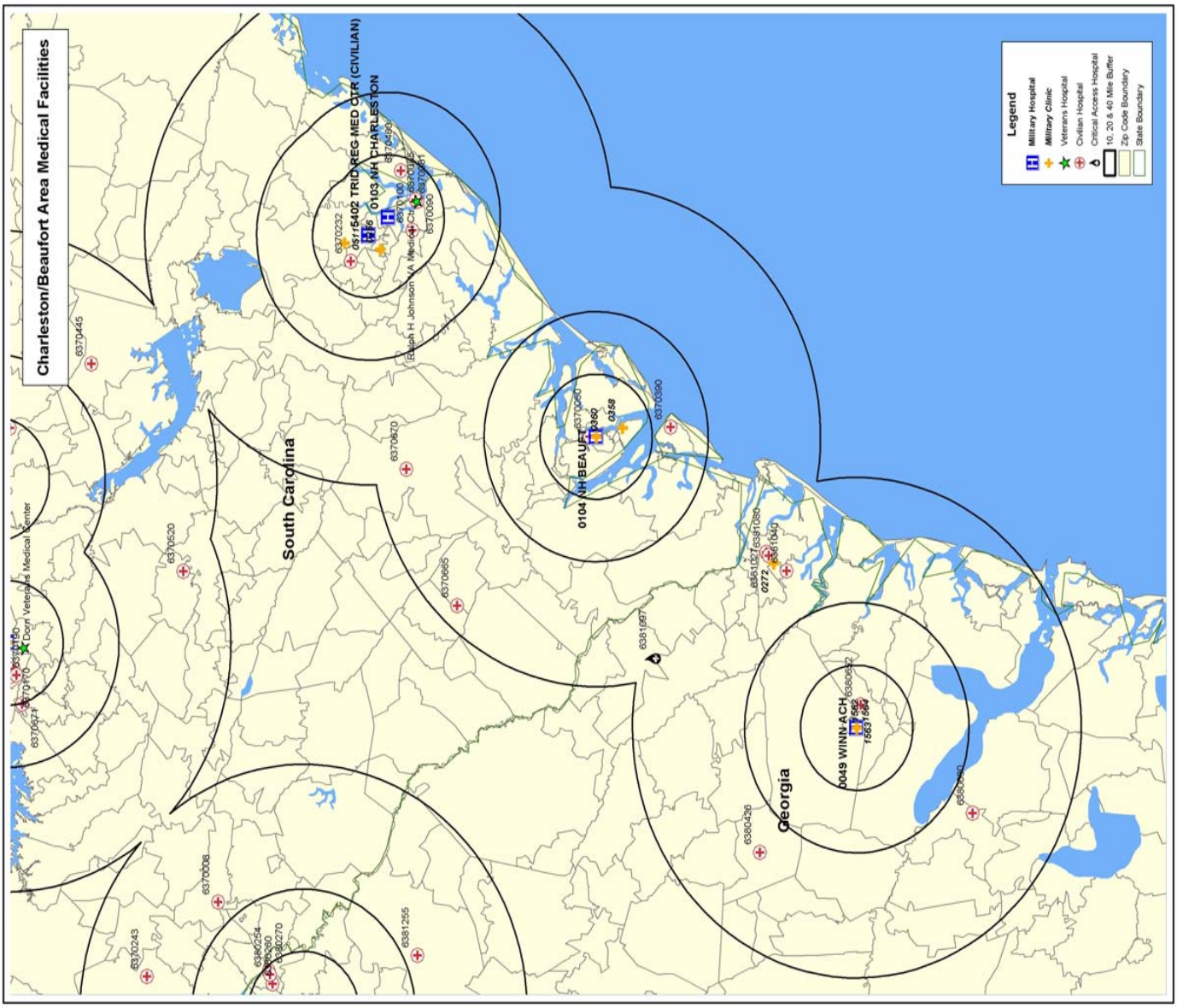
Medical Joint Cross Service Group

MED 004 NH Beaufort

Disestablish Inpatient

DCN: 11378

DCN: 11378


Charleston/Beaufort Area Medical Facilities
Legend
Military Hospital
Military Clinic
Veterans Hospital
Civilian Hospital
Critical Access Hospital
10, 20 & 40 Mile Buffer
Zip Code Boundary
State Boundary
South Carolina
Georgia
0104 NH BEAUFORT
0103 NH CHARLESTON
0049 WINN-ACH
Doorr Veterans Medical Center
Ralph H Johnson VA Medical Ctr
6370445
6370520
6370670
6370665
6370243
6370006
6381255
6370232
6370400
6370090
6370360
6370390
6381097
6380426
6380590

