



The Fort Benning Regional Growth Management Plan is funded by a grant from the Department of Defense, Office of Economic Adjustment; an agency charged with helping BRAC-affected communities adjust to the impacts of mission changes at military installations

# Fort Benning

## REGIONAL GROWTH MANAGEMENT PLAN

# Health Care Task Force Meeting 2

February 27, 2009



In association with:



# Regionalism is the Key

*"Coordination and Synchronization Continue To Be Our Greatest Strengths"*  
Major General Walter Wojdakowski  
Commanding General, Fort Benning, Alabama and Georgia



# Project Purpose

RGMP Study Area:  
(10 Counties – 35 Mile Radius)

## Ten County Study Area:

### Georgia

- Columbus - Muscogee
- Cusseta - Chattahoochee
- Harris
- Marion
- Talbot
- Taylor
- Stewart

### Alabama

- Barbour
- Lee
- Russell







## Identify:

- What growth will occur?
- Where will it occur?
- Impacts to local communities
- Action plans to prepare

# Task Review Summary

TASK	Phase 1		Phase 2		Region		REMARKS
	Status	Due	Status	Due	Status	Due	
1: ID Existing Conditions & Issues	<b>C</b>	12/31/08	<b>C</b>	3/31/09	<b>C</b>	3/31/09	
2: Growth Forecast & Modeling	<b>C</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	No issues
3: Economic Impact Analysis	<b>C</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	No issues
4: Transportation	<b>C</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	No issues
5: Utilities & Infrastructure	<b>C</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	No issues
6: Housing Market Analysis	<b>C</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	No issues
7: Education	<b>C</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	No issues
8: Land Use Planning	<b>C</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	No issues
9: Regional Mapping	<b>C</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	Some counties no GIS
10: Public Engagement & Comm.	<b>G</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	Website maintenance
11: Environmental Impacts	<b>C</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	No issues
12A: Health Care	<b>G</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	Regional focus
12B: Social Services	<b>C</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	No issues
13: Public Safety & Emergency Services	<b>C</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	No issues
14: Quality of Life	<b>C</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	No issues
15: Fiscal Analysis & Sustainability	<b>G</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	Pending other impacts
16: Implementation	<b>G</b>	12/31/08	<b>G</b>	3/31/09	<b>G</b>	3/31/09	Coord. w/RDC&COG

 Complete
  On Track
  Issues
  At Risk

# Stakeholder Task Forces

## TASK FORCES

1. Economic Impact
2. Education
3. Funding for Region
4. Health Care & Social Services
5. Housing
6. Utilities & Infrastructure
7. Land Use
8. Public Services
9. Quality of Life
10. Strategic Communications
11. Transportation
12. Workforce

### Task Force Meeting # 1

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- Presentation of initial findings
- Discussion

### Task Force Meeting # 2

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- Presentation and discussion of strategies/recommendations
- Implementation strategies

# *Task Force Responsibilities*

- 1) Review task, scope and methodology
- 2) Confirm existing conditions and known issues
- 3) Establish points of contact for data collection
- 4) Review findings and recommendations
- 5) Communicate with community regarding actions and status of Plan
- 6) Provide guidance in Plan implementation

# *Task Force Meeting Objectives*

- Review Existing Conditions & Issues
- Discuss Findings & Recommendations
- Discuss and Confirm Way Ahead

# *Health Care Methodology*

- Primarily interviews with local hospital and public health leaders
- Supplemented with state and national data to determine physician, nurse, mental health, and inpatient bed resource needs
- National databases include the American Medical Association, American Hospital Association, and the Centers for Disease Control and Prevention
- State data from public health departments

# *Key Findings*

- Inpatient hospital capacity in the region is adequate but access by persons living outside the urban areas of Columbus and Phenix City is a concern
- Rural areas are severely underserved in all respects, from emergency services, hospitals, outpatient diagnostic centers, primary care and specialist physicians, nurses, social workers, psychologists, physical and occupational health therapists

# *Key Findings*

- The supply of health care professionals is a concern of all providers in the RGMP area, both urban and rural
- Insufficient supply of certain specialist physicians in all counties in the RGMP area:
  - neurosurgery
  - psychiatry
  - oncologists
  - orthopedists

