

**DEFENSE BASE CLOSURE AND REALIGNMENT COMMISSION
2521 CLARK STREET
ARLINGTON, VIRGINIA 22202
(703) 699-2950**

MEMORANDUM OF MEETING

DATE: August 6, 2005

TIME: 4:30PM

MEETING WITH: Keesler Medical Center Community Team

SUBJECT: Proposed realignment of Keesler Air Force Base, MS, by disestablishing the inpatient mission and converting the medical center to clinic with ambulatory surgery center.

PARTICIPANTS:

Lt. General Clark Griffith, Retired, Chairman, Keesler Medical Center Community Team, (228) 3885657, grif5657@bellsouth.net
Steven Mcknight, General Counsel, the Rhoads Group, (202) 6370040, smcknight@rhoadsdc.com
Mitch Waldman, National Security Advisor, Senator Trent Lott, Mississippi, (202) 2246253, mitch_waldman@lott.senate.gov
Brian Martin, Policy Director, Congressman Gene Taylor Sharla "Kris" Cook, (916) 8044194, rian.martin@mail.house.gov
Brian Dabbs, Community Volunter, Keesler Medical Center Community Team, (228) 8655820, bddabbs@southernco.com

Commission Staff:

Tom Pantelides, Senior Analyst*
Lesia Mandzia, Senior Analyst

MEETING SUMMARY:

After introductions, Lt. General Griffith, summarized the contents of the data package provided. The package provides updates relating to mission value and costs of the proposed BRAC actions involving Keesler Air Force Base, Mississippi.

In addition to updated mission and costing data, we discussed a number of concerns regarding the proposed realignment of Keesler medical center to a clinic with ambulatory surgery center. An overall observation made was that the group could not understand the reason for the DoD recommendation. Because Keesler Medical Center was the only

medical center that would be downgraded without consolidation into a similar local institution.

In summary, the community questions DoD's decision based on flawed military value analysis, an ineffective analysis of the effects of shutting down Keeslers graduate medical education program on the community, and the costing data used in estimating savings. If the recommendation is not reversed the community fears healthcare for active duty, their dependents, veterans, and retirees will be drastically reduced in a 4-state area that Keesler serves. Additionally, the readiness of medical training for deployment teams, and the medical support provided to the education and training mission of the base would be adversely affected. Other community effects would be the loss of the current support provided for emergency services, medical support to retirees, and the loss of synergies and personnel support with VA and local hospitals.

A more detailed explanation of community concerns is outlined in the comprehensive supporting documentation provided by the Keesler Medical Center Community Team, attached.

* Person responsible for this memorandum

Community Presentation

KEESLER AFB MEDICAL CENTER

**Keesler Medical Team
Biloxi, Mississippi
August 5, 2005**

Community Presentation

**KEESLER AFB
MEDICAL CENTER**

**Regional Hearing
New Orleans, LA
22 July 2005**

Keesler Medical Center

- The BRAC 2005 Recommendation:

Realign Keesler Air Force Base, MS, by disestablishing the inpatient mission at the 81st Medical Group; converting the medical center to a clinic with an ambulatory surgery center.

- It is the only medical center that would be downgraded in BRAC 2005 without consolidation into a similar local institution [e.g., Walter Reed AMC to NNMC Bethesda, Wilford Hall (Lackland) to Brooke (Fort Sam Houston)]

81st Training Wing Keesler AFB, MS

■ Permanent Party

- Officer 715
- Enlisted 3,058
- Civilian 1,463

■ Students

- Annual – Average 44,000+
- Average Daily Student Load – Average 5,000+

■ Annual Budget/Economic Impact

- \$126M / \$1.885B

Keesler Medical Center

- 2,200 on staff + 134 Volunteers
 - 1,586 are on deployment teams
- 95 Inpatient beds
- 75 Specialties/Subspecialties that include:
 - 17 Medical Specialties
 - 17 Surgical Specialties
 - 4 Mental Health Specialties
 - 5 OB/GYN Specialties
 - 8 Pediatric Specialties
 - 7 Dentistry Specialties

Keesler's Daily Activities

■ 2004 Averages	
□ Outpatient Visits	1,225
□ Occupied Inpatient Beds	51
□ Births	2
□ Radiology Procedures	372
□ Laboratory Procedures	2,390
□ Prescriptions	3,951
□ ER Visits	80
□ Surgeries	19
□ Ambulatory Procedures	20

Keesler Medical Center

- Graduate Medical Education (GME)

	# In training
<input type="checkbox"/> General Surgery	24
<input type="checkbox"/> Internal Medicine	24
<input type="checkbox"/> Pediatrics	23
<input type="checkbox"/> OB/GYN	11
<input type="checkbox"/> Nurse Anesthetists	6
<input type="checkbox"/> Dentistry	12
<input type="checkbox"/> Medical Technicians	335

- Patients seen per year – 105,000
- Operations performed – 5,000
- Anesthesia cases per year – 3,000
- Residents in Internal Medicine, Surgery, Anesthesia also rotate to Biloxi VA Hospital

Readiness Issues

- Keesler Medical Center is an important component of operational readiness
 - Has 1,586 personnel tasked to deployment teams (1068 have deployed in the last 5 years)
- Keesler Medical Center has a leading role in readiness of troops throughout region
 - Frequently deployed “Seabees” of CBC Gulfport
 - Active duty and their families of all regional bases
 - Guard and Reserve depends on Keesler
 - Troops mobilized through Camp Shelby
- Keesler Medical Center has crucial role in 81st TRW Education and Training Mission
 - 70% of students are right out of Basic.
 - 2 Bases (Ft. Jackson/Navy Beaufort) were dropped from realignment due to service concerns for students – Why not Keesler?

How Did Keesler Make the List?

- Lt. General George P. Taylor, Jr. – Chairman of Medical Joint Cross-Service Group replied...
 - Used FY2002 numbers from bases
 - Fed into computer model to determine Military Value
 - Results were reviewed for anomalies like remote location, no local facilities available, etc.
 - Did not talk to local commanders, communities, local hospitals, Veteran Administration, or Homeland Security Agency.

Review of Military Value Weighting Factors

The Health Care Services Military Value Formula, 100 points possible

<input type="checkbox"/>	Active Duty Eligibles	16.20		
<input type="checkbox"/>	Active Duty Family Eligibles	1.35		
<input type="checkbox"/>	Other Eligibles	1.35		
<input type="checkbox"/>	Other non-AD Enrolled in Prime	2.70		
<input type="checkbox"/>	AD Family Members Enrolled in Prime	5.40		
<input type="checkbox"/>	Civilian/VA hospitals	1.80		
<input type="checkbox"/>	Civilian/VA beds per population	7.20		
<input type="checkbox"/>	Civilian primary care providers per population	5.40		
<input type="checkbox"/>	Civilian specialty providers per population	2.25		
<input type="checkbox"/>	Civilian dentists per population	1.35		
<input type="checkbox"/>	Facility Condition Index	12.50	} 25.0%	
<input type="checkbox"/>	Weighted Age	12.50		
<input type="checkbox"/>	On-Site FDA blood testing	4.00	} 20.0%	
<input type="checkbox"/>	Proximity on warehouse storage	2.00		
<input type="checkbox"/>	Contingency beds	4.00		
<input type="checkbox"/>	Inpatient cost per RWP	2.80		
<input type="checkbox"/>	Inpatient total RWP	3.60		
<input type="checkbox"/>	Outpatient costs per RVU	4.00		
<input type="checkbox"/>	Dental costs per DWV	1.20		
<input type="checkbox"/>	Outpatient total RVU	4.80		
<input type="checkbox"/>	Dental total DWV	1.20		
<input type="checkbox"/>	Pharmacy total scripts	1.20		
<input type="checkbox"/>	Total weighted radiology procedures	0.92		
<input type="checkbox"/>	Total weighted lab procedures	0.28		

Military Value Analysis Is Flawed

- Logic behind the Military Value Formula is backward.
 - Emphasizes age/condition of buildings rather than healthcare
 - Marginal credit for quality and quantity of healthcare
 - No credit for Graduate Medical Education Program
 - Marginal value of treating retiree population to train and retain skills
- Math is Wrong!
 - Calculations show 0 points for Keesler facility condition – this should be 11.25!
 - Moves Keesler up to 50.65 Military Value
 - Only two small hospitals (Air Force Academy and Navy Great Lakes) are being realigned that have higher military value. They both have very low ADPL of 6 and 13 – Keesler has ADPL of 60.
 - There are 7 facilities with lower Military value scores that maintained their inpatient services – All have much lower ADPL than Keesler

A Second Flaw – Destroys Keesler’s GME Program

- The Keesler recommendation would destroy Keesler’s major military GME program
- Although the BRAC recommendation itself fails to mention the inevitable loss of GME, the minutes and charts of the Medical JCSG reflect:
 - the loss of Keesler residency slots
 - How they could be “absorbed” elsewhere
- Why not state this upfront rather than mask it by removing the patients

A Second Flaw – Destroys Keesler's GME Program

- Secretary Wynne Memo – JUL 2, 2004
 - *“The military departments and JCSG will not recommend to the Secretary any closure or realignment recommendation that eliminates the capability to conduct graduate medical/dental education (GME/GDE) and clinical training for uniformed medics”*
- Although this imperative was not included in the final principals, the groups were told to consider these to:
 - *“ensures that the military value analysis does not produce results that would adversely affect essential military capabilities”*
- Secretary Wynne Memo – SEPT 28, 2004
 - *“While the imperatives should not be mandatory constraints on the BRAC analytical process, the ideas expressed there in are appropriate considerations in the decision making process.”*

A Second Flaw – Destroys Keesler's GME Program

- The MJCSG did not do a comparative analysis to ascertain the effects of shutting down the Keesler GME.
 - Where will it go?
 - What are the costs?
 - What effects on Keesler Active Duty, dependents, veterans, and retirees?
 - What effects on Accreditation?
 - What effects on the Readiness teams?
 - What effects on Community?

A Second Flaw – Destroys Keesler’s GME Program

- Since the recommendation came out, USAF is now suggesting by 2007 “the community” could take over GME programs that took many years and much funding to establish and to accredit
- This option was never studied in the Medical JCSG deliberations and no local hospitals were consulted
- The option is a nonstarter
 - We have consulted with every area hospital
 - We have written statements that they do not have the capacity and resources to take over Keesler’s GME Programs

What the MJCSG Recommendation Really Does

- Stops Inpatient Care
- No patients – no Graduate Medical Education Program
- Ultimately affects Outpatient care due to loss of specialties
- Bottomline:
 - Healthcare for active duty, their dependents, veterans, and retirees will be drastically reduced in a 4-state area that Keesler now serves. This is a readiness issue!

A Third Flaw – Community Infrastructure Assessment

- MJCSG says “NO issues”
 - Based on National Medical Association figures with no input from facilities themselves.
- We visited all hospitals in local area that are in the TRICARE system and found significant problems

A Third Flaw – Community Infrastructure Assessment

- Our personal visits to each hospital revealed:
 - Distinct difference in licensed beds-vs-staffed beds
 - Many specialties / sub-specialties that would be lost at Keesler do not exist within 40 mile radius.
 - Local hospitals / providers are not excited about joining Tricare System
 - Less than 50% of hospitals have joined
 - Only 20% of necessary providers are within 40 miles
 - Fees from Tricare are low
 - Current law will further decrease TRICARE fees by 26% over the next 6 years

Bottomline to Community Assessment

- BRAC Recommendation forces our military members, their families, veterans, and retirees into a civilian medical network that...
 - Does not have the capacity to take it
 - Does not have the specialties that are currently provided on base
 - Dislikes TRICARE for low fees and bleak future
 - Do not want to move Keesler's GME Program into their hospital

Another Flaw – Savings!

- “Projected recurring savings for Keesler alone is \$30 million per year.”

-- Lt. Gen George P. Taylor, Jr.
Chairman, MJCSG

Another Flaw – Savings

- Still reviewing this, BUT we do know this:
 - Wrong \$ figure for inpatient cost per admission was used. (\$4,314.25 -vs- \$6,790.00)
 - MJCSG admitted this error and stated in a Congressional response that it will reduce the savings by \$10 million per year.
 - GAO reports personnel savings is wrong – no end-strength change
 - There will be a considerable increase in Tricare costs due to increased caseload
 - Just because another agency picks up the cost, it is not a savings to taxpayers.
 - Additional cost by Humana in Mid-90's resulting from a similar increase was \$4.5 Billion.



Summary

- MJCSG recommendation is Wrong!
- MJCSG methodology is Wrong!
- MJCSG results are Wrong!

Summary

- MJCSG recommendation is Wrong!
 - Eliminates inpatient and GME (no data supports loss of GME)
 - Drastically reduces medical access / care for 4-state area.
 - Affects active duty personnel the most
 - Over 94,000 active duty patients seen last year from all branches of service
 - Dependents, veterans, and retirees also lose
 - Detrimental to readiness and jointness to all regional bases



Summary

- **MJCSG methodology is Wrong!**
 - Uses computer model that is biased toward buildings rather than military health care.
 - Significant Math errors
 - No interaction with local commanders, local community healthcare officials, other government agencies

Summary

- MJCSG results are Wrong!
 - Doesn't save \$30 Million per year
 - Already reduced by \$10 Million
 - Personnel savings questionable – no end-strength change
 - Doesn't factor in additional cost of TRICARE
 - Jobs loss (362) is clearly low
 - Losing GME will increase that to ???????

Summary (Continued)

- Local medical community is already stretched thin due to shortage of physicians
- AmeriMed study (2004) highlights shortages
- Community has 72% of the US average of specialty care physicians per population*
- Community has 64% of the US average of family & general practice physicians per population*
- Community has 75% of the US average of dentists per population*

Once again, the unavailability of community health resources has serious consequences for the active duty warfighter and dependents

*Source: Congressional Research Service using data from the Area Resource File compiled by the Health Resources and Services Administration of HHS.



Summary (Continued)

- Other community Effects:

- Loss of emergency service due to disasters

- Loss of medical personnel for Coast

- Loss of retirees for Coast

- Loss of synergies with VA & local hospitals

- Cares commission decisions must be relooked

Medical Joint Cross-Service Group

BRAC 2005 Debriefing

Realign Keesler Medical Center

- Does it?:
 - Support the Warfighter and their families (in Garrison and Deployed) **Decreases Medical Access & Care!** **NO!**
 - Maximizing Military Value while reducing footprint, while maintaining surge capability **NO!**
 - Emphasizes buildings; Not Healthcare!** **NO!**
 - Maintaining or improving access to care for all including retirees, using combinations of the Direct Care and TRICARE **Does the Opposite – Decreases Access!** **NO!**
 - Enhancing Jointness **Eliminates Existing Jointness!** **NO!**
 - Maximize synergies gained by co-location/consolidation **Disregards VA Initiatives!** **NO!**
 - Examine out-sourcing to better leverage health care system investments **NO!**

Doesn't give credit for Existing Out-Sourcing!

What is the right thing to do?

- Support our war fighters, their families, our veterans, and retirees.
- Remove the Keesler Medical Center from the Realignment List!

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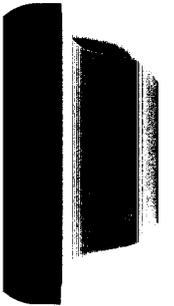
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Keesler Medical Center Community Team Contacts

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

August 1, 2005

MEMORANDUM FOR OSD BRAC CLEARINGHOUSE

FROM: AF/SGE
1780 Air Force Pentagon
Washington, DC 20330-1780

SUBJECT: ODS BRAC Clearinghouse Tasker 0601/ Follow-up re Keesler FCI

Attached is the Medical Joint Cross Service Group response to the referenced query.

If you have any questions, please contact me at (703) 692-6990 or
mark.hamilton@pentagon.af.mil.

A handwritten signature in black ink that reads "Mark A. Hamilton".

MARK A. HAMILTON, COL, USAF, BSC
Secretary
Medical Joint Cross Service Group

Attachments:

1. Response to Query

Query: Brian Martin, Office of Rep. Gene Taylor, inquired as follows:

The score of 0.0 for Keesler's Facility Condition Index appears to be an enormous error that cost Keesler Medical Center 11.25 points in the Military Value score. When I plug in the numbers from the data call into the formula in the Military Value Framework Report I get a FCI of 0.135, which should be good for 11.25 of the 12.5 possible points for FCI. The formula also reveals some strange logic involved in eliminating the inpatient mission at hospital because the dental clinic is in poor condition.

Can I get an explanation of this ASAP? Our BRAC hearing in New Orleans was postponed to Thursday. If possible, I need this by close of business Tuesday, because I will be traveling to N.O. on Wednesday.

Here is my calculation using your formula and Keesler's response to Question 2632:

Step 1: Calculate the Building Medical Facilities Condition Index (BMFCI) for each medical facility greater than 2,000 SF.

BMFCI = Total cost of unexecuted projects for that building / Plant Replacement Value (PRV) for that building

Medical Center

Unexecuted project cost	\$21,500,000
Plant Replacement Value	\$196,543,236
BMFCI of 0.11	

Dental Clinic

Unexecuted project cost	\$7,900,000
Plant Replacement Value	\$8,852,075
BMFCI 0.89	

All Other Buildings > 2,000 Sq Ft (see below) *

Unexecuted project cost	\$0
Plant Replacement Value	\$12,517,234
BMFCI 0.00	

Step 2: Calculate the Installation Medical Facilities Condition Index (IMFCI):

IMFCI = (BMFCI * PRV for that building) / Total of all Buildings PRV

$(0.11 \times \$196,543,236 + 0.89 \times \$8,852,075) / \$196,543,236 + \$8,852,075 +$
 $\$12,517,234$ $(\$21,619,756 + \$7,878,347) / \$217,912,545$
 $\$29,498,103 / \$217,912,545 = 0.135$

.0135 Score should receive 0.9 credit or 11.25 of 12.5 possible points. Instead, Keesler received 0.0 points for FCI

* Other Buildings Plant Replacement Value:
Bioenvironmental \$1,126,334
Med Comd + Administration \$7,359,896
Medical Readiness Storage \$262,175
Military Public Health/Vet Clinic \$846,760
Patient Welfare (Sablich Center)\$450,844
Satellite Pharmacy \$511,021
WRM Warehouse \$1,636,837
WRM Warehouse \$323,367

Response to Query:

Thank you for bringing this error regarding the scoring for the Keesler Medical Center to our attention. In spite of the changes from correcting this error, however, the Keesler Medical Center would still have been identified for further analysis under the processes and with the same agenda used by the Medical Joint Cross Service Group in its original analysis.



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Dabbs, Brian D.

From: Martin, Brian [Brian.Martin@mail.house.gov]
Sent: Friday, July 29, 2005 9:28 AM
To: Gen. Clark Griffith; Dabbs, Brian D.
Cc: Peranich, Stephen; Edwards, Randy
Subject: A few more points

This isn't 5 more points, but I realized yesterday that the facility condition index is also a component of the formula for the Education & Training military value.

The scale is different, but it appears that Keesler should have received 3 points for FCI and probably received 0. That would increase the corrected E&T score to 60.42.

Combined with the corrected health care services military value score of 50.65, the Composite Military Value Score would increase to 42.47 up from the originally reported score of 35.12. According to the slide from the Jan. 4 MJCSG meeting, the average "Functional Military Value" for all inpatient facilities was 42.58.

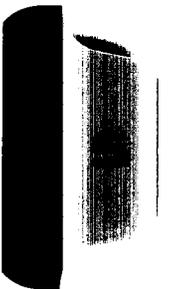
E&T score is 20% of the Composite Mil Value score; Health care services score is 60%; the other 20% applies only to certain research institutions.

NEW - $(60.42 \times .2) + (50.65 \times .6) = 12.08 + 30.39 = 42.47$

OLD - $(57.42 \times .2) + (39.40 \times .6) = 11.48 + 23.64 = 35.12$

I emailed Col. Hamilton yesterday requesting an itemization of Keesler's Education & Training score, so I can verify that Keesler received 0 for FCI and also to check for any other possible errors.

Brian Martin
Office of Rep. Gene Taylor



**COMPARISON OF THE NINE HOSPITALS PROPOSED FOR REALIGNMENT
TO ELIMINATE INPATIENT SERVICES**

INPATIENT ADMISSIONS - TOTAL MTF ADMISSIONS

Keesler AFB	5,407
Andrews AFB	4,190
Fort Knox	2,182
Scott AFB	1,604
MCAS Cherry Point	1,504
Naval Station Great Lakes	1,241
Air Force Academy	968
MacDill AFB	511
Fort Eustis	417

INPATIENT CARE – TOTAL RWPS

Keesler AFB	6,190
Andrews AFB	3,247
Scott AFB	1,547
Fort Knox	1,534
Air Force Academy	983
Naval Station Great Lakes	943
MCAS Cherry Point	897
MacDill AFB	502
Fort Eustis	345

**CLINICAL HEALTHCARE EDUCATION & TRAINING
– HOURS PER WEEK**

Keesler AFB	145,123
Andrews AFB	48,729
Scott AFB	17,248
Air Force Academy	5,480
MacDill AFB	3,191
Naval Station Great Lakes	2,982
Fort Eustis	1,120
Fort Knox	0
MCAS Cherry Point	0

Medical Joint Cross Service Group Sources:

COBRA Input Data Report: Static Base Information, April 29, 2005.

*Capacity of the DOD Military Health System in Support of BRAC 2005 Deliberations,
Appendix A, May 5, 2005.*



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Section 22 Medical, Question 4241 Medical/Dental Education and Training - Training Programs

Org	1 Activity Name (Text)	2 Program Title (Text)	3 Program Length (weeks) (#)	4 # of Times Offered Per Year (#)	5 Max #	6 Avg # of Student Course (#)	7 Avg Classroom Hours Per Week (Hr)	8 Avg Clinical Hours Per Week (Hr)	9 Avg Lab Hours Per Week (Hr)
					of Students Per Course (#)				
Barksdale AFB	Barksdale	Advanced Education in General Dentistry Resi	52	1	4	3	6	32	N/A
Langley AFB	Dental Residency	Dental Residency	52	1	6	6	10	20	10
Langley AFB	Lab Phase II	Lab Phase II	40	12	10	10	25	145	145
Langley AFB	Perinatal Nursing Course	Perinatal Nursing Course	6	4	5	4	40	36	0
Langley AFB	Perinatal Nursing Course	Perinatal Nursing Course	2	3	8	6	40	0	0
Nellis AFB	Cardiopulmonary Phase II	Cardiopulmonary Phase II	32	2	9	6	6.8	33.2	N/A
Nellis AFB	Dental Residency	Dental Residency	52	1	4	4	8	32	N/A
Nellis AFB	Diagnostic Radiology	Diagnostic Radiology Phase II	38	2	6	3	5.8	34.2	N/A
Nellis AFB	Diagnostic Ultrasound	Diagnostic Ultrasound Phase II	16	3	2	1	6.7	33.3	N/A
Nellis AFB	Medical Laboratory	Medical Laboratory	36	2	8	2	6.3	33.7	42
Offutt AFB	Advanced Education in General Dentistry 1-B	Advanced Education in General Dentistry 1-B	52	1	8	6	6	34	0
Offutt AFB	EBH	Aerospace Medical Service Apprentice-Phase	6	46	30	10	7	37	16
Offutt AFB	EBH	Diagnostic Imaging Apprentice, Phase II	38	3	8	6	10	30	0
Offutt AFB	EBH	Surgical Service Apprentice Phase II Course	6	8	4	1	1	40	0
Offutt AFB	EBH	4T0: Medical Laboratory Apprentice Phase II	36	7	12	8	9	0	31
Offutt AFB	EBH & UNMC Family Medicine Residency	Family Medicine Residency	156	1	8	6	6	80	0
Offutt AFB	Interservice Physician Assistant Program (IPA)	Interservice Physician Assistant Program (IPA)	52	3	6	4	7	80	2.5
Columbus AFB	EMT	EMT	12	2	10	10	8	0	0
Keesler AFB	MDG	Nurse Transition Prog	10	4	12	10	6.4	40	1
Keesler AFB	MDG	Aeromedical Serv Appr	6	25	13	6	5	45	0
Keesler AFB	MDG	Surgical Service Appr	6	10	8	6	5	35	0
Keesler AFB	MDG	Diagnostic Imaging Appr	36	11	20	16	8	30	0
Keesler AFB	MDG	Medical Lab Appr	36	11	5	5	6	0	32
Keesler AFB	MDG	Diagnostic Imaging Ultrasound	16	4	2	1	10	34	0
Keesler AFB	MDG	Diagnostic Imaging Mammography	3	4	2	2	6	40	0
Keesler AFB	MDG	Nuclear Medicine	52	2	2	2	5	30	5
Keesler AFB	MDG	Pharmacy Apprentice	2	10	11	10	5	35	0
Keesler AFB	MDG	Cardio-Pulmonary Appr	37	7	7	5	15	30	5
Keesler AFB	MDG	General Surgery Residency	60	1	25	25	0	60	0
Keesler AFB	MDG	Internal Medicine Residency	36	1	26	26	0	60	0
Keesler AFB	MDG	OB/Gyn Residency	48	1	11	11	0	60	0
Keesler AFB	MDG	Pediatrics Residency	36	1	21	21	0	60	0
Keesler AFB	MDG	General Practice Dentistry Residency	12	1	8	8	10	30	0
Keesler AFB	MDG	Nurse Anesthesia	12	1	6	6	0	60	0
Keesler AFB	MDG	Orthopedic Physician Assistant	12	1	1	1	0	60	0