Background Beaufort

- ADPL - 6.8
- Beds - 23
- RWPs - 694
- Population
  - Eligible (AD/ADFM/Other) 10,395 / 9,326 / 6,068
  - Enrolled (ADFM/Other) 7,843 / 6,190
- Civilian Hospitals w/in 40 Miles – 4 (712 / 541)
  - Small, difficult to get to, non-participatory
- Auth O/E/C (84/216/213)
- Military Value
  - Total 4.6
  - Functional 7.6

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

Justification

- Reduces excess capacity
- Redistributes military providers to areas with more eligible population
- Reduces inefficient inpatient operations

DCN: 11378

Payback

	Realign Military Base "X"	Eliminate Military to Scenario
One-Time Costs	2,036	1,995
MILCON	0	0
NPV	39,170	-21,717
Payback Years	Never	2 years
Break Even Year	N/A	2009
Mil/Civ Reductions	0/16	52/16
Mil/Civ Relocation	52/0	0/0

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

Military Value

- **Average functional military value for all inpatient facilities**
  - **With Beaufort – 42.58**
  - **Without Beaufort – 43.22**

DCN: 11378

Impacts

- Criteria 6 – Minimal
- Criteria 7 – None
- Criteria 8 – None
- Other Medical impacts
  - Civilian cost per admission - $5,395
    - 6th decile
    - Data may be impacted by external partnerships

DCN: 11378

Recommendation

- **Recommend maintaining inpatient facilities at NH Beaufort**

DCN: 11378

Medical Joint Cross Service Group

MJCSG Principles Mtg

16 Dec 04

DN: 11378

Data Calls

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

RFCs

JCSG	Material Capacity Data Issues (ques/sites)	Material Military Value Issues (ques/sites)
Medical	4/4	31/7

Capacity Status		
Material Capacity Data Issues		
Number of Sites	Site Name	# of Unresolved Questions
1	Fort Belvoir	1
2	Keesler AFB	1
3	Langley AFB	1
4	Scott AFB	1
4	Total	4

Military Value Status		
Material Military Value Data Issues		
Number of Sites	Site Name	# of Unresolved Questions
1	Fort Benning	1
2	Fort Myer	1
3	Fort Polk	1
4	Fort Sam Houston	2
5	Walter Reed Army Medical Center	2
6	Randolph AFB	1
7	Naval Experimental Diving Unit	23
7	Total	31

DCN: 11378

COBRA

- **Scenarios in tracker _52__**
- **Total Scenario Data Calls __93_**
- **Total Fielded to Services/4th Estate __93 (100%)__**
- **Total Received from Services/4th Estate __20 (22%)___**

