

CLIMB TO GLORY



***North Country Community
Medical Providers Response
to Army Transformation***

1-87 Infantry in Paktika Province, Afghanistan
Photo by 1SG Jose Madera

Agenda

- Military and Community Planning
- Fort Drum Regional Health Planning Organization
- Congressional Pilot

Steps Already Traveled ('04 – '05)

Local Medical Community Involvement

Monthly CEO Breakfast

Military Medical Market Analysis

Feb 1st Medical Leaders Working Group Part I

Feb 8th Medical Leaders Working Group Part II

Mar 11th Visit to Fort Bragg Army Hospital

Apr 5th Fort Drum Orientation for Community Physicians

Apr 13th North Country Healthcare Summit

Apr 25th MEDDAC Commander briefs Samaritan Board

Apr 26th MEDDAC Commander briefs Carthage Board

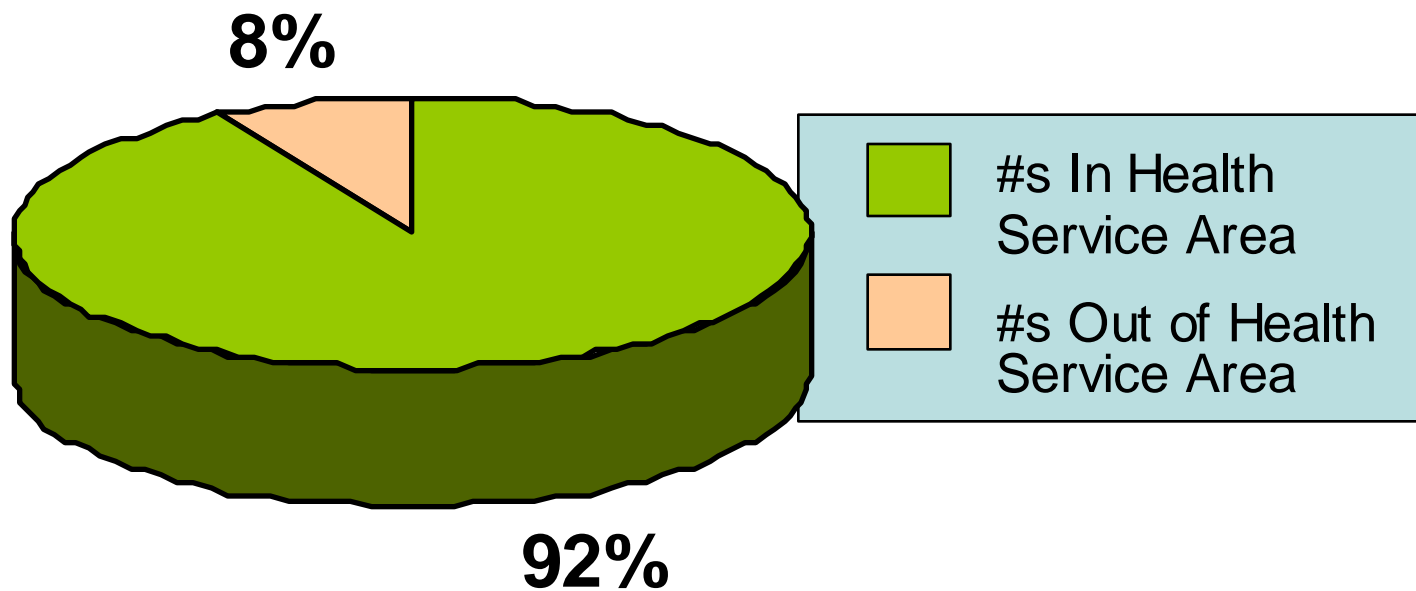
May 11th 10th Mountain Division Commander Approves Azimuth