1 Org	2 Activity Name (Text)	3 Program Title (Text)	4 # of Times Offered Per Year (#)	5 Max # of Students Per Course Iteration (#)	6 Avg # of Student Per Course (#)	7 Avg Classroom Hours Per Week (Hr)	8 Avg Clinical Hours Per Week (Hr)	9 Avg Lab Hours Per Week (Hr)
Keesler AFB	MDG	General Thoracic Fellow	12	1	1	1	0	60
Keesler AFB	MDG	Endodontics	52	1	2	2	10	30
Keesler AFB	MDG	Advanced Education General Dentistry	52	1	2	2	10	30
Keesler AFB	MDG	Medical Service Corps Information Systems In	31	1	1	1	0	40
Lackland AFB	59th Dental Squadron	Advanced Oral Hygiene Program	3	7	8	8	89	95
Lackland AFB	59th Dental Squadron	Periodontics Residency	156	1	12	10	14	19.2
Lackland AFB	59th Dental Squadron	Advanced Education in General Dentistry	104	1	20	14	18.6	18.8
Lackland AFB	59th Dental Squadron	Prosthodontics	156	1	12	8	6.8	24
Lackland AFB	59th Dental Squadron	Maxillofacial Prosthetics	52	1	1	1	8	28
Lackland AFB	59th Dental Squadron	Endodontics	104	1	6	6	18.8	16.8
Lackland AFB	59th Dental Squadron	Orthodontics	104	1	10	10	10.4	24.8
Lackland AFB	59th Dental Squadron	Oral and Maxillofacial Surgery	208	1	12	10	6.4	32
Lackland AFB	59th Dental Squadron	Hospital Dentistry	104	1	1	1	4	36
Lackland AFB	59th Training Squadron	Nurse Transition Program	10	3	10	8	8	31
Lackland AFB	59th Training Squadron	Operating Room Nurse Course	12	3	6	6	7	32
Lackland AFB	59th Training Squadron	Perinatal Nursing Course	6	3	6	6	12	27
Lackland AFB	59th Training Squadron	Neonatal Intensive Care Nursing Course	12	2	6	6	18	22
Lackland AFB	59th Training Squadron	Clinical Investigations Residency	52	1	2	1	4	0
Lackland AFB	59th Training Squadron	Clinical Pastoral Residency	52	1	6	6	10	30
Lackland AFB	59th Training Squadron	Health Care Administration	52	1	2	2	5	35
Lackland AFB	59th Training Squadron	Orthopedic Residency (Physician Assistant)	52	1	2	2	5	52
Lackland AFB	59th Training Squadron	Pharmacy Residency	52	1	4	2	8	32
Lackland AFB	59th Training Squadron	Clinical Psychology Residency	52	1	12	12	8	32
Lackland AFB	59th Training Squadron	Clinical Health Psychology Residency	52	1	2	2	18	16
Lackland AFB	59th Training Squadron	Dietetics Residency	52	1	4	4	8	24
Lackland AFB	59th Training Squadron	Audiology Residency	52	1	2	2	1	39
Lackland AFB	59th Training Squadron	Optometry Residency	52	1	2	2	4	35
Lackland AFB	59th Training Squadron	Laboratory (Enlisted Phase II)	36	8	4	3	6	0
Lackland AFB	59th Training Squadron	Aeromedical Service Apprentice (Enlisted Pha	6	20	15	11	6	34
Lackland AFB	59th Training Squadron	Orthotics (Enlisted Phase II)	50	1	4	2	10	0
Lackland AFB	59th Training Squadron	Radiology (Enlisted Phase II)	35	6	5	5	10	30
Lackland AFB	59th Training Squadron	Ultrasound (Enlisted Phase II)	16	3	5	1	6	34
Lackland AFB	59th Training Squadron	Nuclear Medicine (Enlisted Phase II)	33	2	5	4	2	38
Lackland AFB	59th Training Squadron	Cardiopulmonary (Enlisted Phase II)	36	8	4	3	6	0
Lackland AFB	59th Training Squadron	Pharmacy (Enlisted Phase II)	3	10	10	7	5	35
Lackland AFB	Graduate Medical Education	Allergy and Immunology	104	1	7	7	5	45
Lackland AFB	Graduate Medical Education	Anesthesiology	156	1	36	39	5	60
Lackland AFB	Graduate Medical Education	Dermatology	156	1	21	21	5	50
Lackland AFB	Graduate Medical Education	Emergency Medicine	156	1	48	47	5	47
Lackland AFB	Graduate Medical Education	Internal Medicine	156	1	57	33	5	65

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Lackland AFB	Graduate Medical Education	Cardiovascular Disease	156	1	24	23	5	70	0
Lackland AFB	Graduate Medical Education	Endocrinology, Diabetes, and Metabolism	104	1	4	3	5	45	0
Lackland AFB	Graduate Medical Education	Gastroenterology	156	1	13	13	5	45	0
Lackland AFB	Graduate Medical Education	Infectious disease	104	1	12	12	5	45	0
Lackland AFB	Graduate Medical Education	Rheumatology	104	1	4	1	5	45	0
Lackland AFB	Graduate Medical Education	Hematology and Oncology	156	1	15	13	5	60	0
Lackland AFB	Graduate Medical Education	Pulmonary Disease and Critical Care Medicine	156	1	12	12	5	57	0
Lackland AFB	Graduate Medical Education	Neurology	156	1	7	7	5	68	0
Lackland AFB	Graduate Medical Education	Obstetrics and Gynecology	208	1	24	24	5	75	0
Lackland AFB	Graduate Medical Education	Ophthalmology	156	1	15	15	5	60	0
Lackland AFB	Graduate Medical Education	Orthopaedic Surgery	260	1	20	21	5	55	0
Lackland AFB	Graduate Medical Education	Otolaryngology	208	1	12	12	5	65	0
Lackland AFB	Graduate Medical Education	Pathology-Anatomic and Clinical	208	1	23	23	5	40	0
Lackland AFB	Graduate Medical Education	Cytopathology	52	1	2	1	5	50	0
Lackland AFB	Graduate Medical Education	Pediatrics	156	1	36	37	5	65	0
Lackland AFB	Graduate Medical Education	Adolescent Medicine	156	1	3	2	5	45	0
Lackland AFB	Graduate Medical Education	Neonatal-Perinatal Medicine	156	1	6	6	5	70	0
Lackland AFB	Graduate Medical Education	Radiology-Diagnostic	208	1	40	38	5	52	0
Lackland AFB	Graduate Medical Education	Vascular and Interventional Radiology	52	1	1	1	5	45	0
Lackland AFB	Graduate Medical Education	Surgical Critical Care	52	1	3	1	5	75	0
Lackland AFB	Graduate Medical Education	Urology	208	1	12	11	6	57	0
Lackland AFB	Graduate Medical Education	General Medical Internship	52	1	9	4	5	43	0
Lackland AFB	Graduate Medical Education	Clinical Lab Immunology	52	1	1	1	5	40	0
Lackland AFB	Graduate Medical Education	Thoracic Surgery	104	1	2	2	5	80	0
Sheppard AFB	Medical Group	Advanced Education in General Dentistry (AEI)	52	1	4	4	6	34	0
Sheppard AFB	Medical Group	Diagnostic Imaging Phase II	38	6	12	1.7	5.8	34.2	0
Sheppard AFB	Medical Group	Medical Lab Phase II	36	5	14	1.3	6.3	33.7	0
Sheppard AFB	Medical Training Group	Health Serv Mgt	7.4	31	20	21	24.5	0	12
Sheppard AFB	Medical Training Group	Medical Materiel	5	12	18	17	18.5	0	16.5
Sheppard AFB	Medical Training Group	Biomedical Equipment	41.6	22	22	19	12.8	0	27.1
Sheppard AFB	Medical Training Group	Mental Health	12.4	11	15	14	25.4	0	13
Sheppard AFB	Medical Training Group	Diet Therapy Ph II	5	9	12	12	22	0	17.5
Sheppard AFB	Medical Training Group	Cardiopulmonary Ph I	14.2	6	14	9	29.2	0.8	9.2
Sheppard AFB	Medical Training Group	Physical Medicine	16.2	1	12	9	14.4	3	18
Sheppard AFB	Medical Training Group	AMSA Ph I	13.8	59	28	24	22.8	0	15.5
Sheppard AFB	Medical Training Group	Surgery Ph I	8.8	9	17	15	13.8	0	23.5
Sheppard AFB	Medical Training Group	Pharmacy Ph I	12.6	8	20	19	30	0	10
Sheppard AFB	Medical Training Group	Diag Imaging Ph I	13.8	9	24	21	24.4	0	13.7
Sheppard AFB	Medical Training Group	Diag Ultrasound Ph I	8.6	3	5	5	13.26	0	26.51
Sheppard AFB	Medical Training Group	Medical Lab Ph I	17.8	7	30	30	29	0	11

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Sheppard AFB	Medical Training Group	Optometry	10.6	5	12	11	20	0	17.7
Sheppard AFB	Medical Training Group	Ophthalmology	8.2	2	17	3	13.9	0	22.9
Sheppard AFB	Medical Training Group	Dental Assist	8.6	32	28	27	22	1	14.6
Sheppard AFB	Medical Training Group	Dental Lab	32.6	8	16	16	5.6	0	12.7
Sheppard AFB	Medical Training Group	Health Serv Adm (Off)	10.6	4	45	39	31.5	0	8.3
Sheppard AFB	Medical Training Group	Health Serv Adm(Off-ANG-AFRC)	2	2	45	29	28	0	12
Brooks City-Base	USAFSAM	Medical Nuclear, Biological, and Chemical	2	4	30	27	23	0	7
Brooks City-Base	USAFSAM	Aeromedical Evacuation Technician Course	4.2	6	24	17	41	0	9.5
Brooks City-Base	USAFSAM	B-Level Medical Survival, Escape, Resistance	1.8	6	60	66	52	0	4.5
Brooks City-Base	USAFSAM	Contingency/Counter Terrorism Casualty Decr	1	3	26	23.3	24	0	4
Brooks City-Base	USAFSAM	Aerospace Medicine Primary (Non-DoD)	6	1	16	12	40	0	4.25
Brooks City-Base	USAFSAM	Flight Nurse	3	6	36	18	41	0	9.5
Brooks City-Base	USAFSAM	Operational Entomology	2	4	15	14	34	0	4
Brooks City-Base	USAFSAM	Global Medicine	2	1	145	122	64	0	16
Brooks City-Base	USAFSAM	Advanced Clinical Concepts in Aeromedical E	1	2	25	23	35	0	0
Brooks City-Base	USAFSAM	Critical Care Air Transport Team	2.2	10	25	23	19	0	22
Brooks City-Base	USAFSAM	Contingency Preventive Medicine	2	4	16	22	25.5	0	10.5
Brooks City-Base	USAFSAM	Contingency Operations 7-level	2	4	16	8	25.5	0	10.5
Brooks City-Base	USAFSAM	Expeditionary Medical Support (EMEDS)	1	20	60	53	72	0	24
Brooks City-Base	USAFSAM	Expeditionary Medical Support (EMEDS) Shor	0.6	20	60	48	24	0	24
Brooks City-Base	USAFSAM	Bioenvironmental Engineering Craftsman	1	5	30	20	36	0	4
Brooks City-Base	USAFSAM	Aerospace Physiology Craftsman	2	2	12	13	40	0	13
Brooks City-Base	USAFSAM	Environmental Quality Sampling	2	2	30	15	23.5	0	16.5
Brooks City-Base	USAFSAM	USAF Hearing Conservation	0.6	7	30	25	18.5	0	3
Brooks City-Base	USAFSAM	USAF Hearing Conservation Recertification	0.3	6	30	19	11	0	1.5
Brooks City-Base	USAFSAM	Enlisted Human Performance Enhancement	2	2	12	12	40	0	3.5
Brooks City-Base	USAFSAM	Clinical Hyperbaric Technician	2	1	2	5	36.5	6	0
Brooks City-Base	USAFSAM	Advanced Force Health Management Worksh	0.8	2	40	25	16.5	0	7.5
Brooks City-Base	USAFSAM	Medical Standards Bridge	2	2	30	23	23.75	0	17.25
Brooks City-Base	USAFSAM	Public Health Skills Bridge	3	5	40	30	40	0	2
Brooks City-Base	USAFSAM	Health Professions Scholarship	4	1	60	17	37.5	0	4
Brooks City-Base	USAFSAM	Team Aerospace Funding Workshop	0.8	1	100	38	32	0	4
Brooks City-Base	USAFSAM	Environmental Data Quality Assurance	0.9	1	30	8	22.75	0	11.75
Brooks City-Base	USAFSAM	Hazardous Waste Operations and Emergency	1	2	30	8	27	0	8.5
Brooks City-Base	USAFSAM	Military Audiology Short Course	0.6	1	45	32	24	0	0
Brooks City-Base	USAFSAM	Human Performance Enhancement	2	2	12	10	33	0	7
Brooks City-Base	USAFSAM	Aircraft Mishap Investigation for USAF Flight S	2	2	25	21	32.25	0	8
Brooks City-Base	USAFSAM	Aircraft Mishap Investigations for Non-USAF F	2	2	20	8	32.25	0	8
Brooks City-Base	USAFSAM	Aircraft Mishap Investigations for Clinical Psyc	2	2	10	6	32.25	0	8
Brooks City-Base	USAFSAM	Team Aerospace Operational Solutions (TAO	1	1	20	17	40	0	0

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Brooks City-Base	USAFSAM	TAOS Aerospace Physiology Supervisors	1	1	30	26	40	0	0
Brooks City-Base	USAFSAM	TAOS Public Health Officers	1	1	40	42	40	0	0
Brooks City-Base	USAFSAM	TAOS Public Health Supervisors	1	1	60	58	40	0	0
Brooks City-Base	USAFSAM	TAOS for Flight Surgeons	1	1	75	53	20	0	20
Brooks City-Base	USAFSAM	TAOS Flight Medicine Supervisors	1	1	45	45	40	0	0
Brooks City-Base	USAFSAM	TAOS Bioenvironmental Engineering Officers	1	1	40	45	40	0	0
Brooks City-Base	USAFSAM	TAOS Bioenvironmental Engineering Supervisors	1	1	80	82	40	0	0
Brooks City-Base	USAFSAM	TAOS for Health Physicists	1	1	5	5	40	0	0
Brooks City-Base	USAFSAM	Public Health Officer Advanced	1	1	20	27	36	0	0
Brooks City-Base	USAFSAM	Clinical Hyperbaric Nursing	3	1	2	2	0	0	60
Brooks City-Base	USAFSAM	Occupational Medicine	1	1	120	83	40	0	0
Brooks City-Base	USAFSAM	Hyperbaric Care Training	0.6	3	24	19	21	4	0
Brooks City-Base	USAFSAM	USAF Clinical Hyperbaric Medicine Fellowship	73.4	1	1	2	10	0	30
Brooks City-Base	USAFSAM	Residency in Occupational Medicine	52	1	21	15	11.5	10	20.8
Brooks City-Base	USAFSAM	USAF Refractive Surgery for the Warfighter W	0.4	1	100	34	11	0	2
Brooks City-Base	USAFSAM	Residency in General Preventive Medicine	52	1	21	15	11.5	2.3	26.2
Brooks City-Base	USAFSAM	Residency in Aerospace Medicine	52	1	21	15	11.5	3.1	25.4
Brooks City-Base	USAFSAM	Advanced Aerospace Medicine for International	23	1	16	7	40	0	0.9
Brooks City-Base	USAFSAM	Chief Aeromedical Services and Senior Flight	1	2	30	23	40	0	0
Brooks City-Base	USAFSAM	Public Health Officer	13.2	1	30	20	39.7	0	2.9
Brooks City-Base	USAFSAM	Aerospace Medicine Primary	7.6	3	60	38	40	0.72	2.63
Brooks City-Base	USAFSAM	Aerospace Physiologist-USAF, Non-rated	7.8	1	6	1	34	0	4.75
Brooks City-Base	USAFSAM	Bioenvironmental Engineering Officer	15.6	2	40	28	3030.2	0	7.8
Brooks City-Base	USAFSAM	Force Health Management Basic	2	2	6	6	30.5	0	9
Brooks City-Base	USAFSAM	Aerospace Physiologist, Non-USAF	5	1	10	10	33	0	7.4
Brooks City-Base	USAFSAM	Aerospace Physiology Apprentice	9	3	25	22	31.5	0	7
Brooks City-Base	USAFSAM	Bioenvironmental Engineering Apprentice	13.8	3	60	56	33	0	7
Brooks City-Base	USAFSAM	Public Health Apprentice	14.2	3	42	39	30	0	10
Brooks City-Base	USAFSAM	Applied Epidemiology	1.6	2	24	18	40	0	0
Brooks City-Base	USAFSAM	Public Health Aspects of USAF Occupational	2.2	2	2	3	44	0	0
Brooks City-Base	USAFSAM	Preventive Health Assessment and Individual	0.6	4	30	21	16	0	8
Brooks City-Base	USAFSAM	Aerospace Medicine in Space Operations	0.6	1	30	39	24	0	0
Brooks City-Base	USAFSAM	Bioenvironmental Engineering Advanced Mea	2	4	30	N/A	10	0	30
Eglin AFB	Eglin MTF	Family Practice	156	1	8	8	23	75	0
Eglin AFB	Eglin MTF	Med Lab Phase II	36	2	10	3	6	34	0
Eglin AFB	Eglin MTF	Ultrasound Phase II	16	3	2	2	7	33	0
Eglin AFB	Eglin MTF	Radiology Phase II	38	3	6	6	6	34	0
Eglin AFB	Eglin MTF	Nurse Transition	10	3	8	8	2	38	0
Eglin AFB	Eglin MTF	Emergency Medicine Technician	3	1	24	22	29	0	11
Eglin AFB	Eglin MTF	Dental Residency	52	1	6	6	9	23	0

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Eglin AFB	Eglin MTF	Physician Assistant		52	3	2	2	23	48	0
Kirtland AFB	Det 1, 342 TRS	Pararescue EMT Basic Course		4	3	24	21	24	1	16
Kirtland AFB	Det 1, 342 TRS	Pararescue EMT Paramedic Course Part A		15	3	24	21	19	0	19
Kirtland AFB	Det 1, 342 TRS	Pararescue EMT Paramedic Course Part B		3	3	24	19	0	72	0
Wright-Patterson AFB	Cardiopulmonary Clinic	Cardiopulmonary Apprentice Phase II		33	4	3	3	10	30	0
Wright-Patterson AFB	Child/Adolescent Psychiatry	Child/Adolescent Psychiatry		104	1	3	3	8	32	0
Wright-Patterson AFB	Dentistry	General Dentistry		52	1	8	8	10	30	2
Wright-Patterson AFB	Education & Trng Flight	Nurse Transition Program		10	4	8	4	4.5	42	0
Wright-Patterson AFB	Education & Trng Flight	Aeromedical Service Apprentice		6	N/A	30	9	12	40	0
Wright-Patterson AFB	Education & Trng Flight	Surgical Service Apprentice		6	8	4	2	5	35	0.5
Wright-Patterson AFB	Emergency Medicine	Emergency Medicine Residency		156	1	5	5	5	45	2
Wright-Patterson AFB	General Psychiatry Residency	General Psychiatry Residency		208	1	6	4	6	38	0
Wright-Patterson AFB	General Surgery	General Surgery residency		260	1	3	3	0	80	0
Wright-Patterson AFB	Internal Medicine	Internal Medicine Residency		156	1	24	24	12	70	0
Wright-Patterson AFB	Internal Medicine Clinic	Internal Medicine Student Clerkship		52	13	8	5	10	50	0
Wright-Patterson AFB	Laboratory Flight	Medical Laboratory		36	9	24	20	6	35	0
Wright-Patterson AFB	OB/GYN	OB/GYN Residency		208	1	3	3	6	50	2
Wright-Patterson AFB	Orthopedic Clinic	Orthopedic Physician Assistant Residency		52	1	3	2	3	60	5
Wright-Patterson AFB	Pediatrics	Pediatric Residency		156	1	6	18	5	80	0
Wright-Patterson AFB	Psychology	Clinical Psychology		52	1	6	6	4	20	0
Wright-Patterson AFB	Radiology Flight	Diagnostic Imaging Mammography		2	7	2	2	29.5	46.5	0
Wright-Patterson AFB	Radiology Flight	Diagnostic Ultrasound Apprentice		16	3	1	1	12	28	0
Wright-Patterson AFB	Radiology Flight	Diagnostic Imaging Apprentice		38	4	16	11	10	70	0
Wright-Patterson AFB	UHHS	Nurse Anesthesia Clinical		78	1	9	8	4	52	0
Hurlburt Field	16th MDG	EMT refresher course		1	4	12	10	20	0	4
Hurlburt Field	16th MDG	EMT initial course		3.5	1	18	14	30	0	10
Moody AFB	347 MDG	EMT-B certification (initial)		3	1	20	14	38	7	4
Moody AFB	347 MDG	EMT-B recertification		1	3	12	8	40	10	12
Peterson AFB	Clinic	Emergency Medical Tech Refresher		2	2	10	10	40	0	0
Andrews AFB	Malcolm Grow Medical Center	Nurse Transition Program		10	4	4	4	6	40	0
Andrews AFB	Malcolm Grow Medical Center	Translational Year Residency		52	1	10	8	7	73	0
Andrews AFB	Malcolm Grow Medical Center	Family Practice Residency		156	1	30	28	7	73	0
Andrews AFB	Malcolm Grow Medical Center	Combined Fam Prac/Psychiatry		260	1	20	11	7	73	0
Andrews AFB	Malcolm Grow Medical Center	Physician Assistant Program		53	3	12	9	6	42	2
Andrews AFB	Malcolm Grow Medical Center	Aerospace Med Service Apprentice		6	16	30	25	6	34	0

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Andrews AFB	Malcolm Grow Medical Center	Surgical Service Apprentice		12	8	2	10	2	1
Andrews AFB	Malcolm Grow Medical Center	Diagnostic Imagine Apprentice	38	12	12	7	6	34	0
Andrews AFB	Malcolm Grow Medical Center	Cardiopulmonary Laboratory	36	4	4	4	6	34	0
Andrews AFB	Malcolm Grow Medical Center	Med Laboratory Apprentice	36	7	15	13	6	34	0
MacDill AFB	Phase II	Medical Lab	36	1.3	10	6	1	30	0
MacDill AFB	Phase II	Diagnostic Imaging	38	1.3	12	7	7.5	32.5	0
MacDill AFB	Phase II	Medical Tech	6	8	12	8	2.5	37.5	0
MacDill AFB	Phase II	Surgical Service	6	8	4	2	1.25	38.75	0
McChord AFB	Prophy Technician Training	Dental Health Technican Training Program	1	2	4	2	25	15	0
McChord AFB	Red Cross Helper	Red Cross Volunteer Dental Assistant Training	28	2	4	3	3	34	3
Scott AFB	AMSA program	4N Phase 2	6	18	45	13	5	36	0
Scott AFB	Dental Residency	1 year program	52	1	6	4	4	36	0
Scott AFB	Family Practice Residency	FP Residency Program	156	1	18	18	4	36	0
Scott AFB	Lab	Phase 2	40	2	6	4	5	35	0
Scott AFB	Nurse Transition Program	Didactic	1	7	4	2.5	40	0	0
Scott AFB	Nurse Transition Program	Clinical	12	7	4	2.5	5	35	3
Scott AFB	PA program	PA	52	3	3	2	5	35	5
Scott AFB	Radiology	Phase 2	40	2	8	6	5	30	5
Scott AFB	SSA	4N1 Phase 2 program	6	18	8	3	5	35	0
Scott AFB	Ultrasound	Phase 2	40	2	2	1	5	30	5
Travis AFB	AFIT Program	Phase II Nurse Anesthesia Clinical Training	73	1	8	6	3	50	0
Travis AFB	David Grant USAF Medical Center (DGMC)	USAF Medical Logistics Internship	43	1	1	1	0	40	0
Travis AFB	David Grant USAF Medical Center (DGMC)	USAF Medical Information Services Internship	43	1	1	1	0	1	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Diagnostic Imaging Apprentice Phase II Cours	38	7	4	3	10	30	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Diagnostic Ultrasound Apprentice Phase II Co	16	2	2	1	20	20	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Aerospace Medical Service Apprentice Phase	6	20	19	11	3	37	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Surgical Services Apprentice Phase II Course	6	8	8	3	0.5	8	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Cardiopulmonary Apprentice Phase II Course	33	4	4	3	6.5	6.5	27
Travis AFB	David Grant USAF Medical Center (DGMC)	Medical Laboratory Apprentice Phase II Cours	36	12	4	3.5	6	34	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Nurse Transition Program	10	4	8	7	8	32	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Pediatric Residency	156	3	6	6	10	35	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Oral and Maxillofacial Surgery Residency	208	4	2	2	10	60	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Internal Medicine Residency Program	156	3	8	8	10	60	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Family Practice Residency Program	156	3	10	10	1	79	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Radiology Residency Program	208	4	3	3	20	60	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Obstetrics and Gynecology Residency	208	4	3	3	8	65	0
Travis AFB	David Grant USAF Medical Center (DGMC)	General Surgery Residency	260	5	3	3	10	60	0

Org	1 Activity Name (Text)	2 Program Title (Text)	3 Program Length (weeks) (#)	4 # of Times Offered Per Year (#)	5 Max # of Students Per Course Iteration (#)	6 Avg # of Student Per Course (#)	7 Avg Classroom Hours Per Week (Hr)	8 Avg Clinical Hours Per Week (Hr)	9 Avg Lab Hours Per Week (Hr)
Travis AFB	David Grant USAF Medical Center (DGMC)	Transitional Year Residency	52	1	4	4	5	60	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Advanced Education in General Dentistry	52	1	6	6	4	36	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Clinical Social Work Residency Program	40	1	6	5	5	35	0
Travis AFB	David Grant USAF Medical Center (DGMC)	Pharm-D Residency (Doctorate in Pharmacy)	52	1	2	1	10	60	0
Travis AFB	David Grant USAF Medical Center (DGMC)	TopSTAR 46N/4N0 Course	2	15	36	28	40	32	0
Travis AFB	David Grant USAF Medical Center (DGMC)	TopSTAR 4A Course	2	10	10	7	40	32	0
Travis AFB	David Grant USAF Medical Center (DGMC)	TopSTAR 41A Course	2	5	10	7	40	32	0
Travis AFB	Naval School of Health Sciences	Phase II Nuclear Medicine Technologist Schor	32.2	2	3	1	2	38	0
Bolling AFB	11 MDG	Dental Residency	52	1	6	5	7	33	0
Air Force Academy	10 MDG	Diagnostic Imaging Apprentice Course (Phase	41	3	6	4	8	32	N/A
Air Force Academy	10 MDG	Aerospace Medical Service Apprentice (Phase	6	9	10	5	5	34.25	N/A
Air Force Academy	10 MDG	Physician Assistant Program (Phase II)	50	3	6	2	2	40	N/A
Air Force Academy	10 MDG	Emergency Medical Technician Refresher Cou	1	7	15	11	36	N/A	N/A
Air Force Academy	10 MDG	Nursing Training Program (Phase II)	11	4	4	4	6	32	2
Air Force Academy	10 MDG	AEGD	52	1	6	6	6	33	1
Elmendorf AFB	Program	Diagnostic Imaging Phase II	38	4	6	4	6	34	0
Elmendorf AFB	Program	Nurse Transition Program	11	1	4	4	4	36	0