# *Key Findings*

- Access to care by persons covered by government-sponsored programs – Medicare, Medicaid, and TRICARE – is hampered by the relatively low payment rates
- Critical for the area's community hospitals and providers to plan for additional demand for certain specialty medical and surgical services that will supplement Martin Army Community Hospital's existing services

# Hospital Utilization

Hospital	County, State	City	Staffed Beds	Admissions	Census	OP Visits	Births
Medical Center Barbour	Barbour County, AL	Eufaula	29	1,233	11	20,969	0
East Alabama Medical Center	Lee County, AL	Opelika	389	15,893	291	108,542	1,824
Jack Hughston Memorial Hospital	Russell County, AL	Phenix City, AL	62	n/a	n/a	n/a	n/a
Regional Rehabilitation Hospital	Russell County, AL	Phenix City, AL	38	713	30	2,672	0
Columbus Specialty Hospital	Muscogee County, GA	Columbus, GA-AL	30	296	23	0	0
Doctors Hospital of Columbus	Muscogee County, GA	Columbus	171	5,361	63	52,120	1,439
Hughston Orthopedic Hospital	Muscogee County, GA	Columbus	100	3,260	44	3,217	0
Martin Army Community Hospital	Chattahoochee Cty, GA	Fort Benning, GA	57	4,086	36	705,872	837
St. Francis Hospital	Muscogee County, GA	Columbus	272	12,539	183	121,402	0
The Bradley Center	Muscogee County, GA	Columbus	84	n/a	n/a	n/a	0
The Medical Center	Muscogee County, GA	Columbus	467	14,601	293	167,178	3,292
West Central Georgia Regional Hospital	Muscogee County, GA	Columbus	145	n/a	n/a	n/a	n/a
Stewart-Webster Hospital	Stewart County, GA	Richland	25	n/a	n/a	n/a	n/a
Totals - All Services			1,869	57,982	974	1,181,972	7,392
Totals - Acute Care (incl. specialty)			1,572	56,973	921	1,179,300	7,392
Totals - Psych			229				
Totals - Rehab / LTAC			68	1,009	53	2,672	0

Source: AHA Guide, 2009 Edition, based on data collected as of May 31, 2008; hospitals' web sites.

# *Hospital Utilization*

- In 2008, there were a total of 1,869 staffed beds in all services in the 10-county RGMP area, of which nearly 300 are psychiatric, rehabilitation, or long-term acute care beds
- Martin Army Community Hospital provides both inpatient and outpatient health care services to military personnel and retirees covered by the TRICARE

# MACH Outpatient Projections

	Outpatient Encounters			
	Current (FY04)	Projections	Change	% Change
<b>Primary Care</b>	377,281	474,647	97,366	25.8%
<b>Specialty Care</b>	205,724	300,858	95,134	46.2%
<i>Emergency</i>	32,498	45,805	13,307	40.9%
<i>Mental / Social Work</i>	33,821	52,175	18,354	54.3%
<i>Musculoskeletal</i>	56,735	85,739	29,004	51.1%
<i>Internal Medicine Subspecialties</i>	19,414	25,896	6,482	33.4%
<i>Surgery</i>	4,440	5,895	1,455	32.8%
<i>Surgery Subspecialties</i>	4,036	5,131	1,095	27.1%
<i>Ophthalmology / Optometry</i>	24,442	36,493	12,051	49.3%
<i>OB/GYN</i>	20,949	30,466	9,517	45.4%
<i>ENT</i>	1,509	2,152	643	42.6%
<i>Dermatology</i>	1,597	2,169	572	35.8%
<i>Other</i>	4,192	5,999	1,807	43.1%
<i>Ambulatory Procedure Visits</i>	2,091	2,938	847	40.5%
<b>Total</b>	583,005	775,505	192,500	33.0%

