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2005 BRAC Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

**SUBJECT: MCCHORD AFB CLINIC- - Disconnect Among BRAC 17 May 2005, 19 May 2005
Transcripts and USAF website.**

Commissioners and Staff

Excerpts taken verbatim from the transcripts of your briefings, and USAF website point to DOD's incomplete information to you, the public and its own service. Please do not equate "jointness" with cutting medical treatment.

17 May 2005 TRANSCRIPT pgs 91-93: Adm. Gehman and Mr. Dominguez RE: capacity and whether retired/Guard/Reserve patients are counted. Though referencing INPATIENT MTFs, the answer applies to clinic also.

quote

Admiral Gehman: Thank you. The second question is having to do with a statement earlier about excess capacity at medical treatment facilities. I assume that -- when you're talking about excess capacity, that you're talking about your expeditionary requirements for the -- for your uniformed force, and not counting retirees and dependents. Because if you take a look at a 500-bed hospital, and you said we've only got a hundred beds filled -- of course, that's not how medicine is delivered today. Medicine is delivered in the outpatient world, and there are fairly long lines down there. But could you tell me a little bit about -- for the statement that you have excess capacity at medical treatment facilities?

Mr. Dominguez: It -- the excess capacity deals with all our beneficiaries. So at military treatment facilities you enroll a population, and the commander of that facility is responsible for the healthcare of that population. And so, if the -- if you've got labs, you know, nuclear radiology and MRIs and, you know, all that kind of thing, with your enrolled population, which is the Active Duty, the retired, and their families, and other people entitled --like the Guard and Reserve, when they're mobilized -- right? -- just look at, you know, Can you maintain the throughput? Can you keep the patients going through that facility sufficiently to defray the capital investment of those labs and that footprint and those beds. And that's a function of the healthcare need of the population where the hospital is and the other things around it. So, like Brook and Wilford Hall, you know, sited together -- it's too much when you add the two of them together. Right? So that we're not using that stuff efficiently, so we downsize it. Clinics? As you said, a lot of healthcare is now outpatient stuff, so you see a lot of movement to clinics in trying to shed this physical plant, which costs a bucket a month if we're not using it efficiently. So we need to get rid of it to be able to focus resources into the clinics and get the lines down.

General Jumper: And what you see in excess capacity is mostly inpatient excess capacity, and it's also net of what's available in the community, so that, again, this goes along with a standard set of rules. And, of course, when you get the medical people here, they'll be able to answer you in much more detail. But those are the high-level considerations.

Admiral Gehman: But your algorithm did not include pushing more people onto TRICARE.

Mr. Dominguez: No, sir."

unquote

POINT #1=: It appears DOD simply counted the NUMBER of Tricare providers and number of VA facilities within 40 miles of hospitals or 20 miles of clinics, without determining whether

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those facilities (1) would/ could take added patients (2) would take only one, Tricare Prime, or Tricare for Life patients. (Some take only one category.)

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McChord Clinic IS the Primary Care facility for active duty, retired and activated guard/reserve & dependents. Fort Lewis' Madigan Hospital is over loaded with its Primary Care patients WITH help from its satellite North Fort clinic that serves ONLY active duty & their dependents. Ft Lewis gains 17-18,000 soldiers & dependents this year, and may build a second clinic solely for those active duty. Also, Madigan is supposed to serve former Tricare Prime as they turn 65 with Tricare for Life. Currently, these patients wait is one year.

Madigan cannot absorb McChord's Primary Care population. DOD cannot accurately state retired and guard/reserve will NOT be on their own to find a Tricare civilian provider who will accept them.

POINT #2: USAF medical personnel have placed hopes on the following quote from www.af.mil/brac website (McChord, WA):

quote

"Joint Actions:

What: Disestablishes the medical facility at McChord AFB, Wash., (except Aerospace Medicine and Occupational Health) and stands up a Medical Squadron for Command and Control of Aerospace/Occupational Health medicine assets at McChord AFB and Air Force assets stationed at Madigan Medical Facility, Fort Lewis, Wash. Transfers operational control of all other medical functions to the Army at Fort Lewis, Wash. Why: Recommendation supports strategies of reducing excess capacity and locating military medical personnel in areas with enhanced opportunities for medical practice.

Your 19 May 2005 Transcript pgs 47-49, 51: It's clear NOTHING WILL REMAIN at the MCCHORD CLINIC:

quote

Pg 51:

GENERAL HILL: Where you make these joint bases and the medical thing, for example, I'm going to use the Madigan Lewis -- Madigan McCord because I'm familiar with it. Built a brand-new really magnificent structure at McCord for a clinic. Does that clinic stay open? That clinic closes?

GENERAL TAYLOR: Yes, sir.

GENERAL HILL: All of it then goes over to Madigan?

GENERAL TAYLOR: Those parts of the clinic that are necessary for maintaining the primary care and those associated people that will come over to Madigan will occur. Clearly we don't need a lot of the super structure that goes into running a separate building. It's just the pharmacy, laboratory, radiology are merged in; and you get efficiencies from doing that. It's very clear from the data from Madigan Army Medical Center that they have the capacity to absorb this, and this is what we did. It allowed us to take some head space off of the Air Force assets; and as you know, these are not very far apart. Of course, as you understand, if you're an Air Force officer now operating inside a large hospital rather than a stand-alone clinic, you have much more depth of assets, clinical expertise. It's exciting for us.

GENERAL HILL: Nothing gets done out of that clinic?

GENERAL TAYLOR: Yes, sir. That's our recommendation.

POINT #3: DOD focuses attention on over 65 Tricare for Life patients, though a large population of under 65 Tricare Prime assigned to MTFs exists and depends on primary care at USAF Clinics as McChord's.

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Pgs 47-49: GENERAL TAYLOR: The major difference between today and ten years ago is the nature of the TRICARE benefit. Today we have TRICARE For Life, which is essential for all those folks that are over 65. Before that time the people who were over age 65 would be dependent on the military treatment facilities; and when the military treatment facilities went away, the only access was through Medicare, and that included pharmacy.

The other great piece that we've created during the TRICARE benefit is retail and mail-order pharmacy open to all beneficiaries, over 65 dependents. So you're not completely dependent on military pharmacies. The other part is we've been operating this new partnership with contractors. It's called TRICARE. . . over the last ten years, all of us have changed our footprints as we advance this medicine. For the Air Force, this was meant going through the painful decisions to close small hospitals and turn them into outpatient...The local healthcare community, they now provide the care . . . that was provided by the military facilities nearby. We understand at those locations where there are actual closures of military treatment facilities, for those retirees that remain behind, they will have to work very hard to transition them into a wholly run civilian system. And that will be difficult, and we know we will have to pay attention to that..'

unquote

IN SUM: Clearly, "outsourcing" patients from MTFs, beginning with retired, is the primary goal. Also, references to "retired" are focused on over 65 Tricare for Life and downplays the large population of under 65 Tricare Prime assigned to MTFs. Please keep this clinic open as is.



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