

MINUTES OF THE DECEMBER 27, 2004 MEETING OF THE MJCSG PRINCIPALS

LOCATION: Pentagon, Room 4E1084, 1400

Attending: LG Taylor – Chair; ADM Martin Representing USN/SG; MG; Webb USA/SG; CAPT Shimkas – Representing CAPT Cullison USMC/SG; Mr. Chan – OSD/HA; Mr Opsut – OSD/HA; Col Hamilton – Secretary; Mr. Yaglom – USA/OTSG; Mr. Curry – USA/OTSG; CAPT Hight – BUMED; Lt Col Jones – USAF/SG; Maj Fristoe – HA/TMA; Maj Harper – AF/SGSF; Mr. Christensen - CNA

Decisions:

- Ft Leonard Wood, Keep Inpatient open
- Ft Know, Disestablish Inpatient
- Great Lakes, Disestablish Inpatient
- AF Academy, Disestablish Inpatient

Action Items:

- Work group analyze Wright Patterson present 4 Jan 04
- E+T recommendations next week
- RDA prepare recommendations

Meeting Overview:

- Secretary led meeting by discussing issues with status of the data and recommendations. At present, COBRA has input from 1 or 2 services for facilities listed for recommendations. Analysis by the COBRA team cannot be completed until all three Services have received all data from the field. Approximately one hundred facilities are lacking data from one of the three Services. The number of problems stem from access into the different portal systems.
- Recommendations:
 - Ft Leonard Wood – Briefing given- initially identified by optimization model however, new and corrected data changed the military value and ADPL. Vote taken. Unanimously agreed to keep open Ft. Leonard Wood inpatient services. (See slides)
 - Ft Knox – Briefing given- ADPL 14, Low mil value, numerous civilian hospitals within the 40 mile radius, immediate payback. Convert mil/civ then cost out with none going to Base X showing a middle of the road payback to medical manpower. Member suggested that our only concern will be if the USA adds another 10,000 troops to the installation, it may change the payback year. Secretary added that the NDAA group is looking into places like Ft Knox and did not highlight an issue with network care at Ft Knox.. Vote taken. Unanimously agreed to close inpatient services. (See slides)
 - Great Lakes –Briefing given- \$6M/yr savings by closing inpatient services. Vote taken. Unanimously agreed to close inpatient services. (See slides)
 - AF Academy – Briefing given – Payback yrs was priced if going to Ft Carson. Some discussion concerning if there Academy should realign inpatient to Ft Carson. Secretary recommended that it would take the flexibility out of the regional authority. HA felt it may be a waste instead of a recapture of funds if patient care goes downtown. Chair

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asked if we were tying TRICARE's hands if we moved inpatient to Ft Carson. Chair then asked that a branch scenario be run off this concept. Decision was left that inpatient care would be left up to the TRICARE regional authority. Chair asked if it would make a difference how many are OB and Non-OB? Member answered that since most teaching staff live downtown, it would make more sense to have the OB care delivered downtown. Member asked if having Orthopedics moved downtown would be an issue. Chair decided it would not be an issue since AF is the only Academy with Orthopedics in house. Discussion ceased, vote taken. Unanimously agreed to close inpatient services

- CNA explained the latest model run. If the occupancy rate is at 80%, (see slide 5) MV + Capacity – keeping as much MV as possible. Chair stated – trying to optimize medical as much as possible.
- MV – of each base is particular to the model. If MV of the facility you turn in is less than the mean , then the global mean goes up. Global MV – calculates – capacity and MV along with excess bed space.
- CNA explained that it is important at this point to run trials with the medical model alone then later on check using other JCSG models. Eventually the model will add in the MILDEP recommendations. Note slides: Yellow markings given a scenario data call, Red = close, Slide 7 = Leave Open (Black lettering). Bold Red = Inpatient sites, close at point C. Chair asked, "Do we need to go to Wright Pat with a data call?" It is red in this analysis. In this analysis we should follow like we did with the Ft Leonard Wood. Secretary suggested that we need to reduce the RWP capacity. Issues here are data calls to Ft. Belvoir, Ft Gordon and Ft. Sill. On the latest excursion, Wright-Patterson was highlighted for closure just looking at tighter ADPLs. HA stated that the excursion may be cutting the excess too close. Chair asked the work group to analyze the data for Wright-Patterson and come back with a recommendation. Work group needs to take into consideration shared GME locations, and platform. If we give up GME could we lease it back to the civilian sector? A member asked if it will be too late for the MJCSG to send out data calls in mid-January (after the Services receive ISG approval for recommendations). The Secretary said, probably not because we have the option for "rolling recommendations". As long as we are keeping the ISG up to date on the progress. Dr. Christensen briefed the MJCSG on the results of optimization model excursions. Previous excursions looked at raising the minimum ADPL per hospital or lowing the system-wide RWP floor. These excursions looked at the results of the excursions that both raised the minimum ADPL per hospital and lowered the system-wide RWP floor. Discussion then followed concerning scheduling of data runs. Changing of the ADPL in the RWP area shows that we are maintaining current workload across the inpatient system. Due to the mismatch between where the inpatient capability exists and where the population exists to provide the workload, the model solutions still have substantial inpatient excess capacity.
- Chair asked RDA for an update. RDA is continuing to work their data calls and COBRA issues. No recommendations yet. E+T will have recommendations next week.
- Chair states it would be nice to get all our recommendations in as soon as possible. Chair said it would at least be nice to find out why we cannot get all the information in for analysis. If we cannot get the information in, we cannot make decisions. USA SG asked where the MJCSG stood compared to other groups. OSD answered, "You are ahead of everyone. The first ones to get in an initial recommendation." OSD then said the MJCSG could have had everything in by December if the data had been in on time. MJCSG had the strategic plan, and the structure. OTSG stated that they knew RDA held MJCSG back due to complications

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in questionnaire structure and confusion with returned data. Chair requested that ^{DODN: 14380} USAF consider writing a letter to the ISG concerning their issues and how it has affected the MJCSG.