May 25th MEDDAC CoS Briefs Lewis County General Hospital Board

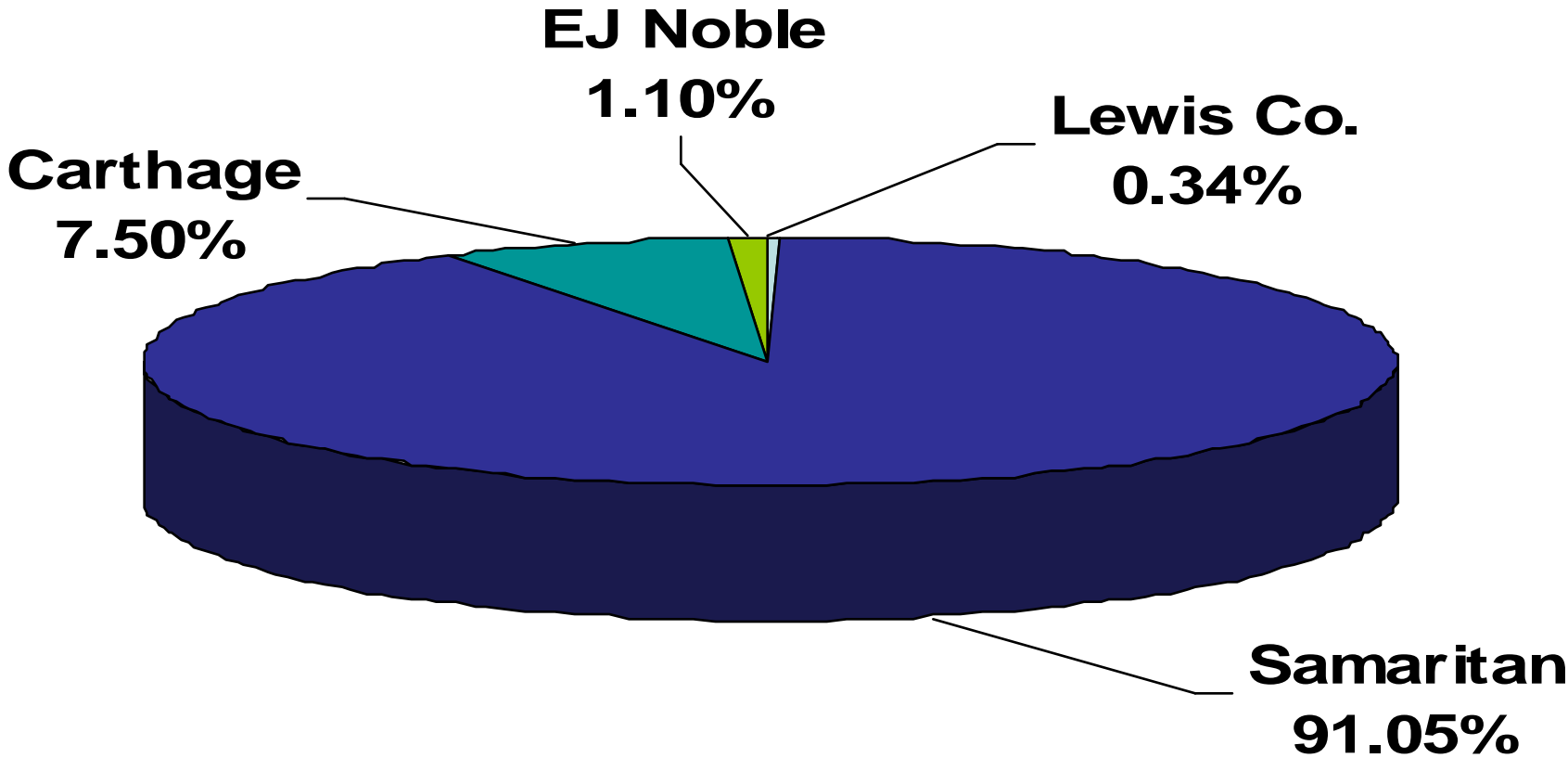
Jul 26th Fort Drum Regional Health Planning Organization formed

Quality...Access...Satisfaction...Outcomes...Quality...Access...Satisfaction...Quality...Access

Inpatient Purchased Care Market Share (Pre-Transformation)

