

MINUTES OF THE JANUARY 7, 2004 MEETING OF THE MJCSG PRINCIPALS

LOCATION: Pentagon, Room 4E1084, 1500 -1700

Attending: LtGen Taylor – Chair; MGen Webb USA/SG; Mr. Chan – ASD(HA)/CP&P; Gen Martin - Representing USN/SG; CAPT Cullison – USMC/SG; Col Hamilton – Secretary; Mr. Yaglom – USA/SG; Dr. Opsut – OSD/HA; Mr. Porth – OSD/BRAC; Mr. Curry – USA/OTSG; CAPT Hight – BUMED; Maj McDonald – Army J-4; Maj Fristoe – HA/TMA; Maj Guerrero – AF/SG; Maj Harper – AF/SGSF; Dr. Christensen - CNA; CDR Bradley – Navy Analyst; Mr. Briggs – DoD/IG; Maj Coltman – Recorder.

Decisions:

- **Approved** the following Candidate Recommendations [**MJCSG Approved; vote (5/0)**]:
 - HCS-1 (MED-049): Disestablish the Inpatient Mission at Ft Eustis
 - E&T-5 (MED-030): Disestablish the Uniform Services University of Health Sciences (USUHS) at the National Naval Medical Center (NNMC), Bethesda
- **Disapproved** the following Candidate Recommendations for disestablishing inpatient missions:
 - HCS-4A (MED-015): Disestablish the Inpatient Missions at Langley/Eustis and realign workload to VA/Civilian hospitals (**MJCSG Disapproved; vote (5/0) to maintain the inpatient mission**)
 - HCS-1A (MED-040): Disestablish the Inpatient Mission at Elmendorf AFB (**MJCSG Disapproved; vote (5/0) to maintain the inpatient mission**)
 - HCS-1 (MED-004): Disestablish Inpatient Mission at West Point (**MJCSG vote 4/1 to maintain**)
- **Hold** on decision for the proposed alternate scenario to HCS-2G (MED-014) pending further guidance and Service/JCSG joint basing initiatives/scenario submissions. (**MJCSG voted 5/0 to hold**)
 - HCS-2G (MED-014): Disestablish patient care services at Fort Eustis and realign to Langley; converting Fort Eustis clinic to a satellite of Langley AFB

Action Items:

- Legal Reviews:
 - Can Medical/line services occupy/share the same building?
 - USUHS closure prohibited by Title 10, can BRAC supersede?
- 0-6 Lead Follow-up:
 - Sub-groups continue working criteria 5-8 questions for candidate development
 - Continuous validation of scenario/RFC data call returns
 - Prepare Joint Basing Concept Brief

Meeting Overview:

- Voting Membership: 5 present, 1 absent.
- Chair opened the meeting by providing an overview of this week's ISG meeting. Highlighted was the projected large personnel moves (ex: 7K troops moving to Fort Knox), need to watch/anticipate impact (potential increases in RWP/ADPL). Next Friday the Chair will brief eight MJCSG candidate recommendations for ISG approval. The Chair stated that they may hold their decision if they identify more work that needs to be done or pending other candidate conflicts which may require some type of enabling action. The ISG is concerned about the pace

of the recommendation development process; this may be related to delays in receiving certified scenario data responses. The Chair instructed the group to use the best available data and then refine the analysis as data is updated. Identify assumptions made to advance the analyses. The MJCSG Data Cell representatives reported on the Scenario/COBRA Data Calls and Manpower Reductions (See slides): There are 43 MJCSG scenarios in the tracker with total of 92 (100%) data calls currently fielded to the Services. Total returned 77 (85%). The Army has 12 outstanding data calls, Navy has one, and AF has none. The Army rep reinforced to the group that there is frequent follow-up with Army Tabs on the status and re-emphasized the problems with the Army data processing system. We are still waiting for certified data for the two large Multi-service Market scenarios (NCR/SAT) which will delay briefing to MJCSG for a couple of weeks.

- Individual scenario and total military medical manpower realignments for officer and enlisted were reviewed/discussed (see slide). These military positions are re-distributed to areas with available workload to maintain clinical competency and to replace civilian reductions. West Point manpower numbers were highlighted because the scenario is still open pending final deliberations from the MJCSG.