- Chair stated, MJCSG cannot finish without data. USA SG asked how much time do the JCSGs get after the Services put in their BRAC changes? OSD said that the MJCSG will have until about mid-Feb. USA/SG asked if the MJCSG could receive the ISG recommendations. Secretary answered affirmative. General discussion then centered on how savings are secured for the MJCSG when a Service closes a base. The Secretary shared his understanding of the process. When a Service closes a base, the medical manpower savings is taken by eliminating military and non-military positions. The MJCSG will revisit these Service actions once they are finalized to reallocate the manpower savings as necessary. OSD member concurred with the clarification.
- Chair thanked everyone for continuing hard work and patience as the process continues.
- NEXT PRINCIPAL MEETING: 4 Jan 2004, 4E1084, 1530 – 1730.



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

Attachments:

1. Agenda
2. MJCSG Scenario Data Call 27 Dec 04
3. Candidate Recommendations
4. Modelresults20041214.ppt

MJCSG Principals Meeting

**12/27/2004
2:00 PM to 2:00 PM
Pentagon, Room 4E1084**

Meeting called by: Chair Type of meeting: Deliberative
Note taker: Lt Col Jones

Agenda

Chair Comments	Lt Gen Taylor	5
Data Call Status	Maj Cook	5
Candidate Recommendations	All	
Ft Leonard Wood	Dr Opsut	15
Ft Knox	Dr Opsut	15
Great Lakes NH	Dr Opsut	15
USAF Academy	Dr Opsut	15
Excursion Model Results	Dr Christenson	15
Meeting Schedule	Col Hamilton	10
Around The Table	All	5
Closing	Chair	5

Medical Joint Cross Service Group

MJCSG Meeting Combined Brief

27 Dec 04

DCN: 11380





MJCSG Scenario Data Call//COBRA

As of 27 Dec 04

- Scenarios in tracker: 46
- Total Scenario Data Calls: 98
 - Total Fielded to Services/4th Estate: 98 (100%)
 - Total Received from Services/4th Estate: 60 (61%)

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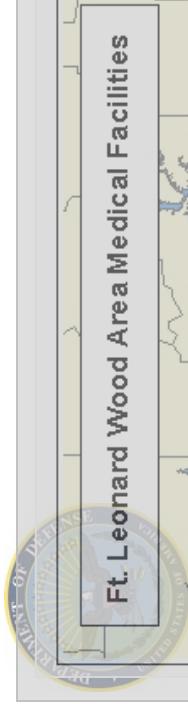
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MED 042 Fort Leonard Wood

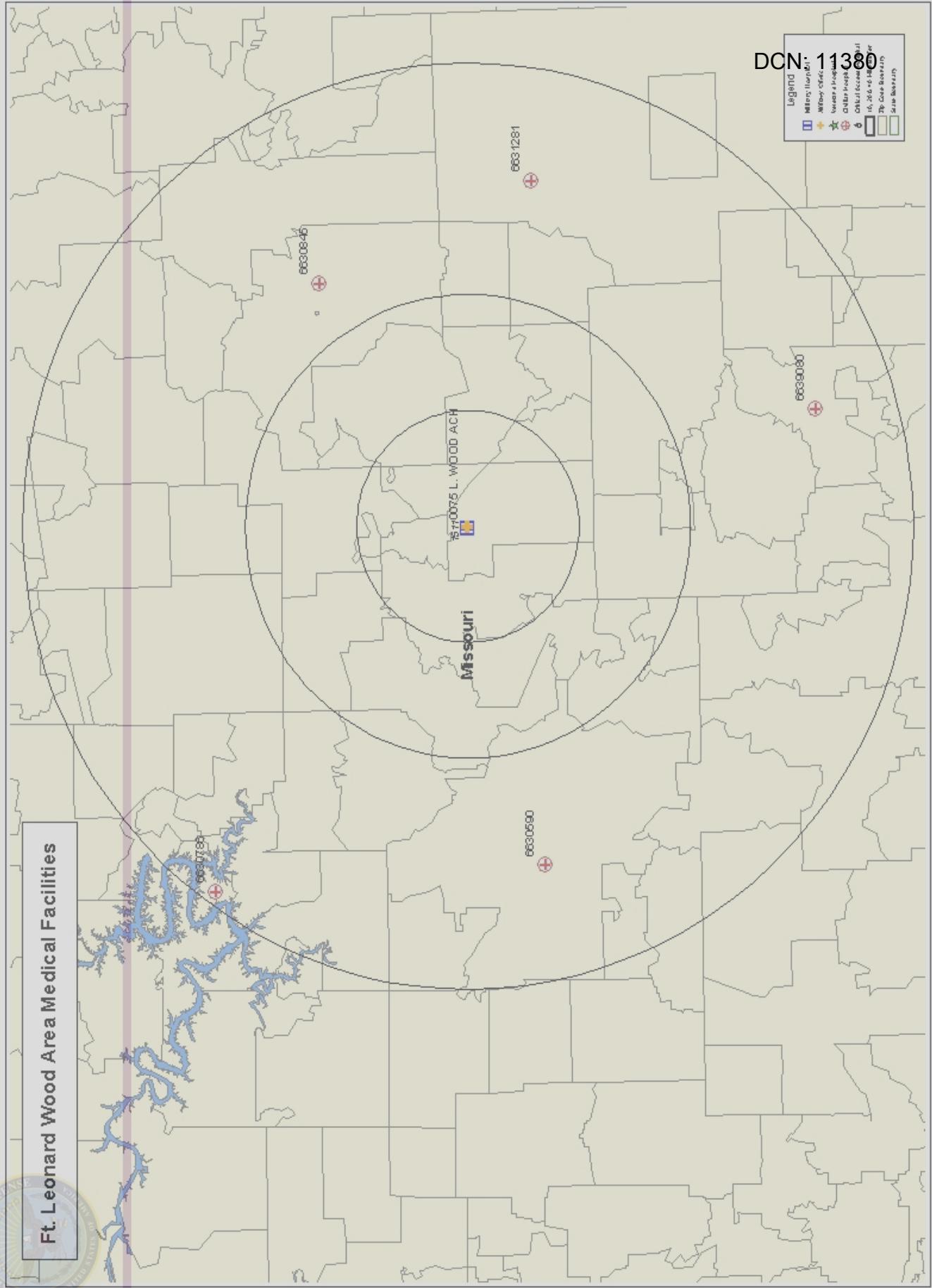


Diseestablish Inpatient

CN: 11380



Ft. Leonard Wood Area Medical Facilities



Background - Fort Leonard Wood



DCN: 11380

- ADPL – 27 (Avg 40.8)
- Beds – 121
- RWP_s – 1,817
- Population
 - Eligible (AD/ADFM/Other) 10,945 / 10,524 / 3,695
 - Enrolled (ADFM/Other) 9,910 / 5,790
 - Civilian Hospitals within 40 Miles – 5
 - 476 Beds/287 Avg Daily Census
 - Auth O/E/C (139/314/459)
- Military Value
 - Total - 31.8
 - Functional - 51.2