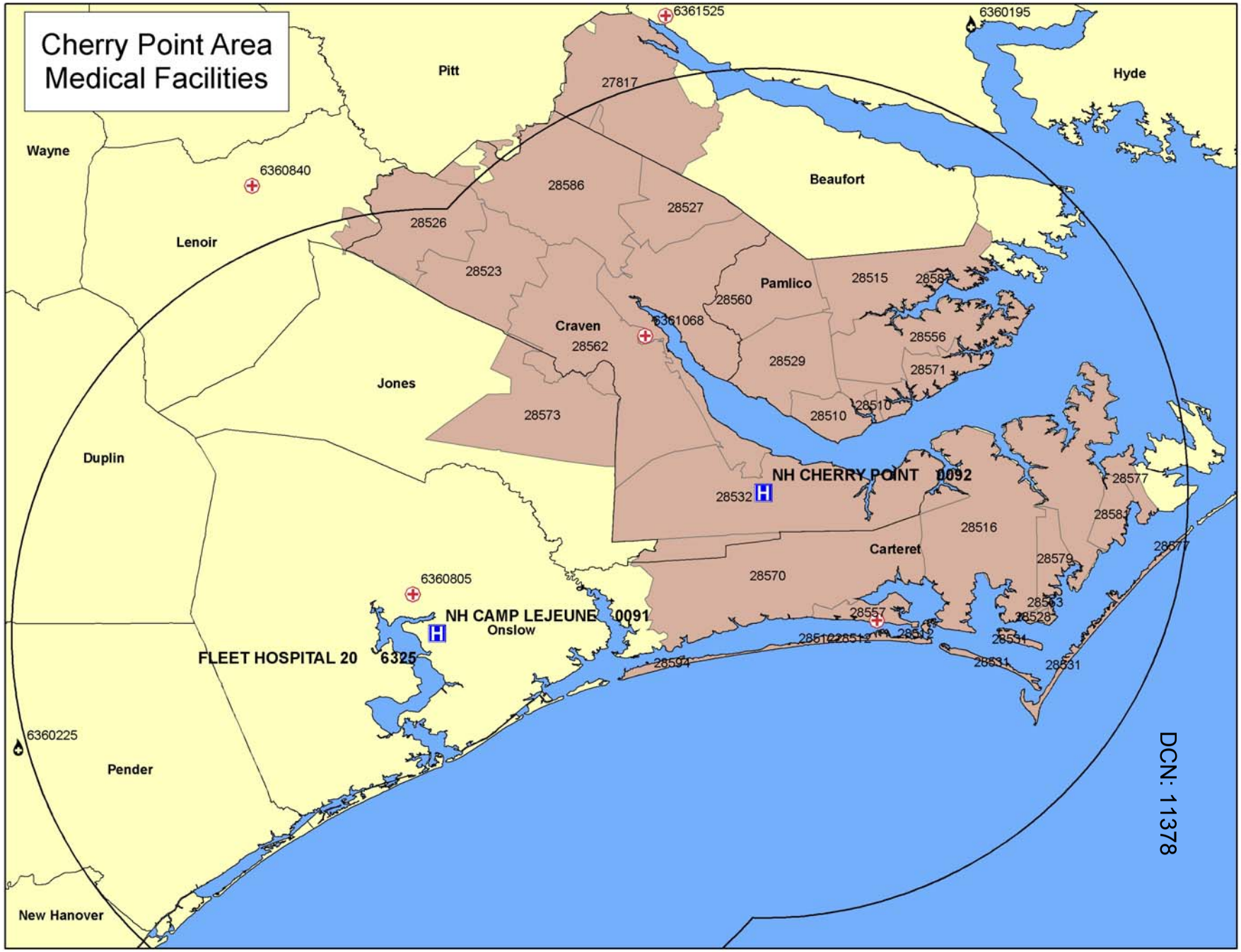
DCN: 11378

Medical Joint Cross Service Group

MED 004 MCAS Cherry Point

Disestablish Inpatient

DCN: 11378



Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

Background Cherry Point

- ADPL - 9.8
- Beds - 28
- RWPs - 897
- Population
  - Eligible (AD/ADFM/Other) 8,806 / 11,126 / 8,449
  - Enrolled (ADFM/Other) 9,784 / 3,864
- Civilian Hospitals w/in 40 Miles: 2 (505/382)
- Auth O/E/C (74/151/150)
- Military Value
  - Total 9.8
  - Functional 16.3

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

Justification

- Reduces excess capacity
- Redistributes military providers to areas with more eligible population
- Reduces inefficient inpatient operations
- Civilian/Military capacity exists in area

DCN: 11378

Payback

	Realign Military Base "X"	Eliminate Military to Scenario
One-Time Costs	1,005	995
MILCON	0	0
NPV	-160,241	-181,335
Payback Years	Immediate	Immediate
Break Even Year	2007	2007
Mil/Civ Reductions	0/22	16/22
Mil/Civ Relocation	16/0	0/0

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

Military Value

- **Average functional military value for all inpatient facilities**
  - **With Cherry Point – 42.58**
  - **Without Cherry Point – 43.06**

DCN: 11378

Impacts

- **Criteria 6 – Minimal**
- **Criteria 7 – None**
- **Criteria 8 – None**
- **Other Medical impacts**
  - **Civilian cost per admission - $7,625**
    - **9th decile**