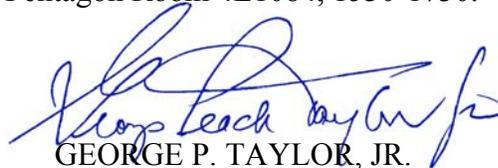
Continue to provide data call status and manpower realignment updates to MCJSG. (**Action Item – 0-6 Leads On-going Follow Up**)

- HCS rep presented and led discussion on three scenarios associated with the Tidewater Region Multi-Service Market (MSM):
 - HCS-1 (MED-004): Disestablish the Inpatient Mission at Eustis
 - HCS-4A (MED-015): Disestablish the Inpatient Missions at Langley/Eustis and realign workload to VA/Civilian hospitals
 - HCS-2G (MED-014): Disestablish All Patient Care at Eustis and Realign to Langley AFB
- It was noted that some of Langley’s data identified in the slides was not certified (i.e. RWPs, facility conditional index) and RCFs have been sent to validate the information. This was done to allow the analysis to proceed and appropriate clarification requests are being worked by the Air Force BRAC Office. The HCS rep stated there is some capacity in the VA/civilian hospitals but questioned if enough there was enough to absorb both of the inpatient missions at Eustis and Langley.
- Langley AFB is located within 10 miles of Fort Eustis and has the capacity to absorb Eustis’s inpatient workload. In addition, there is an opportunity for a resource sharing agreement with the VA hospital which would also reduce the amount of civilian inpatient care.
- Paybacks for the three scenarios were presented and discussed. Of significance was closing the inpatient mission at Ft Eustus created savings and closing the inpatient mission at Langley created a recurring cost with no payback. Realigning all of Eustis’s patient care to Langley brought significant savings with immediate payback. However, he MJCSG questioned whether or not Langley could really absorb a doubling of its outpatient workload without adding additional space as they had not identified any requirement for additional spaces. The Chair suggested transferring all of Eustis’s medical billets to Langley enabling them to pick up the additional workload and consider the option of maintaining but transferring the Eustis infrastructure to Langley as a satellite clinic. These scenarios had limited effect on the MIL Value of the healthcare system, except for the closure of Langley inpatient. Of note, the original MILVAL data for Langley, which led to the idea of closing Langley inpatient mission, was incorrect and has been adjusted based on new certified data

- (50.8). With this new value Langley does not meet the criteria for scenario selection nor is identified for inpatient mission closure by optimization model runs.
- During the discussion on HCS-2G (MED-014), the Chair introduced the concept of Joint Basing based on initiatives identified in recent ISG meetings. The use of cooperative operations between two Services and infrastructure and were highlighted and related specific scenarios (Fort Lewis/McCord, Pearl/Hickam, and Lackland/Fort Sam Houston). For instance, when an activity is located on an AF base but is a branch clinic of the Army there are many questions that need to be addressed. The Chair encouraged the group to starting thinking of how to instill this concept into the MHS and also suggested it be in conjunction with Service and other JCSGs initiatives.
 - HCS recommended the MJCSG approve:
 - **HCS-1J (MED-049): Disestablish the inpatient mission at Fort Eustis (MJCSG accepted the recommendation with 5/0 vote)**
 - HCS rep introduced the following alternate scenario involving HCS-2G (MED-014) for MJCSG consideration:
 - **HCS-2G (MED-014): Disestablish All Patient Care at Eustis and Realign to Langley**
 - **Convert Fort Eustis clinic to a satellite of Langley AFB for overhead reduction. Hold on decision pending further guidance and Service/JCSG joint basing initiatives/scenario submissions. (MJCSG voted 5/0 to hold)**
 - HCS rep recommended disapproval of:
 - **HCS-4A (MED-015): Disestablish the Inpatient Missions at Langley/Eustis and realign workload to VA/Civilian hospitals (MJCSG voted 5/0 in favor of the HCS recommendation)**
 - The following Candidate Recommendation was identified for inpatient closure by the optimization model.
 - HCS-1A (MED-040): Disestablish the Inpatient Mission at Elmendorf AFB
 - HCS rep presented and lead discussion on HCS-1A (MED-040) to disestablish the inpatient mission at Elmendorf AFB, converting the hospital to a clinic with an ambulatory care center (see attached slides). There are three JCAHO or Medicare accredited/VA hospitals with inpatient services within 40 miles with a total of 679 beds/average daily census of 400. The MJCSG discussed the potential for extreme weather resulting in hazardous road conditions making access to local hospitals problematic for beneficiaries. The Army rep stated that there is a proposed large troop movement into the area which could impact the ability of the civilian medical facilities to absorb the additional workload. The MJCSG also noted that this scenario offered no savings and recurring costs of \$5,159K annually. In addition, there is no benefit to MILVAL with closure. The MIL Value of this activity being very close to the system-wide average for similar facilities.
 - Based on the above information, the HCS workgroup recommended maintain the inpatient mission at Elmendorf AFB.
 - **HCS-1A (MED-040): Disestablish the Inpatient Mission at Elmendorf AFB (MJCSG Disapproved; voted (5/0) to accept the HCS recommendation and maintain the inpatient mission)**

