SUBJECT: DOD BRAC MEDICAL VOL X: MCCHORD AFB CLINIC REALIGNMENT WITH MADIGAN ARMY HOSPITAL

Commissioners and Staff

Attached is my letter written to my congressional representatives and Senators. I wrote it after more completely reading Volume X, Medical Joint Cross-Service Group recommendation.

Please note this quote:

IV. WHAT WAS MISSING FROM ACURATE CAPACITY ANALYSIS:
  1.2 SUMMARY OF RESULTS pg 5: “Missing from this table is an assessment of a local community's ability healthcare systems to absorb any part of the DOD Healthcare mission. This analysis will be accomplished on a location specific basis during the later stages of the BRAC 2005 MJCSG deliberations.”

Thank you for your service and your thorough and unbiased study of the facts and impacts of this 2005 DOD recommendation.

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I. The recommendation:
- "Realigning McChord Air Force Base, WA, by relocating all medical functions to Fort Lewis, WA." (pgs 31, 25-26)

II. The goals: "(EXECUTIVE SUMMARY Pgs 1 & 2): Medical JCSG focused its efforts on:
1. Supporting the war fighter and their families in-garrison and deployed;
2. Maximizing military value while reducing infrastructure footprint and maintaining an adequate surge capability;
3. Maintaining or improving access to care for all beneficiaries, including retirees, using combinations of the Direct Care and TRICARE systems;
4. Enhancing joint-ness, taking full advantage of the commonality in the Services’ healthcare delivery, healthcare education and training, and medical/dental research, development and acquisition functions;
5. Identifying and maximizing synergies gained from co-location or consolidation opportunities; and
6. Examining out-sourcing opportunities allowing DoD to better leverage the large US health care system investments

III. How Capacity Calculated: Healthcare Services Capacity Analysis: (PGS 12-13)
The Healthcare Services subgroup analyzed three functions (Inpatient, Outpatient and Dental) of 181 military facilities to determine their specific capacity as well as the overall MHS capacity. The Medical JCSG set the metric of “Current Usage" as workload performed during FY02, the year with the most complete clinical data for the period of the analysis. The Medical JCSG also approved the use of the following acuity weighted metrics: Relative Weighted Products (RWP) for Inpatient care, Relative Value Units (RVU) for Outpatient care and Dental Weighted Values (DWV) for Dental care. These terms are all associated with a well-documented method used by the military medical and dental community to assign a numerical value to the amount of resources consumed during health care transactions.

The first two measures are standards used by MEDICARE to value healthcare services for billing purposes. MEDICARE defines a value of 1.00 as the normative value for any particular transaction (“transactions" are patient/provider interactions, such as taking of a medical history, administration of an immunization, taking an x-ray or an emergency room visit for a broken bone). Values greater than 1.00 represent transactions requiring relatively more resources on average, whereas values less than 1.00 represent transactions that require relatively fewer resources. The DoD TRICARE Management Activity (TMA) maintains and updates the values every calendar year.

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My Summary: DOD tried to meet its goals. Recommendations show the most important goals were #6 and #2: reducing infrastructure & outsourcing medical care. Goal #4 & #5: maximizing synergies and joint-ness were the way to sell #6 & #2, and Goals #1 & #3 ACTUAL CARE FOR CURRENT, NOT EVEN GROWING INBOUND 17-18,000 PERSONNEL AND DEPENDENTS to Ft Lewis region IS CUT.
Facts:
a. McChord Clinic has 229 military and 29 civilians assigned. This report shows 169 "military and civilians" realigning or transferring to Madigan.
b. There is already one Army clinic at North Fort Lewis, and I'm told a second one is planned for Ft Lewis. So, Madigan already has one, maybe two satellite clinics to treat only its "warfighters" and their dependents.
c. McChord Clinic was built in 2000. Madigan in 1996.
d. Both Madigan and McChord Clinic are over-burdened. Madigan averages 6 weeks wait to see ones primary care doctor (and the actual visits are with Physician Assistants because doctors spend much time teaching). McChord's wait is 2-4 weeks for primary care doctor, and patients SEE THAT DOCTOR.
e. The REASON McChord ON PAPER, shows lower RVUs is that it did not begin as early as Madigan to teach its doctors or hire added admin. staff to RECORD THE RVUs. Most civilian doctors staff their offices with highly skilled billing/recording people who make money by recording & billing every possible procedure and treatment the doctors perform. This is learned when the office has a large patient load of Medicare and other insurance carriers.

Hospitals, as Madigan get far more of this. Clinics very little.

McChord can thus be over-burdened and care is cut, but on paper, it does not show because doctors just do not record billing items well, hence "low" RVUs.

f. Jointness is NOT increased by closing one clinic SOLELY BECAUSE IT'S ON AN AIR FORCE BASE. Why is there no need to close Ft Lewis' clinic(s)? Where were their RVUs reported? Were their doctor appointments rolled in with Madigan's?

g. Ft Lewis' clinic(s) treat ONLY active duty and active duty dependents.

h. A new term "DIRECT CARE" appears. It apparently is the new name for Tricare Prime that enrolls retired and their dependents. In the future, Goal #6 "outsourcing" appears to occur with sending most or all retired and their dependents and possibly active duty dependents to civilian Tricare Network within a 40 mile radius of a closed facility.

i. Executive Summary Pg 1: “In its current form, the DoD healthcare delivery system accomplishes this mission through two complementary organizations: the Direct Care System which includes military treatment facilities, and the TRICARE health benefit program which provides access for beneficiaries to the civilian healthcare system.”

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Conclusion: This report makes recommendations using RVUs that do NOT accurately show capacity and care provided by military medical clinics. In this case, McChord Clinic.
Request: Please study this DOD document. Please ensure BRAC committee listens to patients and staff at both Madigan Hospital and McChord Clinic. This document actually accomplishes only one goal in outpatient care: questionable application of corporate profit “analysis” to medical care, when military clinics rarely have manpower authorizations to staff money-making billing staff.