DCN: 11378

Recommendation

- **Recommend disestablishment of inpatient facilities at MCAS Cherry Point**

DCN: 11378

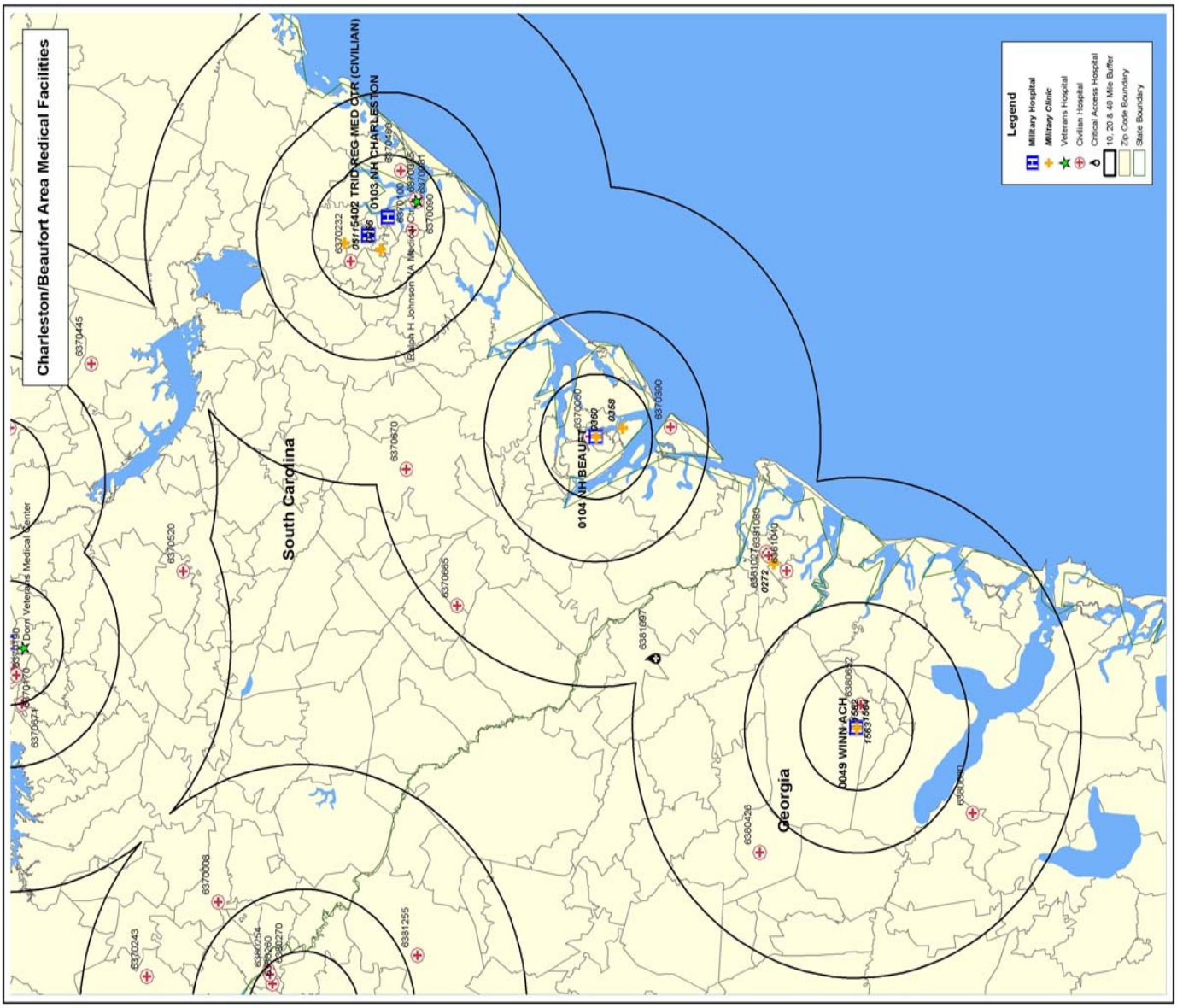
Medical Joint Cross Service Group

MED 004 NH Beaufort

Disestablish Inpatient

DCN: 11378

DCN: 11378


Charleston/Beaufort Area Medical Facilities
Legend
Military Hospital
Military Clinic
Veterans Hospital
Civilian Hospital
Critical Access Hospital
10, 20 & 40 Mile Buffer
Zip Code Boundary
State Boundary
South Carolina
Georgia
0104 NH BEAUFORT
0103 NH CHARLESTON
0049 WINN-ACH
Doorr Veterans Medical Center
Ralph H Johnson VA Medical Ctr
6370445
6370520
6370670
6370665
6370243
6370006
6381255
6370232
6370400
6370090
6370360
6370390
6381097
6380426
6380590

Background Beaufort

- ADPL - 6.8
- Beds - 23
- RWPs - 694
- Population
  - Eligible (AD/ADFM/Other) 10,395 / 9,326 / 6,068
  - Enrolled (ADFM/Other) 7,843 / 6,190
- Civilian Hospitals w/in 40 Miles – 4 (712 / 541)
  - Small, difficult to get to, non-participatory
- Auth O/E/C (84/216/213)
- Military Value
  - Total 4.6
  - Functional 7.6

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

Justification

- Reduces excess capacity
- Redistributes military providers to areas with more eligible population
- Reduces inefficient inpatient operations

DCN: 11378

Payback

	Realign Military Base "X"	Eliminate Military to Scenario
One-Time Costs	2,036	1,995
MILCON	0	0
NPV	39,170	-21,717
Payback Years	Never	2 years
Break Even Year	N/A	2009
Mil/Civ Reductions	0/16	52/16
Mil/Civ Relocation	52/0	0/0

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

Military Value

- **Average functional military value for all inpatient facilities**
  - **With Beaufort – 42.58**
  - **Without Beaufort – 43.22**

DCN: 11378

Impacts

- Criteria 6 – Minimal
- Criteria 7 – None
- Criteria 8 – None
- Other Medical impacts
  - Civilian cost per admission - $5,395
    - 6th decile
    - Data may be impacted by external partnerships