- E&T rep presented and led discussion on E&T-5 (MED-030): Disestablish the Uniform Services University of Health Sciences (USUHS) at NNMC, Bethesda.
 - This recommendation proposes that the USUHS medical school activities be outsourced to the available civilian medical school system using the well established Health Professions Scholarship Program. (HPSP). (see attached slides) The continuing education (CE) and Medial Training Network (MTN) services will be realigned.
 - The military value of USUHS was included in the calculation of the military value of Bethesda National Naval Medical Center. However, the presenter made the case that separate evaluation of USUHS military value was indicated that it was very low, due mainly the fact that provided no substantial unique military capability.
 - According to the 2003 study completed by the Center for Naval Analysis, the student costs at USUHS are three times more than alternative scholarship programs.
 - The MJCSG discussed the personnel eliminations and the presenter indicated that military and civilian authorizations were eliminated in the analysis except for 35 military authorizations representing the healthcare being provided to MHS beneficiaries in the National Capitol Region by USUHS staff.
 - The MJCSG reviewed the payback for this scenario and determined that the HPSP program was increased as a cost of this scenario to cover the increase in the number of scholarships.
 - The MJCSG discussed the Title 10 stipulation which prohibits USUHS closure. Legal counsel provided indicated that the Title 10 restrictions should not impact the MJCSG deliberations unduly. The MJCSG members agreed to move forward with deliberations.
 - The Army rep stated that by closing we miss the opportunity to provide military grooming. The Secretary stated that the Academies are the Services sources for leadership grooming. The Marine rep voiced concern over the 9 to 1 ratio of applicants per slot when comparing USUHS to the Health Professions Scholarship Program (HPSP) and suggested transferring student savings for recruiting incentives (i.e. bonuses) and to increase the number HPSPs. Also discussed was that USUHS graduates remain on active duty longer than physicians accessed from other sources. However, the E&T rep clarified that once adjusted for obligated service commitments, the attrition is the same. The Marine rep also stated concern over the impact of closure on the remaining students and suggested developing a 5-6 year working plan for implementation to minimize the negative affects to students and facility. The Navy rep asked that if given the opportunity could USUHS become more efficient by reducing costs and/or bringing in more students. The Chair indicated that this question had been posed to the USUHS leadership and the response was that any expansion would require a larger facility to meet accreditation requirements.
 - The Navy rep asked if the school could be made more efficient or moved to a new location. The E&T rep informed the MJCSG that the school could be moved but then the certification process would have to be re-accomplished and stated that if maintained, the best place for USUHS is its current location due to its proximity to Bethesda and the National Institutes of Health, as well as its campus.
 - The Chair acknowledged each member's concerns and asked the MJCAG to consider the USUHS's military unique functions/training and either justify maintaining or consider if these unique aspects can be inserted in to the HPSP program to benefit a larger number of prospective military doctors. The Chair agreed with the concept of transferring student savings to increase number of HPSPs slots and supported other accession incentives. The group agreed with recommendation to pass on vacated space to HSA except to hold onto 40K square footage to support Bethesda's administrative function.