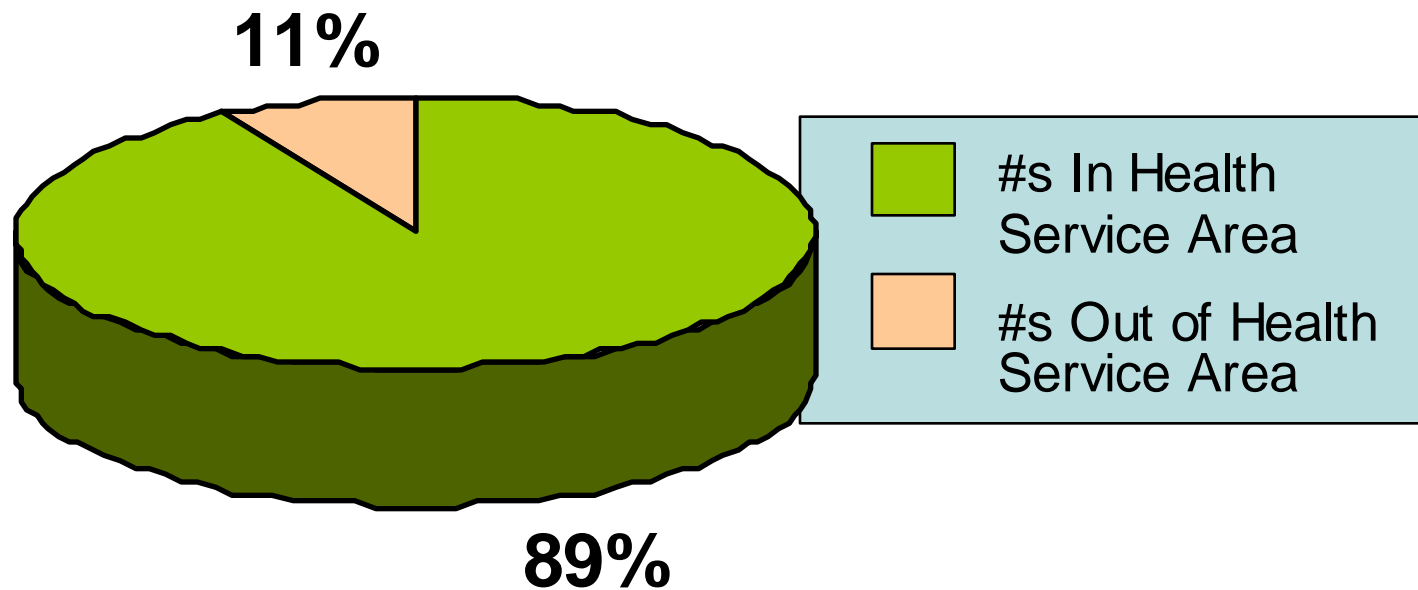


Fort Drum Enrolled Inpatient Local Area Hospital Market Share Pre-Transformation



Data Source: M-2 Inpatient Purchased Care for the period SEP 03-AUG 04. Data represents TRICARE Prime inpatient admissions.

Outpatient Purchased Care Market Share (Pre-Transformation)



Current Climate...

“The North Country medical community strongly supports the on-going collaborative effort to meet the medical demands of Fort Drum.”

“Fort Drum is an enormous economic factor in the North Country and its ability to meet its mission has a direct and pervasive impact on the surrounding community. A strong, successful Fort Drum means a viable and strong North Country community. Conversely, a strong North Country medical community has an enormous impact on Fort Drum’s ability to provide the TRICARE benefit to its patients within standards with good clinical outcomes and high patient satisfaction. A strong, successful, viable medical community spurs confidence in our military leadership and patients. Hence, a symbiotic relationship exists that is enhanced through the initiation of mutually beneficial initiatives.”

“The current model of providing health care in the community is working well and improving.”

Fort Drum MEDDAC Commander's Intent

Retain all additional workload associated with the increased population in the product lines that make up our current core competency. These are:

- Primary Care
- OB/GYN services
- Musculoskeletal services
- Soldier Behavioral Health (may include augmenting current family member psychiatric services -network development dependent).

Ensure that, when needed, patients receive responsive civilian healthcare within TRICARE access standards by appropriate providers with quality clinical outcomes. A strong North Country civilian healthcare market makes a strong Fort Drum.

Community Response:

***Fort Drum Regional Health
Planning Organization
(FDRHPO)***

Fort Drum Regional Health Planning Organization Mission

Through collaborative efforts, plan and evaluate quality to ensure quality health care services are provided to meet the needs of the Military Mission by enhancing our response to the military community while building a strong North Country health care system. To accomplish this, we will utilize available and develop necessary resources working jointly and cooperatively.

Fort Drum Regional Health Planning Organization Vision

Transform our current health care delivery system into a health care delivery model that partners Medical Treatment Facilities with Community providers to augment the Medical Treatment Facilities' primary care capability with specialty care and inpatient services.