# MACH Inpatient Projections

Inpatient Services	Inpatient Bed Days		
	FY05 Bed Days	Projected Patient Days	% Increase
<i>Mental Health / Sub Abuse</i>	3,503	6,071	73.3%
<i>OB</i>	2,114	2,859	35.2%
<i>GYN</i>	149	187	25.5%
<i>Newborn</i>	1,757	2,363	34.5%
<i>Respiratory</i>	928	1,275	37.4%
<i>Ortho</i>	944	1,377	45.9%
<i>Other</i>	876	1,091	24.5%
<i>Digestive</i>	635	838	32.0%
<i>Skin / Subcutaneous Tissue / Breast</i>	507	738	45.6%
<i>Circulatory</i>	266	290	9.0%
<i>Toxic Effects of Drugs</i>	321	482	50.2%
<i>Infectious Disease</i>	242	345	42.6%
<i>Nervous</i>	212	270	27.4%
<i>ENT</i>	120	175	45.8%
<i>Bed Days in ICU</i>	1,232	1,428	15.9%
<b>Total</b>	<b>13,806</b>	<b>19,789</b>	<b>43.3%</b>
<i>ADC</i>	38	54	43.3%

# MACH Inpatient Projected Demand

	2013 (a)	Discharges	Pt. Days	ADC (b)	Beds (c)
<b>At Fort Benning</b>					
Military	4,766	413	1,528	4.2	5
Students/Trainees	8,700	754	2,789	7.6	10
Military Dependents	7,197	624	2,307	6.3	8
<i>Sub-Total</i>	<i>20,663</i>	<i>1,790</i>	<i>6,625</i>	<i>18.1</i>	<i>23</i>
<b>In Community</b>					
<b>Dependents</b>					
Civilian	2,235	194	716	2.0	2
Contractor	6,106	529	1,958	5.4	7
<i>Sub-Total</i>	<i>8,341</i>	<i>723</i>	<i>2,674</i>	<i>7.3</i>	<i>9</i>
<b>Direct Employees</b>					
Civilian	1,480	128	474	1.3	2
Contractor	4,044	350	1,297	3.6	4
<i>Sub-Total</i>	<i>5,524</i>	<i>479</i>	<i>1,771</i>	<i>4.9</i>	<i>6</i>
<b>TOTAL</b>	<b>34,528</b>	<b>2,992</b>	<b>11,070</b>	<b>30.3</b>	<b>38</b>

Rate of Discharges (age 15-44)	866.5
per 10,000 persons (male & female) (d)	
Length of Stay (LOS) (d)	3.7

(a) Source: RKG Associates projections for RGMP

(b) Average Daily Census (Patient Days divided by 365)

(c) Calculated at 80% average occupancy

(d) Source: Inpatient data from Advance Data No. 371, May 4, 2006, Tables 3 and 4, Centers for Disease Control, National Center for Health Statistics.

# MACH Outpatient Projected Demand

	2013 (a)	Emergency	Hospital OPD (b)	Phys. Office Visits	Total
<b>At Fort Benning</b>					
Military	4,766	2,002	1,192	10,438	13,631
Students/Trainees	8,700	3,654	2,175	19,053	24,882
Military Dependents	7,197	3,023	1,799	15,761	20,583
<i>Sub-total</i>	<i>20,663</i>	<i>8,678</i>	<i>5,166</i>	<i>45,252</i>	<i>59,096</i>
<b>In Community</b>					
<b>Dependents</b>					
Civilian	2,235	939	559	4,894	6,392
Contractor	6,106	2,565	1,527	13,373	17,464
<i>Sub-total</i>	<i>8,341</i>	<i>3,503</i>	<i>2,085</i>	<i>18,267</i>	<i>23,856</i>
<b>Direct Employees</b>					
Civilian	1,480	622	370	3,241	4,233
Contractor	4,044	1,698	1,011	8,856	11,566
<i>Sub-total</i>	<i>5,524</i>	<i>2,320</i>	<i>1,381</i>	<i>12,098</i>	<i>15,799</i>
<b>TOTAL</b>	<b>34,528</b>	<b>14,502</b>	<b>8,632</b>	<b>75,617</b>	<b>98,751</b>

Rates (per 100 persons age 18-44): (c)	
Emergency	42
Hospital Outpatient Department	25
Physician Office Visits	219
Total	286

(a) Source: RKG Associates projections for RGMP

(b) OPD is Outpatient Department

(c) Source: Advance Data Number 389, June 29, 2007, Table 89, Health, United States, 2006  
Centers for Disease Control, National Center for Health Statistics