- The E&T workgroup recommended that the MJCSG disestablish the Uniformed Services University of the Healthcare Sciences.
- **E&T-5 (MED-030): Disestablish the Uniform Services University of Health Sciences (USUHS) at the (NNMC), Bethesda (MJCSG accepted the recommendation with 5/0 vote)**
- Scenario Clean-up:
 - Reassessment of HCS-1 (MED-004): Disestablish the Inpatient Mission at West Point: This facility was identified by the optimization model having both a low ADPL (8) and functional MILVAL (27.1). (see attached slides) The MJCSG noted a net cost and no payback years with closure. The Marine rep voiced concern over the potential impact to the DOD's only Sports Medicine Fellowship as well as the Joint Service Physical Therapy programs. E&T rep reported that the orthopedic/sports medicine fellowship could be supported elsewhere but may not be the same configuration. The chair emphasized that these activities are to reduce excess capacity based on low ADPLs/MILVAL to provide the right platform to support clinical competence and to make sure that this is the right place to locate military medical personnel.
The Army rep supported maintaining inpatient because there is no saving associated with this action. In addition, the Army rep noted that this facility is in a relatively non-urban area and the extreme weather/hazardous road conditions make transporting cadets to local hospitals a risk.
- **The HCS workgroup recommended adopting HCS-1 (MED-004): Disestablish Inpatient Mission at West Point (MJCSG voted 4/1 to not accept the recommendation and maintain the inpatient mission at West Point)**
 - The HA rep voted minority to disestablish the inpatient mission based on low ADPL, MILVAL, and excess capacity.
- Candidate Recommendation Overview/Schedule: At the next MJCSG the following candidate proposals will be presented: 1) Enlisted/Aerospace Medicine Training (E&T), 2) Closing inefficient inpatient facilities (Ft Riley, Jackson, McChord, Pope, Wainwright) (HCS) and 3) Medical Contracting. The NCR/SA multi-service market scenarios are large and very complex, the groups are working at them ready for MJCSG brief by the 24 Jan.
- Closing Comments: Continue to work the NCR/SA scenarios and push for validation of scenario data calls. Work at completing the MILVAL and capacity reports. The Chair encouraged the group to start thinking about Joint Basing concepts and initiatives, 0-6 Leads to follow-up with brief after large MSM scenario recommendations completed.
- NEXT PRINCIPAL MEETING: 13 Jan 05, Pentagon Room 4E1084, 1530-1730.



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

Attachments:

1. Agenda with attachments (Data Status Updates Slide; Candidate Recommendations Slides)

MJCSG Principals Meeting

01/07/05
1:00 PM to 3:00 PM
Pentagon, Room 4E1084

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

Agenda

Opening	Lt Gen Taylor	5
Data Call Status	Maj Fristoe	10
Candidate Recommendations		
Langley AFB/Fort Eustis	Dr. Opsut	20
Elmendorf AFB	Dr. Opsut	10
USHUS Scenario	CAPT Hight	20
Scenario Cleanup		
West Point	Mr. Yaglom	20
	Dr. Opsut	
	CAPT Hight	
Around the Table	All	10
Schedule	Col Hamilton	5
Closing	Chair	5



7 Jan MJCSG
Briefs.zip

Attachments:

Additional Information

DELIBERATIVE DOCUMENT - FOR DISCUSSION PURPOSES ONLY - DO NOT RELEASE UNDER FOIA

Medical Joint Cross Service Group



MJCSG Principles Meeting

7 Jan 05



MJCSG Scenario Data Call/COBRA As of 6 Jan 05

DCN: 11382

-
- **Scenarios in tracker: 43**
 - Briefed to MJCSG: 15 (35%)
 - Briefed to ISG: 0

 - **Total Scenario Data Calls: 91**
 - **Total Fielded to Services/4th Estate: 91 (100%)**
 - Army: 35
 - Air Force: 29
 - Navy: 25
 - 4th Estate: 2
 - **Total Received from Services/4th Estate: 77 (85%)**
 - Army: 22 (63%)
 - Air Force: 29 (100%)
 - Navy: 24 (96%)
 - 4th Estate: 2 (100%)



Medical Manpower Realignment (As of 6 Jan 05)

FOIA 10352

	Officer	Enlisted
Cherry Point	5	11
Great Lakes	25	45
Navy Total	30	56
Knox	9	25
Eustis	2	8
West Point	6	19
Army Total	17	52
USAFA to Carson	9	17
USAFA Other	1	3
Keesler	71	110
Scott	20	42
MacDill	11	7
AF Total	112	179