Section 22 Medical, Question 2600 Medical Training Throughput - Graduate

Org	1 Program Title (Text)	2 Program Available Seats FY02 (#)	3 Program Available Seats FY03 (#)	4 Program Filled Seats FY02 (#)	5 Program Filled Seats FY03 (#)	6 Program Graduates FY02 (#)	7 Program Graduates Fy03 (#)
Keesler AFB	Advanced Education in General Dentistry	10	10	9	10	9	10
Keesler AFB	General Practice Residency	0	2	0	2	0	2
Keesler AFB	General Surgery Residency PGY 1	8	8	8	8	0	0
Keesler AFB	General Surgery Residency PGY 2	5	5	5	5	0	0
Keesler AFB	General Surgery Residency PGY 3	4	4	4	4	0	0
Keesler AFB	General Surgery Residency PGY 4	4	4	4	4	0	0
Keesler AFB	General Surgery Residency PGY 5	4	4	4	4	0	0
Keesler AFB	General Surgery Residency PGY 6	4	4	4	4	4	4
Keesler AFB	Internal Medicine Residency PGY 1	10	10	11	9	0	0
Keesler AFB	Internal Medicine Residency PGY 3	10	10	6	6	6	6
Keesler AFB	Internal Medicine Residency PGY 2	10	10	6	10	0	0
Keesler AFB	Medical Service Corps Information Systems Internship	1	1	1	1	1	1
Keesler AFB	Nurse Anesthesia Residency	0	4	0	4	0	0
Keesler AFB	OB/GYN PGY 1	3	3	3	2	0	0
Keesler AFB	OB/GYN PGY 2	3	3	3	3	0	0
Keesler AFB	OB/GYN PGY 3	3	3	3	3	0	0
Keesler AFB	OB/GYN PGY 4	3	3	3	3	3	3
Keesler AFB	Orthopedic Physician Assistant	1	0	1	0	0	1
Keesler AFB	Pediatrics Residency PGY 1	7	7	6	8	0	0
Keesler AFB	Pediatrics Residency PGY 2	7	7	5	6	0	0
Keesler AFB	Pediatrics Residency PGY 3	7	7	7	5	7	5
Keesler AFB	Thoracic Fellow	1	1	1	1	1	1
Lackland AFB	Adolescent Medicine PGY 1	1	1	1	1	0	0
Lackland AFB	Adolescent Medicine PGY 2	1	1	0	1	0	0
Lackland AFB	Adolescent Medicine PGY 3	1	1	0	0	0	0
Lackland AFB	Advance Education in General Dentistry PGY 1	10	10	5	6	0	0
Lackland AFB	Advance Education in General Dentistry PGY 2	10	10	10	5	7	5
Lackland AFB	Allergy and Immunology f2 PGY 1	4	3	4	3	0	0
Lackland AFB	Allergy and Immunology f2 PGY 2	3	4	3	4	3	4
Lackland AFB	Anesthesiology PGY 1	14	11	14	11	0	0
Lackland AFB	Anesthesiology PGY 2	14	14	14	14	0	0

Org	1 Program Title (Text)	2 Program Available Seats FY02 (#)	3 Program Available Seats FY03 (#)	4 Program Filled Seats FY02 (#)	5 Program Filled Seats FY03 (#)	6 Program Graduates FY02 (#)	7 Program Graduates FY03 (#)
Lackland AFB	Anesthesiology PGY 3	10	14	10	14	10	14
Lackland AFB	Cardiovascular Disease f3 PGY 1	8	8	8	8	0	0
Lackland AFB	Cardiovascular Disease f3 PGY 2	8	8	7	8	0	0
Lackland AFB	Cardiovascular Disease f3 PGY 3	8	8	6	7	6	7
Lackland AFB	Clinical Laboratory Immunology PGY 1	2	2	0	0	0	1
Lackland AFB	Critical Care Medicine f3 PGY 1	1	1	1	0	1	0
Lackland AFB	Cytopathology	2	2	2	0	2	0
Lackland AFB	Dermatology PGY 1	7	7	7	7	0	0
Lackland AFB	Dermatology PGY 2	7	7	7	7	0	0
Lackland AFB	Dermatology PGY 3	7	7	7	7	7	7
Lackland AFB	Emergency Medicine PGY 1	16	16	16	15	0	0
Lackland AFB	Emergency Medicine PGY 2	16	16	16	15	0	0
Lackland AFB	Emergency Medicine PGY 3	16	16	16	15	15	15
Lackland AFB	Endocrinology, Diabetes, and Metabolism f2 PGY 1	2	2	2	1	2	0
Lackland AFB	Endocrinology, Diabetes, and Metabolism f2 PGY 2	2	2	2	2	2	1
Lackland AFB	Endodontics PGY 1	3	3	3	3	0	0
Lackland AFB	Endodontics PGY 2	3	3	3	3	0	0
Lackland AFB	Gastroenterology f3 PGY 2	6	6	6	5	0	0
Lackland AFB	Gastroenterology f3 PGY 3	6	6	6	4	4	5
Lackland AFB	Gastroenterology f3 PGY 1	6	6	6	4	0	0
Lackland AFB	General Medical Internship	9	9	8	6	8	6
Lackland AFB	Healthcare Administration Residency	2	2	2	1	1	1
Lackland AFB	Hematology and Oncology f3 PGY 1	5	5	5	5	0	0
Lackland AFB	Hematology and Oncology f3 PGY 2	5	5	5	4	0	0
Lackland AFB	Hematology and Oncology f3 PGY 3	5	5	5	4	5	4
Lackland AFB	Hospital Dentistry Fellowship	1	0	0	1	0	0
Lackland AFB	Infectious Disease f3 PGY 1	6	6	6	4	0	0
Lackland AFB	Infectious Disease f3 PGY 2	6	6	6	4	4	4
Lackland AFB	Internal Medicine WHMC PGY 1	25	25	23	23	10	10
Lackland AFB	Internal Medicine WHMC PGY 2	16	16	16	13	0	0
Lackland AFB	Internal Medicine WHMC PGY 3	16	16	14	13	14	13
Lackland AFB	Maxillofacial Prosthodontics Fellowship	0	1	0	0	0	1
Lackland AFB	Neonatal-Perinatal Medicine f3 PGY 1	3	3	3	2	0	0

Org	1 Program Title (Text)	2 Program Available Seats FY02 (#)	3 Program Available Seats FY03 (#)	4 Program Filled Seats FY02 (#)	5 Program Filled Seats FY03 (#)	6 Program Graduates FY02 (#)	7 Program Graduates Fy03 (#)
Lackland AFB	Neonatal-Perinatal Medicine f3 PGY 2	3	3	3	2	0	0
Lackland AFB	Neonatal-Perinatal Medicine f3 PGY 3	3	3	1	3	1	3
Lackland AFB	Neurology PGY 1	3	2	3	2	0	0
Lackland AFB	Neurology PGY 2	2	3	1	3	0	0
Lackland AFB	Neurology PGY 3	2	2	1	1	1	1
Lackland AFB	Obstetrics and Gynecology PGY 1	6	6	6	6	0	0
Lackland AFB	Obstetrics and Gynecology PGY 2	6	6	6	6	0	0
Lackland AFB	Obstetrics and Gynecology PGY 3	7	6	7	6	0	0
Lackland AFB	Obstetrics and Gynecology PGY 4	5	7	5	7	5	7
Lackland AFB	Ophthalmology PGY 1	5	5	5	5	0	0
Lackland AFB	Ophthalmology PGY 2	5	5	5	5	0	0
Lackland AFB	Ophthalmology PGY 3	5	5	5	5	5	5
Lackland AFB	Oralmaxillofacial Surgery PGY 1	2	2	1	2	0	0
Lackland AFB	Oralmaxillofacial Surgery PGY 2	2	2	1	1	0	0
Lackland AFB	Oralmaxillofacial Surgery PGY 3	2	2	3	1	0	0
Lackland AFB	Oralmaxillofacial Surgery PGY 4	2	2	1	3	0	0
Lackland AFB	Oralmaxillofacial Surgery PGY 5	2	2	0	0	0	0
Lackland AFB	Oralmaxillofacial Surgery PGY 6	2	2	2	0	2	1
Lackland AFB	Orthodontics PGY 1	5	5	5	5	0	0
Lackland AFB	Orthodontics PGY 2	5	5	5	5	5	5
Lackland AFB	Orthopaedic Surgery WHMC PGY 1	4	4	4	4	0	0
Lackland AFB	Orthopaedic Surgery WHMC PGY 2	5	4	5	4	0	0
Lackland AFB	Orthopaedic Surgery WHMC PGY 3	4	5	4	5	0	0
Lackland AFB	Orthopaedic Surgery WHMC PGY 4	4	4	4	4	0	0
Lackland AFB	Orthopaedic Surgery WHMC PGY 5	4	4	3	4	3	4
Lackland AFB	Otolaryngology PGY 1	3	3	3	3	0	0
Lackland AFB	Otolaryngology PGY 2	3	3	3	3	0	0
Lackland AFB	Otolaryngology PGY 3	3	3	3	3	0	0
Lackland AFB	Otolaryngology PGY 4	3	3	3	3	3	3
Lackland AFB	Pathology-Anatomic and Clinical PGY 1	6	7	5	7	0	0
Lackland AFB	Pathology-Anatomic and Clinical PGY 2	6	6	4	5	0	0
Lackland AFB	Pathology-Anatomic and Clinical PGY 3	5	6	4	4	0	0
Lackland AFB	Pathology-Anatomic and Clinical PGY 4	5	5	4	4	4	4

Org	1 Program Title (Text)	2 Program Available Seats FY02 (#)	3 Program Available Seats FY03 (#)	4 Program Filled Seats FY02 (#)	5 Program Filled Seats FY03 (#)	6 Program Graduates FY02 (#)	7 Program Graduates Fy03 (#)
Lackland AFB	Pathology-Anatomic and Clinical PGY 4	5	5	4	4	4	4
Lackland AFB	Pediatrics PGY 1	14	14	12	13	0	0
Lackland AFB	Pediatrics PGY 2	14	14	14	12	0	0
Lackland AFB	Pediatrics PGY 3	14	15	10	15	10	15
Lackland AFB	Periodontics PGY 1	4	4	2	3	0	0
Lackland AFB	Periodontics PGY 2	4	4	5	2	0	0
Lackland AFB	Periodontics PGY 3	4	4	2	5	2	5
Lackland AFB	Prosthodontics PGY 1	4	4	2	3	0	0
Lackland AFB	Prosthodontics PGY 2	4	4	3	2	0	0
Lackland AFB	Prosthodontics PGY 3	4	4	3	3	3	3
Lackland AFB	Pulmonary Disease and Critical Care Medicine f3 PGY 1	5	5	4	4	0	0
Lackland AFB	Pulmonary Disease and Critical Care Medicine f3 PGY 2	5	5	4	4	0	0
Lackland AFB	Pulmonary Disease and Critical Care Medicine f3 PGY 3	5	5	5	4	5	4
Lackland AFB	Radiology-Diagnostic PGY 1	10	10	10	10	0	0
Lackland AFB	Radiology-Diagnostic PGY 2	10	10	10	10	0	0
Lackland AFB	Radiology-Diagnostic PGY 3	10	11	10	11	0	0
Lackland AFB	Radiology-Diagnostic PGY 4	10	9	10	9	10	9
Lackland AFB	Rheumatology f2 PGY 1	2	2	2	1	0	0
Lackland AFB	Rheumatology f2 PGY 2	2	2	2	2	2	2
Lackland AFB	Surgical Critical Care	3	3	1	0	1	0
Lackland AFB	Thoracic Surgery f1 PGY 1	1	1	0	1	0	0
Lackland AFB	Thoracic Surgery f1 PGY 2	1	1	1	0	1	0
Lackland AFB	Urology PGY 1	3	3	3	3	0	0
Lackland AFB	Urology PGY 2	3	3	3	3	0	0
Lackland AFB	Urology PGY 3	3	3	3	3	0	0
Lackland AFB	Urology PGY 4	3	3	3	3	3	3
Lackland AFB	Vascular and Interventional Radiology	1	1	1	1	1	1
Wright-Patterson AFB	Child & Adolescent Psychiatry Fellowship PGY 4	0	3	0	3	0	0
Wright-Patterson AFB	Child & Adolescent Psychiatry Fellowship PGY 5	2	0	2	0	2	0
Wright-Patterson AFB	Emergency Medicine PGY 1	4	4	4	4	0	0
Wright-Patterson AFB	Emergency Medicine PGY 2	4	4	4	4	0	0
Wright-Patterson AFB	Emergency Medicine PGY 3	4	4	4	4	4	4

Org	1 Program Title (Text)	2 Program Available Seats FY02 (#)	3 Program Available Seats FY03 (#)	4 Program Filled Seats FY02 (#)	5 Program Filled Seats FY03 (#)	6 Program Graduates FY02 (#)	7 Program Graduates Fy03 (#)
Wright-Patterson AFB	General Dentistry	7	7	7	7	7	7
Wright-Patterson AFB	General Surgery PGY 1	4	6	4	6	0	0
Wright-Patterson AFB	General Surgery PGY 2	3	3	3	3	0	0
Wright-Patterson AFB	General Surgery PGY 3	3	2	3	2	0	0
Wright-Patterson AFB	General Surgery PGY 5	3	3	3	3	0	0
Wright-Patterson AFB	General Surgery PGY 6	3	3	3	3	3	3
Wright-Patterson AFB	General Surgery PGY4	3	2	3	2	0	0
Wright-Patterson AFB	Internal Medicine PGY 1	4	8	4	8	0	0
Wright-Patterson AFB	Internal Medicine PGY 2	7	5	7	5	0	0
Wright-Patterson AFB	Internal Medicine PGY 3	7	6	7	6	7	6
Wright-Patterson AFB	Nurse Anesthesia (CRNA)	11	14	11	14	5	6
Wright-Patterson AFB	Obstetrics & Gynecology PGY1	3	3	3	3	0	0
Wright-Patterson AFB	Obstetrics & Gynecology PGY 2	3	3	3	3	0	0
Wright-Patterson AFB	Obstetrics & Gynecology PGY 3	2	3	2	3	0	0
Wright-Patterson AFB	Obstetrics & Gynecology PGY 4	3	2	3	2	3	2
Wright-Patterson AFB	Pediatrics PGY 1	5	5	5	5	0	0
Wright-Patterson AFB	Pediatrics PGY 2	6	5	6	5	0	0
Wright-Patterson AFB	Pediatrics PGY 3	5	6	5	6	5	6
Wright-Patterson AFB	Psychiatry PGY 1	5	3	5	3	0	0
Wright-Patterson AFB	Psychiatry PGY 2	4	3	4	3	0	0
Wright-Patterson AFB	Psychiatry PGY 3	3	4	3	4	0	0
Wright-Patterson AFB	Psychiatry PGY 4	2	3	2	3	2	3
Andrews AFB	Clinical Psychology Residency	6	6	6	6	6	6
Andrews AFB	Fam Practice Res PGY 1	10	10	10	9	10	9
Andrews AFB	Fam Practice Res PGY 2	10	10	8	10	8	10
Andrews AFB	Fam Practice Res PGY 3	10	10	10	8	8	10
Andrews AFB	Family Practice/Psychiatry PGY 1	4	4	4	3	4	3
Andrews AFB	Family Practice/Psychiatry PGY 2	4	4	3	3	3	3
Andrews AFB	Family Practice/Psychiatry PGY 3	4	4	1	2	1	2
Andrews AFB	Family Practice/Psychiatry PGY 4	4	4	3	1	3	1
Andrews AFB	Family Practice/Psychiatry PGY 5	4	4	3	3	3	3
Andrews AFB	Nurse Transition Program	10	10	10	10	10	10

Org	1 Program Title (Text)	2 Program Available Seats FY02 (#)	3 Program Available Seats FY03 (#)	4 Program Filled Seats FY02 (#)	5 Program Filled Seats FY03 (#)	6 Program Graduates FY02 (#)	7 Program Graduates Fy03 (#)
Andrews AFB	Social Work Residency	6	6	6	6	6	6
Andrews AFB	Transitional Year Residency	10	10	10	10	10	10
Scott AFB	Advance Education in General Dentistry	6	6	4	5	4	5
Scott AFB	Family Practice GME PGY 1	8	8	7	7	7	8
Scott AFB	Family Practice GME PGY 2	8	8	8	7	0	0
Scott AFB	Family Practice GME PGY 3	8	8	7	8	0	0
Travis AFB	AEGD (Advanced Education in General Dentistry)	6	6	6	6	3	6
Travis AFB	CRNA (Certified Registered Nurse Anesthetist)	4	7	4	7	4	7
Travis AFB	Diagnostic Radiology Res PGY 1	3	3	3	2	3	2
Travis AFB	Diagnostic Radiology Res PGY 2	3	3	4	3	4	3
Travis AFB	Diagnostic Radiology Res PGY 3	3	3	2	4	2	4
Travis AFB	Diagnostic Radiology Res PGY 4	3	3	3	3	2	3
Travis AFB	Family Practice Residency PGY 1	11	11	11	11	11	10
Travis AFB	Family Practice Residency PGY 2	10	10	10	10	10	10
Travis AFB	Family Practice Residency PGY 3	10	10	10	10	10	10
Travis AFB	General Surgery Residency PGY 1	6	6	6	6	6	6
Travis AFB	General Surgery Residency PGY 2	2	2	2	2	2	2
Travis AFB	General Surgery Residency PGY 3	2	2	1	1	1	1
Travis AFB	General Surgery Residency PGY 4	2	2	1	1	1	1
Travis AFB	General Surgery Residency PGY 5	2	2	2	1	2	1
Travis AFB	General Surgery Residency Research PGY 6	1	1	1	1	1	1
Travis AFB	Internal Medicine Residency PGY 1	8	8	4	8	4	8
Travis AFB	Internal Medicine Residency PGY 2	8	8	6	6	6	6
Travis AFB	Internal Medicine Residency PGY 3	8	8	9	6	9	6
Travis AFB	Obstetrics & Gynecology PGY 1	3	3	3	3	3	3
Travis AFB	Obstetrics & Gynecology PGY 4	3	3	2	3	2	3
Travis AFB	Obstetrics & Gynecology PGY 2	3	3	3	2	3	2
Travis AFB	Obstetrics & Gynecology PGY 3	3	3	3	2	3	2
Travis AFB	Oral Maxillary Surgery Residency PGY 5	0	0	0	0	0	0
Travis AFB	Oral Maxillofacial Surgery Residency PGY 1	2	2	2	2	2	2
Travis AFB	Oral Maxillofacial Surgery Residency PGY 2	2	2	2	1	2	1

Org	1 Program Title (Text)	2 Program Available Seats FY02 (#)	3 Program Available Seats FY03 (#)	4 Program Filled Seats FY02 (#)	5 Program Filled Seats FY03 (#)	6 Program Graduates FY02 (#)	7 Program Graduates Fy03 (#)
Travis AFB	Oral Maxillofacial Surgery Residency PGY 3	2	2	2	1	2	1
Travis AFB	Oral Maxillofacial surgery Residency PGY 4	2	2	1	2	1	2
Travis AFB	Orthopedic Physicians Assistant Residency	2	0	2	0	2	0
Travis AFB	Pediatric Residency PGY 1	6	6	5	5	5	5
Travis AFB	Pediatric Residency PGY 2	6	6	6	5	6	5
Travis AFB	Pediatric Residency PGY 3	6	6	5	6	5	6
Travis AFB	Pharm-D Residency (Doctorate in Pharmacy)	2	2	1	2	1	2
Travis AFB	Social Work Residency	6	6	6	5	6	5
Travis AFB	Transitional Year Residency	5	4	5	4	5	4
Langley AFB	1st Dental Squadron	12	12	12	12	12	12
Langley AFB	442nd Medical Squadron	2	0	2	0	2	0
Langley AFB	442nd Medical Squadron (AFRC)	2	0	2	0	2	0
Langley AFB	89th Medical Group	4	2	4	2	4	2
Langley AFB	Georgetown University	1	1	1	1	1	1
Langley AFB	Hampton University	2	4	2	4	2	4
Langley AFB	Pennsylvania School of Optometry	2	0	2	0	2	0
Langley AFB	Regent University	5	6	5	6	5	6
Langley AFB	St Francis Medical Center	6	0	6	0	6	0
Langley AFB	Temple University School of Podiatric Medicine	1	1	1	1	1	1
Langley AFB	Uniformed Services University of the Health Sciences	1	1	1	1	1	1
Langley AFB	University of Baltimore	1	0	1	0	1	0
Langley AFB	University of Maryland	1	1	1	1	1	1
Langley AFB	VA Medical Center Coatsville	3	0	3	0	3	0
Langley AFB	VA Medical Center, Richmond	2	0	2	0	2	0
Bolling AFB	General Dentistry Residency	4	4	6	6	5	6
US Air Force Academy	Advance Education in General Dentistry	6	6	4	6	4	6
Sheppard AFB	Advanced Education in General Dentistry	4	4	4	4	4	4
Brooks City-Base	Hyperbaric Medicine Fellowship	1	2	1	2	1	2

Org	1 Program Title (Text)	2 Program Available Seats FY02 (#)	3 Program Available Seats FY03 (#)	4 Program Filled Seats FY02 (#)	5 Program Filled Seats FY03 (#)	6 Program Graduates FY02 (#)	7 Program Graduates Fy03 (#)
Brooks City-Base	Residency in Aerospace Medicine	17	21	16	15	14	14
Eglin AFB	Dental Residency	6	6	6	6	6	6
Eglin AFB	Family Practice Residency PGY 1	8	8	7	8	0	0
Eglin AFB	Family Practice Residency PGY 2	8	8	8	7	0	0
Eglin AFB	Family Practice Residency PGY 3	8	8	8	8	8	8
Barksdale AFB	Advanced Education in General Dentistry	5	5	3	3	3	3
Nellis AFB	Dental Residency	0	4	0	4	0	4
Offutt AFB	Advanced Education in General Dentistry-1 B Residency	6	6	6	6	6	7
Offutt AFB	Family Medicine Residency	24	24	22	23	6	7
Offutt AFB	University Radiology Residency	12	12	12	12	12	12





**FEDERAL HEALTHCARE MARKET
ANALYSIS - GULF COAST REGION**



Prepared For:
DoD Health Services Region IV, Keesler Air Force Base, MS
October 22, 2003

Business and Systems Aligned. Business Empowered.™

EXECUTIVE SUMMARY



EXECUTIVE SUMMARY

Introduction

Keesler Medical Center (KMC), a tertiary health care facility serving a large Department of Defense (DoD) population, is an academic hub for Air Force (AF) medicine and provides residency training in general dentistry, subspecialty dentistry, nurse anesthesia, and four major medical specialties: internal medicine, general surgery, obstetrics/gynecology and pediatrics.

A well-qualified, dedicated AF faculty is responsible for graduate medical education (GME) programs that are diverse, resident-supportive, and innovative in terms of academics and research. However, fundamental to the success of these programs is the beneficiary population from which KMC draws its patient base. KMC's direct catchment area contains more than 45,000 DoD beneficiaries, 33,000 of whom are enrolled to the clinics of family practice (FP), pediatrics, flight medicine and internal medicine. These TRICARE enrollees (active duty (AD), military retired, and their family members) are provided the full complement of medical and dental services, as resource availability will permit.

Available workload data and feedback from other medical treatment along the Gulf Coast verify that KMC's influence extends beyond its nominal 40-mile catchment area. This state-of-the-art medical center has served as the premier referral center for DoD Health Services Region IV since 1997. Region IV contains approximately 600,000 beneficiaries in the three "Gulf South" states of Mississippi, Alabama, Tennessee, and portions of Louisiana and Florida who historically have used KMC as their health care mainstay for serious illnesses. Characteristically, TRICARE beneficiaries, especially the older enrollees, are extremely loyal to the DoD health care system, a system that is dedicated to providing comprehensive, full-service care to all eligible beneficiaries. This tremendous brand loyalty is significant and should be a major point of consideration for KMC's strategic thinking and planning efforts for the future. As a group, the KMC beneficiaries have received a high percentage of preventive health care services and they are employed or retired with full health care insurance through the Military Health System (MHS). In order to attract and retain this reliable source of patients to support and sustain GME, Keesler's leadership must capitalize on the opportunities afforded in the next generation of TRICARE contracts to create effective and innovative approaches to the delivery of health care services.

In addition to the traditional GME experiences, Keesler's programs are strengthened by the presence on the KMC campus of DoD's only Medical Genetics Center, an academic opportunity that presents a unique and enviable clinical experience for residents in training. Having established a noteworthy record of success over the years, these training programs, excluding the nurse anesthesia program that is newly established this year, enjoy a reputation of having produced significant numbers of highly skilled physicians, dentists, and other health care professionals.

