



SUMMARY

The Comprehensive Regional Growth Plan (CRGP), published by the BRAC Regional Task Force (BRAC-RTF) in 2008, made a series of recommendations regarding the region's capacity to support the health care needs of the region's large and growing military-related community (Chapter 8). The original study, conducted as part of the development of the CRGP, found that access to health care for military personnel and military families in the 11-county BRAC-RTF region was based on the number of health care providers that accepted TRICARE. TRICARE has one of the largest client bases in the region and the study revealed a need to increase the number of providers that fully accept TRICARE. The study also showed that there was a need for additional dentists, surgeons, and primary-care providers across the region. For the region as a whole, it was projected that meeting the demand generated by normal population growth and the expansion of Fort Bragg will require an additional 134 dentists and 64 surgeons. Also identified, is a need for additional behavioral health providers and psychiatrists, and for them to be better distributed across the region, particularly those who work with children.

The community has come together to try and address these concerns with limited success. Two examples of that effort are the Allied Health Sector Regional Skills Partnership and the Medical Services Task Force. The Allied Health Sector Regional Skills Partnership is comprised of AHEC, WDBs, k-20 educators, and area medical providers working to increase the 'home-grown' qualified labor pool and build career ladders in the health care fields. The BRAC-RTF is a founding partner of this organization and has a seat on the board of directors. This effort has been funded by the NC Department of Commerce, Division of Workforce Development. The Medical Services Task Force grew out of the regional working group formed to develop the information for the CRGP and is a group of subject matter expert volunteers that is called upon periodically to inform the BRAC-RTF on health care issues. Most recently, this group provided feedback on the importance of recruiting new providers to the region.

In addition to recommending an increase in health care providers, the CRGP made a series of recommendations focused toward improving the level and capacity for health care in the region. These recommendations include:

- Coordinating with state and regional health care system officials and agencies for the construction of new hospitals (locations determined through needs assessment) to support the growing region and address the limited availability of acute-care and outpatient services.
- Developing a business recruitment/retention model to explore ways to incentivize and otherwise improve the region's ability to recruit/retain psychiatrists, dentists, surgeons, and other needed providers.
- Exploring options to establish or recruit substance abuse treatment services to the area.
- Updating or developing Long-term Health Care Service master plans for the counties.
- Encouraging the creation of an American Psychological Association (APA) approved psychology internship in Fayetteville. This should be done as a collaboration of interested academic and service agencies and will contribute to increasing the region's institutional capacity in this area.
- Developing a community-wide Substance Abuse Academy to educate people about substance abuse and substance abuse treatment.
- Working and coordinating with regional DoD TRICARE officials to expand the overall pool of TRICARE resources in the region.

- Improving the accessibility to quality services for individuals with chronic and persistent mental health issues. All of the counties in the region are served by less than one mental health specialist per 10,000.
- Improving the accessibility to quality dental services for individuals within the region. Three of the BRAC-RTF counties (Harnett, Hoke, and Robeson) possess less than 2 dentists per 10,000 people. Increasing TRICARE reimbursement rates will improve the region's ability to both expand coverage through existing providers and attract new providers.
- Encourage the Department of Defense to increase payment rates to regional providers as an incentive to increase the number of providers accepting TRICARE. Currently, access to health care in the Fort Bragg region is limited by providers' reluctance to fully participate in TRICARE.

Below are other recommendations that were not previously identified in the CRGP. These are from regional health care subject matter experts and include:

1. Encouraging the Department of Health and Human Services to allow for the following actions, policy changes, and/or waivers under the new Affordable Care Act (ACA):
 - Pertaining to the Health Resources and Services Administration (HRSA) and the Teaching Health Centers; expand the community sites eligible beyond FQHCs (Federally Qualified Health Centers) for primary care and surgery residencies.
 - Under the ACA, request a TRICARE fee schedule waiver to increase payments for a designated period such as five years to help get new doctors established.
 - Under Workforce Section: Use a business recruitment model to offer small business tax credits to help get new doctors established.
 - Add Scotland, Cumberland, Richmond and Moore counties to the medically underserved areas so as to allow doctors and dentists in those areas to access the student college tuition loan repayment program.
 - Under HRSA Demonstration projects: Pay for doctor and dentist malpractice coverage for a limited number of years as a recruitment tool.
2. Encourage TRICARE to cover 'specialty' medical services such as physical therapy assistants, chiropractors, etc. Unlike other Federal health care plans, TRICARE does not currently cover PTA services. With more Wounded Warriors and elderly veterans in the community, this is a critical need.
3. A 'regional healthcare summit' was convened at the Womack Army Medical Center on December 17, 2010. The meeting was convened and facilitated by the DOD's Office of Economic Adjustment (OEA) on behalf of the BRAC-RTF. Other attendees included key officials with TRICARE, the Department of Health and Human Services (DHHS), and the Womack Army Medical Center commander. The following additional actions were discussed:
 - Revisit/update community medical service assessment to include existing capabilities of base hospital and TRICARE network (BRAC Regional Task Force and Fort Bragg Hospital Command).
 - Identify counties in Fort Bragg region that could qualify as National Health Corps Sites (BRAC Regional Task Force and Health Resources and Service Administration, U.S. Department of Health and Human Services Region 4 Office).
 - Explore possible strategies/actions to increase providers in selected specialties to the region (BRAC Regional Task Force and Health Resources and Service Administration, U.S. Department of Health and Human Services Region 4).
 - Identify possible resources to support the identification of medical service gaps and the development of a business plan to address those gaps (U.S. Department of Health and Human Services).