# Physician Supply

State / County	Total MD's
Alabama	
Barbour	20
Lee	185
Russell	24
Georgia	
Chattahoochee	6
Harris	2
Marion	1
Muscogee	407
Stewart	1
Talbot	1
Taylor	6
<b>TOTAL</b>	<b>653</b>

# *Physician Supply*

- Approximately 90 percent of the total physicians within the RGMP area practice in two of the counties, Lee and Muscogee
- Only 68 percent of the population reside within these counties

# Physician Supply

State / County	% of Population	% of Physicians	% Difference
<b>Alabama</b>			
Barbour County	6%	3%	-3%
Lee County	27%	28%	1%
Russell County	11%	4%	-7%
<b>Georgia</b>			
Chattahoochee County	3%	1%	-2%
Harris County	6%	0%	-6%
Marion County	2%	0%	-1%
Muscogee County	41%	62%	22%
Stewart County	1%	0%	-1%
Talbot County	1%	0%	-1%
Taylor County	2%	1%	-1%

# *Physician Supply*

- NCI has developed a model to estimate the total number of physicians that are required in the RGMP area taking into account the following variables:
  - Physician service capacity at the 50th percentile nationally by specialty;
  - RGMP area age and gender demographics;
  - Percent of population that is Medicaid eligible; and,
  - Population utilization rates by age and gender within Georgia and Alabama

# *Physician Supply*

- Comparing current physician supply from AMI against the NCI model's demand identifies a physician shortage of 158
- Primary care physicians are in extreme shortage in the RGMP area

# *Physician Supply*

- Diagnostic Radiology (-25)
- Anesthesia/Pain Management (-23)
- Gynecological Surgery (-17)
- Pathology (-11)
- Psychiatry (-10)

# *Nursing Supply*

- A shortage of nurses has been identified by healthcare providers in the 10-county RGMP area interviewed for this study

# EMS

- Currently, there is only one Level III trauma emergency service in the 10-county RGMP area at The Medical Center in Columbus
- Persons interviewed identified the distance from rural counties to the trauma center to be a significant problem in patient service and adequate access to care

# *Mental Health*

- The two leading disorders emerging from the current conflict, post-traumatic stress disorder and traumatic brain injury, have challenged the military's health services to provide adequate integrated and interdisciplinary treatments

# *Mental Health*

- One indication of the adequacy of Martin Army Community Hospital's outpatient services is that 23 percent of the inpatient bed days and seven percent of the outpatient visits are for mental health, social work, and substance abuse
- A 23 percent increase in outpatient visits and a 76 percent increase in bed days are projected over the next three years

# *Public Health*

- Public health departments are an essential component of the region's health care system, particularly for residents without health care coverage
- Current budget constraints and difficulty in recruiting as well as retaining competent individuals to work for public health departments continue to be a challenge

# Public Health

Services	Chattahoochee	Harris	Marion	Muscogee	Stewart	Talbot	Taylor	Barbour	Lee	Russell
Immunization	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Animal bites	✓			✓				✓		✓
Child Health WIC Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family Planning	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dental Health Clinic				✓						
Children First				✓						
Healthcheck				✓						✓
Hypertension/Diabetes				✓						
STD Screening & Treatment		✓	✓	✓				✓	✓	✓
District Clinical Services				✓						
Women's Health	✓			✓					✓	✓
BreasTests and More				✓						
Teen Clinic				✓						✓
Genetics				✓						
Environmental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency Care Services				✓						✓
Primary Care				✓						
Laboratory Services				✓				✓		

# Patient Days Projection

County of Patient Origin	Total Patient Days Originating from Study Area Counties by Year					
	2008	2013	2018	2023	2028	2030
Chattahoochee	8,292	8,341	8,326	8,286	8,390	8,497
Harris	11,741	13,319	14,869	16,281	17,518	17,974
Marion	4,641	4,815	4,883	4,935	4,977	4,993
Muscogee	111,329	120,658	122,725	124,084	125,733	126,526
Stewart	2,654	2,669	2,665	2,652	2,685	2,719
Talbot	5,142	5,334	5,410	5,467	5,514	5,532
Taylor	5,601	5,811	5,893	5,955	6,006	6,025
Barbour	20,333	19,815	19,415	19,337	19,582	19,727
Russell	32,446	36,002	37,131	37,884	38,566	38,828
Lee	84,288	92,063	97,571	102,110	106,010	107,477
TOTAL	286,467	308,826	318,888	326,992	334,979	338,301
ADC	784.8	846.1	873.7	895.9	917.8	926.9
Beds @ 80%	981	1,058	1,092	1,120	1,147	1,159