Residents involved in GME, regardless of their specialty, are provided learning and research opportunities such as genetic research, aerospace medicine that are extremely worthwhile, professionally challenging educational endeavors. A percentage of the KMC population includes patients who present with acute and/or chronic conditions and comorbidities that make for ideal resident training opportunities. However, in order to meet residency review committee (RRC) expectations associated with GME, the learning environment must provide a substantial and dependable flow of patients with unique or complex clinical features—elements that are essential components of resident education

During the past five years, KMC has experienced relatively little change in the size of its DoD population base. Total numbers of DoD beneficiaries in KMC's catchment area have increased by slightly less than 1% per year over the past five years. A review of existing Composite Health Care System (CHCS) data* reveals that during this same five-year period, KMC has experienced minor fluctuations in inpatient admissions and a slight decline in outpatient clinic visits. While these numbers are relatively stable, both the total volume and the variety of diverse, medically complex, high-risk groups of patients being seen and treated at KMC have declined. What appears to be Keesler's weakened ability to attract an adequate blend of high-acuity patients poses a threat to the intellectual caliber of the academic and research environments required to support quality GME. A constellation of forces—current world events and the deployment of U.S. Forces in response to these events, characteristics and needs of the beneficiaries served, TRICARE contract requirements, Congressional mandates, changes in Public Law, and local market forces among them—have been at work to erode what had been a reasonably robust, diverse population base for this prominent AF medical center.

Justifiable concern prevails on the part of the KMC leadership that any reduction of GME programs would degrade this organization's capabilities, impede the efficient utilization of United States Air Force (USAF) medical assets, diminish the military health care presence throughout the Gulf Coast, and possibly reduce the effectiveness of the USAF Medical Service in general. In addition, should the GME programs be eliminated, KMC is possibly at risk of receiving a health care facility designation that is something less than "medical center" status.

BearingPoint conducted the study presented herein at the request of the Commander, 81st Medical Group, Keesler AF Base, Mississippi. The purpose of BearingPoint's engagement was four-fold:

- 1) To evaluate KMC's four primary GME programs: internal medicine, general surgery, pediatrics and obstetrics/gynecology in terms of their quality and their anticipated survivability.
- 2) To measure demand for medical services among federal beneficiaries in the Gulf Coast region.
- 3) To identify major "leakage" points where patients, particularly those requiring high acuity care, could be returned to KMC; explore and discuss leveraging/resource-sharing opportunities among DoD and non-DoD agencies that could increase KMC's patient volumes and enhance the major clinical residency programs.
- 4) To identify any barriers to federal beneficiaries receiving care at KMC.

Background

The numerous TRICARE legislative enhancements that have occurred over recent years have had a considerable and detrimental impact on the ability of MTFs to maintain their traditional population bases. These changes have encouraged patient choice, eased access to civilian sources of care, and reduced beneficiary co-payments for that care. To compound this already worrisome situation, KMC's ability to attract patients from throughout Region IV may be further weakened by the elimination of its Specialty Treatment Service (STS) authority (which took effect in June 2003). Adding to this concern is the fact that in December 2003, non-availability statements (NAS) for beneficiaries desiring care (excluding

mental health services) outside the military setting will no longer be required. It is anticipated that these two changes will remove most disincentives for patients to actively seek medical care in the civilian setting. The complex, highly acute, clinically challenging patients necessary to support GME are among the populations whose migration from KMC to civilian providers and settings threatens both the overall quality and viability of KMC's GME programs.

Principal Findings

- 1) Quality of medical services provided at KMC appears to be high, board certification exam pass rates are exemplary, but various factors have contributed to borderline volume of inpatients for graduate training in pediatrics and obstetrics/gynecology.
- 2) Given the eligible beneficiary population within the Gulf Coast Region there should be sufficient demand to support KMC's GME programs.
- 3) Data review and analysis indicates that there are several significant areas, policies and practices that are contributing to the problem of leakage of patients into the civilian network.
- 4) An analysis of numerous factors found in DoD Region IV results in the identification of several significant barriers that either make it less than practical for beneficiaries to seek care at KMC or that enable them to seek care elsewhere.

Recommendations

- 1) Establish an aggressive referral management process. It is essential to have an effective process in place to monitor and control all referrals (those from within KMC and those received from MTFs external to this organization) and to insure the timely return of patient information to the referring PCM.
- 2) Re-design patient flow and patient management processes. Ensure effective utilization of available resources and review staffing levels so that adequate support staff and sufficient patient examination rooms exist to optimize effectiveness and efficiency.
- 3) Increase the number and availability of primary care providers. The ability to enroll additional TRICARE Prime patients is viewed as an opportunity to increase numbers of complex, medically challenging cases for GME programs.
- 4) Develop the "circuit rider" concept to have KMC specialists and residents visit MTFs in Region IV. The outreach programs currently in place in the region are appreciated and should be expanded in attempt to capture selected high volume or high cost workload that is being referred to the TRICARE network.
- 5) Review the top sources for inpatient and outpatient leakage to the civilian sector and increase physician/provider capacity to recapture this workload. The major categories of leakage are: orthopedics, gastroenterology, ophthalmology, cardiology, pulmonary medicine, physical therapy and occupational therapy.

- 6) Market KMC to beneficiaries throughout the region, especially along the Gulf Coast. Creative marketing strategies should be developed that focus on referrals in the region to attract this workload to KMC.
- 7) Incorporate “best” business processes proven to be successful in the managed care arena. Identify and develop a cadre of clinicians who become the champions among the staff for better business management of health care delivery. These individuals can serve as organizational leaders, educators and change agents.
- 8) Develop a methodology such as the Federal Health Care Alliance (described in Chapter 6) to facilitate collaboration among federal health care programs in Region IV. Cooperation among various organizations and agencies will increase utilization of all federal facilities, reduce leakage of workload to the civilian network, and help to sustain GME at all training sites.
- 9) Pursue establishing sharing agreements with civilian hospitals in the local area particularly related to obstetrical care and services. An ideal arrangement would allow KMC providers to be privileged at one or more of the local hospitals in order to deliver TRICARE Prime eligible mothers who elect care in the civilian setting.
- 10) Pursue establishing a resource sharing contract with a civilian medical transport company to transport to KMC (by ground/by air) the complicated pediatric cases currently being treated in the civilian network.
- 11) Seriously reconsider the practice of “Down Fridays”. Explore options that will accommodate flexible work schedules for staff and at the same time increase clinic hours. This will increase the availability of appointments and improve patient access to all outpatient clinics.
- 12) Increase beneficiary awareness and use of the Health Care Information Line (HCIL) program, particularly among the senior population. Increased effective use of the HCIL has the potential to reduce costs and improve quality.

Community Presentation

**KEESLER AFB
MEDICAL CENTER**

**Regional Hearing
New Orleans, LA
22 July 2005**

Keesler Medical Center

- The BRAC 2005 Recommendation:

Realign Keesler Air Force Base, MS, by disestablishing the inpatient mission at the 81st Medical Group; converting the medical center to a clinic with an ambulatory surgery center.

- It is the only medical center that would be downgraded in BRAC 2005 without consolidation into a similar local institution [e.g., Walter Reed AMC to NNMC Bethesda, Wilford Hall (Lackland) to Brooke (Fort Sam Houston)]

81st Training Wing Keesler AFB, MS

- Permanent Party
 - Officer 715
 - Enlisted 3,058
 - Civilian 1,463
- Students
 - Annual – Average 44,000+
 - Average Daily Student Load – Average 5,000+
- Annual Budget/Economic Impact
 - \$126M / \$1.885B

Keesler Medical Center

- 2,200 on staff + 134 Volunteers
 - 1,586 are on deployment teams
- 95 Inpatient beds
- 75 Specialties/Subspecialties that include:
 - 17 Medical Specialties
 - 17 Surgical Specialties
 - 4 Mental Health Specialties
 - 5 OB/GYN Specialties
 - 8 Pediatric Specialties
 - 7 Dentistry Specialties

Keesler's Daily Activities

■ 2004 Averages

<input type="checkbox"/> Outpatient Visits	1,225
<input type="checkbox"/> Occupied Inpatient Beds	51
<input type="checkbox"/> Births	2
<input type="checkbox"/> Radiology Procedures	372
<input type="checkbox"/> Laboratory Procedures	2,390
<input type="checkbox"/> Prescriptions	3,951
<input type="checkbox"/> ER Visits	80
<input type="checkbox"/> Surgeries	19
<input type="checkbox"/> Ambulatory Procedures	20

Keesler Medical Center

- Graduate Medical Education (GME)

	# In training
<input type="checkbox"/> General Surgery	24
<input type="checkbox"/> Internal Medicine	24
<input type="checkbox"/> Pediatrics	23
<input type="checkbox"/> OB/GYN	11
<input type="checkbox"/> Nurse Anesthetists	6
<input type="checkbox"/> Dentistry	12
<input type="checkbox"/> Medical Technicians	335

- Patients seen per year – 105,000

- Operations performed – 5,000

- Anesthesia cases per year – 3,000

- Residents in Internal Medicine, Surgery, Anesthesia also rotate to Biloxi VA Hospital

Readiness Issues

- Keesler Medical Center is an important component of operational readiness
 - Has 1,586 personnel tasked to deployment teams (1068 have deployed in the last 5 years)
- Keesler Medical Center has a leading role in readiness of troops throughout region
 - Frequently deployed “Seabees” of CBC Gulfport
 - Active duty and their families of all regional bases
 - Guard and Reserve depends on Keesler
 - Troops mobilized through Camp Shelby
- Keesler Medical Center has crucial role in 81st TRW Education and Training Mission
 - 70% of students are right out of Basic.
 - 2 Bases (Ft. Jackson/Navy Beaufort were dropped from realignment due to service concerns for students – Why not Keesler?

How Did Keesler Make the List?

- Lt. General George P. Taylor, Jr. – Chairman of Medical Joint Cross-Service Group replied...
 - Used FY2002 numbers from bases
 - Fed into computer model to determine Military Value
 - Results were reviewed for anomalies like remote location, no local facilities available, etc.
 - Did not talk to local commanders, communities, local hospitals, Veteran Administration, or Homeland Security Agency.

Review of Military Value Weighting Factors

- The Health Care Services Military Value Formula, 100 points possible

<input type="checkbox"/>	Active Duty Eligibles	16.20	
<input type="checkbox"/>	Active Duty Family Eligibles	1.35	
<input type="checkbox"/>	Other Eligibles	1.35	
<input type="checkbox"/>	Other non-AD Enrolled in Prime	2.70	
<input type="checkbox"/>	AD Family Members Enrolled in Prime	5.40	
<input type="checkbox"/>	Civilian/VA hospitals	1.80	
<input type="checkbox"/>	Civilian/VA beds per population	7.20	
<input type="checkbox"/>	Civilian primary care providers per population	5.40	
<input type="checkbox"/>	Civilian specialty providers per population	2.25	
<input type="checkbox"/>	Civilian dentists per population	1.35	
<input type="checkbox"/>	Facility Condition Index	12.50	} 25.0%
<input type="checkbox"/>	Weighted Age	12.50	
<input type="checkbox"/>	On-Site FDA blood testing	4.00	
<input type="checkbox"/>	Proximity on warehouse storage	2.00	
<input type="checkbox"/>	Contingency beds	4.00	
<input type="checkbox"/>	Inpatient cost per RWP	2.80	} 20.0%
<input type="checkbox"/>	Inpatient total RWP	3.60	
<input type="checkbox"/>	Outpatient costs per RVU	4.00	
<input type="checkbox"/>	Dental costs per DWV	1.20	
<input type="checkbox"/>	Outpatient total RVU	4.80	
<input type="checkbox"/>	Dental total DWV	1.20	
<input type="checkbox"/>	Pharmacy total scripts	1.20	
<input type="checkbox"/>	Total weighted radiology procedures	0.92	
<input type="checkbox"/>	Total weighted lab procedures	0.28	

Military Value Analysis Is Flawed

- Logic behind the Military Value Formula is backward.
 - Emphasizes age/condition of buildings rather than healthcare
 - Marginal credit for quality and quantity of healthcare
 - No credit for Graduate Medical Education Program
 - Marginal value of treating retiree population to train and retain skills
- Math is Wrong!
 - Calculations show 0 points for Keesler facility condition – this should be 11.25!
 - Moves Keesler up to 50.65 Military Value
 - Only two small hospitals (Air Force Academy and Navy Great Lakes) are being realigned that have higher military value. They both have very low ADPL of 6 and 13 – Keesler has ADPL of 60.
 - There are 7 facilities with lower Military value scores that maintained their inpatient services – All have much lower ADPL than Keesler

A Second Flaw – Destroys Keesler's GME Program

- The Keesler recommendation would destroy Keesler's major military GME program
- Although the BRAC recommendation itself fails to mention the inevitable loss of GME, the minutes and charts of the Medical JCSG reflect:
 - the loss of Keesler residency slots
 - How they could be "absorbed" elsewhere
- Why not state this upfront rather than mask it by removing the patients

A Second Flaw – Destroys Keesler’s GME Program

- Secretary Wynne Memo – JUL 2, 2004
 - *“The military departments and JCSG will not recommend to the Secretary any closure or realignment recommendation that eliminates the capability to conduct graduate medical/dental education (GME/GDE) and clinical training for uniformed medics”*
- Although this imperative was not included in the final principals, the groups were told to consider these to:
 - *“ensures that the military value analysis does not produce results that would adversely affect essential military capabilities”*
- Secretary Wynne Memo – SEPT 28, 2004
 - *“While the imperatives should not be mandatory constraints on the BRAC analytical process, the ideas expressed there in are appropriate considerations in the decision making process.”*

A Second Flaw – Destroys Keesler’s GME Program

- The MJCSG did not do a comparative analysis to ascertain the effects of shutting down the Keesler GME.
 - Where will it go?
 - What are the costs?
 - What effects on Keesler Active Duty, dependents, veterans, and retirees?
 - What effects on Accreditation?
 - What effects on the Readiness teams?
 - What effects on Community?

A Second Flaw – Destroys Keesler’s GME Program

- Since the recommendation came out, USAF is now suggesting by 2007 “the community” could take over GME programs that took many years and much funding to establish and to accredit
- This option was never studied in the Medical JCSG deliberations and no local hospitals were consulted
- The option is a nonstarter
 - We have consulted with every area hospital
 - We have written statements that they do not have the capacity and resources to take over Keesler’s GME Programs

What the MJCSG Recommendation Really Does

- Stops Inpatient Care
- No patients – no Graduate Medical Education Program
- Ultimately affects Outpatient care due to loss of specialties
- Bottomline:
 - Healthcare for active duty, their dependents, veterans, and retirees will be drastically reduced in a 4-state area that Keesler now serves. This is a readiness issue!

A Third Flaw – Community Infrastructure Assessment

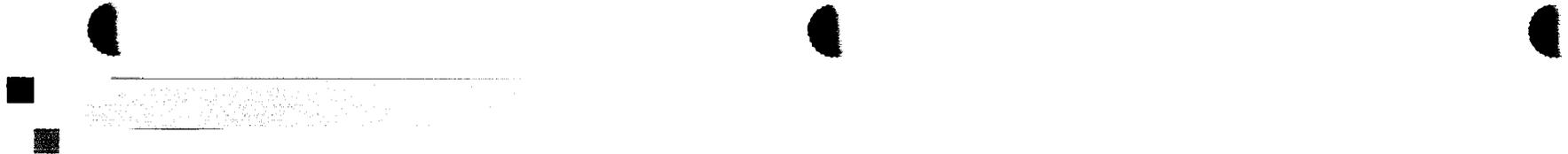
- MJCSG says “NO issues”
 - Based on National Medical Association figures with no input from facilities themselves.
- We visited all hospitals in local area that are in the TRICARE system and found significant problems

A Third Flaw – Community Infrastructure Assessment

- Our personal visits to each hospital revealed:
 - Distinct difference in licensed beds-vs-staffed beds
 - Many specialties / sub-specialties that would be lost at Keesler do not exist within 40 mile radius.
 - Local hospitals / providers are not excited about joining Tricare System
 - Less than 50% of hospitals have joined
 - Only 20% of necessary providers are within 40 miles
 - Fees from Tricare are low
 - Current law will further decrease TRICARE fees by 26% over the next 6 years

Bottomline to Community Assessment

- BRAC Recommendation forces our military members, their families, veterans, and retirees into a civilian medical network that...
 - Does not have the capacity to take it
 - Does not have the specialties that are currently provided on base
 - Dislikes TRICARE for low fees and bleak future
 - Do not want to move Keesler's GME Program into their hospital



Another Flaw – Savings!

- “Projected recurring savings for Keesler alone is \$30 million per year.”

-- Lt. Gen George P. Taylor, Jr.
Chairman, MJCSG

Another Flaw – Savings

- Still reviewing this, BUT we do know this:
 - Wrong \$ figure for inpatient cost per admission was used. (\$4,314.25 -vs- \$6,790.00)
 - MJCSG admitted this error and stated in a Congressional response that it will reduce the savings by \$10 million per year.
 - GAO reports personnel savings is wrong – no end-strength change
 - There will be a considerable increase in Tricare costs due to increased caseload
 - Just because another agency picks up the cost, it is not a savings to taxpayers.
 - Additional cost by Humana in Mid-90's resulting from a similar increase was \$4.5 Billion.

Summary

- MJCSG recommendation is Wrong!
- MJCSG methodology is Wrong!
- MJCSG results are Wrong!

Summary

- MJCSG recommendation is Wrong!
 - Eliminates inpatient and GME (no data supports loss of GME)
 - Drastically reduces medical access / care for 4-state area.
 - Affects active duty personnel the most
 - Over 94,000 active duty patients seen last year from all branches of service
 - Dependents, veterans, and retirees also lose
 - Detrimental to readiness and jointness to all regional bases



Summary

- MJCSG methodology is Wrong!
 - Uses computer model that is biased toward buildings rather than military health care.
 - Significant Math errors
 - No interaction with local commanders, local community healthcare officials, other government agencies

Summary

- MJCSG results are Wrong!
 - Doesn't save \$30 Million per year
 - Already reduced by \$10 Million
 - Personnel savings questionable – no end-strength change
 - Doesn't factor in additional cost of TRICARE
 - Jobs loss (362) is clearly low
 - Losing GME will increase that to ????????

Summary (Continued)

- Local medical community is already stretched thin due to shortage of physicians
- AmeriMed study (2004) highlights shortages
- Community has 72% of the US average of specialty care physicians per population*
- Community has 64% of the US average of family & general practice physicians per population*
- Community has 75% of the US average of dentists per population*

Once again, the unavailability of community health resources has serious consequences for the active duty warfighter and dependents

*Source: Congressional Research Service using data from the Area Resource File compiled by the Health Resources and Services Administration of HHS.

Summary (Continued)

- Other community Effects:
 - Loss of emergency service due to disasters
 - Loss of medical personnel for Coast
 - Loss of retirees for Coast
 - Loss of synergies with VA & local hospitals
 - Cares commission decisions must be relooked

Medical Joint Cross-Service Group

BRAC 2005 Debriefing

Realign Keesler Medical Center

- Does it?:
 - Support the Warfighter and their families (in Garrison and Deployed) **Decreases Medical Access & Care!** **NO!**
 - Maximizing Military Value while reducing footprint, while maintaining surge capability **NO!**
 - Emphasizes buildings; Not Healthcare!** **NO!**
 - Maintaining or improving access to care for all including retirees, using combinations of the Direct Care and TRICARE **Does the Opposite – Decreases Access!** **NO!**
 - Enhancing Jointness **Eliminates Existing Jointness!** **NO!**
 - Maximize synergies gained by co-location/consolidation **Disregards VA Initiatives!** **NO!**
 - Examine out-sourcing to better leverage health care system investments **NO!**

Doesn't give credit for Existing Out-Sourcing!

What is the right thing to do?

- Support our war fighters, their families, our veterans, and retirees.
- Remove the Keesler Medical Center from the Realignment List!



1 Commissioner Coyle, General Hill and General Turner—

2

3 **(Title Slide)** -We appreciate the opportunity to present
4 additional information to you concerning the realignment of the
5 Keesler AFB Medical Center.

6

7 **(Slide)**-As you know, the BRAC recommendation is...” to
8 disestablish the inpatient mission at the 81st Medical Group;
9 converting the Medical Center to a clinic with an ambulatory
10 surgery center.” This statement comes directly from page Med-
11 12 of the Medical Joint Cross Service Group (MJCSG) Report.
12 We underlined the term “Medical Center” to highlight the fact
13 that Keesler is the only medical center to be realigned. The
14 other eight are either hospitals or clinics. As a medical center,
15 Keesler is much larger and has a more diversified and
16 multifaceted mission which includes a large graduate medical

1 education program. A quick review of Keesler AFB and
2 specifically the Keesler Medical Center will provide all of us
3 with a common baseline knowledge of what Keesler provides
4 our military forces.

5

6 **(Slide)**-Keesler AFB is the home of the 81st training wing, one
7 of the largest technical training wings in the Air Force. Their
8 primary mission is technical training of over 44,000 students per
9 year.

10

11 **(Slide)**- The Keesler Medical Center is the second largest
12 hospital in the Air Force. It provides medical care for the 81st
13 Wing, its students, and all branches of our military services
14 throughout our region. It is a major contributor to our nations
15 medical readiness team. It also has the most diverse medical
16 staff in the Gulf Coast Region.

1

2 **(SLIDE)** - This staff is the backbone of the superb medical
3 access and care provided for our military members, their
4 families, veterans, and retirees in a four-state gulf coast area.
5 The circles show major installations/agencies/ bases that Keesler
6 provides medical care. The small dots indicate other eligible
7 populations that also receive care (veterans, retirees, etc).

8

9 **(Slide)**- Here is what goes on at the Keesler Medical Center on
10 an average day. These are daily averages in 2004 and reflect the
11 high tempo, diversity, and complexity of the Keesler mission.
12 Many of these procedures are the toughest medical challenges
13 (for example, 128 open-heart surgeries were performed in KMC
14 last year.

15

1 **(Slide)** - Keesler also has an outstanding Graduate Medical
2 Education program. It is recognized across the country as one of
3 the best. It maintains full accreditation by AMA and the
4 graduates have set records in passing board certification
5 throughout the last 10-years. (Internal Medicine 97%; surgery
6 100%; OB/GYN 100%; and Pediatric 94%). You can see from
7 the numbers shown here the medical value of their programs.
8 The excellence of this program is documented at TAB 1 of your
9 book.

10 **(Slide)**- As stated earlier, the Keesler Medical Center is an
11 important component of operational readiness. The Keesler
12 Deployment teams support our war fighters with frontline
13 medical care. 1068 medical specialist have deployed from
14 Keesler in the last 5 years for a combined total of 95,581
15 deployment days. Secondly, the Keesler Medical Center is the
16 focal point for major medical access and care for the entire Gulf

1 Coast area. It is the hospital where the Army, Navy, Marines,
2 Air Force, Coast Guard, National Guard and Reserves refer their
3 most severe medical problems. (See Commander's letters at
4 TAB 2 in your book.) This is certainly true for the 44,000+
5 students in the 81st TRW. Over 70% of these students are just
6 out of basic training. They do not have permanent base
7 assignments nor have they established off-base medical care
8 programs. The Keesler Medical staff provides all of their care.
9 During the BRAC decision process, two training base hospitals
10 were removed from the realignment list due to service concerns
11 for medical care of their students. The same rationale was not
12 applied to Keesler.

13 **(Slide)** – How, then, could the BRAC report recommend closing
14 such a vital part of the DoD military medical system? We asked
15 that question to Lt. General George P. Taylor, Jr., the Chairman
16 of the Medical Joint Cross Service Group who developed the

1 recommendation. He replied that they used FY2002 numbers
2 submitted by each base to determine the military value of each
3 medical facility. These numbers were fed into their computer
4 model and scored according to the weighting used in the model.
5 The results were reviewed for anomalies such as remote
6 location, lack of local medical facilities, etc. They did not talk
7 to local commanders, local communities, local hospitals, the
8 Veteran's Administration or Homeland Security Agency. The
9 key, therefore, seemed to be the score Keesler received for
10 military value. We looked at the formula in great detail.
11 **(Slide)** – The health care services military value weighting
12 factors are shown here. We highlighted two key areas that
13 affected the Keesler Military Value Score. The age and
14 condition of the facility accounts for 25% of the formula. Total
15 care, inpatient & outpatient is only 20%. After this review, it is

1 readily apparent that this military value formula was not
2 developed to rate a comprehensive medical center, like Keesler.
3 **(Slide)** – Therefore we strongly believe the military value
4 analysis done to develop this recommendation is flawed. The
5 logic behind the formula is backward. When asked what I mean
6 by this, I relate this fact that applies in combat and peace time.
7 If somebody is about to put their hands into your stomach or
8 your chest cavity or your head are you going to ask what is the
9 age and condition of the hospital where you work. Absolutely
10 not. What you really want to know is how many of these
11 procedures has this physician done and how recently. You
12 should put more emphasis on healthcare than on age/condition
13 of building. It only has marginal value in determining the quality
14 and efficiency of the medical care provided. It does not
15 adequately consider the value of Graduate Medical Education on
16 patient care. It does not adequately consider the value of

1 treating the retiree and veteran population to train and retain

2 clinical skills. We also find that the math is wrong!

3 Calculations show "0" points for Keesler facility condition.

4 This should be 11.25!! This change moves Keesler up to 50.65

5 in Military Value. The only two small hospitals (Air Force

6 Academy and Navy Great Lakes) are being realigned that have

7 higher military value. They both have very low ADPL of 6 and

8 13 where Keesler has an ADPL of 60. Additionally, there are 7

9 facilities with lower military value scores that are not realigned.

10 All have much lower ADPL than Keesler.

11 **(Slide)-** The second flaw in the MJCSG report is masked, but is

12 very real. It destroys Keesler's GME Program! As stated

13 earlier, all they put in writing is to discontinue impatient care.

14 However, it was clear to the MJCSG that the loss of the GME

15 program was inevitable. You can't run a GME program without

16 patients. So why didn't they state this up front?

