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From: Commanding Officer, Naval Hospital Bremerton
To: All Ships and Stations, Puget Sound

Subj: HEALTH CARE CONSUMER COUNCIL MEETING MINUTES OF
4 DECEMBER 2003

Encl: (1) Attendance Roster

The Health Care Consumer Council (HCCC), chaired by Mr. Terry Roberts, Director for Healthcare Support, met at 1000, 4 December 2003, at Naval Hospital Bremerton (NHB) in Ross Auditorium with Mr. Terry Roberts, Director for Healthcare Support, Naval Hospital Bremerton, presiding. Enclosure (1) lists attendees.

Mr. Roberts welcomed those attending and gave the HCCC an update on flu shots and statistics: The flu contributes to approximately 36,000 deaths across the United States annually and the Center for Disease Control (CDC) is anticipating this flu season to be worse than normal. Currently three states, Texas, Colorado, and Washington, are highlighted as having a number of flu cases, with Washington having approximately 145 confirmed cases and one death. NHB's flu vaccine is not a live virus, which means the vaccine will not give you the flu. The nasal spray, which was advertised in the media, is a live virus and is not authorized for use by the Navy. There is also controversy over whether the spray may actually spread more disease than it contains (that's not from CDC or a clinician but my impression from the reading the papers). You hear, generally, that flu vaccine should be given to all children, but there are some caveats to that: Children three and under, they only get a full half dose, a quarter dose at a time a month apart; children eight and under get a full dose, a half dose at a time a month apart; and for pregnant women, the recommendation is that in their second and third trimester they receive the flu vaccination. The flu vaccination should be taken between the months October through April. Sometimes people think when it gets into the December time frame that it's too late, but it really isn't. People at high risk, those with diabetes, asthma, or over 65, should still get a flu vaccination. NHB's flu campaign here at the hospital and the local Navy Exchanges ends this Friday, but you can still come to NHB Immunizations Clinic,

Subj: HEALTH CARE CONSUMER COUNCIL MEETING MUNITES OF 4 DECEMBER
2003

located on the Second Floor of the Family Practice Clinic, and receive a flu vaccination. The Immunizations Clinic is open from 8:30 AM to 5:00 PM Monday through Friday and 8:00 AM to 12:00 AM Saturdays.

Mr. Roberts introduced Ms. Janet Mano, Health Promotions, NHB.

Ms. Mano indicated that as Health Promotions wraps up the year its focus during the holidays is on Drunk and Drugged Driving. Statistics show that three out of ten Americans will be involved in an alcohol-related traffic accident during their lifetime; and 17,419 Americans died in alcohol-related traffic accidents in 2002, of which 34 were Sailors, and 80 percent of those Sailors were not wearing a seat belt. One death is too many, so there is a lot of room for improvement. The Navy's campaign is "The Right Spirit," which deglamorizes alcohol and the whole drunk and drunk-driving issue; they have a great web site, <http://navdweb.spawar.navy.mil/>, which is loaded with best practices for commands.

Ms. Mano discussed a couple of brochures she had: A Washington State Trooper bumper sticker reading "Drive Hammered, Get Nailed;" and a brochure relating to drinking and driving, which contains a lot of statistics; and informed the HCCC that Kitsap County's Traffic Educator is more than happy to come to any command and put on a demonstration relating to these issues, which she would be very happy to help setup. She also indicated that a "Free Ride Program" is in all command's best interests, and that she is aware that Sub Base Bangor has such a program and that information relating to other command's programs should be pretty easy to find.

Ms. Mano distributed a handout containing numerous health-related topics that Health Promotions will be addressing in the first quarter of 2004: New Years Resolutions; Walk Across Washington (which is a program run in conjunction with MWR where people monitor how much they walk); and weight control tips. In February we start Heart Health, which is a nationwide campaign. Cardiovascular disease is still the leading killer in America. In March we start diabetes prevention, and there is an epidemic of diabetes in the United States, also called "diabesity" because it is so closely related to sedentary lifestyles and obesity. NHB has a diabetes prevention program, which has a number of members, and there are people newly identified every

Subj: HEALTH CARE CONSUMER COUNCIL MEETING MUNITES OF 4 DECEMBER
2003

day with diabetes or pre-diabetes. The good news is that in many cases, even people that are pre-diabetic, with some very modest lifestyle changes can reverse that trend. A very large international study on pre-diabetes found that with a seven to ten percent weight loss, and moderate physical activity, 60 percent of people who were pre-diabetic did not become diabetic; that means they already had altered blood levels/blood-sugars, yet they were able to turn that off just by seven to ten percent weight loss. March is also national nutrition month; we're really down on diets because "diet" usually means you're going on a program that you're soon going to go off, and that you're going to yoyo around. DASH (Dietary Approaches to Stop Hypertension), is a model for eating that has been shown to really work in the long-term. DASH is basically a low-fat, not a "no fat," but a low-fat eating pattern with lots of fruits and vegetables and low-fat diary. The experts are saying that it's an electrolyte thing, that it has to do with calcium and magnesium balance in our bodies.