Justification



- Reduces excess capacity
- Redistributions military providers to areas with more eligible population
- Civilian/Military capacity exists in area
- However....MilVal is now above the “cutoff” and the ADPL is not below 10

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Payback



DCN: 11380

Eliminate Military to Scenario as Civilians	
One-Time Costs	\$5,065K
MILCON	0
NPV	\$78,599K
Recurring Costs	\$4,976K
Payback Years	Never
Break Even Years	N/A
Mil/Civ Reductions	74/68

Military Value



- **51.2 Functional Military Value**
- **Average Functional Military Value for all inpatient facilities**
 - **With Ft Leonard Wood – 42.58**
 - **Without Ft Leonard Wood – 42.43**

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- Criteria 6 (Economic) – Minimal
- Criteria 7 (Community) – None
- Criteria 8 (Environmental) – None
- Other Medical impacts
 - Civilian cost per admission - \$7,746
 - 8th decile



Recommendation

- Recommend maintaining inpatient facilities at
Fort Leonard Wood

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MED 054 Fort Knox

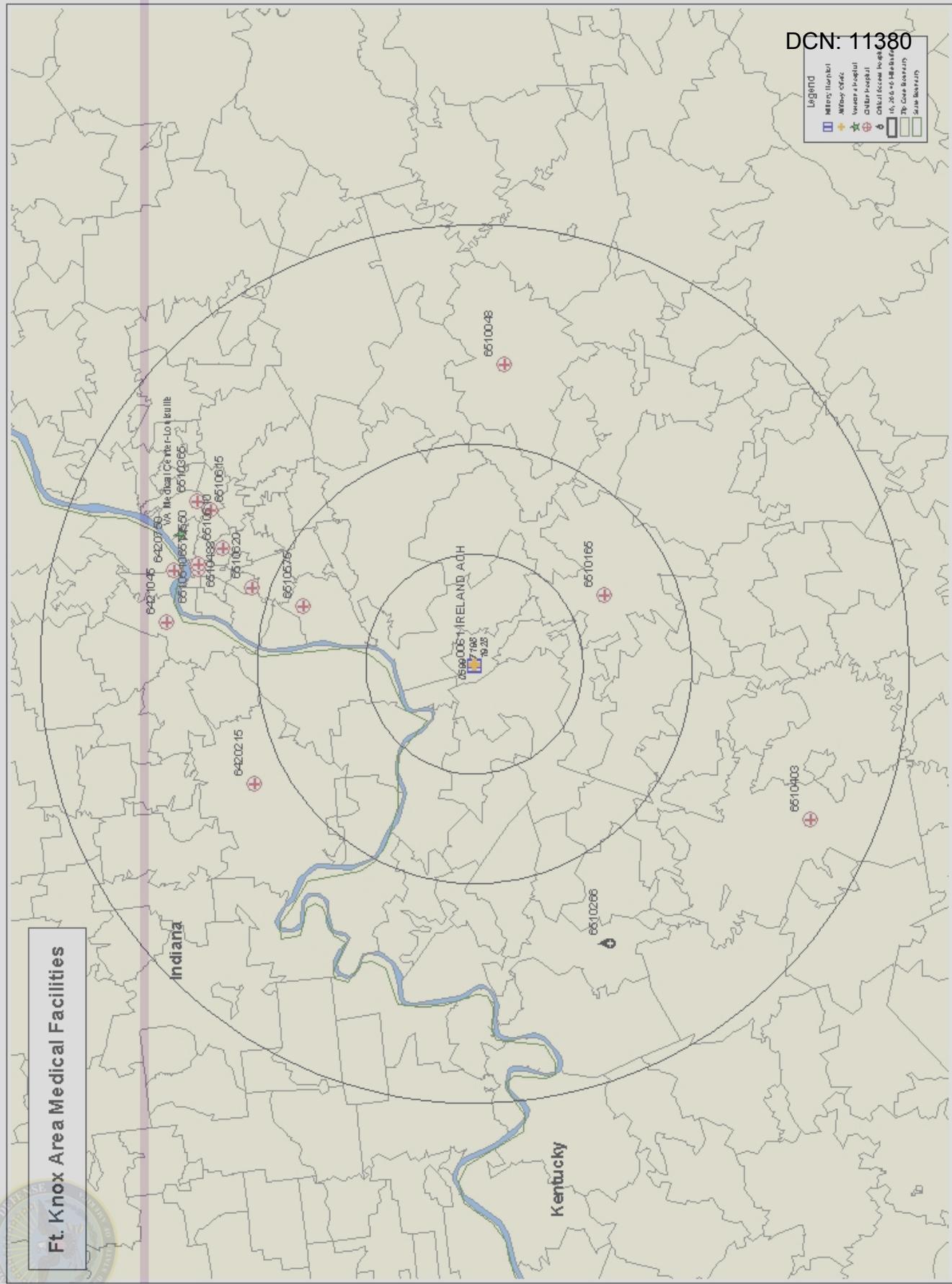
Disestablish Inpatient

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Ft. Knox Area Medical Facilities



DCN: 11380

Legend

- Military Hospital
- ★ Military Clinic
- △ Veteran's Hospital
- QMC Hospital
- ▲ QMC Clinic
- 16, 26 & 41 HAB Base
- 7th Cavalry Barracks
- Seal Rock Barracks