Medical Joint Cross Service Group



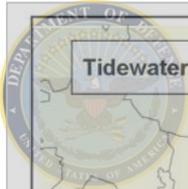
MED 004, 014 & 015 Tidewater Region

Disestablish Inpatient at Eustis,

**Disestablish Inpatient at Langley & Eustis Realign to
VA/Civilian Hospitals,**

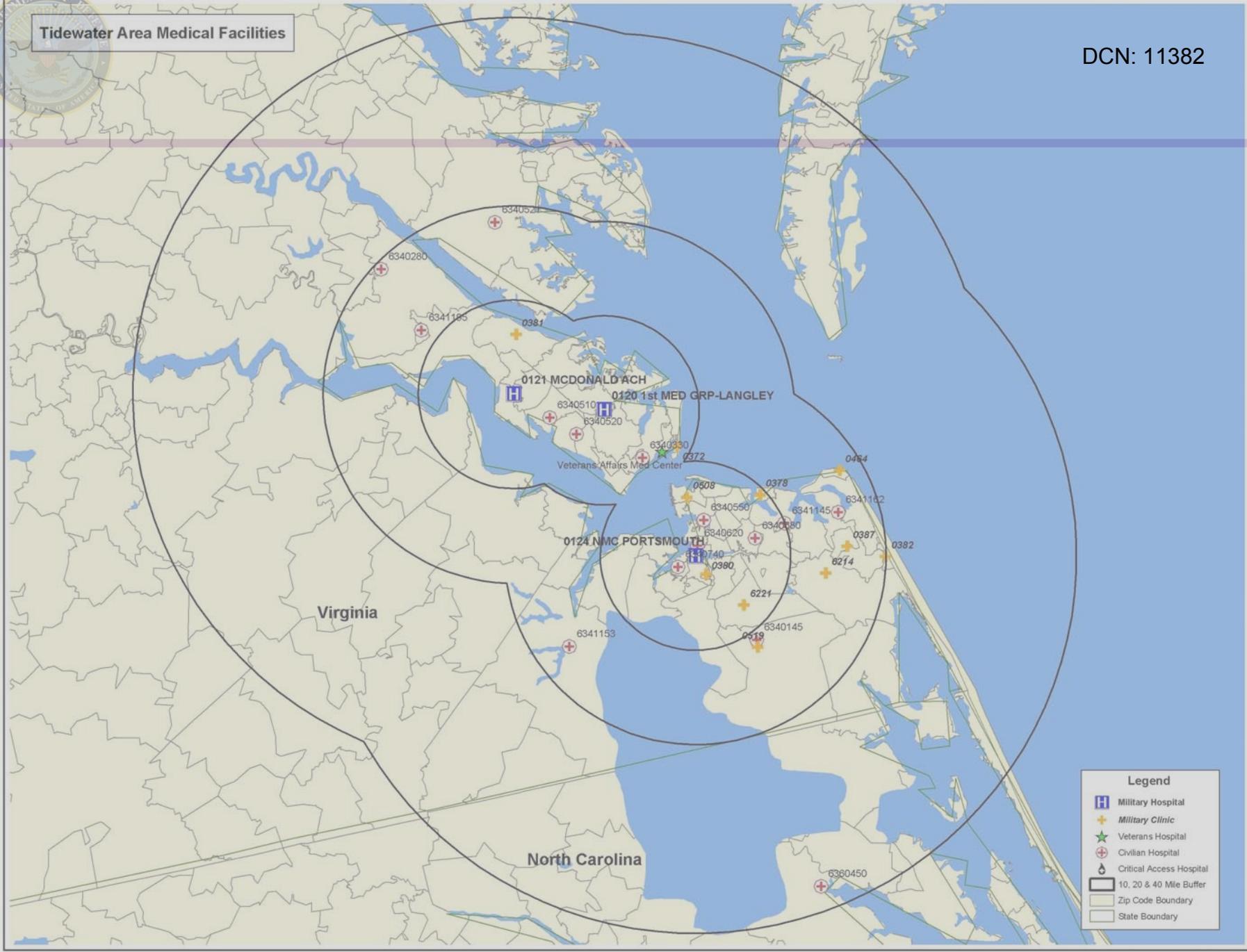
Or

Disestablish all Patient Care at Eustis & Realign to Langley



Tidewater Area Medical Facilities

DCN: 11382



Legend

- Military Hospital
- Military Clinic
- Veterans Hospital
- Civilian Hospital
- Critical Access Hospital
- 10, 20 & 40 Mile Buffer
- Zip Code Boundary
- State Boundary