Fort Drum Regional Health Planning Organization BOD set forth in Bylaws

Thomas H. Carman, President & CEO, Samaritan Medical Center – Chairman

Walter Becker, Administrator, Carthage Area Hospital – Vice Chairman

David W. Mance, Past Chairman, Samaritan Medical Center Board of Trustees

Thomas Sauter, Chairman, Carthage Area Hospital Board of Trustees

Robert Kimball, M.D., Immediate Past President, Samaritan Medical Center Medical Staff

Robert Kasulke, M.D., Carthage Area Hospital Medical Staff

Janice Charles, Executive Director, North Country Children's Clinic (representing Northern New York Rural Health Care Alliance)

Mark Rappaport, President and CEO, Lewis County General Hospital

Larry Tingley, Director of Community Services

Gregory Brunelle, Director, Jefferson County Office of Emergency Management

Kevin Mastellon, Fort Drum Regional Liaison Organization

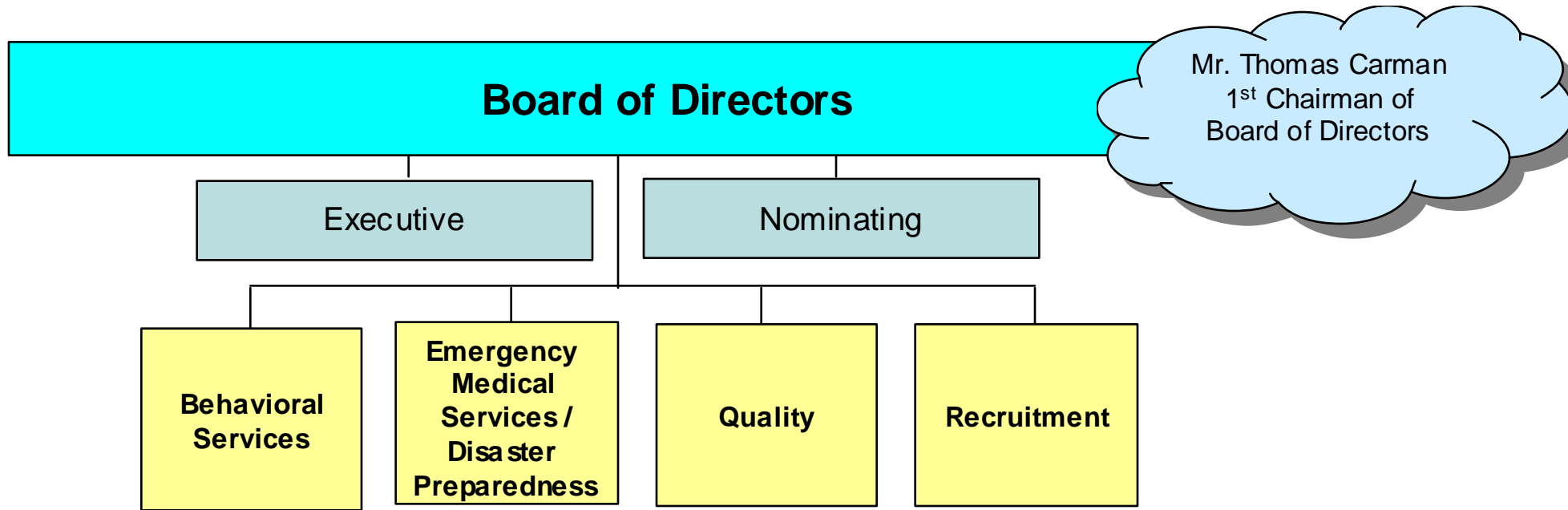
Lorraine Clement, Jefferson Physicians' Organization (At-Large Representative)

Jean Bilow, Jefferson County Public Health Service (At-Large Representative)