Background - Fort Knox

DCN: 11380

- ADPL – 14 (Avg 40.8)
- Beds – 35
- RWP_S – 1,534
- Population
 - Eligible (AD/ADFM/Other) 12,600 / 15,716 / 18,281
 - Enrolled (ADFM/Other) 11,906 / 19,684
 - Civilian Hospitals within 40 Miles – 16
 - 3,809 Beds/ 2,789 Avg Daily Census
 - Auth O/E/C (115/227/447)
- Military Value
 - Total - 25.6
 - Functional - 38.7

Justification



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

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Payback



Eliminate Military to Scenario as Civilians	
One-Time Costs	\$3,055K
MILCON	0
NPV	-\$6,652K
Recurring Costs	\$61K
Payback Years	Immediate
Break Even Years	2007
Mil/Civ Reductions	34/50

DCN: 11380



- **38.7 Functional Military Value**
- **Average Functional Military Value for all inpatient facilities**
 - **With Ft Knox – 42.58**
 - **Without Ft Knox – 42.65**



- Criteria 6 (Economic) – Minimal
- Criteria 7 (Community) – None
- Criteria 8 (Environmental) – None
- Other Medical impacts
 - Civilian cost per admission - \$5,546
 - 6th decile

Recommendation

- Recommend disestablishment of inpatient facilities at Fort Knox



DCN: 11380

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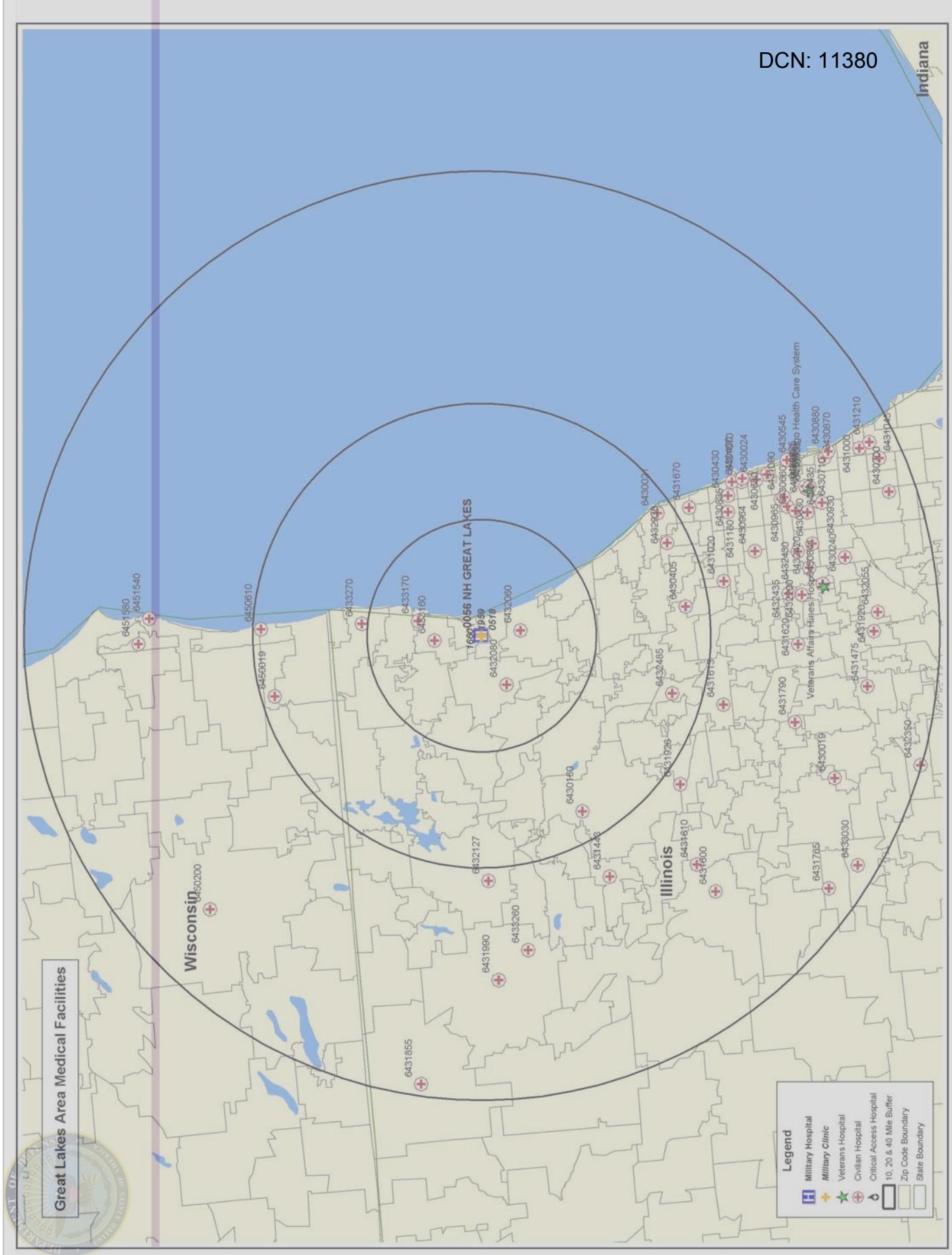
MED 053 Great Lakes



Disestablish Inpatient

CN: 11380

DCN: 11380



Background – Great Lakes



- ADPL – 13.5 (Avg 40.8)
- Beds – 69
- RWPs – 943
- Population
 - Eligible (AD/ADFM/Other) 24,462 / 15,239 / 16,898
 - Enrolled (ADFM/Other) 9,889 / 4,042
 - Civilian Hospitals within 40 Miles – 69
 - 18,838 Beds/ 12,590 Avg Daily Census
 - 2 VA Hospitals within 30 miles
 - Auth O/E/C (177/409/86)
 - Military Value
 - Total - 33.9
 - Functional - 38.5

DCN: 11380

Justification



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

DCN: 11380

Payback



DCN: 11380

Eliminate Military to Scenario as Civilians	
One-Time Costs	\$3,092K
MILCON	0
NPV	-\$92,640K
Recurring Savings	\$6,110K
Payback Years	Immediate
Break Even Years	2007
Mil/Civ Reductions	70/45