DCN: 11378

Recommendation

- **Recommend maintaining inpatient facilities at NH Beaufort**

DCN: 11378

Scenario / GME Impact Updates

DCN: 11378

MC Residency		Capacity		Capacity		Capacity		Capacity
Aerospace Medicine	0	5	0	17	0	21	10	43
Anesthesiology	2	13	2	18	0	7	0	38
Dermatology	0	8	5	7	1	3	1	18
Emergency Medicine	9	24	8	20	0	12	4	52
Family Practice	1	51	43	43	25	44	15	138
General Surgery	0	19	0	10	6	14	0	43
Internal Medicine	1	64	4	32	14	43	26	139
Neurology	1	5	2	2			2	7
Neurosurgery	0	.33	.33	.33	0	.33	0	1
Ob/Gyn	1	15	13	13	3	13	3	41
Occupational Med	0	3	3	3			0	6
Ophthalmology	0	7	4	4	2	3	1	14
Orthopedics	3	19	0	11	0	4	0	34
Otolaryngology	1	6.5	6	6	1	2	0	14.5
Pathology	2	7	6	6	1	2	0	15
Pediatrics	2	25	21	21	14	29	11	75
PM&R	0	4	0	0		0	1	4
Preventive Med	0	10	3	3	1	2	2	17
Psychiatry	1	12	1	11.5	5	12	9.5	35.5
Psych-FP	0	5		0	0	4	4.5	9
Psych-IM	0	2		0		0	1	2
Radiology	7	22	0	15	0	8	1	45
Radiation Oncology	1	1		0		0	0	1
Transitional Year	13	93	0	64	0	24	49	181
Urology	2	5	1.5	1.5	0	2	0	8.5

DCN: 1-378

ASSUMPTIONS

- Use SG guidance and DoD excess capacity to cover potential training capacity loss from scenario
- COBRA $$ available to retrofit chassis of open facility for tertiary care and any other adjustments
- Excess DoD training capacity is generic

DCN: 11378

Scenario: IP MTF Closures

- Andrews
  - FP(10), FP-Psych(4), Tran(11)
- Keesler
  - Gen Surg(4), IM(10), Ob/Gyn(3), Peds(6), CT surg(2)
- Offutt and Scott
  - FP(8) at each site
- Pensacola
  - FP(7)
- West Point
  - Ortho Fellowship(1)

DCN: 11378

Scenario: IP MTF Closures

- Andrews
  - Can Be Supported
- Keesler
  - Can Be Supported
- Offutt and Scott
  - Can Be Supported
- Pensacola
  - Can Be Supported
- West Point
  - Can Be Supported

DCN: 11378

Program Adjustments

- <u>Only NNMC Open</u>
- Residencies
  - *IM, Gen Surg, Orth, Transitional*
- Fellowships
  - Minimal impact

- <u>Only WRAMC Open</u>
- Residencies
  - *IM, Gen Surg, Orth, Transitional, Oral Surgery*
- Fellowships
  - Minimal impact

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

Outcome of WHMC IP Closure

- **Programs that stay open**
- **Residencies**
  - **Anes, Derm, Gen Surg, IM, Ophth, Ortho, ENT, Peds, Ob, Path, Psych, Rad, Trans, Uro,**
- **Fellowships**
  - **All IM Subs, Neurophys, Cytopath, Interven Rad, A&I, Crit Care (Surg/Anes), Nuc Med**

- **Programs that adjust**
- **Residencies**
  - **Emerg Med at WHMC**
  - **IM, Gen Surg, Ortho, Transitional**
  - **Oral Surgery**

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

MC Residency		Capacity		Capacity		Capacity		Capacity
Aerospace Medicine	0	5	0	17	0	21	10	43
Anesthesiology	2	13	2	18	0	7	0	38
Dermatology	0	8	5	7	1	3	1	18
Emergency Medicine	9	24	8	20	0	12	4	52
Family Practice	1	51	36	43	0	44	14	138
General Surgery	-2	19	-1	10	1	14	0	43
Internal Medicine	0	64	0	32	0	43	14	139
Neurology	1	5	2	2			2	7
Neurosurgery	0	.33	.33	.33	0	.33	0	1
Ob/Gyn	1	15	13	13	0	13	3	41
Occupational Med	0	3	3	3			0	6
Ophthalmology	0	7	4	4	2	3	1	14
Orthopedics	1	19	-1	11	-1	4	0	34
Otolaryngology	1	6.5	6	6	1	2	0	14.5
Pathology	2	7	6	6	1	2	0	15
Pediatrics	2	25	21	21	8	29	11	75
PM&R	0	4	0	0		0	1	4
Preventive Med	0	10	3	3	1	2	2	17
Psychiatry	1	12	1	11.5	5	12	9.5	35.5
Psych-FP	0	5		0	0	4	.5	9
Psych-IM	0	2		0		0	1	2
Radiology	7	22	0	15	0	8	1	45
Radiation Oncology	1	1		0		0	0	1
Transitional Year	13	93	0	64	0	24	28	181
Urology	2	5	1.5	1.5	0	2	0	8.5