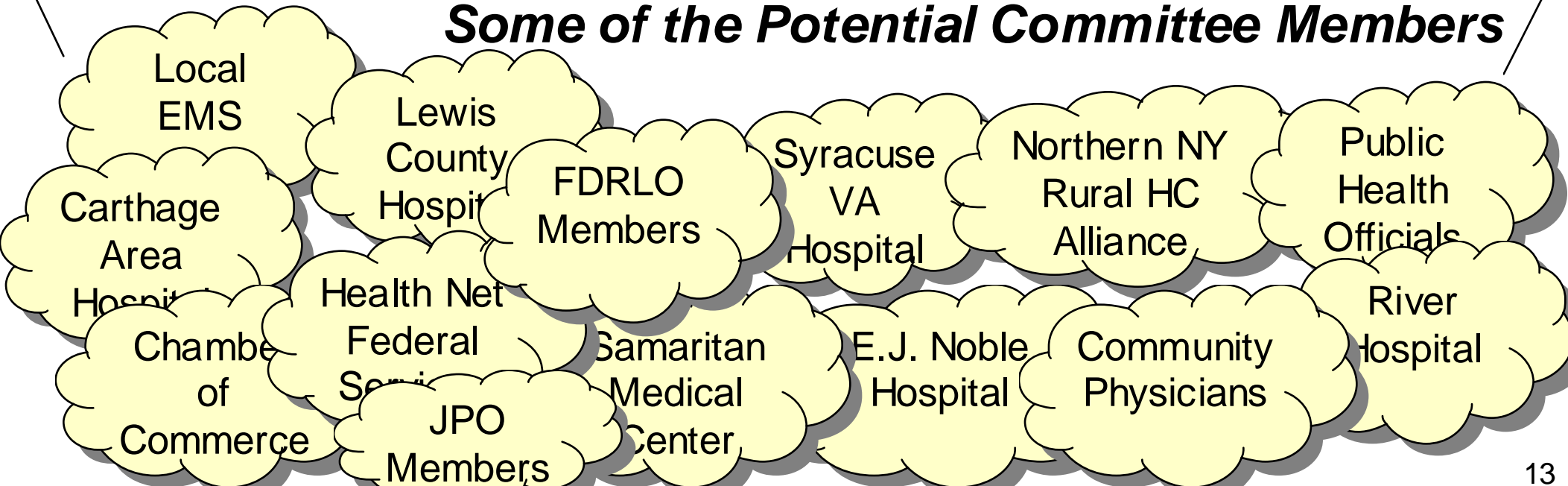
COL John Wempe, Commander, Fort Drum MEDDAC (Ex-Officio)

CPT Dale Vegter, Fort Drum MEDDAC, (Ex-Officio)

Committee Structure



Some of the Potential Committee Members



DoD Challenge:

Congressional Pilot Program

Section 721 Pilot Program Requirements

- Identify and analyze health care delivery options involving the private sector and health care services in military facilities located on the installation.
- Determine the cost avoidance or savings resulting from innovative partnerships between the Department of Defense and the private sector.
- Study the potential, viability, cost efficiency, and health care effectiveness of the Department of Defense health care providers delivering health care in civilian community hospitals.
- Determine the opportunities for and barriers to coordinating and leveraging the use of existing health care resources, including Federal, State, local and contractor assets.

Fort Drum Pilot Program Framework

4 Elements of Congressional Language

HC Delivery Options

Cost Avoidance & Savings

DoD and Private Sector Providers

Opportunities & Barriers for Leveraging Stakeholders

**Premise: Testing initiatives that will produce a “Triple Win”
DoD Pilot Program, Ft. Drum, Private Sector**

Access To Patient Care

Quality

Recruitment

Financial Viability & Cost Savings

Organizational Relationships

Facility and Capital Assets

Measures of Success

Section 721 Pilot Program "Key Players"