Langley

- ADPL – 19
 - MHS Avg - 40.8
- Beds – 41
- RWPs – 1236 (Certified - 0)
- Rooms – 242 In Use/ 242 Total
- RVUs – 172,187
- Population
 - Eligible (AD/ADFM/Other)
12,992 / 19,645 / 20,407
 - Enrolled (ADFM/Other) 19,382 / 7,551
- Auth O/E/C (227/488/71)
- Military Value
 - Total – 28.7
 - Functional - 39.5
 - (50.8 with FCI adjustment)

Eustis

- ADPL – 2.1
 - MHS Avg - 40.8
- Beds – 30 (Certified – 45)
- RWPs – 345
- Rooms – 85 In Use / 99 Total
- RVUs – 208,829
- Population
 - Eligible (AD/ADFM/Other) 8,743 / 20,015 / 20,939
 - Enrolled (ADFM/Other) 13,164 / 8,118
- Auth O/E/C (55/105/264)
- Military Value
 - Total - 32.6
 - Functional - 45.3

- Civilian Hospitals within 40 Miles – 8
 - 1,514 Beds/1,201Avg Daily Census
 - Same side of Tunnel
 - VA within 10 Miles (485 Beds / 392 ADC)



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



Payback

DCN: 11382

Tidewater Scenarios

CLOSE	004 Eustis InPt	015 Langley InPt	014 Eustis All
One-Time Costs	\$1,145K	\$3,758K	\$4,539K
MILCON	0	0	0
NPV	-\$10,113K	\$36,254K	-\$124,582K
Recurring Costs	-\$833K	\$2,123K	-\$9,276K
Payback Years	2 yrs	Never	Immediate
Break Even Years	2009	N/A	2007
Mil/Civ Reductions	10/24	82/16	48/66
Mil/Civ Relocations	0/0	0/0	112/198



Langley

- 39.5 Functional Military Value
- 50.8 with FCI adjustment
- Average Functional Military Value for all inpatient facilities
 - With Langley – 42.58
 - Without Langley – 42.64

Eustis Inpt

- 45.3 Functional Military Value
- No FCI Adjustment
- Average Functional Military Value for all inpatient facilities
 - With Ft Eustis – 42.58
 - Without Ft Eustis – 42.53

Eustis All

- 45.3 Functional Military Value
- No FCI Adjustment
- Average Functional Military Value for all clinical facilities
 - With Ft Eustis – 29.82
 - Without Ft Eustis – 29.59



Langley

- Criteria 6 (Economic) – Minimal
- Criteria 7 (Community) – None
- Criteria 8 (Environmental) – None
- Other Medical impacts
 - Civilian cost per admission - \$4,698
 - 3rd decile

Eustis

- Criteria 6 (Economic) – Minimal
- Criteria 7 (Community) – None
- Criteria 8 (Environmental) – None
- Other Medical impacts
 - Civilian cost per admission - \$7,104
 - 7th decile



Recommendation

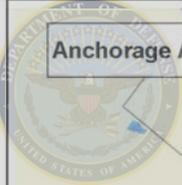
- **Disestablishment of inpatient mission at Fort Eustis**
- **Fort Eustis Clinic as a satellite of Langley AFB for overhead reduction?**

Medical Joint Cross Service Group



MED 040 Elmendorf AFB

Disestablish Inpatient



Anchorage Area Medical Facilities

DCN: 11382



Legend

- Military Hospital
- Military Clinic
- Veterans Hospital
- Civilian Hospital
- Critical Access Hospital
- 10, 20 & 40 Mile Buffer
- Zip Code Boundary
- State Boundary



Background – Elmendorf AFB

- **ADPL – 27.9**
 - **MHS Avg - 40.8**
- **Beds – 83**
 - **Certified - 166**
- **RWPs – 10,030**
- **Population**
 - **Eligible (AD/ADFM/Other) 9,969 / 16,491 / 12,884**
 - **Enrolled (ADFM/Other) 15,113 / 8,247**
- **Civilian/VA Hospitals within 40 Miles – 3**
 - **679 Beds/ 400 Avg Daily Census**
- **Auth O/E/C (220/538/66)**
- **Military Value**
 - **Total - 28**
 - **Functional – 42.7**