1 **(SLIDE)** - We looked closely at this action since Under-
2 Secretary Mike Wynne had reviewed imperatives that would
3 insure the military value analysis made good sense. Let's take a
4 second or two to read what Sec. Wynne said. These imperatives
5 were replaced with loosely worded principles that allowed for
6 wide interpretation by the groups. However, in a separate memo
7 dated 28 Sept. 04, Sec. Wynne stated the "ideas expressed there
8 in and appropriate considerations in the decision making
9 process.

10 **(Slide)** – Since the medical group knew taking the patients away
11 would shut down the Keesler Graduate Medical Education
12 program, why didn't they do the proper analysis to ascertain the
13 effects? They certainly should have determined where it will
14 go, what are the costs, how does it effect readiness/accreditation
15 and how does it effect the community. No such analysis was
16 done. We consider this a major deviation from BRAC rules!

1 **(Slide)** - The MJCSG apparently believed that closing the
2 Keesler GME would not be a problem since it could be absorbed
3 locally. However, they knew it would be very hard to relocate
4 the GME downtown in the timeframe required. If that didn't
5 happen, General Taylor said he as the AF/SG, would have to
6 move it later to other GME locations. This was not studied in
7 the Medical Group's deliberation's and none of the local
8 hospitals were consulted. We have written statements from the
9 CEOs of these hospitals saying that they do not have the
10 capacity or resources to take over the Keesler GME programs.
11 (see tab 5)

12 **(Slide)**-Here is what the MJCSG recommendation really does .
13 It stops inpatient care. No patients, no graduate medical
14 program. It also has to affect outpatient care. Bottom line: It
15 affects readiness by drastically reducing medical care for our
16 military warriors!

1

2 (TRANSITION) The MJCSG report stated the local community
3 could absorb of the Keesler caseload.

4

5 **(Slide)**-In fact, the BRAC report includes the following
6 statement on page Med-14 ...“Community Infrastructure
7 Assessment: A review of community attributes indicates no
8 issues regarding the ability of the infrastructure of community to
9 support missions, forces and personnel. Civilian inpatient
10 capacity exists in the area to provide services to the eligible
11 population. There are no known community infrastructure
12 impediments to implementation of all recommendations
13 affecting the installations in this recommendation.” Again, these
14 assessments were derived from using National Medical
15 Association figures with no input from the actual facilities
16 themselves.

1

2 **(SLIDE)** - We visited each hospital and found several
3 differences in what the national figures outlined. For example,
4 there is distinct a difference in licensed beds vs. staffed beds.
5 The Biloxi Regional Hospital has 153 licensed beds, with a
6 55.8% occupancy rate, and an average day census of 85.32
7 patients. Therefore, their “staffed” bed capacity is closer to 90
8 beds (of which 85 are full) versus the 153 that they licensed to
9 have. The same is true across all hospitals in the area. A chart
10 at TAB 3 outlines each hospital’s response.

11 Additionally, the various specialties offered at Keesler do not
12 exist within the required 40 mile area. Comparisons of those not
13 available are shown at TAB 4 in your book. Last, but not least,
14 there is a very negative view by the local hospitals to sign up in
15 the TRICARE System (four of eleven are in the system).

16 Currently, only 20% of the providers necessary to administer

1 medical care to military members, their families, veterans, and
2 retirees are in the TRICARE System and are located within the
3 required 40 mile area. This is true today and will be much
4 worse when you add the Keesler caseload to their requirement.
5 The majority of the physicians dislike TRICARE since the fees
6 paid are lower than other insurance companies. This is
7 exacerbated by the fact that current law calls for an additional
8 cut back of fees by 26% over the next six years.

9

10 **(Slide)-** Bottom line, this BRAC recommendation forces
11 military members, their families, veterans, and retirees into a
12 civilian medical network that does not have the capability to
13 take it, that does not have the specialized care that they received
14 on base, and an environment where hospitals and providers
15 dislike TRICARE since the fees are lower than other insurance
16 companies. And, no local hospital wants to accept the Keesler

1 GME program. This is all documented by the CEO's replies to
2 our inquiries are at TAB 5 of your book. Now a look at savings.

3

4 **(Slide)**- The recurring savings for removing the inpatient
5 service from Keesler is reported to be \$30M annually.

6

7 **(Slide)** - We already know that this figure is \$10M less since we
8 found that the MJCSG used \$4,314.25 paid cost per admission
9 versus the nation-wide cost per admission of \$6,790.00. If
10 anything, Keesler with its high complex medical case loads
11 (heart, neo-natal, etc.) should be higher than the national
12 average. The MJCSG's response to our inquiry is at TAB 6 in
13 your book. They essentially said the annual savings would be
14 reduced by \$10M. Secondly, the GAO recently reported that
15 BRAC savings are questionable. They took personnel savings
16 with no cut in end strength. We also believe that there are

1 significant additional charges that will be levied by Humana as
2 they must expand their TRICARE operations to accommodate
3 our military members going downtown for care. While no
4 figure could be ascertained from Humana, we know they
5 submitted a considerable bill (\$4.5 Billion) in the mid-90s for a
6 similar contract adjustment. One thing is for certain, it will not
7 be free!

8

9 **(Slide)**-In summary, we believe we have clearly shown that the
10 BRAC recommendation is wrong, how they arrived at the
11 recommendation is wrong, and the results will clearly be wrong.

12

13 **(Slide)**-The recommendation is wrong since it doesn't just
14 eliminate inpatient services at the second largest medical center
15 in the Air Force; it also eliminates the second largest medical
16 education program in the Air Force. Some will say this can be

1 absorbed within other medical facilities. There is no data that
2 supports this anywhere in the MJCSG minutes or process. This
3 loss of medical care affects the active duty military members
4 and their families the most. This results in decreased readiness
5 and jointness across the Gulf Coast Region.

6

7 **(Slide)**-How the recommendation was derived is also wrong.

8 Old data (FY2002) was fed into a computer model that was

9 biased to age/condition of buildings instead of military

10 personnel healthcare. There were significant Math errors that

11 should take Keesler out of any consideration for realignment.

12 There was no interaction with local commanders, local

13 community leaders, local healthcare agencies, or other

14 government agencies like the VA and Homeland Security

15 Agency.

16

1 (Slide)-Clearly, the results are wrong in that it doesn't have
2 recurring savings of \$30M a year they first reported. They have
3 reduced that figure by \$10M per year on just one flaw we
4 discovered in their computation. The GAO is questioning their
5 personnel cost savings. We also know there will be significant
6 increases in TRICARE costs that will offset any remaining
7 savings.

8 The job loss is also grossly understated. The 352 job loss are
9 only for elimination of inpatient services. We were told through
10 a Congressional inquiry that the loss of the inpatient services,
11 GME and effects on the outpatient services will be more like
12 1,200 loss rather than 352 (TAB 7 in book). (* *NEED THIS*
13 *DATA*) No analysis was done to evaluate such a loss to the
14 military forces served by Keesler.

15 (Slide)- In addition, our face-to-face meetings with local
16 health-care teams also point out that the local medical

1 establishments are stretched thin due to a shortage of physicians.

2 A 2004 study by AmeriMed Consulting highlights existing

3 physician shortages in this area. (The executive summary of this

4 study is found at TAB 8 in your book.) The Biloxi-Pascagoula –

5 Gulfport area is already behind in physicians according to the

6 congressional research service. The community has only 72%

7 of the US average of specialty care physicians per population.

8 The Community has only 64% of the US average of family and

9 general practice physicians per population and the Community

10 has only 75% of the US average of dentists per population.

11 This, coupled with the difference we show between licensed

12 beds and staffed beds says that the capacity for the local

13 community to pick up the Keesler caseload is severely limited.

14 Add to these shortages, the reluctance of the hospitals and

15 providers to take TRICARE results in a significant decrease for

1 medical access/medical care for our military members, their
2 families, veterans, and retirees.

3

4 **(Slide)**-Other effects on the community such as loss of
5 emergency services during disasters, loss of medical personnel
6 recruitment for the Coast, loss of retirees to the Coast, and loss
7 of synergies with the VA and downtown facilities are all
8 included at TAB 9 in your book. None of these realities were
9 considered by the MJCSG.

10 **(SLIDE)** After each mission, our military warriors review their
11 objectives of the mission and determine if they hit or missed
12 their target. A debrief of the Medical Joint Cross-Service Group
13 recommendation to realign the Keesler Medical Center is very
14 revealing. On the 1st and 2nd page of their report, the “targets” of
15 their group are clearly recorded. We will score them using their
16 own objectives / targets.

- 1 1. Support the warfighter and their families (in garrison, and
2 deployed). NO! Decreases medical access & care!
 - 3 2. Maximizing military value while reduce infrastructure
4 footprint, while maintaining adequate surge capability.
5 NO! Emphasizes buildings, not health care!
 - 6 3. Maintaining or improving access to care for all
7 beneficiaries, including retirees, using a combination of the
8 Direct Care and TRICARE systems. NO! Does the
9 opposite – decreases access!
 - 10 4. Enhancing Jointness, taking full advantages of the
11 commonality in the Services various functions. NO!
12 Eliminates existing Jointness!
 - 13 5. Identifying and maximizing synergies gained from
14 collaboration or consolidation opportunities. NO!
15 Disregards existing synergies with VA and downtown
16 medical facilities.
-

1 6. Examining out-sourcing opportunities that allow DoD to
2 better leverage the large U.S. healthcare investments. NO!
3 Doesn't give credit for existing out-sourcing!

4
5 In every case, they missed their own stated objectives or targets
6 because realigning the Keesler Medical Center is not the right
7 thing to do.

8
9 **(Slide)-** We know you will look closely at all these facts that
10 were gained through actual discussions with the people/facilities
11 involved. In our opinion, there is no comparison to what the
12 MJCSG's "one-size-fits all" computer model shows and what is
13 reality. Therefore, we ask that you support our warriors, their
14 families, veterans, and retirees and remove Keesler Medical
15 Center from the realignment list!

16



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DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND

JUL 18 2005

MEMORANDUM FOR SAF/LLI

FROM: 81 TRW/CV
720 Chappie James Ave Rm 204
Keesler AFB MS 39534-2604

SUBJECT: Congressional Inquiry – Keesler AFB Medical Center, BRAC

This memo is in response to four questions from Senator Trent Lott's office. They are all regarding the impact of the BRAC recommendation to realign the Keesler Medical Center.

1. Describe the Keesler Medical Center's Graduate Medical Education (GME) Program. Specifically, how many students, specialties, professors, and graduates are produced each year? Also, what is the quality of the program? What do the inspectors and other accreditation agencies say about the Keesler program?

- There are 10 GME programs offered at Keesler Medical Center:
 - General Dentistry (1 year program) 14 Residents (combined for Dental program)
 - General Practice Residency (Dental) (2 year program)
 - Endodontics (2 year program)
 - Internal Medicine (3 year program) -- 24 students
 - Obstetrics and Gynecology (4 year program) -- 11 students
 - Nurse Anesthetists (CRNA) (18 month program) -- 5 students
 - Pediatrics (3 year program) -- 23 students
 - General Surgery (5 year program) -- 24 students
 - General Thoracic Fellowship (VA) (1 year program) -- 1 student
 - Orthopedic Physician Assistant (1 year program) -- 1 student
- There are currently 79 physicians (students) assigned obtaining their specialty training (GME)
- There are approximately 85 professors (in most cases a 1 to 1 student to instructor ratio)
- There are approximately 69 graduates per year
- The Keesler GME program is a fully accredited educational program. Keesler GME has been rated excellent (no marginal or poor write-ups) and successfully passed all surveys.

2. How many personnel would be lost if the GME program was lost due to the BRAC decision to shut down inpatient services at Keesler? Also, what specialties would be lost and are these available in the 40 mi radius that TRICARE uses?

The BRAC recommendation that Keesler Medical Center becomes an "ambulatory care center" with outpatient surgery capability assumes 212 medical professional (provider) staff positions (according to the Consolidated Omnibus Budget Reconciliation Act (COBRA) file dated May 20, 2005) will be eliminated at Keesler Medical Center, as typical Air Force ambulatory care centers do not require inpatient-specific services and most specialty services.





DEPARTMENT OF THE ARMY
Mobilization Center Shelby
1001 Lee Avenue
Camp Shelby, Mississippi 39407-5500

July 7, 2005

Lt. Gen. Clark Griffith (U.S.A.F. Ret.)
2342 Beau Chene Drive
Biloxi, MS 39532

Dear General Griffith:

I am COL Stan Stricklen, Commander of Mobilization Center Shelby in Hattiesburg, Mississippi. I know you are familiar with our installation through your involvement in military affairs since your retirement.

I am writing you in support of the inpatient facility at Keesler Air Force Base Medical Center. Prior to Camp Shelby's designation as a mobilization station last year, Keesler provided critical care and inpatient services for Soldiers injured or sick while conducting training at Camp Shelby. In fact, during the summer months, Camp Shelby provided a Soldier who served as medical liaison between the Mississippi National Guard and Keesler to facilitate the processing. Critical care and surgeries are now performed through agreements with local providers in Hattiesburg.

However, Camp Shelby maintains a full-time workforce in support of the tenant operations and services who are not mobilized on Title 10. There are also active duty Army Reserve Soldiers stationed at Camp Shelby. These Soldiers and their families rely on Keesler for their ongoing medical treatment and appointments, emergency care and surgery. They travel to Keesler from their homes on the coast or in the Hattiesburg area. Their only alternative for care at an *active duty installation* is the VA Medical Center in Jackson, Mississippi.

Our Soldiers know that Keesler is ranked among the top medical facilities in the Air Force and in the military. They appreciate the state-of-the-art facility and the excellent care they receive. Last April a young lieutenant and his wife who live on the coast had a healthy baby boy delivered at Keesler. The complicating factors were that his wife has a severe heart problem, and the lives of her and her baby were at risk. The mother's team of physicians monitored her health and the baby's condition once the heart problem was diagnosed. The neo-natal facility at Keesler was readily available should the baby experience distress. This Soldier's command allowed him to delay his deployment to Iraq until the baby was born and both the baby and mother were deemed healthy. The families on all sides praised the care the mother and son received at Keesler. This is just one case that I am aware of that exemplifies the care and support given National Guard and Army Reserve Soldiers at Keesler.

Lt. Gen. Clark Griffith (U.S.A.F. Ret.)

July 7, 2005

Page Two

In closing, please let me know what I can do to support the efforts to keep the inpatient services at Keesler Medical Center. I can only speak for Camp Shelby and not for the other National Guard and Army Reserve Soldiers and families located in South Mississippi.

Respectfully yours,

Stanley M. Stricklen
Colonel, Infantry
Commanding



MILITARY DEPARTMENT, STATE OF MISSISSIPPI
ANG COMBAT READINESS TRAINING CENTER - GULFPORT
GULFPORT, MISSISSIPPI

5 July 2005

Colonel Benjamin J. Spraggins
Commander
4715 Hewes Avenue, Building 1
Gulfport, MS 39507-4324

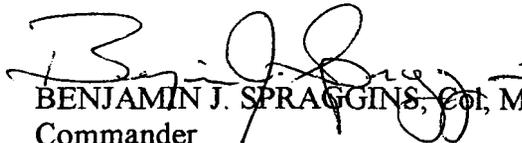
Lieutenant General Clark Griffith (USAF Retired)
2342 Beau Chane Drive
Biloxi, MS 39532

Dear Gen Griffith

The Keesler Medical Center is a very important facility for personnel assigned for training and permanent party at the Trent Lott National Guard Training Complex. This complex hosts over 1600 Guard and Reserves personnel of which over 100 are on active duty. The Combat Readiness Training Center at Gulfport, Mississippi is host to over 16,000 military personnel all on active duty, each year for training.

Keesler Medical Center is the primary care facility for all of the above active duty personnel and their families. The loss of the in-patient facility would greatly impacts the care each of the member and families receive.

The personnel trained at Gulfport are usually on active duty for only one to two weeks and trying to get a civilian medical center to accommodate them would be extremely difficult.


BENJAMIN J. SPRAGGINS, Col, MS ANG
Commander



DEPARTMENT OF THE NAVY
SPECIAL BOAT TEAM TWENTY-TWO
2603 LOWER GAINESVILLE ROAD
STENNIS SPACE CENTER, MS 39528-7099

IN REPLY REFER TO:

6000
Ser N10/156
18 JUN 2005

Mr. Charles Benvenuti, CPA
P.O. Box 2639
Bay St. Louis, MS 39521

Dear Mr. Benvenuti,

SUBJECT: NAVY USE OF KEESLER MEDICAL FACILITIES

The active duty members at Special Boat Team TWENTY-TWO have been and will continue to use the Medical Center at Keesler Air Force Base for any secondary medical care that cannot be provided by the medical staff at this command.

The Medical Center at Keesler Air Force Base will also be used for any prescription medications that are not available in the Medical Department at Special Boat Team TWENTY-TWO.

Sincerely,


E. P. GRZESZCZAK
Commander, U.S. Navy
Commanding Officer

Copy To:
SBT-22 Medical Department



DEPARTMENTS OF THE ARMY AND AIR FORCE
JOINT FORCE HEADQUARTERS, MISSISSIPPI NATIONAL GUARD
THE ADJUTANT GENERAL'S OFFICE
POST OFFICE BOX 5027
JACKSON, MS 39296-5027

July 15, 2005

Lieutenant General Clark Griffith (USAF Ret)
2342 Beau Chene Drive
Biloxi, Mississippi 39532

Dear General Griffith:

I am writing to you in support of the inpatient facility at Keesler Air Force Base (AFB) Medical Center.

As I'm sure you are aware, Camp Shelby, Mississippi, serves as a Mobilization Station in support of the Global War on Terrorism. Since being designated as a mobilization center, over 17,000 Soldiers have processed through Camp Shelby in preparation for war. In addition, a full-time workforce, in Title 10 or Title 32 status, support unit operations and services. Soldiers who are stationed at Camp Shelby rely on Keesler AFB Medical Center for ongoing medical treatment. Their only alternative for care is the use of civilian medical facilities in the local area, which in some cases is cost prohibitive.

Approximately 100 National Guard and Reserve personnel from the Trent Lott National Guard Training Complex in Gulfport, Mississippi, also utilize the medical facilities at Keesler. In addition, this training center hosts over 16,000 active duty military personnel annually, who also have access to the Keesler Medical Center.

Mississippi National Guard Soldiers statewide utilize the medical facility at Keesler, and depend upon specialty medical services they offer to ensure they, and their families, are provided the best medical care possible. If these services were not available, their medical care could be negatively impacted.

It is imperative that Mississippi National Guard Soldiers are able to utilize inpatient services offered by the Medical Center at Keesler AFB.

Sincerely,

A handwritten signature in cursive script that reads "Harold A. Cross".

Harold A. Cross
Major General, Mississippi National Guard
The Adjutant General of Mississippi

Naval Construction Battalion Center, Gulfport, MS

Source: Mark Ashley, Operations Officer, CBC Gulfport

Naval Construction Battalion Center, Gulfport, MS. has approximately 4000 active duty military members assigned. These military members often require medical care beyond the capabilities of the small outpatient clinic on board NCBC. In these situations, service members are referred to the Medical Center at Keesler AFB for further diagnosis and treatment. NCBC also has approximately 1100 military family members that use the Keesler medical facility when treatment is not available onboard NCBC.

In addition to the active duty military and their dependents, we have approximately 600 Naval Reserve personnel that will occasionally require routine and or specialty care at the Keesler facility. As a Naval Mobilization Personnel Site, NCBC Gulfport also provides mobilization support to an additional 2000 military personnel each year. These individuals may require extended medical treatment at some point during their mobilization period.



1
3



MEMO

TO: Lieutenant General Clark Griffith, USAF (Ret)

FROM:  Timothy W. Mitchell
Chief Executive Officer

DATE: June 14, 2005

SUBJECT: **BRAC Recommendation – Keesler Air Force Base**

It was a pleasure meeting with you, Mayor Holloway, and the representatives from Gulf Coast Medical Center. All of us at Biloxi Regional Medical Center share your concerns for the impact that the proposed BRAC recommendations could have on our City and the entire Mississippi Gulf Coast.

Biloxi Regional Medical Center has worked closely with Keesler Medical Center for many years. During our history, BRMC has worked with, or recruited, more than 40 physicians who have worked at Keesler. We also cooperate with Keesler on numerous disaster preparedness drills and our two hospitals worked together to receive patients during Hurricane Ivan.

As stated in the report, BRMC is licensed for 153 beds and can operate at that capacity. We could help absorb some of the impact of Keesler Medical Center's closing; however, we currently do not have Medical School affiliations and have only recently began to look at the overall impact that loosing their Residency Programs would have on our facility.

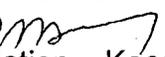
We appreciate the opportunity to work with you and please do not hesitate to contact me if I can be of any further assistance.



Gulf Coast Medical Center

Tenet HealthSystem

MEMORANDUM

DATE: June 10, 2005
TO: Lieutenant General Clark Griffith, USAF (Ret)
FROM: Micheal Terry, CEO 
RE: BRAC Recommendation – Keesler Air Force Base

I appreciated the opportunity to meet with you and the Mayor recently to discuss the latest BRAC announcement. As you know, the magnitude of what's proposed for Keesler Medical Center will have a profound impact on the Mississippi Gulf Coast.

The purpose of this letter is to memorialize some points that were discussed. First, the BRAC's findings indicated that Gulf Coast Medical Center had 144 acute care beds versus a stated percentage of occupancy. It should be clarified that 144 is our licensed bed capacity only. Due to past renovations and scarce personnel in many technical areas, we are set up and staffed at a significantly lower number of beds. So our ability to fully absorb the inpatient workload currently being done at Keesler is diminished.

Next is the issue of the Graduate Medical Education program. Gulf Coast Medical Center is a community hospital with no medical school affiliation for physician training. We have no plans now nor in the future for such training. Therefore, we would not be able to offer any support locally for that recommended transition.

Throughout the years we have successfully recruited physicians from the Keesler Medical Community. This has been an asset to the Gulf Coast Community and a source to assist us in meeting the needs of the Gulf Coast Community. It will be a detriment to lose this resource for a rapidly growing population.

We appreciate the opportunity to discuss and comment on the BRAC's recommendations and stand ready to help further as you see fit.

 **SINGING RIVER HOSPITAL SYSTEM**
OCEAN SPRINGS HOSPITAL | SINGING RIVER HOSPITAL

FAX TRANSMITTAL

DATE: July 1, 2005

TO: Verdell L. Hawkins

FAX NUMBER: 865.5876

LOCATION: _____

FROM: Chris Anderson, Chief Executive Officer

DEPARTMENT: Executive Offices

PHONE: 228-497-7907

FAX NUMBER: 228-497-7927

NUMBER OF PAGES (INCLUDING COVER): 5

COMMENTS:

Attached is a copy of my letter to General Griffith for your review and input.

CONFIDENTIALITY NOTICE: THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY OF WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE NOTIFIED THAT ANY DISCLOSURE, DISTRIBUTION OR COPYING OF THIS INFORMATION IS PROHIBITED. IF YOU HAVE RECEIVED THE TRANSMISSION IN ERROR, PLEASE CONTACT US IMMEDIATELY BY TELEPHONE AT (228)497-7908.THANK YOU.



SINGING RIVER HOSPITAL SYSTEM

OCEAN SPRINGS HOSPITAL | SINGING RIVER HOSPITAL

June 28, 2005

Lt. General Clark Griffith, USAF, Retired
Director, 9g Enterprises, LLC
2342 Beauchene Drive
Biloxi, MS 39532-3134

Dear General Griffith:

I enjoyed visiting with you on Monday to discuss the future of Keesler Medical Center. I agree that Keesler Medical Center is a vital part of the Gulf Coast Community and provides excellent patient care through its physicians and staff. Our community continues to be positively impacted by the individuals associated with Keesler Medical Center on a daily basis.

I also recognize the value of the Graduate Medical Education programs offered at Keesler. No other such programs are offered in South Mississippi and it would be hard to imagine any other healthcare provider offering this service should Keesler be forced to discontinue its GME services as a result of a closure of the inpatient facility. Certainly Ocean Springs Hospital nor Singing River Hospital would consider offering such a resource intensive program.

With regard to your questions concerning our physician staffing, I offer two attachments in response. Attachment A lists physician specialties that are represented on staff at Keesler and are not provided at Ocean Springs Hospital nor Singing River Hospital. Attachment B lists any of our staff physicians that we know joined our staff after having served at Keesler.

As I shared earlier, Singing River Hospital System does participate in the Tricare Program. I do not have an accurate count of how many of our staff physicians participate with Tricare but I would estimate that number to be low. Tricare can probably supply that information if requested.

I hope that the information I have shared is helpful in your ongoing evaluation of the positive impact of Keesler Medical Center in our community. If I can be of further assistance, please do not hesitate to call.

Sincerely,



Chris Anderson
Chief Executive Officer

CA:je

Attachments

Cc: Mr. Dwight Rimes, Administrator, OSH (w/attachments)
Mr. Verdell L. Hawkins, Economic Development, Mississippi Power (w/attachments)

ATTACHMENT A

PHYSICIAN SPECIALTIES NOT OFFERED BY OSH/SRH

Pediatrics

Adolescent Medicine
Allergy (Pediatric)
Clinical Genetics
Clinical Genetics & Clinical Cytogenetics
Endocrinology
Gastroenterology
Hematology-Oncology
Infectious Diseases
Neonatology
Psychiatry (Child)

Internal Medicine

Dermatology, Mohs Surgery

Obstetrics-Gynecology

Reproductive Endocrinology & Infertility
Maternal Fetal Medicine
Molecular Genetics
Gynecologic Oncology
Gynecologic Pathology
Urogynecology and Pelvic Reconstructive Surgery

Flight Medicine

Aerospace Medicine
Occupational Medicine

Pathology

Cytopathology
Dermatopathology
Transfusion Medicine/Bloodbanking

ATTACHMENT B

**PHYSICIANS ON ACTIVE STAFF WHO WERE ACTIVE DUTY AT KEESLER AFB
BEFORE JOINING THE OCEAN SPRINGS HOSPITAL/SINGING RIVER HOSPITAL
MEDICAL STAFFS:**

1. Tricia Aultman, M.D.
2. Alexander Blevens, M.D.
3. G. David Fain, M.D.
4. Randall Fellman, M.D.
5. Charles M. Holman, M.D.
6. Stephen T. McDavid, D.O.
7. C. Mark McRaney, M.D.
8. Michael S. Renicks, M.D.
9. Ronald Rosenquist, M.D.
10. William Troutman, M.D.
11. Gregory Wawryszczuk, M.D.
12. Raymond Weiss, M.D.
13. Charles J. Wilson, M.D.