Ms. Mano held up a ski helmet, which is available through Health Promotions, to show to the HCCC; they cost \$12. We usually put skateboarders in regular bicycle helmets, but these have additional padding for the winter. We do have a few regulation skateboard helmets, which look like buckets, but we usually put people in bicycle helmets unless they're really high performance skateboarders. Helmets are available from Health Promotions every Thursday afternoon, or call for an appointment anytime.

Ms. Mano held up a pedometer which Health Promotions is using as part of their cardiovascular risk reduction and diabetes prevention programs; the goal is 10,000 steps daily, which equals roughly five miles. The idea is that you don't necessarily have to go to a gym and workout to be healthy, but you need to be active from when you rise in the morning until you are going to bed a night. These pedometers are not given out randomly because they are expensive, but they are given out to people on intervention programs who we will see again.

Ms. Mano called Ms. Alice Acker forward to be a volunteer demonstrator of a pair of goggles which simulate being impaired from alcohol; they simulate having a .10 BAC. Washington state's BAC limit is .08, and .02 for Sailors under 21 years of age. Ms. Acker tried to walk a straight line, heel-to-toe wearing the goggles and couldn't do it.

Subj: HEALTH CARE CONSUMER COUNCIL MEETING MUNITES OF 4 DECEMBER
2003

QUESTION (Ms. Richey): You mentioned alcohol here but not illicit drugs; is that because they check for that?

ANSWER (Ms. Mano): They certainly do, and drug use is certainly down in the military because of the testing. The good news is that alcohol related incidents and deaths are lower than they have been in the past.

Mr. Roberts introduced Ms. Alice Acker, Field Representative, TRICARE.

Ms. Acker showed the brochure she had left on the table to the HCCC and indicated that they pertained to people on TRICARE Prime or active duty service members who may be traveling. TRICARE does travel with people, but there are a couple rules: First, if you go home to visit and that is out of the range of your Primary Care Manager (PCM) and you need emergency care, that care does not need any authorization from Health Care Finders; depending on the circumstances, just dial 911 or go to the emergency room. We do ask that you touch base with TRICARE the next day, or at your earliest convenience, at 1-800-404-2042 just to let us know what has happened. Second is urgent care. Urgent care is where you know you need to be seen but you really don't want to wait until the next morning, or the doctor's available. There are a couple options here: First, there is a healthcare information line available 24-7; you have two options: Speak to a real-live RN who will go through a algorithm with you and help you through some of the symptoms and what course of action you should take; second, there are recordings for various symptoms that can help you identify a possible problem. These do not replace an ER but can help identify and suggest helpful courses of action to take. Another option is to call the Health Care Finders, even if you're someplace like Nebraska, because our data base is national, and they can look under Nebraska and see what urgent care center is familiar with the military or TRICARE. If there is nothing available in the network, they will just tell you to go to the nearest urgent care center; and they will also give you an authorization number. There are other rules that pertain to active duty and perhaps Senior Chief Reynolds could explain that to us a little. HMCS(SW) Reynolds informed the HCCC that information necessary for emergency medical treatment is placed on the leave papers of all active duty personnel. Ms. Acker mentioned that if you're out of the area and need

Subj: HEALTH CARE CONSUMER COUNCIL MEETING MUNITES OF 4 DECEMBER
2003

pharmaceuticals that you might not be able to find a network pharmacy and you might have to make a co-payment, but that when you get home just fill out a claims form, available either on-line or at the TRICARE Service Center (TSC), and write across the top "For Prescription While Traveling." That will help flag it and help us to understand what the claim is for and we can help you at TSC. For active duty the co-payment will come back to zero and you will get the full amount reimbursed, and if you're a family member or retiree, or family member of a retiree, it will only cost you about \$3. She recommended that if you're on a maintenance medication that you take plenty of your medication with you on your trip to cover your stay. Mr. Coffey (Public Affairs Officer) informed the HCCC that in all his travels he has never been charged more than the co-pay when using a CVS or Walgreen's Pharmacy. Ms. Acker stated that there are Walgreen's in the local network but that each region is different, but that with TNEX all the regions will be the same, so that if it's CVS in Washington state it'll be CVS in Florida. She indicated that TRICARE For Life does have a pharmacy benefit and those individuals should also try to get a network pharmacy, but that if they do have to pay out of pocket, fill out a claims form when you get back and it should end up being only \$3.