Military Value



- **38.5 Functional Military Value**
- **Average Functional Military Value for all inpatient facilities**
- **With Great Lakes – 42.58**
- **Without Great Lakes – 42.66**

DCN: 11380

- Criteria 6 (Economic) – Minimal
- Criteria 7 (Community) – None
- Criteria 8 (Environmental) – None
- Other Medical impacts
 - Civilian cost per admission - \$6,811
■ 7th decile



Recommendation

- Recommend disestablishment of inpatient facilities at Great Lakes



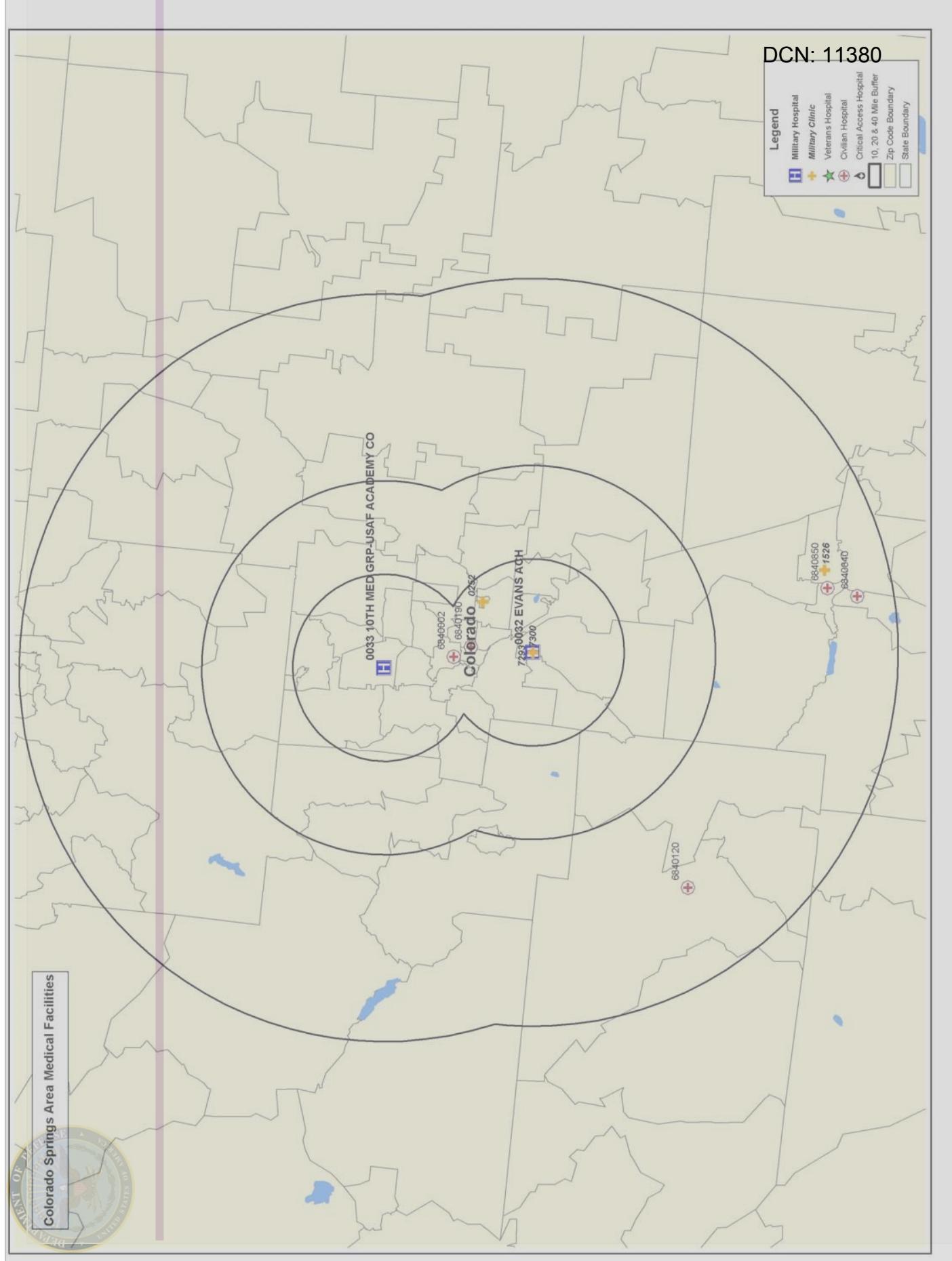
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Medical Joint Cross Service Group

MED 004 USAF Academy



**Disestablish Inpatient and
Realign to Fort Carson**
DoD: 11380



Background – USAF Academy



- ADPL – 6.1 (Avg 40.8)
- Beds – 29
- RWPs – 983
- Population
 - Eligible (AD/ADFM/Other) 13,544 / 17,572 / 16,898
 - Enrolled (ADFM/Other) 6,890 / 12,382
 - Civilian Hospitals within 40 Miles – 5
 - 1,373 Beds/ 833 Avg Daily Census
 - MTF at Fort Carson within 25 miles
 - Auth O/E/C (195/423/103)
 - Military Value
 - Total - 32
 - Functional - 48.9

DCN: 11380

Justification



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

DCN: 11380

Payback



Eliminate Military to Scenario as Civilians	
One-Time Costs	\$348K
MILCON	0
NPV	-\$1,208K
Recurring Savings	\$124K
Payback Years	4 Yrs
Break Even Years	2011
Mil/Civ Reductions	4/2
Mil/Civ Relocations	26/7

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Military Value



- **48.9 Functional Military Value**
- **Average Functional Military Value for all inpatient facilities**
 - **With USAF Academy – 42.58**
 - **Without USAF Academy – 42.66**

DCN: 11380

- Criteria 6 (Economic) – Minimal
- Criteria 7 (Community) – None
- Criteria 8 (Environmental) – None
- Other Medical impacts
- Civilian cost per admission - \$6,783
 - 7th decile