Total number of physicians on Active Staff at OSH: 130

Total number of physicians on Active Staff at SRH: 149

OCEAN SPRINGS HOSPITAL
ATTACHMENT B – page 2

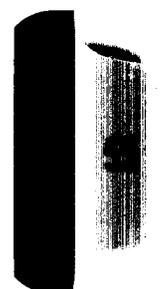
PHYSICIANS ON STAFF THAT ARE ACTIVE DUTY AT KEESLER AFB:

1. Mark Campbell, M.D. – Cardiology. Provides call coverage for Dr. Magiros.
2. Mark Colligan, M.D. – Cardiology. Provides call coverage for Dr. Magiros.
3. Samuel Hakim, M.D. – Urology. Provides call coverage for Drs. Lyell/Upshaw.
4. Bonnie Hannah, M.D. – Internal Medicine. Provides call coverage for Drs. Alexander and Aultman and SRH Inpatient Services.
5. William Hannah, M.D. – Internal Medicine. Provides call coverage for SRH Inpatient Services.
6. Randall Hofbauer, M.D. – Emergency Medicine. Has 1-yr left at KAFB.
7. Steve Kindsvater, M.D. – Cardiology. Provides call coverage for Dr. Kandola.
8. Joel Phares, M.D. – Cardiology. Provides call coverage for Dr. Magiros.
9. Timothy Witham, M.D. – Neurosurgery. Provides call coverage for Drs. McCloskey and Kesterson.

1

4

Bed Utilization Statistics for Acute Care Hospitals (GHS A 7)															
31-May-2005															
Information compiled per Sam Dawkins, Director, Policy and Planning, MSDH															
				2002				2003				2004			
	Accepts TRICARE	COUNTY	City	Licensed Beds	ALOS	OR	ADC	Licensed Beds	ALOS	OR	ADC	Licensed Beds	ALOS	OR	ADC
24		George	LUCEDALE	53	3.26	40.4%	21.41	53	3.34	39.0%	20.68	53	3.57	49.51%	26.24
30		Hancock	BAY ST LOUIS	104	4.48	53.7%	55.80	104	4.72	53.4%	55.49	104	4.41	51.47%	53.53
10	Yes	Harrison	BILOXI	153	5.02	54.4%	83.18	153	5.03	55.8%	85.32	153	4.50	52.01%	79.58
23		Harrison	GULFPORT	130	4.88	41.6%	54.09	130	5.41	46.1%	59.95	130	5.01	45.33%	58.93
28	Yes	Harrison	BILOXI	144	4.83	30.0%	43.22	144	4.85	30.1%	43.38	144	4.44	27.68%	39.86
47		Harrison	GULFPORT	303	5.36	65.8%	199.38	303	5.11	66.4%	201.05	303	5.08	67.47%	204.42
63	Yes	Jackson	OCEAN SPRINGS	136	4.74	63.89% **	79.22	136	4.67	67.1%	91.29	136	4.68	68.75%	93.50
85	Yes	Jackson	PASCAGOULA	374	5.19	37.0%	138.51	385	5.55	35.7%	137.49	385	5.26	33.16%	127.68
91		Stone	WIGGINS	25	3.17	8.4%	2.11	25	3.69	7.7%	1.94	25	3.62	7.55%	1.89
TOTAL w/in 40 Miles of Keisler AFB				1,422			677	1,433			697	1,433			686
					** Based on 124 beds.										
40		Pearl River	PICAYUNE	95	3.64	23.6%	22.41	95	3.54	26.1%	24.78	95	3.09	22.32%	21.20
66		Pearl River	POPLARVILLE	24	3.89	16.4%	3.95	24	5.34	18.7%	4.48	24	3.31	11.17%	2.68
ALOS - Average Length of Stay															
OR - Occupancy Rate															
ADC - Average Daily Census															



SPECIALTIES LISTED BY GULF COAST HOSPITALS ACCEPTING TRI-CARE

	Gulf Coast Medical Center	Biloxi Regional Medical Center	Singing River Hospital System	
Urologists	85	61	45	52
Source: Biloxi Regional Medical Center, Gulf Coast Medical, Singing River Hospital System.				

Keesler Medical Center Specialties	
Pediatrics	Emergency Medicine
General	Emergency Medicine
Adolescent Medicine	Family Practice
Allergy	Family Practice
Cardiology	Flight Medicine
Clinical Genetics	Aerospace Medicine
Clinical Cytogenetics	Occupational Medicine
Developmental/Behavioral	Life Skills
Endocrinology	Psychiatry
Gastroenterology	Child Psychiatry
Hematology-Oncology	Radiology
Infectious Diseases	General
Neonatology	Chest/Cardiac
Neurology	Neuroradiology
Internal Medicine	Nuclear Medicine
General	Radiation-Oncology
Allergy	Pathology
Cardiology	General
Dermatology, General	Cytopathology
Dermatology, Mohs Surgery	Dermatopathology
Endocrinology	Transfusion
Gastroenterology	Medicine/Bloodbanking
Hematology-Oncology	Dental
Infectious Diseases	General
Intensive Care	Dental Materials
Nephrology	Endodontics
Neurology	Hospital Dentistry
Pulmonology	Maxillo-facial Prosthodontics
Rheumatology	Oral Pathology
Surgery	Oral Surgery
General	Orthodontics
Cardiothoracic	Pedodontics
Colorectal	Periodontics
Laparoscopic	Prosthodontics
Neurosurgery	Other
Ophthalmology	Chiropractic
Optometry	Clinical Pharmacy
Orthopedics, General	Clinical Psychology
Orthopedics, Hand	Occupational Therapy
Orthopedics, Pediatric	Optometry
Otolaryngology	Physical Therapy
Plastics	Podiatry
Trauma/Critical Care	Public Health
Urology	
Vascular	
Obstetrics-Gynecology	
General	
Reproductive Endocrinology and Infertility	
Maternal Fetal Medicine	
Molecular Genetics	
Gynecologic Oncology	
Gynecologic Pathology	
Urogynecology and Pelvic	
Reconstructive Surgery	

BASE REALIGNMENT AND CLOSING 2005
Summary of Meeting with Biloxi Regional Medical Center Staff
June 27, 2005

Meeting Attendees

Leslie Johnson, Executive Asst. to the Director of Medical Staff Services
Timothy W. Mitchell, Chief Executive Officer
Brenda Whitwell, Chief Operating Officer
Verdell Hawkins, Mississippi Power

Summary of Collected Information

SPECIALTY SERVICES

Of the 75 specialty services presently available at Keesler, 25 are not presently available at Biloxi Regional. They include the following:

Adolescent Medicine
Clinical Genetics
Clinical Cytogenetics
Developmental/Behavioral
Neonatology
Dermatology, Mohs Surgery
Reproductive Endocrinology and Infertility
Maternal Fetal Medicine
Molecular Genetics
Gynecologic Oncology
Gynecologic Pathology
Urogynecology and Pelvic
Child Psychiatry
Dental Materials
Endodontics
Hospital Dentistry
Maxillo-facial Prosthodontics
Oral Pathology
Oral Surgery
Orthodontics
Pedodontics
Periodontics
Prosthodontics
Chiropractic

When asked if the hospital would be willing to provide these services if Keesler was closed, the attendees responded that the hospital would have no problem providing these services but that difficulty would likely arise with finding physicians to cover all of the specialties. The attendees did state that physicians interested in moving to Biloxi Regional from Keesler would be welcomed.

STAFF AND FACILITY

Biloxi Regional Staff was confident that they would be able to secure adequate nurses and other healthcare professionals to serve additional patients due to a closing of Keesler. There would be a concern with an ability to secure a sufficient number of physicians however.

Biloxi Regional Staff was also concerned about how a closing of Keesler would affect them over time. Presently a number of physicians who work at Keesler also perform duties at Biloxi Regional. It has also been the experience of the staff that a number of physicians who have trained at Keesler retire from military service to assume roles at the hospital. Over the years, approximately 42 Keesler trained physicians have become staffers at Biloxi Regional. A closing of Keesler would lend to serious concerns about the ability to secure a sufficient number of physicians.

The facility itself could adequately handle additional patients. There are presently 153 licensed beds that on average are 50% to 58% occupied.

TRI-CARE

This facility does accept Tri-Care. When asked about reservations about the system as expressed in articles and elsewhere, staffers stated that there have been no reservations expressed by doctors or administration at their facility.

GRADUATE MEDICAL EDUCATION

Biloxi Regional Staff stated that the hospital would not be able to assume these responsibilities due to requirements placed upon the GME program. The staff stated that there is a requirement under these guidelines that a certain number of patients be served for each of the specialty areas included in the GME program. They expressed that Keesler presently sends its physicians to other hospitals in the area in order to meet these requirements and that they could not possibly assume this responsibility.

Biloxi Regional Staff did state that they would be willing to assist the GME program without assuming management of it however.

BASE REALIGNMENT AND CLOSING 2005
Summary of Meeting with Gulf Coast Medical Staff
June 29, 2005

Meeting Attendees

Thomas E. Fewell (Tom), Chief Operating Officer
Verdell Hawkins, Mississippi Power

Summary of Collected Information

SPECIALTY SERVICES

Of the 75 specialty services presently available at Keesler, 41 are not presently available at Gulf Coast Medical. They include the following:

Clinical Genetics
Clinical Cytogenetics
Endocrinology
Gastroenterology
Hematology-Oncology
Infectious Diseases
Neonatology
Dermatology, Mohs Surgery
Cardiothoracic
Colorectal
Laparoscopic
Orthopedics, Hand
Orthopedics, Pediatric
Trauma/Critical Care
Vascular Surgery
Reproductive Endocrinology and Infertility
Maternal Fetal Medicine
Molecular Genetics
Gynecologic Oncology
Gynecologic Pathology
Urogynecology and Pelvic
Reconstructive Surgery
Aerospace Medicine
Occupational Medicine
Chest/Cardiac
Neuroradiology
Radiation Oncology
Cytopathology
Dermatopathology
Transfusion
Medicine/Bloodbanking
General Dental
Dental Materials
Endodontics
Hospital Dentistry
Maxillo-facial Prosthodontics
Oral Pathology
Orthodontics

Periodontics
Prosthodontics

When asked if Gulf Coast Medical would be willing to provide these services if Keesler was closed, Tom Fewell responded that it would be difficult to recruit physicians to cover the specialty areas. He added that physicians working in these specialty areas would not likely last long within the private sector because they would not be able to maintain sufficient case loads for such specific areas.

STAFF AND FACILITY

When asked about the hospital's capacity to handle additional patients in the event of a Keesler closing, Tom Fewell responded that the hospital could likely handle some additional patients with minimal cost impacts. Gulf Coast Medical presently has about 189 licensed beds. Although 45 of these beds are reserved for the psychiatric hospital and 20 have been remodeled for purposes other than in-patient care, there are still a significant number of unoccupied beds. The 189 licensed beds are on average 60% to 70% occupied.

Tom Fewell did express concerns about being able to treat patients from Keesler if the additional patient load was significant. His concerns then would be recruitment of nurses, doctors, and other healthcare professionals in an environment where every other hospital is also doing so. He would also be concerned with up front costs for purchasing new equipment and/or beds.

TRI-CARE

The facility does accept Tri-Care and presently has no plans to discontinue accepting this form of payment.

GRADUATE MEDICAL EDUCATION

Tom Fewell stated that Gulf Coast Medical would not be interested in administering this program for the following reasons:

- There is no capacity for the program
 - Residents need a clinic, classrooms, and housing space that they could not provide
- The program is not financially profitable
- Having students on staff increases liability
- Regulation related to the program

OTHER

Keesler has certain programs such as the neonatal ICU that are beneficial to the general public. For the neonatal program, there are outlined circumstances whereby emergency patients can be admitted at Keesler. If these patients were required to travel to other locales in the future or be airlifted, there chances of survival might not be as high.



SINGING RIVER HOSPITAL SYSTEM

OCEAN SPRINGS HOSPITAL | SINGING RIVER HOSPITAL

June 28, 2005

Lt. General Clark Griffith, USAF, Retired
Director, 9g Enterprises, LLC
2342 Beauchene Drive
Biloxi, MS 39532-3134

Dear General Griffith:

I enjoyed visiting with you on Monday to discuss the future of Keesler Medical Center. I agree that Keesler Medical Center is a vital part of the Gulf Coast Community and provides excellent patient care through its physicians and staff. Our community continues to be positively impacted by the individuals associated with Keesler Medical Center on a daily basis.

I also recognize the value of the Graduate Medical Education programs offered at Keesler. No other such programs are offered in South Mississippi and it would be hard to imagine any other healthcare provider offering this service should Keesler be forced to discontinue its GME services as a result of a closure of the inpatient facility. Certainly Ocean Springs Hospital nor Singing River Hospital would consider offering such a resource intensive program.

With regard to your questions concerning our physician staffing, I offer two attachments in response. Attachment A lists physician specialties that are represented on staff at Keesler and are not provided at Ocean Springs Hospital nor Singing River Hospital. Attachment B lists any of our staff physicians that we know joined our staff after having served at Keesler.

As I shared earlier, Singing River Hospital System does participate in the Tricare Program. I do not have an accurate count of how many of our staff physicians participate with Tricare but I would estimate that number to be low. Tricare can probably supply that information if requested.

I hope that the information I have shared is helpful in your ongoing evaluation of the positive impact of Keesler Medical Center in our community. If I can be of further assistance, please do not hesitate to call.

Sincerely,



Chris Anderson
Chief Executive Officer

CA:je

Attachments

Cc: Mr. Dwight Rimes, Administrator, OSH (w/attachments)
Mr. Verdell L. Hawkins, Economic Development, Mississippi Power (w/attachments)

ATTACHMENT A

PHYSICIAN SPECIALTIES NOT OFFERED BY OSH/SRH

Pediatrics

Adolescent Medicine
Allergy (Pediatric)
Clinical Genetics
Clinical Genetics & Clinical Cytogenetics
Endocrinology
Gastroenterology
Hematology-Oncology
Infectious Diseases
Neonatology
Psychiatry (Child)

Internal Medicine

Dermatology, Mohs Surgery

Obstetrics-Gynecology

Reproductive Endocrinology & Infertility
Maternal Fetal Medicine
Molecular Genetics
Gynecologic Oncology
Gynecologic Pathology
Urogynecology and Pelvic Reconstructive Surgery

Flight Medicine

Aerospace Medicine
Occupational Medicine

Pathology

Cytopathology
Dermatopathology
Transfusion Medicine/Bloodbanking

ATTACHMENT B

**PHYSICIANS ON ACTIVE STAFF WHO WERE ACTIVE DUTY AT KEESLER AFB
BEFORE JOINING THE OCEAN SPRINGS HOSPITAL/SINGING RIVER HOSPITAL
MEDICAL STAFFS:**

1. Tricia Aultman, M.D.
2. Alexander Blevens, M.D.
3. G. David Fain, M.D.
4. Randall Fellman, M.D.
5. Charles M. Holman, M.D.
6. Stephen T. McDavid, D.O.
7. C. Mark McRaney, M.D.
8. Michael S. Renicks, M.D.
9. Ronald Rosenquist, M.D.
10. William Troutman, M.D.
11. Gregory Wawryszczuk, M.D.
12. Raymond Weiss, M.D.
13. Charles J. Wilson, M.D.

Total number of physicians on Active Staff at OSH: 130

Total number of physicians on Active Staff at SRH: 149

OCEAN SPRINGS HOSPITAL
ATTACHMENT B – page 2

PHYSICIANS ON STAFF THAT ARE ACTIVE DUTY AT KEESLER AFB:

1. Mark Campbell, M.D. – Cardiology. Provides call coverage for Dr. Magiros.
2. Mark Colligan, M.D. – Cardiology. Provides call coverage for Dr. Magiros.
3. Samuel Hakim, M.D. – Urology. Provides call coverage for Drs. Lyell/Upshaw.
4. Bonnie Hannah, M.D. – Internal Medicine. Provides call coverage for Drs. Alexander and Aultman and SRH Inpatient Services.
5. William Hannah, M.D. – Internal Medicine. Provides call coverage for SRH Inpatient Services.
6. Randall Hofbauer, M.D. – Emergency Medicine. Has 1-yr left at KAFB.
7. Steve Kindsvater, M.D. – Cardiology. Provides call coverage for Dr. Kandola.
8. Joel Phares, M.D. – Cardiology. Provides call coverage for Dr. Magiros.
9. Timothy Witham, M.D. – Neurosurgery. Provides call coverage for Drs. McCloskey and Kesterson.

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

June 14, 2005

MEMORANDUM FOR OSD BRAC CLEARINGHOUSE

FROM: AF/SGE
1420 Air Force Pentagon
Washington, DC 20330-1420

SUBJECT: OSD BRAC Clearinghouse Tasker # 0299/ Rep. Taylor Request for Source of Data

Attached is the Medical Joint Cross Service Group response to the referenced query.

If you have any questions, please contact me at (703) 692-6990 or
mark.hamilton@pentagon.af.mil.

MARK A. HAMILTON, COL, USAF, BSC
Secretary
Medical Joint Cross Service Group

Attachments:

1. Response to Query

Query:

Cindy,

The Medical Joint Cross-Service Group recommended disestablishing hospital inpatient services at nine military hospitals.

In the COBRA Report of estimated costs and savings of the recommendation, the estimates of the increased costs to TRICARE are based on something called the "inpatient admission cost factor." The COBRA model assumes that TRICARE will pay \$4,314.25 per inpatient admission for the military personnel, family members, and retirees who are forced out of the Keesler hospital. That is a much lower estimate per admission than the other eight hospitals in the recommendation, and well below the \$6,000 per admission average in the TRICARE *Chartbook of Statistics* for Fiscal Year 2003. The estimated cost per inpatient admission that is used to estimate active military and family admissions is also used to estimate the cost of admissions of retirees under 65 and the TRICARE share of admissions of retirees 65 and older.

Please help me find the source of the \$4,314.25 estimate per admission in civilian hospitals near Keesler. Did this figure come from TMA? What is the source and the sample from which it was determined? Is it based on current TRICARE claims data? If so, is this data on the active duty and family population or does it include the retiree populations? Is this data for the Keesler catchment area or for the Gulfport-Biloxi MSA or for some other geographic entity?

Thank you for your assistance. This information is very important to any analysis of the DOD recommendation since the inpatient admission cost factor is the basis for the estimate of the recurring costs of the proposed action.

Brian Martin

Office of Rep. Gene Taylor

202-225-5772

Response to Query:

The MJCSG used the average of the FY02-FY03 paid cost per admission recorded in the TRICARE claims database to estimate the costs of providing inpatient care in the Keesler local community. This is the source of the \$4314.25 cost used for the Keesler analysis. This figure includes all beneficiaries and is adjusted for TRICARE FOR LIFE beneficiaries where the DoD is a second payer to MEDICARE.

The nation-wide average per admission cost for the AF Medical Service for the FY02-FY04 time period was determined to be \$6790 from the same TRICARE Claims databases.

Applying this cost to the data for the Keesler recommendation reduces the annual savings by \$10 million from \$30M to \$20M.

Dabbs, Brian D.

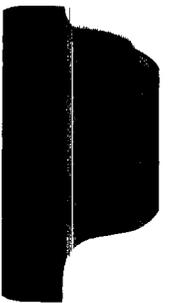
From: Martin, Brian [Brian.Martin@mail.house.gov]
Sent: Friday, July 15, 2005 1:51 PM
To: Dabbs, Brian D.; grif5657@bellsouth.net
Subject: FCI error summary

The Medical Joint Cross-Service Group created a formula that is intended to measure and compare the military value of installations that provide health care. An estimation of the physical condition of the buildings accounts for 12.5% of the military value formula. The facility condition index is determined by comparing the amount of construction needed for improvements with the total replacement value of the entire facility.

The Air Force data estimated that the total Plant Replacement Value of the Keesler Medical Center buildings is \$218 million, and reported \$29 million in construction project needs. Put another way, Keesler's construction needs are only 13.5% of the replacement value of the facility. That ratio should have earned 11.25 points of the 12.5 possible in the facility condition score. Because of an incorrect entry or miscalculation in the Medical Joint Cross-Service Group data, Keesler's score was erroneously reported as 0.0. In order to get no points in the facility condition score, a medical facility's construction needs would have to be more than 90% of the facility's replacement value.

Source: Brian Martin, Congress Gene Taylor's staff

7/20/2005





DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND

JUL 18 2005

MEMORANDUM FOR SAF/LLI

FROM: 81 TRW/CV
720 Chappie James Ave Rm 204
Keesler AFB MS 39534-2604

SUBJECT: Congressional Inquiry – Keesler AFB Medical Center, BRAC

This memo is in response to four questions from Senator Trent Lott's office. They are all regarding the impact of the BRAC recommendation to realign the Keesler Medical Center.

1. Describe the Keesler Medical Center's Graduate Medical Education (GME) Program. Specifically, how many students, specialties, professors, and graduates are produced each year? Also, what is the quality of the program? What do the inspectors and other accreditation agencies say about the Keesler program?

- There are 10 GME programs offered at Keesler Medical Center:
 - General Dentistry (1 year program) 14 Residents (combined for Dental program)
 - General Practice Residency (Dental) (2 year program)
 - Endodontics (2 year program)
 - Internal Medicine (3 year program) --24 students
 - Obstetrics and Gynecology (4 year program) -- 11 students
 - Nurse Anesthetists (CRNA) (18 month program) -- 5 students
 - Pediatrics (3 year program) -- 23 students
 - General Surgery (5 year program) -- 24 students
 - General Thoracic Fellowship (VA) (1 year program) -- 1 student
 - Orthopedic Physician Assistant (1 year program) -- 1 student
- There are currently 79 physicians (students) assigned obtaining their specialty training (GME)
- There are approximately 85 professors (in most cases a 1 to 1 student to instructor ratio)
- There are approximately 69 graduates per year
- The Keesler GME program is a fully accredited educational program. Keesler GME has been rated excellent (no marginal or poor write-ups) and successfully passed all surveys.

*—2. How many personnel would be lost if the GME program was lost due to the BRAC decision to shut down inpatient services at Keesler? Also, what specialties would be lost and are these available in the 40 mi radius that TRICARE uses?

The BRAC recommendation that Keesler Medical Center becomes an "ambulatory care center" with outpatient surgery capability assumes 212 medical professional (provider) staff positions (according to the Consolidated Omnibus Budget Reconciliation Act (COBRA) file dated May 20, 2005) will be eliminated at Keesler Medical Center, as typical Air Force ambulatory care centers do not require inpatient-specific services and most specialty services.

Inpatient-specific and GME-related medical staff positions which would be eliminated include:

- *All positions in the Graduate Medical Education Office and the residency program director offices*
- *Intensive Care Medicine*
- *Trauma/Critical Care*
- *Emergency Medicine (unless reconfigured as "Urgent Care Service")*
- *Nutritional Medicine*

Specialty services which are commonly not present in Air Force ambulatory facilities and thus would be eliminated include:

Pediatrics

Adolescent Medicine
Allergy
Cardiology
Clinical Genetics
Clinical Genetics and Clinical Cytogenetics
Developmental/Behavioral
Endocrinology
Gastroenterology
Hematology-Oncology
Infectious Diseases
Neonatology
Neurology

Internal Medicine

Allergy
Cardiology
Dermatology, General
Dermatology, Mohs Surgery
Endocrinology
Hematology-Oncology
Infectious Diseases
Nephrology
Neurology
Pulmonology
Rheumatology

Surgery

Cardiothoracic
Colorectal
Laparoscopic
Neurosurgery
Orthopedics, Hand
Orthopedics, Pediatric
Plastics

Urology

Vascular

Obstetrics-Gynecology

Obstetrics
Reproductive Endocrinology and Infertility
Maternal Fetal Medicine
Molecular Genetics
Gynecologic Oncology
Gynecologic Pathology
Urogynecology and Pelvic Reconstructive Surgery

Radiology

Chest/Cardiac
Neuroradiology
Nuclear Medicine
Radiation-Oncology

Pathology

General
Cytopathology
Dermatopathology
Transfusion Medicine/Bloodbanking

Surgical services which can operate from an ambulatory facility providing limited "high volume" procedures include:

- *General Surgery*
- *Gynecology*
- *Orthopedics*
- *ENT*
- *Ophthalmology*

Medical services suited for operation in an ambulatory setting in which limited "high-volume" procedures can be offered include:

- *General Internal Medicine and Pediatrics, Family Medicine, Flight/Occupational Medicine*
- *General Allergy Services*
- *Gastroenterology*
- *Women's Health*
- *Immunizations*
- *Optometry*
- *Health and Wellness Services*

Some surgical specialty services can continue with primarily ambulatory surgery center support, as long as referral hospitalization can be arranged through a civilian facility if required, and inpatient practice opportunities are available for skills maintenance of Keesler Medical Center providers. And, some medical specialties can offer high-volume consultative capability and limited procedure work, as long as support is present from a local inpatient facility and, again, cross-privileging and credentialing are available. However, such referral arrangements may depend on the receiving hospital's capacity and willingness to accept these patients (with TRICARE reimbursement), the willingness of the medical staff of the receiving hospital to credential and privilege Keesler providers to provide on-going care and the willingness of individual civilian physicians to provide cross-coverage (problematic due to the limited beneficiary population which Keesler providers may see).

The following medical/surgical specialties are available presently at Keesler Medical Center, but are lacking in the Gulfport-Biloxi civilian community. These services, as noted above, can be expected to close if Keesler Medical Center becomes an ambulatory care center typical of the others in the Air Force.