Mr. Roberts informed the HCCC that the next topic on the agenda is the change in the requirements for obtaining a Non-Availability Statement (NAS). An NAS is a document that states that a requested type of in-patient care is not available at a Military Treatment Facility (MTF). The requirement for TRICARE Standard/Extra patients to obtain an NAS from a MTF was based on any care requested to be delivered in the network within a 40 mile radius of the facility. In the past few years the requirement to obtain a NAS for maternity care has been an issue in various market areas. As of the 28th of December all requirements for NASs for OB care, and other services, go away; the exception to that is in-patient mental healthcare, and NHB doesn't provide in-patient mental healthcare. This change in requirements puts NHB in keen competition with our civilian counterparts for delivering TRICARE Standard/Extra maternity care. We have an excellent high quality obstetrical product line at NHB and our patients, from surveys we have received back, really enjoy the service; with one minor exception being availability of 24 hour food service, which is being worked on. There may be some TRICARE Standard/Extra beneficiaries that may say, "Great, I can go out and have my baby wherever I want," but

Subj: HEALTH CARE CONSUMER COUNCIL MEETING MUNITES OF 4 DECEMBER
2003

we really need to educate them on what this change in NAS requirement really means. Once again, the change is directed at TRICARE Standard and Extra beneficiaries and does not apply to TRICARE Prime beneficiaries. This is not to say a Prime beneficiary can't come in and say, "I want to disenroll and go Standard." Under this new benefit of being able to go out in the network, the only care that's covered is maternity care. So if there are other healthcare issues taking place, the additional medical care is going to be cost-shared under regular Standard/Extra co-pays; whereas if the care is being received at NHB, any other health issues that may arise are taken care of. Our next HCCC meeting on March 4th will be dedicated to our OB product line and Family Centered Maternity Care.

Mr. Coffey and I will also be working on a newspaper article to go out before the end of December regarding this topic; Mr. Coffey indicated that article will be in the next issue of the *Navigator*, which will be the last one for 2003.

Mr. Roberts indicated he has handouts on the OB/NAS issue and also has provided a press release on closed-record systems, which is another topic people have wrestled with over the years: Trying to maintain medical records in the MTFs so patients don't leave/forget their records in the trunk of their car or a dresser at home. What's really forcing NHB to clamp down custody of medical records are the business rules of engagement we have to now follow with our counterparts for Third Party Billing, Medicare, Medicaid, HIPAA compliance, and also being in compliance with direction from the Bureau of Medicine and Surgery and the TRICARE Management Activity (TMA). The major concern is with our Forces Afloat, because they may have to start keeping "shadow records," or duplicate copies. I personally don't think it's a large problem; I think some people are over reacting. Forces Afloat medical departments will have to setup their own program to control medical records. In my reading of all the Navy references, including Chapter 16 in the Manual of Medical Department, no where does it say that you must have a 100 percent closed-record system; it says "You will attempt to have a closed-record system," and the goal is to have a 95 percent closed-record system. In the future you will see a decrease in active duty family members, retirees and retiree family members being able to transport their records to other places; we'll also work with Fleet Liaison and other avenues regarding active duty Forces Afloat.

Subj: HEALTH CARE CONSUMER COUNCIL MEETING MUNITES OF 4 DECEMBER
2003

HMCM(SW) Reynolds noted that active duty personnel being required to pay for meals while hospitalized for combat or non-combat related treatment is currently on hold. Mr. Roberts explained that normally when active duty personnel are hospitalized they have to pay for their meals, but following the deployments earlier in the year there were some articles in the newspapers that indicated Army personnel, and maybe some Navy, were receiving dunning notices for not paying their food bill while hospitalized. After the press ran it there was a lot of attention regarding the subject and a decision was made that if it was combat related they didn't have to pay and if it was non-combat they did; then there was confusion about whether it was combat related or not and the whole issue is on hold while it is being reviewed.

Mr. Roberts asked if there were any requests for subject topics for the next meeting; there were no requests. The HCCC indicated that the time and place of the meetings were fine.

The point of contact for these minutes in the Healthcare Support Directorate is Mr. Hank Rose, Code 08S, at (360) 475-4365.

T. D. ROBERTS
By direction