Recommendation

- Recommend disestablishment of inpatient facilities at USAF Academy and realign to Fort Carson

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Medical Joint Cross Service Group

OPTIMIZATION MODEL RESULTS: 14 Dec 2004 Data

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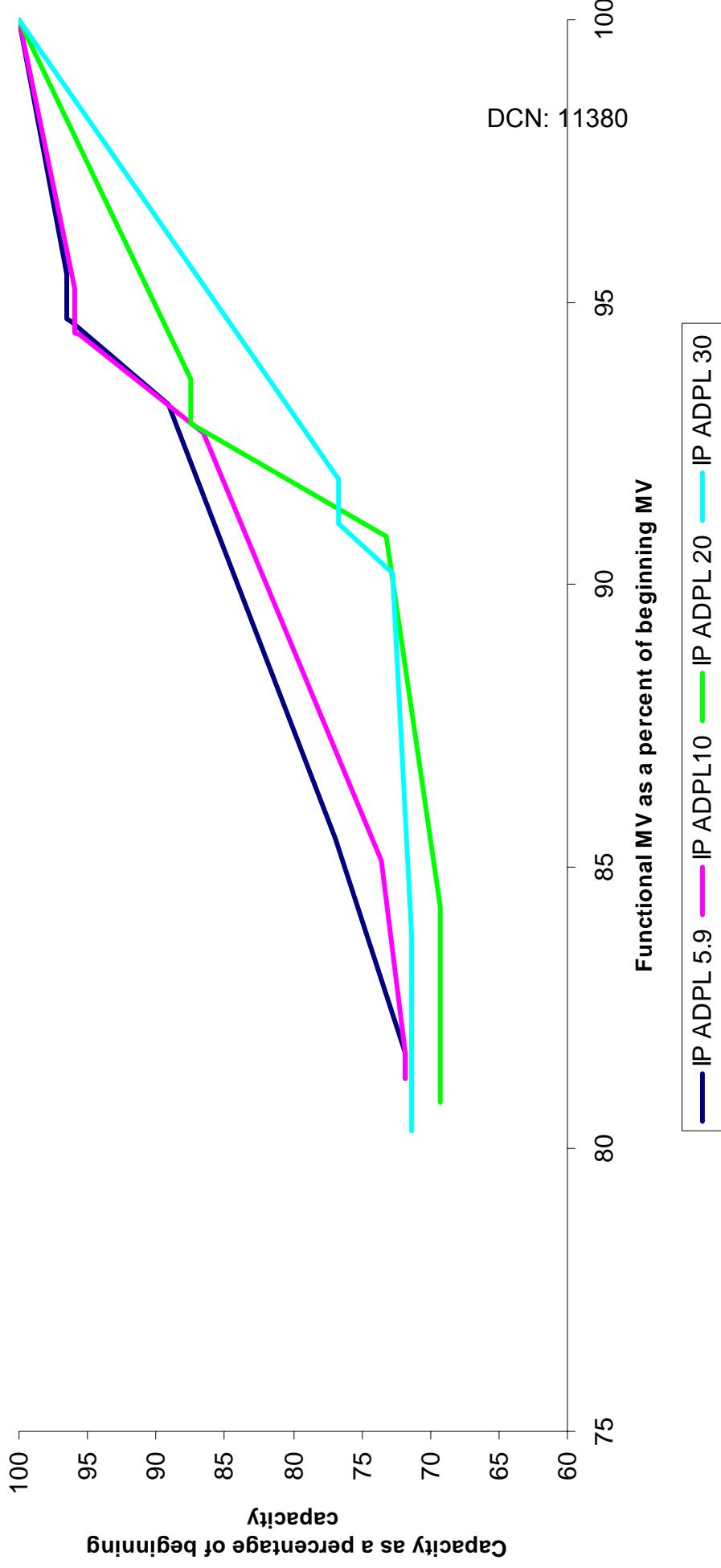
27 Dec 04





IP results by minimum ADPL

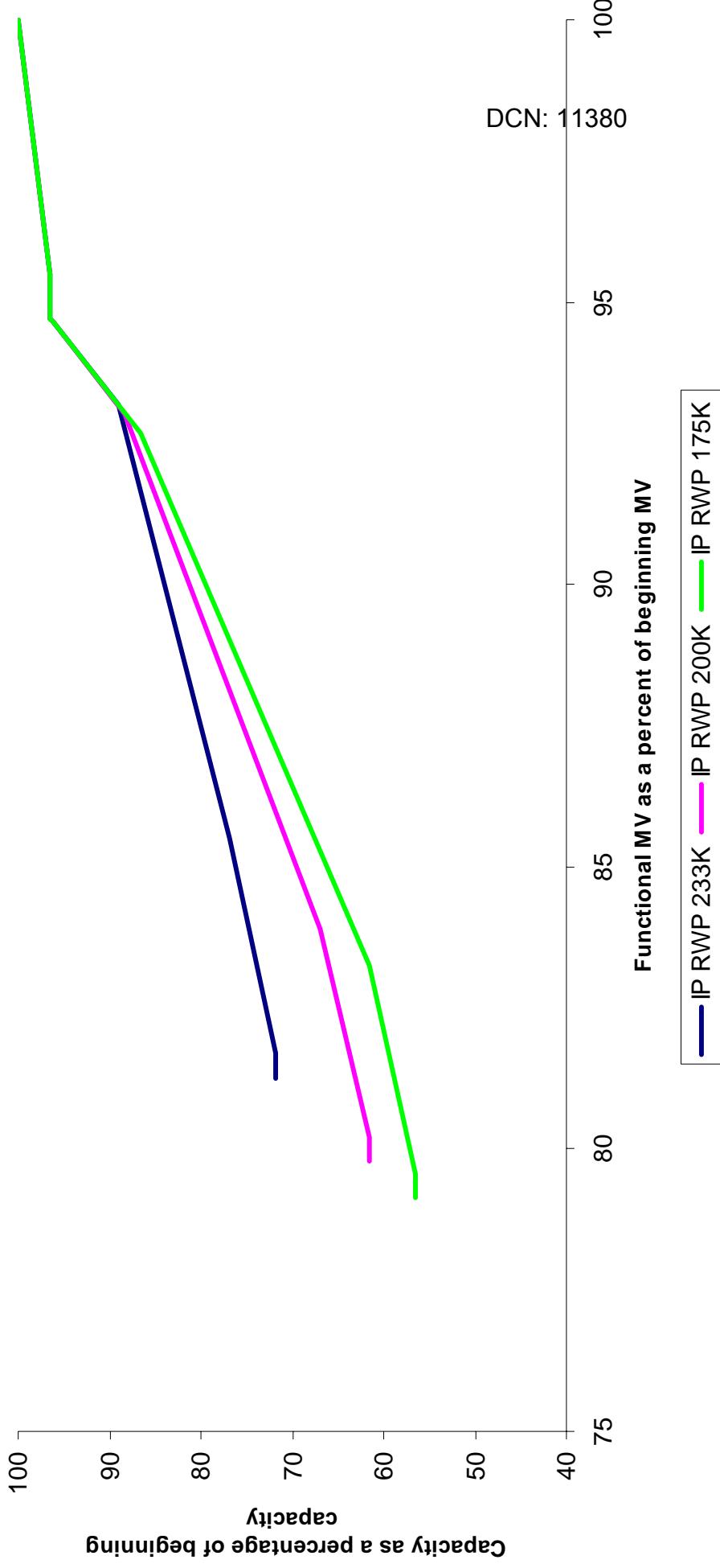
Capacity as a function of remaining functional MV