Pediatrics

Adolescent Medicine
Clinical Genetics
Developmental/Behavioral
Endocrinology
Gastroenterology
Hematology-Oncology

Infectious Diseases

Neurology

Internal Medicine

Dermatology, Mohs Surgery
Infectious Diseases is present on the coast but does not care for HIV patients

Surgery

*Colorectal
Laparoscopic
Orthopedics, Hand
Orthopedics, Pediatric
Trauma/Critical Care*

Maternal Fetal Medicine

*Molecular Genetics
Gynecologic Oncology
Gynecologic Pathology
Urogynecology and Pelvic Reconstructive
Surgery*

Obstetrics-Gynecology

Reproductive Endocrinology and Infertility

Dental

Hospital Dentistry

Note:

The only dental services that would definitely be affected would be Hospital Dentistry. The 2 residents in the 1-year General Practice Residency would have to do their hospital training at the VA Hospital. This is only about 20% of their training and we already have our residents do some of the training at the VA. This would just have to be expanded. We do not see this as a major problem as some of our dental providers are already credentialed at the Biloxi VA.

Oral Pathology could be affected but would most likely stay the same. There will still be a requirement for pathologists for outpatient surgery. The number of pathologists assigned would most likely decrease, but dental pathology requirements would stay the same.

Listing of hospitals, including VA medical centers, within 40 miles of your facility:

**Biloxi Regional Medical Center
Singing River Hospital System
VA Medical Center Biloxi
VA Medical Center Gulfport
Gulf Coast Medical Center
Singing River Hospital
Garden Park Medical Center
Gulf Oaks Hospital
Gulfport Medical Center
Hancock Medical Center
Gulfport Memorial**

Keesler Medical Center would maintain limited bedded capability to support "same-day" surgical operations (that is, to support post-operative care lasting less than 24 hours); however, without longer-term admitting capability, even outpatient surgery case selection would be limited to procedures on primarily young, healthy beneficiaries with few (if any) co-morbidities (pre-existent medical conditions which place patients at higher surgical risk and need for direct inpatient support, such as advanced diabetes, hypertension, heart disease, or obesity; note that these conditions are prevalent in the retiree population serviced by Keesler Medical Center). Based on other Air Force ambulatory surgery centers and the Keesler population base, between

15 - 20 "23-hour observation" beds would be required. All other active beds designed for longer-term care would be eliminated.

Other bedded facilities with full-service 24-hour Emergency Departments (for Keesler Medical Center referral stabilization and disposition) in the immediate Gulfport-Biloxi area (with numbers of beds, from the latest American Hospital Association reference guide) include:

BILOXI REGIONAL MEDICAL CENTER (150 Reynoir Street, Biloxi) - 153 beds

VETERAN'S ADMINISTRATION GULF COAST VETERAN'S HEALTHCARE SYSTEM/MEDICAL CENTER (400 Veteran's Avenue, Biloxi) – Currently only provides 10 psychiatric service beds to active-duty members only (Gulfport campus only) – Biloxi VA has 66 acute beds in main facility

GULF OAKS HOSPITAL/GULF COAST MEDICAL CENTER (180 DeBuys Road, Biloxi) – 189 beds

GARDEN PARK MEDICAL CENTER (15200 Community Road, Gulfport) – 130 beds

MEMORIAL HOSPITAL (4500 13th Street, Gulfport) – 445 beds

OCEAN SPRINGS HOSPITAL (3109 Bienville Blvd, Ocean Springs) – included in "Singing River" Hospital System

SINGING RIVER HOSPITAL (2809 Denny Boulevard, Pascagoula – 20 miles east) – 388 beds

HANCOCK MEDICAL CENTER (149 Drinkwater Blvd, Bay St. Louis – 30 miles west) – 104 beds

Note that several of these hospitals, notably the large Biloxi Regional Medical Center (which is the nearest civilian hospital to Keesler Air Force Base), are not a part of the TRICARE network, and thus may charge (15-35%) higher prices for services to TRICARE beneficiaries than TRICARE network hospitals. Also note that not all services presently available at Keesler Medical Center are available at the smaller community hospitals in the area, and many services are available at Keesler Medical Center alone.

- Emergency care would be diverted if the hospital becomes a clinic and ambulatory surgical center to the following locations:

Gulf Coast Medical Center - 3.3 miles

Singing River Hospital System - 10 miles

VA Medical Center Gulfport - 9.2 miles

Gulf Coast Medical Center - 5.4 miles

Singing River Hospital - 27.5 miles

Biloxi Regional Medical Center - 2.8 miles

Biloxi VA Medical Center - 1 mile

* **3. What will be the increased costs to our military members, their dependents, and retirees that Keesler currently serves if both the inpatient care and GME program is closed at Keesler?**

There is no inpatient cost for AD members or their Prime enrolled dependents; Prime enrolled retirees and their dependents will pay an \$11 subsistence fee per inpatient day. Patients have the option of choosing balanced billing, which involves paying the balance of the bill resulting from seeing a non-network provider should they choose to do so to avoid a longer driving distance to see a network provider.

See attached matrices for specific cost sharing percentages based upon TRICARE enrollment status: Attachment 1 is for Active Duty Dependents, Attachment 2 is for Retirees and dependents under 65, and Attachment 3 is for TRICARE for Life beneficiaries

What will be the price adjustments that HUMANA will have to make to the current contract when this additional case load is added to TRICARE?

This cannot be determined at the MTF level. HUMANA has contracted with TRICARE Regional Office-South (TRO-South) in San Antonio, TX, to provide an adequate network of facilities and providers based upon the complete regional requirements. This answer would need to come from either TRO-South or TRICARE Management Activity (TMA) in Washington DC, as they are the POCs for the regional contact with HUMANA. Keesler Medical Center has never been a part of the regional contract negotiation process and is not privied to any of that financial data.

Again, are the specialties and medical facilities available in the current TRICARE system to handle this case load?

Please see the response to Question 2.

What will be the additional costs that will result from having to expand the TRICARE system?

Keesler Medical Center is not in a position to answer this question.

4. How many Keesler Medical personnel have been deployed in the last 5 years? What are the specialties? Where were they deployed, and what does the after action reports say of their performance.

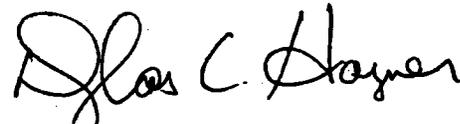
Keesler Medical Center has deployed 1,068 medical personnel over the past 5 years, from July 19, 2000 - July 9, 2005 for a combined total of 95,581 deployment days.

Every medical specialty within Keesler Medical Center has been tasked for some form of deployment. All personnel must be cleared for deployment readiness and stand ready to fill Primary or Alternate mobility slots (see attachment 4).

Keesler Medical personnel have deployed to various regions around the world. They have completed or are currently performing duties in CENTCOM, PACOM, EUCOM, and SOUTHCOM regions. Deployment taskings have ranged from 13 days to 365 days in duration. Keesler Medical Center Readiness staff just recently started surveying post-deployers from AEF's 3 and 4.

After Action Reports (AARs) are now accomplished electronically and filed in theater. Our Keesler medical personnel have been repeatedly lauded for superior performance while serving at various deployed location.

Especially noteworthy were the five Keesler medical personnel awarded the Bronze Star Medal for duty performance while supporting Operation ENDURING FREEDOM and IRAQI FREEDOM contingencies. The Bronze Star is the nation's fourth highest combat decoration. It is awarded to U.S. service members who distinguish themselves by heroic, meritorious achievement or service, not involving aerial flight participation, while engaging in military operations against any armed adversary.



DOUGLAS C. HAYNER, Colonel, USAF
Vice Commander
81st Training Wing

Attachments:

1. TRICARE Health Plan Comparison (Active Duty)
2. TRICARE Health Plan Comparison (Retirees, Families & Survivors)
3. TRICARE for Life Health Plan Comparison
4. Deployed Specialties

cc:

AETC/CCX
Senator Lott





June 3, 2005

Brigadier General (Ret.) Clark Griffin
2342 Beau Chene Drive
Biloxi, MS 39532

Dear General Griffin:

I have enclosed some information regarding deficits in physician availabilities for Memorial Hospital's service area. AmeriMed Consulting was engaged to survey/review the service area and concluded their work in early 2004. Their analysis not only highlights existing physician shortages, but mid-term potential shortages.

I am hopeful you will find this information useful. If you have any questions, feel free to call me at 865-3071.

Sincerely,



Gary G. Marchand
President and Chief Executive Officer

GGM:alj

Enclosure

C: Myrtis L. Franke

Executive Summary

AmeriMed Consulting was engaged by Memorial Hospital at Gulfport to assist in the development of a Medical Staff Development Plan based on the healthcare needs of its medical service area. This report includes both an analysis of Memorial Hospital at Gulfport's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties. The plan may serve as a guide for strategic staff planning for Memorial Hospital at Gulfport and may contribute to its effort to document community need for physicians, as is required by Federal physician recruiting regulations.

AmeriMed Consulting employs a physician needs assessment methodology that is based on a qualitative standard. The qualitative standard was established by the Internal Revenue Service (IRS) in a variety of General Counsel Memorandums, and was reinforced by its private letter ruling with Hermann Hospital and by its Final Revenue Ruling on Physician Recruitment (Revenue Rule 97-21). These and other rulings have better defined the position of the Internal Revenue Service and the Department of Health and Human Services relative to physician recruitment and community needs assessment. The qualitative standard presupposes a "continuum of need" in which the level of need for physician services in a community determines the level of incentives that may be offered to recruit physicians.

Community need is based on the total number of physicians providing medical services to an area, not only those physicians on staff at a hospital where the hospital may be considering physician recruitment. In accordance with IRS rulings, the qualitative standard does not factor the economic or financial benefits to the hospital of any recruitment of physicians in addressing the continuum of need.

AmeriMed Consulting therefore seeks to provide an analysis that will meet the IRS's definition of community need so Memorial Hospital at Gulfport will be compliant with IRS regulations, as well as the Department of Health and Human Services and Stark Law regulations, which also focus on community need as a determining factor in assessing the appropriateness of physician recruitment incentives.

Our approach to evaluating physician need is based on the following factors:

- Defining the demographic profile and payor mix of the client's service area.
- Researching unique service area factors that might influence the demand for healthcare services within the area.
- Identifying the total number of physicians by specialty in the defined service area.
- Developing a profile of the current Medical Staff.
- Utilizing 6 established physician needs assessment models to identify potential physician surpluses or deficits in each medical specialty.

- Examining results of the Medical Staff Survey and Physician Focus Interviews to determine the perceived recruitment needs of Memorial Hospital at Gulfport's existing staff physicians and to identify medical community concerns.
- Examining results of the Community Survey to determine public perception of medical services.
- Evaluating results of the above efforts in the context of our medical staffing and consulting experience.

The overall purpose of the analysis is to provide a context in which Memorial Hospital at Gulfport may evaluate the community's medical staffing needs and address those needs within the context of current federal laws, rules and regulations. Since each medical service area is unique, we strive to understand the subtleties of each service area in an effort to recommend the best course of action for our clients. However, we highly encourage our clients to supplement this analysis with their experience and specific market knowledge when implementing any strategic plan.

It is important to remember that within the rapidly changing health care environment, Memorial Hospital at Gulfport administration and trustees must remain flexible as to the sequence of additions to the Medical Staff. Changes within the physician community or expansion of hospital services may alter the recruitment recommendations herein. Specialties not reviewed in this plan may require the hospital to review the need for such specialties.

Memorial Hospital at Gulfport (MHG) is located in Gulfport, Mississippi and serves parts of George, Hancock, Harrison, Jackson, Pearl River and Stone counties. MHG has a secondary service market and a tertiary service market in addition to the defined primary market and has a total of 29 zip codes. The primary, secondary and tertiary service areas have unique demographic make ups and are profiled in detail in Section 3 (*Patient Market Profile*) of this report.

The primary service area experienced a population increase, growing from 166,383 people in 1990 to 193,326 people in 2003 (16.2%). An increase of 3.0%, or just over 5,800 residents, is projected between 2003 and 2008.

The median age of the total population within the service area is 34.1 years, which is younger than the national average of 35.6. The largest ethnic category in the primary service area is Caucasian (70.3%) followed by Blacks (22%). Asians represent 2.9% of the primary service area's population. The remaining population is comprised of various ethnic groups.

Household income/economic factors can have a significant impact on the general health of a service area. Lower household income may reflect lower primary care utilization and higher critical care utilization. Various studies and articles also suggest greater reliance on hospital emergency rooms for non-emergency diagnosis and treatment in low-income areas. Median household income in MHG's primary service area in 2003 was \$41,516, which was lower than the national median (\$47,177), but higher than the median for the state of Mississippi (\$34,729).

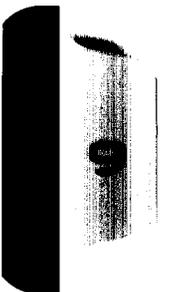
AmeriMed Consulting concludes the MHG service area has some household income-related factors that would drive an additional need for physician services within portions of the community. Over 11,500 households (15.8%) within the service area earn less than \$15,000 per year. A lack of available resources to the indigent may increase volumes in the emergency

**Summary of Physician Needs
Memorial Hospital at Gulfport**

	Current Communitywide Need for Physician FTEs (A)	MHG Succession Planning (FTEs) (B)	Total FTEs to Evaluate for Potential Recruitment (C)
	A + B = C		
Family Practice	2.0	2.8	4.8
Internal Medicine	4.0	0.8	4.8
Pediatrics	2.0	2.0	4.0
Total Primary Care Specialties	8.0	5.6	13.6
Anesthesiology	-	<i>up to 1.0</i>	<i>up to 1.0</i>
Emergency Medicine	2.0	<i>up to 4.0</i>	<i>up to 6.0</i>
Hospitalists	2.0	-	2.0
Pathology	2.0	<i>up to 2.0</i>	<i>up to 4.0</i>
Radiology	2.0	<i>up to 4.0</i>	<i>up to 6.0</i>
Total Hospital Based Specialties	8.0	<i>up to 11.0</i>	<i>up to 19.0</i>
Allergy/Immunology	-	-	-
Cardiology	1.0	2.0	3.0
Dermatology	2.0	-	2.0
Endocrinology	1.0	0.9	1.9
Gastroenterology	-	1.6	1.6
Hematology/Oncology	1.0	1.0	2.0
Infectious Disease	1.0	-	1.0
Neonatology/Perinatology	-	-	-
Nephrology	-	1.0	1.0
Neurology	2.0	0.4	2.4
Obstetrics/Gynecology	2.0	0.8	2.8
Pain Management	1.0	-	1.0

**Summary of Physician Needs
Memorial Hospital at Gulfport**

	Current Communitywide Need for Physician FTEs (A)	MHG Succession Planning (FTEs) (B)	Total FTEs to Evaluate for Potential Recruitment (C)
	A + B = C		
Pediatric Cardiology	1.0	1.0	2.0
Pediatric Endocrinology	1.0	-	1.0
Pediatric Hematology/Oncology	1.0	-	1.0
Physical Medicine & Rehabilitation	1.0	1.0	2.0
Psychiatry	3.0	4.0	7.0
Pulmonology/Critical Care	2.0	-	2.0
Radiation Oncology	-	-	-
Rheumatology	1.0	-	1.0
Total Medical Specialties	21.0	13.7	34.7
Cardiac/Thoracic Surgery	1.0	0.7	1.7
General Surgery	3.0	3.0	6.0
Neurosurgery	-	1.0	1.0
Ophthalmology	-	1.0	1.0
Oral/Maxillofacial Surgery	1.0	-	1.0
Orthopedic Surgery	4.0	0.8	4.8
Otolaryngology	1.0	-	1.0
Plastic Surgery	-	-	-
Urology	1.0	4.8	5.8
Vascular Surgery	-	-	-
Total Surgical Specialties	11.0	11.3	22.3
Total All Physicians	48.0	up to 41.6	up to 89.6



OTHER COMMUNITY EFFECTS

LOSS OF EMERGENCY SERVICE – DISASTERS/WEATHER

- Keesler Medical Center has significant responsibilities in disaster preparedness and response.
 - Homeland Security Relationships
 - In a place decontamination capability with trained personnel.
 - Civilian Partnerships
 - Key participant in National Disaster Medical System (NDMS)
 - Lifesaver 2004... Largest Multi-State, Multi-Agency, Multi-Service disaster response exercise since 9/11
 - December 2002 Small pox vaccinations of thousands
 - DoD Blood Donor Center
 - Portable Ultrasound Diagnosis in field.

- They also provide invaluable emergency capabilities during weather related disasters (hurricanes, etc.)

Source: KAFB Medical Center Briefing



Lifesaver 2004

U.S. AIR FORCE



Integrity - Service - Excellence



Lifesaver 2004

U.S. AIR FORCE



Integrity - Service - Excellence



Lifesaver 2004

U.S. AIR FORCE



Integrity - Service - Excellence



OTHER COMMUNITY EFFECTS

LOSS OF MEDICAL PERSONNEL FOR COAST

- Keesler is a primary source of medical personnel for the Gulf Coast.
 - Physicians completing military obligations / retired medical personnel.
 - Also included nurses and all medical technicians.
- Recruiting in Mississippi very hard.
 - Reputation as poor state.
 - Education system problem.
 - Tort system not favorable.
- However, personnel assigned to Keesler see the “Real” Mississippi Gulf Coast factors of:
 - Outstanding recreational area
 - Top-Notch schools (new facilities with highest state academic ratings)
- Many in local hospitals have been or associated with Keesler

Source: CEO Letters / Email lists.

Subj: Keesler Related Physicians
Date: 6/3/2005 2:47:47 P.M. Central Standard Time
From: Leslie.Johnson@brmc.hma-corp.com
To: Rbris12345@aol.com

**BILOXI REGIONAL MEDICAL CENTER
PAST/PRESENT PHYSICIANS ON MEDICAL STAFF
ASSOCIATED WITH KEESLER AIR FORCE BASE**

The following Keesler Air Force Base physicians have held medical staff privileges at Biloxi Regional Medical Center (previously known as Howard Memorial Hospital):

George Adcock, M.D. Otolaryngology
Paul Blair, M.D. Otolaryngology
Alex Blevens, M.D. Orthopaedic Surgery
Richard Buckley, M.D. Neurosurgery
Mark Campbell, M.D. Cardiology
Mark Colligan, M.D. Cardiology
James Corder, M.D. Anesthesiology
Alan Cogle, M.D. Pediatric Cardiology
James Clarkson, M.D. Medical Oncology
S.H. Dees, M.D. Plastic Surgery
Eric Finley, M.D. Dermatology
Richard Gorman, D.O. Neurology
Charles Holman, M.D. Urology
Michael Hensley, D.O. Pediatric Hematology/Oncology
Heather North, M.D. Rheumatology
David McAfee, M.D. Anesthesiology
Harrell Pace, M.D. Otolaryngology
Joel Phares, M.D. Cardiology
Russell McDowell, M.D. Emergency Medicine & Adolescent Medicine
Bruce McGehee, M.D. Emergency Medicine
Gary Mueller, M.D. Endocrinology
Diana Ragula, M.D. Radiology
Andrew Ragula, M.D. Emergency Medicine
Gary Rodberg, M.D. Pulmonary Medicine
David Rosenfeld, M.D. Anesthesiology
Ronald Rosenquist, D.O. Emergency Medicine
Eric Torp, M.D. Dermatology
William Troutman, M.D. Pediatric Cardiology
Steven Miller, M.D. Pediatric Neurology
Raymond Weiss, M.D. Otolaryngology
Robert Williams, M.D. Behavior & Developmental Pediatrics

PART-TIME EMERGENCY ROOM PHYSICIANS

Ronnie Ali, D.O. Emergency Medicine
Senthil Algarsamy, M.D. Emergency Medicine
Andrew Anfanger, M.D. Emergency Medicine
William Beazley, M.D. Emergency Medicine
Russell Betcher, M.D. Emergency Medicine
Gregory Bachhuber, M.D. Emergency Medicine
Kenneth Brewington, M.D. Emergency Medicine
Stephen Chouteau, M.D. Emergency Medicine
James Creasey, M.D. Emergency Medicine
Mark Foppe, M.D. Emergency Medicine

Saturday, June 04, 2005 America Online: RBris12345

SUMMARY OF INFORMATION ON SPECIALTY SERVICES FOR TRI-CARE AS ADMINISTERED BY HUMANA MILITARY HEALTHCARE SERVICES

Overview of Data

- Obtained from www.humana-military.com week of June 27 – July 1st
- Info related to Tri-Care South which covers AL, AR, GA, FL, LA, MS, OK, SC, TN, & TX
- Contains info on specialty service providers who accept Tri-Care, as administered by Humana, within both a 40 mile and 60 mile traveling distance from zip code 39534 (Location of Keesler AFB)

Summary

There are thirty-four (34) specialty services provided at Keesler that are not listed as available services through Humana HealthCare System. They include the following:

Adolescent Medicine
Cardiology
Clinical Genetics
Clinical Cytogenetics
Developmental/Behavioral Pediatrics
Cardiology
Dermatology, Mohs Surgery
Intensive Care
Laparoscopic Surgery
Orthopedic, Hand Surgery
Orthopedic, Pediatric Surgery
Otolaryngology Surgery
Maternal Fetal Medicine
Molecular Genetics
Urogynecology and Pelvic
Reconstructive Surgery
Occupational Medicine
Chest/Cardiac Radiology
Cytopathology
Dermatopathology
Transfusion
Medicine/Bloodbanking
General Dental
Dental Materials
Endodontics
Hospital Dentistry
Maxillo-facial Prosthodontics
Oral Pathology
Orthodontics
Pedodontics
Periodontics

Prosthodontics
 Clinical Pharmacy
 Public Health

Of Tri-Care South Services that are provided through Humana, there are forty six (46) specialty services where there are no service providers within a forty (40) mile traveling distance of Keesler Air Force Base. Twenty-two (22) of these services however are presently provided at Keesler Hospital. This list of services includes the following (those available at Keesler are denoted with an asterisk*):

Aerospace Medicine *
 Anesthesiology
 Audiologist
 Chiropractor, Licensed *
 Emergency Medicine *
 General Surgery *
 General Therapy
 Geriatrics
 Hematology *
 Hematology/Oncology *
 Individual Certified Prothetist
 Infectious Disease *
 Manipulative Therapy (Osteopaths)
 Midwife
 Miscellaneous
 Mixed Specialty Clinic
 Neonatology *
 Nuclear Medicine *
 Nurses (Rn)
 Obstetric Surgery *
 Occupational Therapy *
 Oncology *
 Ophthalmology, Ontology, Laryngology & Rhino
 Opticians
 Oral Surgery (Dentist) *
 Otology, Laryngology & Rhinology
 Pathology *
 Physical Medicine & Rehabilitation
 Physical Therapist *
 Physician's Assistant
 Preventive Medicine
 Proctology
 Child Psychiatry *
 Radiation Oncology *
 Radiation Therapy
 Radiology *

Sleep Disorders
 Speech Pathologist/Speech Therapist
 Surgery, Cardiovascular
 Surgery, Colon/Rectal *
 Surgery, Vascular *
 Surgical Oncology
 Thoracic Surgery
 Urgent Care Center *
 Urology *
 Workplace Issues

Of Tri-Care South Services that are provided through Humana, there are twenty-seven (27) specialty services where there are no service providers within a sixty (60) mile traveling distance of Keesler Air Force Base. Twelve (12) of these specialty services however are presently provided at Keesler Hospital. This list of services includes the following specialty areas (those available at Keesler are denoted with an asterisk*):

Aerospace Medicine *
 Audiologist
 Chiropractor, Licensed *
 General Therapy
 Individual Certified Prothetist
 Manipulative Therapy (Osteopathis)
 Midwife
 Miscellaneous
 Mixed Specialty Clinic
 Nuclear Medicine *
 Nurses (Rn)
 Obstetric Surgery *
 Occupational Therapy *
 Ophthalmology, Ontology, Laryngology & Rhino
 Opticians
 Oral Surgery (Dentist) *
 Pathology *
 Physical Therapist *
 Physician's Assistant
 Preventive Medicine
 Proctology
 Child Psychiatry *
 Radiology *
 Surgery, Colon/Rectal *
 Surgical Oncology
 Urgent Care Center *
 Workplace Issues

The following chart represents figures for all specialty services provided through Humana's Tri-Care South program. Services available at Keesler Hospital are denoted with an asterisk*:

	Specialty Service Area	Number of Providers Within 40 Miles of KAFB	Number of Providers Within 60 Miles of KAFB
1	Primary Care Manager	22	90
2	Aerospace Medicine*	0	0
3	Allergy*	1	4
4	Anesthesiology	0	1
5	Audiologist	0	0
6	Cardiovascular Disease	14	62
7	Certified Registered Nurse Anesthetist	2	2
8	Chiropractor, Licensed*	0	0
9	Dermatology*	2	6
10	Emergency Medicine*	0	2
11	Endocrinologists*	4	7
12	Family Practice*	13	41
13	Gastroenterology*	48	62
14	General Practice*	7	10
15	General Surgery*	0	19
16	General Therapy	0	0
17	Geriatrics	0	2
18	Hand Surgery*	5	7
19	Hematology*	0	5
20	Hematology/Oncology*	0	7
21	Individual Certified Prosthetist	0	0
22	Infectious Disease*	0	4
23	Internal Medicine*	9	69
24	Manipulative Therapy (Osteopaths)	0	0
25	Marriage and Family Therapists	11	16
26	Mental Health Counselor	7	19
27	Midwife	0	0
28	Miscellaneous	0	0
29	Mixed Specialty Clinic	0	0
30	Neonatology*	0	3
31	Nephrology*	11	18
32	Neurological Surgery*	2	4
33	Neurology*	8	22

34	Nuclear Medicine*	0	0
35	Nurse Practitioner	8	19
36	Nurses (Rn)	0	0
37	OB/GYN*	9	24
38	Obstetric Surgery	0	0
39	Occupational Therapy*	0	0
40	Oncology	0	16
41	Ophthalmology*	20	35
42	Ophthalmology, Otology, Laryngology & Rhino	0	0
43	Opticians	0	0
44	Optometrist*	8	18
45	Oral Surgery (Dentist)*	0	0
46	Orthopedic Surgery*	45	56
47	Otology, Laryngology & Rhinology	0	1
48	Pathology*	0	0
49	Pediatrics*	7	28
50	Physical Medicine and Rehabilitation	0	2
51	Physical Therapist*	0	0
52	Physician's Assistant	0	0
53	Plastic Surgery*	1	2
54	Podiatry*	10	15
55	Preventive Medicine	0	0
56	Proctology	0	0
57	Psychiatric Nurse	1	2
58	Psychiatry*	17	24
59	Psychiatry, Child	0	0
60	Psychologists*	30	49
61	Pulmonary Disease	6	11
62	Radiation Oncology*	0	1
63	Radiation Therapy	0	1
64	Radiology*	0	0
65	Rheumatology*	1	4
66	Sleep Disorders	0	1
67	Social Work	44	67
68	Speech Pathologist Speech Therapist	0	1
69	Surgery, Cardiovascular	0	6
70	Surgery, Colon/Rectal*	0	0
71	Surgery, Vascular*	0	2
72	Surgical Oncology	0	0
73	Thoracic Surgery	0	5
74	Urgent Care Center*	0	0

75	Urology*	0	2
76	Workplace Issues	0	0

Chart of Only Humana Tri-Care Services that are presently available at Keesler

	Specialty Service Area	Number of Providers Within 40 Miles of KAFB	Number of Providers Within 60 Miles of KAFB
1	Aerospace Medicine*	0	0
2	Allergy*	1	4
3	Chiropractor, Licensed*	0	0
4	Dermatology*	2	6
5	Emergency Medicine*	0	2
6	Endocrinologists*	4	7
7	Family Practice*	13	41
8	Gastroenterology*	48	62
9	General Practice*	7	10
10	General Surgery*	0	19
11	Hand Surgery*	5	7
12	Hematology*	0	5
13	Hematology/Oncology*	0	7
14	Infectious Disease*	0	4
15	Internal Medicine*	9	69
16	Neonatology*	0	3
17	Nephrology*	11	18
18	Neurological Surgery*	2	4
19	Neurology*	8	22
20	Nuclear Medicine*	0	0
21	OB/GYN*	9	24
22	Occupational Therapy*	0	0
23	Ophthalmology*	20	35
24	Optometrist*	8	18
25	Oral Surgery (Dentist)*	0	0
26	Orthopedic Surgery*	45	56
27	Pathology*	0	0
28	Pediatrics*	7	28
29	Physical Therapist*	0	0
30	Plastic Surgery*	1	2
31	Podiatry*	10	15
32	Psychiatry*	17	24
33	Radiation Oncology*	0	1
34	Radiology*	0	0
35	Rheumatology*	1	4
36	Surgery, Colon/Rectal*	0	0
37	Surgery, Vascular*	0	2
38	Urgent Care Center*	0	0

39	Urology*	0	2
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Overview of Charted Information

- 76 specialty programs administered by Humana presently accept Tri-Care
- Of the 76 programs, 38 are presently available at Keesler Hospital (Also, note from page one that Keesler provides 34 additional specialties not included in Humana's list of 76)
- 46 of 76 specialty programs are not within 40 miles of KAFB
- 27 of 76 specialty programs are not within 60 miles of KAFB
- Based upon the number of Humana services not available near KAFB, military personnel in this area presently must travel long distances to receive a number of services. If services at Keesler are discontinued or severely decreased, military personnel in the area may have little to no healthcare coverage in close proximity.