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



Military as Civilians	
One-Time Costs	\$3,899K
MILCON	0
NPV	\$78,751K
Recurring Costs	\$5,159K
Payback Years	Never
Break Even Years	N/A
Mil/Civ Reductions	75/15



-
- **42.7 Functional Military Value**
 - **Average Functional Military Value for all inpatient facilities**
 - **With Elmendorf AFB – 42.58**
 - **Without Elmendorf AFB – 42.58**



-
- **Criteria 6 (Economic) – Minimal**
 - **Criteria 7 (Community) – None**
 - **Criteria 8 (Environmental) – None**
 - **Other Medical impacts**
 - **Civilian cost per admission - \$7,862**
 - **8th decile**



-
- **Maintain inpatient mission at Elmendorf AFB**

Medical Joint Cross Service Group



MED 030 USUHS

Close



One-Time Costs	\$32,303K
MILCON	-\$10,350K
NPV in 2025	-\$608,886K
Recurring Savings	-\$59,810K
Payback Years	1 year (2011)
Break Even Years	2010
Mil/Civ Reductions	800/84E/613Civ



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- **Functional Education and Training Military Value of Bethesda:**
 - **With USUHS = 37.15**
 - **Without USUHS = 36.33**
 - **Delta = 0.8**
 - **Continuing education component of USUHS is military value driver**



- **Criteria 6 (Economic) – Minimal**
- **Criteria 7 (Community) – None**
- **Criteria 8 (Environmental) – \$7,000K (cost)**
- **Other impacts**
 - **Student salary savings vs. HPSP cost per year**
 - **Other USUHS program civilian cost per year**
 - **CE Approving Authority requires transfer**
 - **Facility Savings on 1,138K SF**
 - **MILCON project cost avoidance of \$10,350K**



- Annual per student cost at USUHS is 3X more costly than HPSP scholarship program (HPSP = \$53K vs. USUHS = \$185K)
- Frees up 1,138K ft² - H&SA JCSG will reuse avoid \$180M MILCON and \$37M annual lease costs
- Reduces medical manpower overhead by 80 officers and 84 enlisted
- Can support NCR Transformation by avoiding \$80M MILCON at Bethesda (if needed)
- Civilian medical school capacity exists



Other Considerations/Risks

- **Current statute, 10 USC Subtitle A, Part III, Chapter 104, section 2112a – prohibited closure of USUHS**
- **USUHS was established to provide continuity & Leadership & ensure medical readiness for the MHS – programs have tri-service impact**
- **USUHS - >9 candidates per slot vs. 1 for HPSP**
- **Alumni represent 22% of the physician corps**
- **USUHS graduates remain on active duty longer than HSPS students. However once adjusted for obligated service, the retention is identical for the two groups.**