IP results by minimum RWP floor



Capacity as a function of remaining functional MV

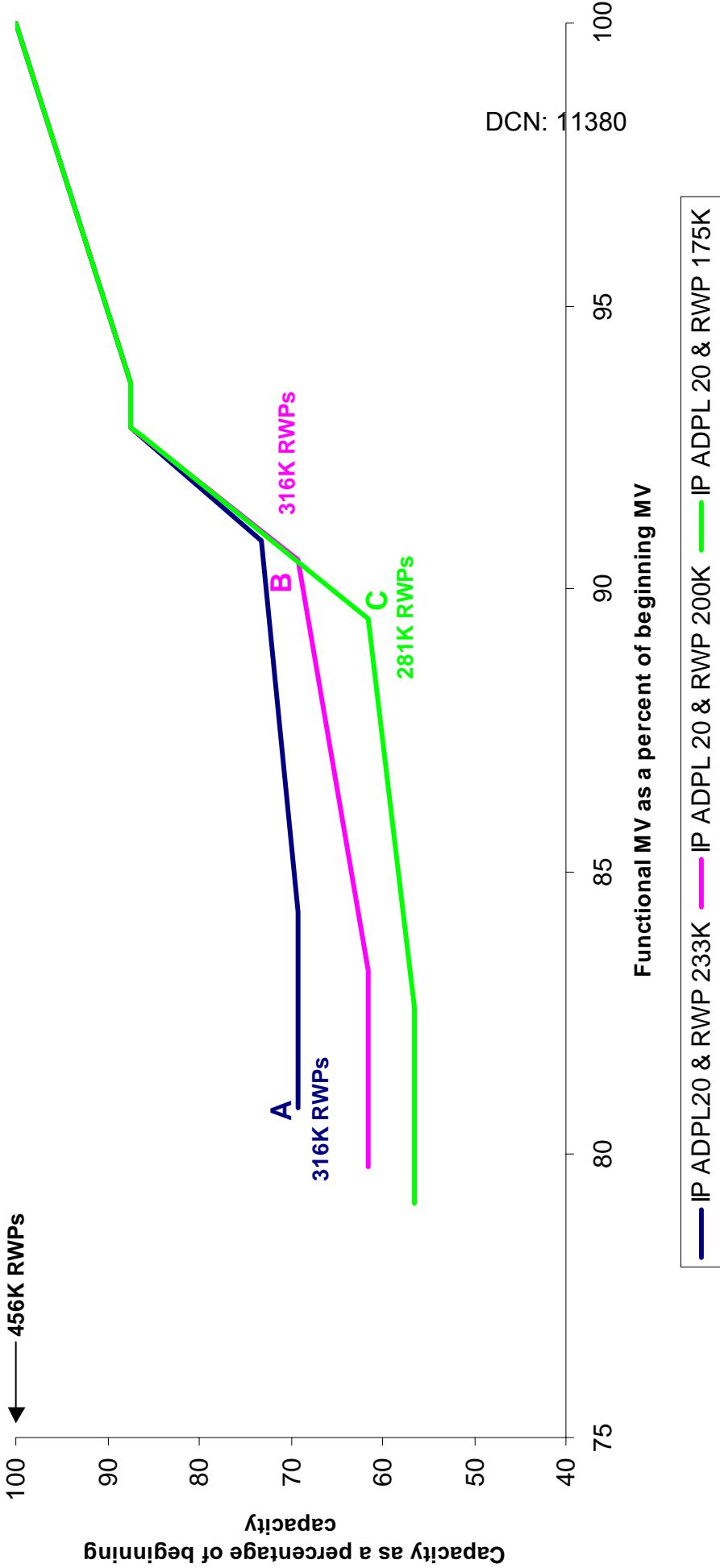


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IP results by minimum ADPL & RWP floor