DCN: 1-378

Next Scenarios

- **Fort Benning**
- **NAS Jacksonville**
- **NH Bremerton**
- **Eglin**

DCN: 11378

MC Residency		Capacity		Capacity		Capacity		Capacity
Aerospace Medicine	0	5	0	17	0	21	10	43
Anesthesiology	2	13	2	18	0	7	0	38
Dermatology	0	8	5	7	1	3	1	18
Emergency Medicine	9	24	8	20	0	12	4	52
Family Practice	0	51	17	43	0	44	0	138
General Surgery	-2	19	-1	10	1	14	0	43
Internal Medicine	0	64	0	32	0	43	14	139
Neurology	1	5	2	2			2	7
Neurosurgery	0	.33	.33	.33	0	.33	0	1
Ob/Gyn	1	15	13	13	0	13	3	41
Occupational Med	0	3	3	3			0	6
Ophthalmology	0	7	4	4	2	3	1	14
Orthopedics	1	19	-1	11	-1	4	0	34
Otolaryngology	1	6.5	6	6	1	2	0	14.5
Pathology	2	7	6	6	1	2	0	15
Pediatrics	2	25	21	21	8	29	11	75
PM&R	0	4	0	0		0	1	4
Preventive Med	0	10	3	3	1	2	2	17
Psychiatry	1	12	1	11.5	5	12	9.5	35.5
Psych-FP	0	5		0	0	4	.5	9
Psych-IM	0	2		0		0	1	2
Radiology	7	22	0	15	0	8	1	45
Radiation Oncology	1	1		0		0	0	1
Transitional Year	13	93	0	64	0	24	28	181
Urology	2	5	1.5	1.5	0	2	0	8.5

DCN: 1-378

Next Scenarios

- Travis
- EAMC

DCN: 11378

MC Residency		Capacity		Capacity		Capacity		Capacity
Aerospace Medicine	0	5	0	17	0	21	10	43
Anesthesiology	2	13	2	18	0	7	0	38
Dermatology	0	8	5	7	1	3	1	18
Emergency Medicine	9	24	8	20	0	12	4	52
Family Practice	-6	51	17	43	-10	44	0	138
General Surgery	-5	19	-1	10	-1	14	0	43
Internal Medicine	0	64	0	32	-4	43	2	139
Neurology	1	5	2	2			2	7
Neurosurgery	0	.33	.33	.33	0	.33	0	1
Ob/Gyn	1	15	13	13	0	13	0	41
Occupational Med	0	3	3	3			0	6
Ophthalmology	0	7	4	4	2	3	1	14
Orthopedics	-1	19	-1	11	-1	4	0	34
Otolaryngology	1	6.5	6	6	1	2	0	14.5
Pathology	2	7	6	6	1	2	0	15
Pediatrics	2	25	21	21	2	29	11	75
PM&R	0	4	0	0		0	1	4
Preventive Med	0	10	3	3	1	2	2	17
Psychiatry	1	12	1	11.5	5	12	9.5	35.5
Psych-FP	0	5		0	0	4	.5	9
Psych-IM	0	2		0		0	1	2
Radiology	7	22	0	15	-2	8	0	45
Radiation Oncology	1	1		0		0	0	1
Transitional Year	6	93	0	64	0	24	18	181
Urology	2	5	1.5	1.5	0	2	0	8.5

DCN: 1-378

New Scenario

- **Wright Patterson**

DCN: 11378

MC Residency		Capacity		Capacity		Capacity		Capacity
Aerospace Medicine	0	5	0	17	0	21	10	43
Anesthesiology	2	13	2	18	0	7	0	38
Dermatology	0	8	5	7	1	3	1	18
Emergency Medicine	9	24	8	20	0	12	0	52
Family Practice	-2	51	17	43	-6	44	0	138
General Surgery	-5	19	-1	10	-6	14	0	43
Internal Medicine	0	64	0	32	-11	43	0	139
Neurology	1	5	2	2			2	7
Neurosurgery	0	.33	.33	.33	0	.33	0	1
Ob/Gyn	1	15	13	13	-4	13	0	41
Occupational Med	0	3	3	3			0	6
Ophthalmology	0	7	4	4	2	3	1	14
Orthopedics	-1	19	-1	11	-1	4	0	34
Otolaryngology	1	6.5	6	6	1	2	0	14.5
Pathology	2	7	6	6	1	2	0	15
Pediatrics	2	25	21	21	0	29	6	75
PM&R	0	4	0	0		0	1	4
Preventive Med	0	10	3	3	1	2	2	17
Psychiatry	1	12	1	11.5	0	12	9.5	35.5
Psych-FP	0	5		0	0	4	.5	9
Psych-IM	0	2		0		0	1	2
Radiology	7	22	0	15	-2	8	0	45
Radiation Oncology	1	1		0		0	0	1
Transitional Year	6	93	0	64	0	24	18	181
Urology	2	5	1.5	1.5	0	2	0	8.5