# *Beds Needed*

County Location of Care Provided	Beds Needed @ 80% Occupancy					
	2008	2013	2018	2023	2028	2030
Muscogee	590	637	655	669	683	689
Stewart	2	2	2	2	2	2
Barbour	31	31	30	30	30	30
Lee	265	286	299	310	320	323
Out of Area	89	94	97	99	102	103

# *Beds Surplus/(Deficit)*

County Location of Care Provided	Bed surplus (Deficit) based on current supply					
	2008	2013	2018	2023	2028	2030
Muscogee	420	373	355	341	327	321
Stewart	23	23	23	23	23	23
Barbour	-2	-2	-1	-1	-1	-1
Lee	124	103	90	79	69	66

# Personnel Gap

## Personnel Gap

	Muscogee				Chattahoochee				Harris				Lee				Russell			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
a. Hospitals and medical facilities	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
b-1. Primary Care Physicians	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
b-2. Specialty Physicians	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
b-3. Nurses	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
b-4. Allied Health Professionals	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
c. Specialty clinics	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
d. Special needs and disabilities	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
e. Dental	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
f. Mental Health	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
g. Public health facilities	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow

Key: Numbers indicate 5-year periods

Priority Designation

Low	Yellow
Medium	Orange
High	Red

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REGIONAL GROWTH MANAGEMENT PLAN

# Facility Gap

## REGIONAL SUMMARY ASSESSMENT AND PLAN

### Facility Gap

	Muscogee				Chattahoochee				Harris				Lee				Russell			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
a. Hospitals and medical facilities	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
b-1. Primary Care Physicians	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
b-2. Specialty Physicians	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
b-3. Nurses	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
b-4. Allied Health Professionals	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
c. Specialty clinics	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
d. Special needs and disabilities	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
e. Dental	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
f. Mental Health	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
g. Public health facilities	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow

# *Recommendations*

- Achieve improved access to health care services for all residents in the RGMP area
- Establish measures, such as a maximum of 30 minutes transportation time to primary care services and 90 minutes to secondary and tertiary care services

# *Recommendations*

- Form a commission of representatives of the state hospital associations and the major health care providers and insurers to address ways to alleviate the disparity of access
- Quantify the social and economic impact of poor access to health care in the RGMP area.
- Improve access, including augmenting the number of current Federally Qualified Health Centers and closing the gap in professionals through the National Service Corps

# *Recommendations*

- Create a commission, as either an independent volunteer group composed of representatives of providers, payors and local government or a joint committee sponsored by both affected state hospital associations, to address the health care manpower needs of the RGMP area

# *Recommendations*

- Form working groups from the full membership of the commission to propose ways to meet the health care manpower needs, such as: scholarships; residency and fellowship programs; cooperative inpatient and outpatient service agreements among providers; National Service Corps clinical training program graduates; joint recruitment activities; joint appointments; federal or state assistance for rural health service

# *Recommendations*

- Establish a cooperative agency of government and private organizations that will act as a health care personnel recruitment agency for positions posted by those organizations who are members
- Explore alternative ways that access by TRICARE beneficiaries to medical care provided by civilian physicians can be improved

# *Recommendations*

- Create a task force of business leaders, healthcare providers, and political representatives to present the case for improving access of TRICARE beneficiaries to civilian medical care

# *Recommendations*

- Create a cooperative communication framework for sharing utilization information and to plan ahead for the demand Martin Army Community Hospital will have on the private sector for providing in- and outpatient diagnostic and treatment services
- The aim is to achieve a predictable flow of patients for which resources can be planned

# *Recommendations*

- Form a joint provider committee to address the specific issues of referrals from Martin Army Community Hospital to the private sector with the short-term objective of coordinating the care of a specific service, such as behavioral health

# *Recommendations*

- Explore the creation of a bi-state health commission that shares information from providers, payors, and state and county officials in regard to the health status and needs of the local communities
- The Valley Partnership invites county health districts, hospitals and other providers, payors, and state and county officials to participate in a joint health planning commission

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