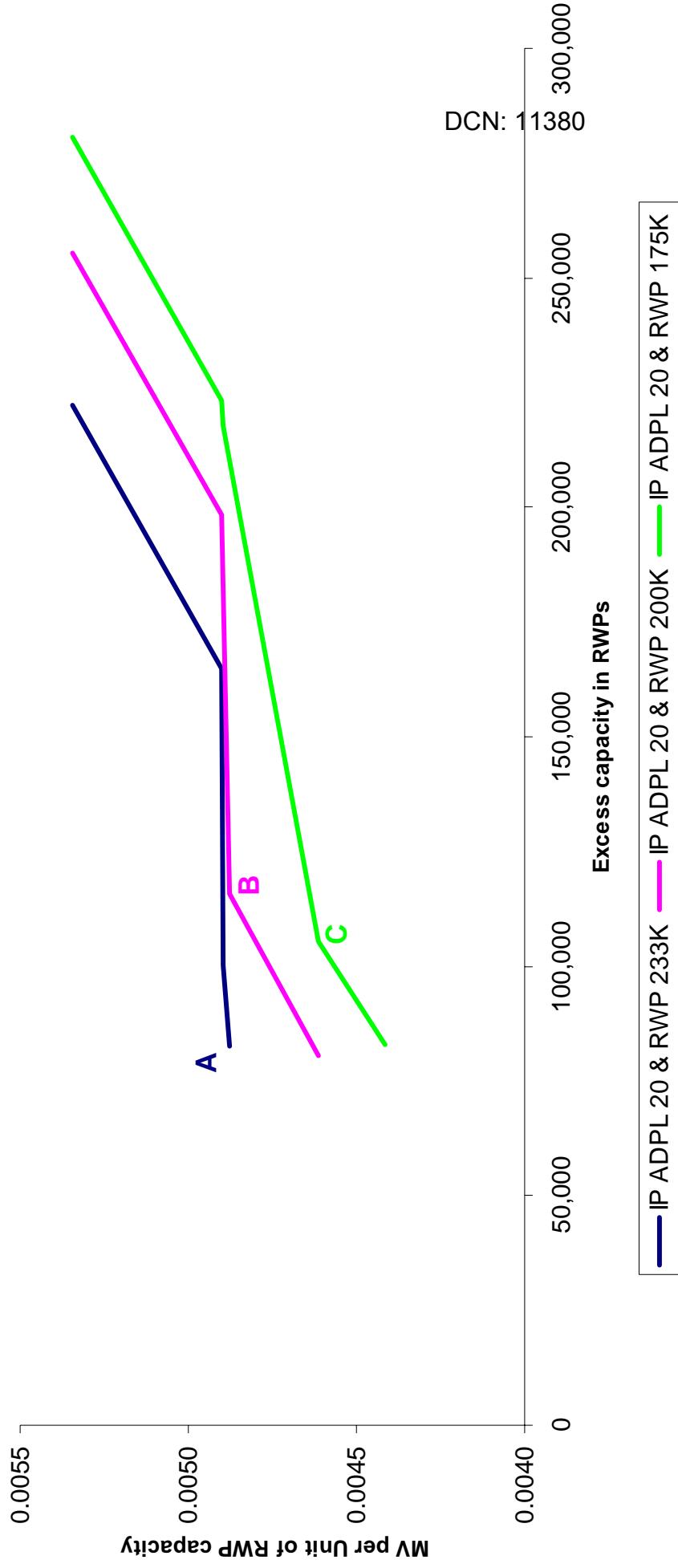
Capacity as a function of remaining functional MV



IP MV per capacity by min ADPL & RWP floor



**IP MV per unit of RWP capacity
as a function of remaining IP MV**



Sites with scenario data calls to close IP



Medical centers	Teaching hospitals	Community hospitals
Fort Bliss	Andrews AFB	Elmendorf AFB MacDill AFB
Fort Bragg	Eglin AFB	Fort Campbell <i>Twenty-nine Palms</i>
Fort Gordon	Fort Belvoir	Fort Carson Cherry Point
Fort Lewis	Fort Benning	Fort Eustis <i>Mountain Home AFB</i>
Fort Sam Houston	Fort Hood	Fort Jackson NAS Lemoore
Keesler AFB	MCB Camp Lejeune	Fort Knox <i>NAS Whidbey Island</i>
Lackland AFB	MCB Camp Pendleton	Fort Leonard Wood NAVSTA Great Lakes
NMC Portsmouth	NAS Jacksonville	Fort Polk Nellis AFB
NMC San Diego	NH Bremerton	Fort Riley NH Beaufort
NNMC Bethesda	Pensacola	Fort Sill NH Guam
Travis AFB	Scott	Fort Stewart <i>Fort Irwin</i>
Tripler AMC	West Point	Fort Wainwright USAF Academy
Walter Reed AMC		Langley AFB
Wright-Patterson AFB		DCN: 11380

IP sites closed at points A or B



Medical centers	Teaching hospitals	Community hospitals
Fort Bliss	Andrews AFB	Elmendorf AFB MacDill AFB
Fort Bragg	Eglin AFB	Fort Campbell Twenty-nine Palms
Fort Gordon	Fort Belvoir	Fort Carson Cherry Point
Fort Lewis	Fort Benning	Fort Eustis Mountain Home AFB
Fort Sam Houston	Fort Hood	Fort Jackson NAS Lemoore
		NAS Whidbey Island
	Keesler AFB	Fort Knox
	Lackland AFB	MCB Camp Lejeune Fort Leonard Wood NAVSTA Great Lakes
NMC Portsmouth	NAS Jacksonville	Fort Polk NH Beaufort
NMC San Diego	NH Bremerton	Fort Riley NH Beaufort
NNMC Bethesda	Pensacola	Fort Sill NH Guam
Travis AFB	Scott	Fort Stewart Fort Irwin
Tripler AMC	West Point	Fort Wainwright USAF Academy
		Langley AFB
	Walter Reed AMC	
	Wright-Patterson AFB	
		DCN: 11380

IP sites closed at point C



Medical centers	Teaching hospitals	Community hospitals
Fort Bliss	Andrews AFB	Elmendorf AFB MacDill AFB
Fort Bragg	Eglin AFB	<i>Twenty-nine Palms</i>
Fort Gordon	Fort Belvoir	Cherry Point
Fort Lewis	Fort Benning	Mountain Home AFB
Fort Sam Houston	Fort Hood	NAS Lemoore
		NAS Whidbey Island
	Keesler AFB	Fort Knox
	Lackland AFB	Fort Leonard Wood
NMC Portsmouth	NAS Jacksonville	Fort Polk
NMC San Diego	NH Bremerton	Fort Riley
NNMC Bethesda	Pensacola	NH Beaufort
Travis AFB	Scott	NH Guam
Tripler AMC	West Point	Fort Irwin
		DCN: 11380
		USAF Academy
		Langley AFB
		Walter Reed AMC
		Wright-Patterson AFB