DCN: 1-378

What's Left

- NCR
- SA
- TAMC
- NMSD
- NMP
- NHCP
- NHCL
- Womack
- WBAMC
- Ft. Hood
- MAMC

DCN: 11378

Program Losses

- Only NNMC Open
- Residencies
  - Peds, Ob, *Neurosurg, Ophth, PM&R, Psych-FP, Psych-IM, Rad Onc, Urology*
- Fellowships
  - *Crit Care, CT, Vasc, Hand Surg, Interven Card, IM Fac Dev, Child Neuro, Neurophys,* All Ob/Gyn, Peds *and Psych Fellowships, IM A&I, Nuc Med*

- Only WRAMC Open
- Residencies
  - Peds, Ob
  - All 10 Dental Residencies
- Fellowships
  - *Rad Imaging*
  - All Peds and Ob/Gyn Fellowships

DCN: 11378

Outcome of WHMC IP Closure

- **Programs that stay open**
- **Residencies**
  - **Anes, Derm, Gen Surg, IM, Ophth, Ortho, ENT, Path, Psych, Rad, Trans, Uro,**
- **Fellowships**
  - **All IM Subs, Neurophys, Cytopath, Interven Rad, A&I, Crit Care (Surg/Anes), Nuc Med**

- **Programs that close**
- **Residencies**
  - **Peds, Ob, Emerg Med**
- **Fellowships**
  - **All Peds Subs**

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

Recommend Deletion of Consolidating Preventative Med Function E&T-7A-C (MED-009, 0010, 0011)

- **E&T-7: Consolidate Preventative Medical Functions at:**
  - **7A (MED-0009): Portsmouth VA or**
  - **7B (MED-0010): Brooks City Base or**
  - **7C (MED-0011): Aberdeen PG**
- **Not enough certified data to analyze and run optimization model**

DCN: 11378

Recommend Deletion of HCS Scenarios:

- **HCS-2A (MED-001): Close Hickam AFB Clinic**
  - **Capacity data updates shows Pearl Harbor can not absorb workload**
- **HCS-1L (MED-0051): Realign Inpatient Facilities at Offutt AFB**
  - **Already Programmed for inpatient closure in FY06**
- **HCS-1G (MED-0046): Realign Inpatient Facilities at Luke AFB**
  - **Already Programmed for inpatient closure in FY06**

DCN: 11378

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

DCN: 11378

INFORMATION PAPER: Cost of Base Realignment Actions (COBRA)

Inputs from 2006-2011
Outputs through 2025

COBRA Results:

NET PRESENT VALUES - displays the Cost and Adjusted Cost for each year (through 2025), and NPV of the cost of the realignment for each of the years of the analysis period. The point where the NPV goes from a positive value (a cost) to a negative value (a savings) is the Payback Year of the scenario.

COSTS in 2005 Constant Dollars ($K) – total costs from 2006-2011 inputs which includes MILCON, Personnel (realignment/eliminations), Overhead, Moving, Mission, or Other projected through 2025

TRICARE

Cost – Close facility or function COBRA will calculate the average cost per claim (for that MTF). It assumes retirees & their dependents will remain at the installation.

SAVINGS in 2005 Constant Savings ($K) – total savings from 2006-2011 inputs which includes MILCON (cost avoidance), Personnel (realignment/eliminations), Overhead, Moving, Mission, or Other projected through 2025

TRICARE

Savings – MJCSG estimated recaptured workload for transferring based upon each scenario.

ONE-TIME COST ($K) –

MILCON – cost of designing and constructing the new facility

Personnel -Civilian RIF, Civilian Early Retirement, Eliminated Military PCS, Unemployment

Overhead- Program Management Cost, Support Contract Termination, Mothball / Shutdown

Moving - Civilian Moving, Civilian PPP, Military Moving, Freight, Information Technologies

Other - HAP / RSE, Environmental Mitigation Costs, Mission Contract Startup and Termination

Economic Impact Tool

1. ROI Population (2002): The Census Bureau's 2002 mid-year population estimates for the economic Region of Interest (shown at the top of the report), as reported by the Bureau of Economic Analysis.