-
- **Recommend close USUHS**

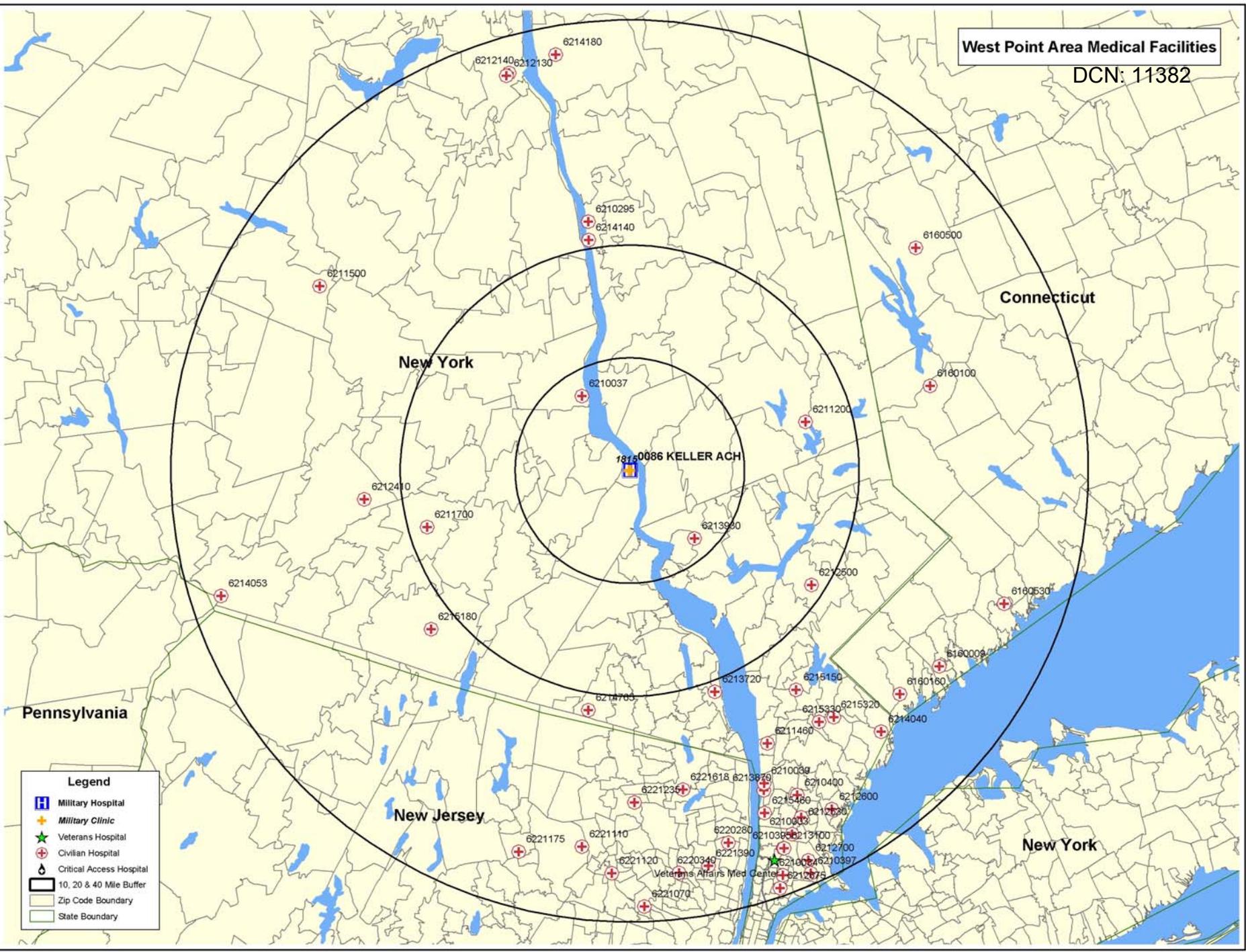
Medical Joint Cross Service Group



MED 004 West Point

Disestablish Inpatient

West Point Area Medical Facilities
DCN: 11382



Legend

- Military Hospital
- Military Clinic
- Veterans Hospital
- Civilian Hospital
- Critical Access Hospital
- 10, 20 & 40 Mile Buffer
- Zip Code Boundary
- State Boundary



Background West Point

- **ADPL - 8**
- **Beds - 34**
- **RWPs - 1,023**
- **Population**
 - **Eligible (AD/ADFM/Other) 8,833 / 9,058 / 2,836**
 - **Enrolled (ADFM/Other) 4,000 / 8,877**
- **Civilian Hospitals within 40 Miles – 41**
 - **12,868 Beds / 9,600 Avg Daily Census**
 - **2 within 10 miles (371 Beds / 269 Avg Daily Census)**
- **Auth O/E/C (70/144/198)**
- **Military Value**
 - **Total - 22.3**
 - **Functional - 27.1**



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



Payback - West Point

CS 11382

	Realign Military to Base X	Eliminate Military to Scenario	Military to Civilian
One-Time Costs	\$2,020K	\$2,024K	\$2,875K
MILCON	0	0	0
NPV	\$52,661K	\$19,347K	\$31,584K
Recurring Costs	\$3,553K	\$1,076K	\$1,915
Payback Years	Never	Never	Never
Break Even Years	N/A	N/A	N/A
Mil/Civ Reductions	0/39	25/39	25/39
Mil/Civ Relocations	25/0	0/0	0/0



-
- **27.1 Functional Military Value**
 - **Average Functional Military Value for all inpatient facilities**
 - **With West Point – 42.58**
 - **Without West Point – 42.86**



-
- **Criteria 6 (Economic) – Minimal**
 - **Criteria 7 (Community) – None**
 - **Criteria 8 (Environmental) – None**
 - **Other Medical impacts**
 - **Civilian cost per admission - \$7,931**
 - **9th decile**
 - **Orthopedic fellowship would need to be transferred**



- **Recommend disestablishment of inpatient facilities at West Point**