DoD(HA) / TMA

Congress

**Private
Sector**

MEDCOM

NARMC

TRO-N

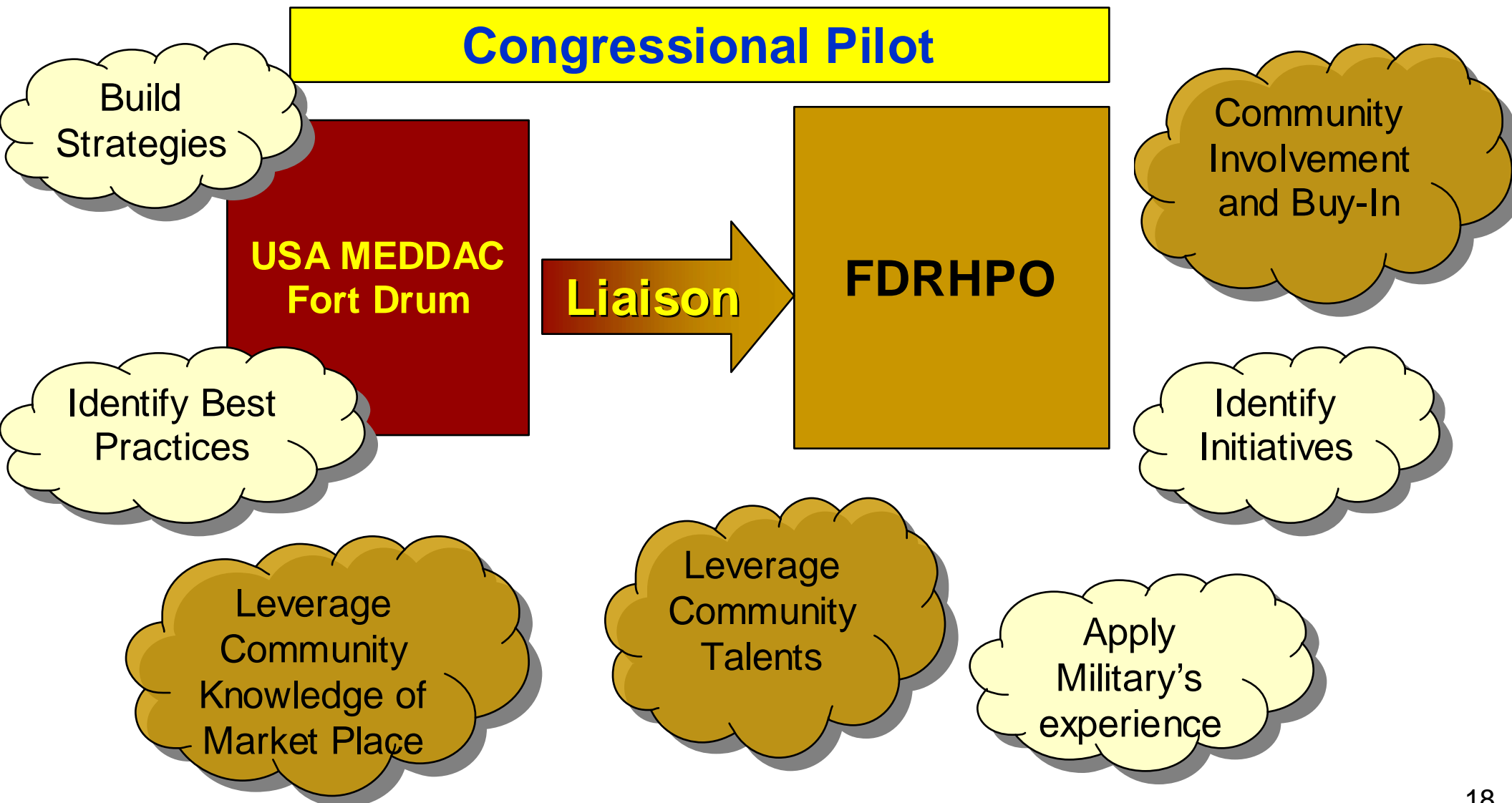
Health Net Federal Services

**Congressman
McHugh**

**USA
MEDDAC
Fort Drum**

FDRHPO

Fort Drum Regional Approach to Operationalizing the Project



Ongoing Initiatives

- Integration of Military providers in Medical Staff at SMC & CAH through Medical Staff Bylaws
 - OB
 - Orthopedics
- Board of Trustees Participation
 - SMC: COL Wempe
 - CAH: LTC Kiefer
 - LCGH: LTC Webb
- SMC Increasing Psychiatry Beds
- SMC Modified Mission Statement Includes:
 - “Meeting the Needs of the Military Community”
- Carthage OR/OB Renovation

Fort Drum Regional Health Planning Organization Initiatives

- Behavioral Health
- Emergency Medical Services /
Disaster Preparedness
- Quality
- Future: Recruitment

Conclusion

- Current model of providing health care is working well and improving
- MEDDAC Commander has a clearly stated intent for Fort Drum
- Community needs to fill in the gaps
- FDRHPO is one vehicle to collaborate, evaluate, and plan for the delivery of services
- Opportunity to strengthen the partnership between Fort Drum and the Community to improve healthcare for all: WIN - WIN

Comments/Questions?