2. ROI Employment (2002): Total full-time and part-time employment in the economic region of influence for 2002, as reported by the Bureau of Economic Analysis.

3. Authorized Manpower (2005): Sum of officer, enlisted, trainee, and (government) civilian manpower for FY2005, as reported in the COBRA database.

4. Authorized Manpower (2005)/ROI Employment (2002): The ratio of item 3 to item 2 above.

5. Total Estimated Job Change: The cumulative sum of direct, estimated indirect, and estimated induced job changes for the region of influence from 2006 to 2011 due to the BRAC action(s) in the report.

6. Total Estimated Job Change / ROI Employment (2002): The ratio of item 5 to item 2 above.

DCN: 11378

BRAC 2005
DEFINITIONS

Candidate Recommendation: A scenario that a JCSG or Military Department has formally analyzed against all eight selection criteria and which it recommends to the ISG and IEC respectively for SecDef approval. A JCSG Candidate Recommendation must be approved by the ISG, IEC, and SecDef before it becomes a Recommendation. A Military Department Candidate Recommendation must be approved by the IEC and SecDef before it becomes a Recommendation.

Close: Any action that ceases or relocates all current missions of an installation and eliminates or relocates all current personnel positions (military, civilian and contractor), except for personnel required for caretaking, conducting any ongoing environmental cleanup, or property disposal. Retention of a small enclave, not associated with the main mission of the base, is still a closure.

Co-locate: A description of an action that implements a closure or realignment action that stations functions and/or activities at the same site where they will share existing assets.

Consolidate: A description of an action that implements a closure or realignment action that combines one or more functions or activities. Normally includes a decrease of civilian or military personnel.

Disestablish: Any action that ceases a mission, function, or activity of an installation.

Establish: Any action that creates a mission, function, or activity on an installation

Idea: A concept for stationing and supporting forces and functions that lacks the specificity of a proposal. A transformational option is an idea.

Leaseback: A property conveyance authority under which the Department of Defense may transfer non-surplus BRAC property, by deed or through a lease in furtherance of conveyance, to a Local Redevelopment Authority who then leases the property back to the Federal Department or Agency for its continued use. The property conveyed may be entire parcels and/or individual buildings or structures. The transfer requires that the leaseback must be for no rent to satisfy a Federal need for the property. Leaseback may be used in conjunction with a closure or realignment.

Losing Installation: An installation from which missions, units or activities have ceased or been relocated pursuant to a closure or realignment recommendation. An installation can be a losing installation for one recommendation and a receiving installation for a different recommendation.

Military Installation: A base, camp, post, station, yard, center, homeport facility for any ship, or other activity under the jurisdiction of the Department of Defense, including any leased facility. Such term does not include any facility used primarily for civil works, rivers and harbors projects, flood control, or other projects not under the primary jurisdiction or control of the Department of Defense.

Privatize: A method of closure or realignment that ceases government performance of a mission in favor of reliance on the private sector to perform that mission. When privatizing, the government disposes of associated assets and resources independent of the privatization action. Privatize does not include Outsourcing.

Privatize-in-place: A method of closure or realignment that ceases government performance of a mission in favor of reliance on the private sector to perform that mission at the former military installation. When privatizing-in-place, the government disposes of associated assets and resources to the private sector entity that agrees to perform the mission at the privatized location.

Proposal: A description of one or more potential closure or realignment actions that have not been declared as a scenario for formal analysis by either a JCSG or a Military Department. Normally includes detail on the transfer of units, missions or other work activity; facilities or locations that would close or lose such effort; facilities or locations that would gain from the losing locations; tenants or other missions or functions that would be affected by the action. A proposal can come from Ideas or options derived from Optimization Tools. Proposals must be catalogued at the JCSG or MilDep level for tracking

Realignment: Includes any action that both reduces and relocates functions and civilian personnel positions, but does not include a reduction in force resulting from workload adjustments, reduced personnel or funding levels, or skill imbalances.

Receiving Installation: An installation to which missions, units or activities have been relocated pursuant to a closure or realignment recommendation. An installation can be a receiving installation for one recommendation and a losing installation for a different recommendation.

Recommendation: A Candidate Recommendation approved by the SecDef.

Relocate: A description of an action that moves functions, missions, units, activities, or personnel positions from one location to another.

Scenario: A proposal that has been declared for formal analysis by a Military Department/JCSG deliberative body. The content of a scenario is the same as the content of a proposal. The only difference is that it has been declared for analysis by a deliberative body. Once declared, a scenario is registered at the ISG by inputting it into the ISG BRAC Scenario Tracking Tool.

Scenario Analysis: The process to formally evaluate a scenario against all eight selection criteria.