Stats Regarding Programs Presently at Keesler

- 19 of 39 programs are not provided elsewhere within 40 miles
- 10 of 39 programs are not provided elsewhere within 60 miles of KAFB
- 26 of 39 programs outside of Keesler but within 40 miles are supported by 5 or less specialists
- 22 of 39 programs outside of Keesler but within 60 miles are supported by 5 or less specialists



OTHER COMMUNITY EFFECTS

LOSS OF RETIREES FOR THE GULF COAST

- A top consideration for all retiree eligible people is...
 - Where can I get proper medical care -- AARP
- This is particularly true for military retirees since they have been “promised” healthcare for them and their families for their military service.
- Over the years, this “Promise” has eroded significantly as the United States has downsized its military, and subsequently, its military medical corps.
- Therefore, many decide to retire where there is a Medical Center with a Graduate Medical Education Program. Here, they will continue to receive “on base” care since a Medical Center needs a larger, more diverse, and frankly, a more challenging caseload to maintain accreditation standards.
- Keesler Air Force Base Medical Center is the model for all of these facts.

Therefore,

- Loss of the inpatient care, which shuts down the GME program will have a devastating affect to drawing military retirees to the Coast.
- Read what a major businessman has to say about this loss (see attached letter).



1636 Popps Ferry Road
Suite 211
Biloxi, MS 39532

(228) 396-9622
Fax (228) 396-8597
www.traditiongulfcoast.com

July 1, 2005

The Honorable A.J. Holloway
Mayor
City of Biloxi
Post Office Box 429
Biloxi, MS 39533

Dear Mayor Holloway:

I am writing this letter to express my strong concern about the elimination of the in-patient hospital mission at Keesler Medical Center, as recommended in the Base Realignment & Closure (BRAC) Commission's recent report.

As you know, when we conceived this 4,600 acre master planned community, the project location was chosen due to proximity to Keesler Air Force Base, which is within 15 minute drive of the Tradition property.

We felt so strongly about the project and potential impact that we pledged an investment of \$50 million by 2010 to the State of Mississippi and Harrison County. This requirement and that 50% of project be marketed to retirees were committed to because we had assets like Keesler Medical Center that would attract significant numbers of military retirees.

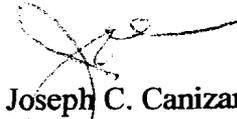
In every marketing presentation – whether to a joint venture partner or prospective buyer - Keesler Medical Center's prominence as the 2nd largest medical facility in U.S. Air Force, the hospital's presence on base, and doctors in over 100 specialties were all seen as significant selling points. We have a database of over 800 prospects, over 70% of them retirees who cited the proximity to quality medical facilities as a top reason for their interest in Tradition.

We are not alone in marketing the benefits of Keesler Medical Center. The Mississippi Gulf Coast Retiree Partnership has received over 14,000 inquiries since 2000 from prospective retirees and has documented the relocation of over 1,000 new retiree households during that same time period – many of them military veterans.

The change to a strictly outpatient mission would not only compromise the medical benefits to thousands of military retirees who have moved to South Mississippi and the Gulf South region, but it would be a detriment to the growth of the Tradition master planned community and new tax revenue to Harrison County and the State of Mississippi.

We strongly encourage the Commission, the Congress, and President Bush to reconsider this recommendation and keep Keesler Medical Center's full mission in tact.

Sincerely,



Joseph C. Canizaro
President/CEO
Tradition Properties, Inc.



OTHER COMMUNITY EFFECTS

LOSS OF SYNERGIES WITH VA AND LOCAL HOSPITALS

- Keesler Air Force Base and the Veterans Administration have been working closely in an attempt to consolidate Veterans Administration facilities and take advantage of synergies of these key medical facilities.
- The Cares commission site visit report outlines this collaboration.
 - See CARES commission report attached.
- This collaboration was repeated in June 2005 by Lt. General Clark Griffith at the Cares Commission hearing in Biloxi, MS.
 - The talking paper used at this hearing is attached.
- General Taylor's reply to this concern – "The Veterans Administration will have to re-look their decisions.

**CARES COMMISSION
SITE VISIT REPORT**

**VISN 16's VA Gulf Coast Veterans Health Care System
Biloxi and Gulfport, Mississippi**

Date of Visit: July 2, 2003

Site(s) Visited:

Biloxi VA Medical Center, Mississippi
Gulfport VA Medical Center, Mississippi
Keesler Air Force Base, Biloxi, Mississippi

CARES Commissioners/Staff in Attendance:

Commission Vice Chairman R. John Vogel
Commissioner Joseph Binard
Commission Staff Team Leader Kathy Collier

Overview of Visit to Biloxi and Gulfport VA Medical Centers (VAMCs) and Keesler Air Force Base:

The Biloxi and Gulfport VAMCs are the only two medical centers along the Mississippi, Alabama and panhandle Florida Gulf Coast. The Biloxi and Gulfport VAMCs are eight miles apart and have been consolidated for greater than 30 years.

The Biloxi VAMC employs approximately 1,088 employees and is a 48 bed acute medical and surgical inpatient unit including intensive care. Biloxi VAMC provides health care for 124-nursing home and intermediate care beds, 171 domiciliary beds, and outpatient mental health. Located on the Biloxi campus is a VA National Cemetery. All of the buildings on the Biloxi campus are utilized either for administrative services or health care delivery. There is ample vacant land to accommodate expansion through new construction. A corporate office for the Gulf Coast Health Care System is located at Biloxi (as well as a second, smaller corporate office located in Pensacola, Florida.)

The Gulfport VAMC employs approximately 430 employees. This facility serves as an inpatient psychiatric care unit with 144 operating beds (with a 30% average daily census.) Through collaborative agreement with the Keesler Air Force Base in Biloxi, this inpatient unit also houses active duty military personal with acute mental health needs, although some patients are there for an extended period of time. On July 2, one Air Force member had a 75-day stay. At the time of our visit, approximately eight of the psychiatric inpatients were active duty military personnel. The Gulfport VAMC has a 56-bed nursing home and dementia unit, and the primary outpatient mental health care facility. The Gulfport VAMC also has a very large laundry facility, which provides laundry services for VAMCs in New Orleans, Louisiana and Gulf Coast regions.

The Gulfport facility was built in 1917 to commemorate the 100th anniversary of Mississippi's statehood. Initially this facility was by the Navy as a training facility until

1919, when it became a public health facility. In 1922, VA acquired the facility for \$125,000. All of the buildings except those constructed in recent years are on the historic registry. In Gulfport many of these historic buildings are vacant or used only for storage.

The Biloxi and Gulfport VAMCs appear to be well organized with appropriate staffing to provide patient care. The facilities have consolidated administrative services. Due to recent renovations, the Biloxi VAMC is well equipped to provide health care services. Additional renovations are planned to maximize health care delivery. Renovations that included administrative offices were also planned in such a way as to be converted to medical wards in the event that is needed.

Keesler Air Force Base is only a few miles from Gulfport VAMC and abuts the Biloxi VAMC. Keesler's primary goal through collaboration with VA is to support VA infrastructure by meeting veterans' acute hospitalization, surgery and rehabilitation needs and in return Keesler Medical Center's graduate and medical education training programs expand. Keesler would also like to engage in joint clinical research with VA as well as joint psychiatric services. Keesler's model involves the Department of Defense (DOD), in this case the Air Force, taking care of inpatient services while VA takes care of outpatient services. Access to the military base is considered by the Air Force leadership to be a technical obstacle and one that can be overcome. Additionally, as it relates to access to the military base, the Air Force, the Director of the VA Gulf Coast Veterans Health Care System (VAGCVHCS), and state and local government officials are discussing the possibility of constructing a connector road between the Biloxi VAMC and Keesler Air Force Base.

Two primary issues must be considered relating to the collaborative model with Keesler Air Force Base. First, according to Brigadier General David Young, Keesler's short runway makes it vulnerable to closure under DOD's Base Realignment and Closure initiative, which will not be known until approximately 2005. An enhanced relationship with VA may make retaining Keesler Air Force Base more viable. Second, the veterans receiving inpatient care in military facilities must abide by DOD rules. Of particular note is the rule of no smoking in DOD facilities.

Summary of Meeting with VISN Leadership:

Names and Titles of Attendees:

Mr. Lynn Ryan, Acting Deputy Network Director, VISN 16

Ms. Julie Catellier, Director, VAGCVHCS

Gregg Parker, MD, Chief of Staff, VAGCVHCS

Ms. Chris Jones, Associate Director, VAGCVHCS

Mr. Andy Welch, Associate Director for Outpatient Clinic Management,
VAGCVHCS

Ms. Evelyn Wingard, PhD, RN, Associate Chief of Staff for Nursing, VAGCVHCS

Ms. Cindy Jwainat, VISN 16 Business Manager

Mr. Mario Rossilli, VISN 16, Public Affairs Officer

Ms. Tina Cassell, Administrative Assistant to the Director, VAGCVHCS

Meeting and Tour of Facilities:

Ms. Julie Catellier lead the informal meeting giving an overview of the VAGCVHCS, which includes sites visited as well as major other locations in Mobile, Alabama, Pensacola, Florida, and Panama City, Florida. Following this meeting, visiting Commissioners and Commission Staff were escorted on a walking tour of the Biloxi VAMC. A driving tour of the Gulfport VAMC followed. Also, Commissioners and Commission Staff met Brigadier General David Young, Medical Officer from Keesler Air Force Base. As mentioned earlier, General Young provided a brief overview of the sharing opportunities under discussion with the VAGCVHCS and directed everyone on a driving tour of the base.

What did we learn?

The VAGCVHCS has two VAMCs in the Biloxi and Gulfport. The Alabama and panhandle Florida gulf coasts are primarily served through 100% VA-staffed community outpatient clinics (CBOCs). The greatest need in VISN 16 is present in the panhandle of Florida, partially due to the growing aged veteran population and the fact there is no medical center in that area. At this time, inpatient care to veterans from Florida and southern Alabama are provided in Biloxi and Gulfport, unless community-based services can be arranged. This requires some veterans to drive up to eight hours (average) to receive VA health care.

Throughout the VAGCVHCS, there are tremendous opportunities to partner with the DOD. Generally, DOD medical response is good with adequate medical resources available unless these resources are deployed in support of military defense efforts. Thirteen VA/DOD sharing agreements are in place between VAGCVHCS and six military facilities and more are in the planning stages. Agreements include selling, buying and sharing of staff, space, and clinical and non-clinical resources. Among the VA/DOD sharing arrangements:

- Gulfport VAMC provides inpatient psychiatric health care to Keesler's active duty military personnel with non-adjustment/stress-type mental health illnesses.
 - NOTE: The Gulfport VAMC presently has 32 high intensity (acute) beds, 32 general intermediate psychiatry beds (chronic), 29 geropsychiatry beds (more long term beds), and a 54 bed Dementia Unit under the Extended Care Service.
- Shared inpatient and specialty care with Keesler Air Force Base with Keesler providing cardiovascular surgery, VA providing critical care nurses, and both sharing radiation oncology physician.
 - NOTE: Keesler Air Force Base Hospital has 90 operating beds and the capacity for 200-300, if needed. At the time of our visit, 75 beds were occupied.
- Joint ambulatory care center in Pensacola, Florida on Corry Station.
 - NOTE: The Naval Hospital in Pensacola has 60 beds with a 42 percent occupancy rate and an average daily census of 25. In addition to overnight stays, this facility has a large volume of same day surgery and other procedures that occupy these beds.

- Expanded primary care services at Tyndall Air Force Base, Florida.
- Shared use of urology physician assistant at Pensacola Navy Hospital.
 - NOTE: In April 2003, the Congress passed Veterans' Health Care Facilities Capital Improvement Act, H.R. 1720, which authorized the Secretary of VA to carry out construction projects for the purpose of improving, renovating, establishing, and updating patient care facilities at VAMCs. It was mentioned that under this authority, up to \$45 million was authorized for a joint VA/DOD clinic in Pensacola.

Under the CARES market planning process, VISN 16 has proposed a new medical center in the Pensacola, Florida area. However, several pre-CARES strategies have been implemented in the Mobile, Alabama and Florida panhandle to respond to the rapid growth in demand in those areas. Coupled with the VA/DOD sharing arrangements under development, these pre-CARES strategies include:

- New CBOC in Panama City, Florida in June 1998, with expansion in April 2002
- Relocated and expanded the Mobile, Alabama CBOC in March 2001, with a second expansion to begin in July 2003
- Because Pensacola, Florida is the fastest growing area in the VAGCVHCS, Pensacola North Clinic in September 2002, and plans include expanding primary care
- Establishment of VA CBOC on Eglin Air Force Base, Florida
- Additional expansion of primary care at Tyndall Air Force Base

Significant Issues to consider:

The DOD plays a dominant role in the VAGCVHCS's ability to meet health care demand. First there is the issue of potential closure of Keesler Air Force Base under DOD's Base Realignment and Closure initiative in as early as 2005. If Keesler Air Force Base is closed, VA could utilize that hospital complex to satisfy much of VA's present and future needs. Second, other military facilities in this market area have the capacity to accommodate VA workload.

The CARES market plan calls for closure of the Gulfport VAMC in 2009. The biggest question with this potential closure is where to place the inpatient psychiatric patients, the Alzheimer's unit, as well as the administrative support staff presently located in the operating buildings at that facility. Again, DOD plays a heavy role in this decision. Absent an agreement with Keesler Air Force Base, patients could be moved from Gulfport to the Biloxi campus but only if new construction is approved. This new construction, as we learned, may be in the form of new administrative offices because as mention earlier, administrative office renovations in recent years at the Biloxi campus may be reverted to medical wards with minor alterations.

Both the Biloxi and Gulfport VAMCs have many buildings on the Mississippi historic register. However, the CARES market plan for Gulfport includes long-term enhanced

use lease agreements that would preserve these buildings but provide for appropriate re-use of the grounds. (NOTE: There is strong opposition to closure of Gulfport from Congressman Gene Taylor, primarily due to an economic development opportunity for a retirement community in the Gulfport area that promotes federal health care availability.)

Summary of Stakeholder Meeting(s)

Ms. Catellier provided welcoming remarks to all stakeholders and introduced the Commissioners and Commission Staff. Ms. Catellier gave an overview of the purpose of the meetings and asked each attendee to introduce him/herself. Stakeholders present represented veteran service organizations, state and county veteran service organizations, State Directors of Veterans Affairs, Congressional staff, and DOD representatives from TriCare.

Vice Chairman Vogel thanked everyone for taking time to be at the meeting. Vice Chairman Vogel gave a brief background description of the CARES experience. He gave an overview of the Commission, its role and responsibilities as chartered by Secretary Principi, the role of the stakeholders meetings, and the purpose of the Commission's future hearings.

Commissioner (Dr.) Binard provided a brief discussion of the need to focus on the "enhanced services" part of CARES. Commissioner Binard also emphasized the importance of the stakeholders input not only in terms of what is, but what the stakeholders perceive the needs of veterans to be.

Topics of Discussion:

As a group, the stakeholders felt they were well versed in the issues surrounding CARES and how the market plans may impact their constituents. They were keenly interested in the next steps of CARES particularly the Commission's role in those next steps.

The group's discussions fell into the following general categories:

- **Interrelationships/Joint ventures with DOD:** There was generally universal support for VA/DOD sharing in VISN 16. They felt the VA leadership is taking advantage of the current connectivity with DOD and the future plans sound promising. There was, however, expressed concern over the potential closure of Keesler Air Force and the lost opportunity for inpatient surgery. Stakeholders also expressed some concern regarding the ability of DOD to absorb the growing workload capacity. A small number of stakeholders expressed some concern regarding the ability to obtain specialty care from the DOD. For example, in the case of neurosurgeons in the Gulf Coast area, there were five neurosurgeons in the area. Now, there are only two on the Air Force's staff because the malpractice crisis caused the other three to leave the area.
- **Access to Inpatient and Outpatient Care:** Many stakeholders, particularly Florida's Congressman Jeff Miller's staff member, shared their concerns regarding the lack of inpatient health care services in the Florida panhandle and southern Alabama. Driving times are on the average from six to eight hours to the nearest VAMC. It was stated that the outpatient resources are inadequate for the

Florida panhandle especially in light of migration of veterans to the south, advances in health care, and the fact that the CBOCs in that area were built to handle a much smaller workload. Congressman Miller's staff member expressed on behalf of the Congressman support for the Secretary and the CARES process.

- **Optimization of Resources/Potential closure of Gulfport VAMC:** Stakeholders understood the logic of closing the Gulfport VAMC but were deeply concerned over status of the inpatients at that facility should it close. There is heavy reliance on the ability to establish a sharing arrangement with Keesler but the uncertainty of Keesler's future added to their concerns.
- **Concerns for the Families:** Stakeholders asked the Commissioners to consider the families of veterans before asking veterans to up-root in order to receive care, especially if the veteran requires nursing home care. Stakeholders expressed an interest in alternative VA nursing home care with the use of home-based nursing/assisted living caregivers and more state veterans homes. There is a state nursing home in Panama City, Florida, which will start admitting veterans in August 2003. Another state nursing home is being added to the Florida panhandle. There are three state nursing homes in Mississippi. In the Biloxi/Gulfport area, there is an Armed Services Retirement Home providing assisted living to veterans and military retirees.
- **Communications/Stakeholder Involvement:** Stakeholders were positive about local VA management and most felt they have been included in the CARES process thus far. They look forward to being included in the formal hearing process on August 26, 2003.

Exit Briefing with VISN/VAGCVHCS Leadership:

The following key issues were highlighted:

- Closure of Gulfport by 2009:
 - Provides an opportunity for VA to divest of the property under long-term enhanced use lease agreements.
 - Heavily contingent on future of Keesler Air Force Base under the DOD's Base Realignment and Closure initiative. Expected decision to be made by 2005.
 - Contingent on VA funding to construct new buildings at Biloxi. These new buildings will support administrative services personnel and the buildings now housing these personnel would be converted to medical wards.
 - Congressional opposition by Mississippi Congressman Gene Taylor.
- Large, vocal veteran population in the Florida panhandle
- Network Director, Dr. Robert Lynch, has committed to no loss of services to veterans and their families and no loss of employment for VA staff

Commissioners Vogel and Binard and Commission Staff Member Collier expressed gratitude for the hospitality extended them during this learning experience. Additionally, Commissioners and Staff expressed special thanks and appreciation to all the behind the scenes staff who helped make this visit a valuable experience.

Outstanding Items/Questions/Follow-up:

As a result of the stakeholder meeting, Florida's Congressman Jeff Miller's staff member requested information regarding how much of VA's national budget is appropriated for long-term care services.

Attachments:

1. H.R. 1720, Veterans health Care Facilities Capital Improve Act, dated April 10, 2003
2. PowerPoint Presentation Director, VAGCVHCS, dated Jul6 2, 2003

**Approved by: R. John Vogel, Vice Chairman and Commissioner (Dr.) Joseph Binard
July 14, 2003**

**Prepared by: Kathy Collier, CARES Commission Staff Team Leader
July 14, 2003**

TALKING PAPER

ON

CARES COMMISSION RECOMMENDATION ACTIONS FOR GULFPORT/BILOXI VA MEDICAL CENTERS

- Situation
 - Keesler
 - Keesler Medical Center requires patients to support graduate medical/dental/nursing/medical technical (enlisted) training
 - Nine programs at Keesler: Medicine (3-year), Surgery (5-year), Pediatrics (3-year), OB/Gyn (4-year), Thoracic surgery fellowship with VA (1-year), General Practice of Dentistry (2-year), Advanced General practice of Dentistry (1-year), Endodontics (2-year), Certified Registered Nurse Anesthesia Residency (18-month); over 300 enlisted "Phase II" graduates per year.
 - Bearing Point study commissioned in 2002/2003 provided data to Air Staff which may have contributed to Keesler's GME programs remaining open: Travis MDG Center's medicine, pediatrics, and OB/Gyn programs closing '05.
 - Collaboration with Biloxi VA a factor is decision to keep Keesler's GME programs open.
 - Gulfport VA
 - Huge infrastructure/maintenance costs; only inpatient service is psychiatry
 - Most other services referred to Gulfport Memorial, Keesler, Biloxi VA, New Orleans VA.
 - Many sharing agreements between Keesler, Biloxi VA, and Gulfport VA (inpatient psychiatry for active duty)
 - Federal law permits commercial use of VA property to generate income for use to care for veterans
 - Biloxi VA
 - 1.5 miles from Keesler; lands connect
 - some infrastructure requires updating
 - some GME programs under LA and AL medical school sponsorship
 - Studies
 - Bearing Point study 2003 by AF
 - Mitertek study 2003 by VA
 - Testimony to CARES Commission 2003 led to vision for future efforts, collaboration
 - Vision
 - Huge fixed maintenance/infrastructure costs of Gulfport/Biloxi VA sites makes both less efficient at providing services
 - Permit commercial use of real property at Gulfport; use income generated to enhance services to veterans
 - Veterans benefit: provide primary care needs at Gulfport by VA clinic
 - Veterans benefit: create world-class specialty services (both inpatient and

- outpatient) at Biloxi VA
- Veterans/DoD benefit: enhance further existing excellent collaboration between Biloxi VA and Keesler to expand services
- State of MS benefits: enhance opportunities for both undergraduate (medical student) and graduate medical education (residents) as well as nursing and medical technician education
- Community benefits: economic growth; highly trained and experienced healthcare professionals tend to stay where they've trained: civilian hospitals of Gulfport, Biloxi, Ocean Springs, Pascagoula staff rosters filled with separated/retired AF and VA professionals.
- Summary: CARES Commission recommendations on target
 - Every dollar generated by use of Gulfport VA land will have a "four times" multiplier effect.
 - Enhanced scope of services to veterans.
 - Better primary care at Gulfport
 - Expanded specialty care at Biloxi/Keesler
 - Less need for out-of-state referral
 - Funds not wasted on outdated unused infrastructure
 - Benefit to DoD
 - Enhanced scope and volume of services/specialties available at Biloxi/Keesler
 - GME (specialty residents) programs benefit by range of clinical problems and volume.
 - Warfighters have best trained professionals available for deployment
 - Potential for more collaboration with U. Miss. Teaching/Research/Resident rotations
 - Benefit to State of MS
 - Enhanced ability to grow clinical opportunities for medical school students, thereby increasing opportunities for increased number of medical school graduates for MS.
 - Benefit to Gulfcoast communities
 - Highly trained, experienced professionals living in communities; tend to stay local after leaving service
 - Expansion of specialties available locally