- Initiate community engagement with state points of contact for community health centers and state primary care office (BRAC Regional Task Force).
- Initiate discussion with Substance Abuse and Mental Health Service Administration (SAMHSA), U.S. Department of Health and Human Services regarding substance abuse treatment concerns in the region (BRAC Regional Task Force, U.S. Department of Health and Human Services, and SAMHSA).
- Conduct further discussion regarding TRICARE authority, specifically coverage for child sex/physical abuse provider coverage (TRICARE, BRAC Regional Task Force and Southern Regional Area Health Education Center)
- Another key topic of discussion was the perception that TRICARE is slow to reimburse doctors when claims are submitted. TRICARE officials indicated that this is not a pervasive issue and that claims payments are being made in a timely fashion. Apparently, TRICARE being 'slow pay' is just a misperception. Still, this may be keeping some providers from participating, or fully participating, in TRICARE. The BRAC-RTF will work with Health Net, AHEC, and other area medical officials to educate providers and to encourage greater TRICARE participation and utilization rates across the region. (TRICARE, BRAC Regional Task Force and Southern Regional Area Health Education Center)

THE CHALLENGE

Even prior to the military expansion at Fort Bragg, the region's health care system was stressed. Regional health care organizations have worked with limited success to account for normal population growth for the region and the military growth will exacerbate existing capacity issues. There will be substantial gaps in the level of service provision in some locations, as well as in the availability of certain medical specialists.

The recommendations herein are extensive and the BRAC-RTF has been challenged in its ability to work these issues with the organization's current staff. Much of the organization's effort in this arena has been done through our Workforce Demonstration Program Director who is currently being paid out of a grant paid for by the Department of Labor. Unfortunately, that funding expires in June of 2011. In addition, the OEA funded Regional Planning staff does not have the time nor expertise to coordinate this effort. Thus, the BRAC-RTF feels that while its engagement in this arena has played a significant role in facilitating much of the progress that has been made to date, more research and coordination of efforts is needed.

The above-referenced meeting was a big step in the right direction. While these three entities have made great and positive strides in addressing some of the gaps identified in the CRGP, challenges still remain across the 11-county region. Because of this meeting, it is anticipated that we may be on the verge of a new understanding with some of these federal departments that will allow us to address some of these issues in a more meaningful way. Unfortunately, this comes at a time when funding for our existing personnel resources to address these issues are expiring. The BRAC-RTF has invested significantly in order to gain an intimate knowledge of the region's healthcare needs. But the BRAC-RTF is currently at risk of losing this institutional knowledge before it can be effectively utilized.

REQUEST

The BRAC-RTF requests assistance in identifying the appropriate offices and resources in the various federal agencies that need to be brought to bear on these issues. Funding is also needed for the purpose of maintaining existing staff that are familiar with the region's health care needs and personnel. This staff can then facilitate the continued engagement of the federal partners and work with the various community organizations tasked with implementation of the identified initiatives.

FUNDING AGENCY

Two federal agencies have missions and interests that most closely coincide with the need to improve the access to adequate health care services in the BRAC-RTF region. Both the Department of Defense (through OEA, the TRICARE Program, and/or other resources) and the Department of Health and Human Services can assist us with implementing the type of program or policy changes and/or acquiring funding and other resources necessary to continue and improve the region's efforts to attract and retain identified medical specialists and expand access and coverage through TRICARE.

COST

While the specific costs of the various recommendations above are not known, it is projected that \$105,000 is needed to continue funding the existing staff position for one year. There is also the need to conduct a new study of regional medical services capacity that will update those resources and gaps identified in the 2007/8 CRGP 'snapshot-in-time'. Current OEA funds are being targeted at developing a regional recruitment and retention plan and program for dentists, surgeons and other needed medical specialists such as psychiatrists.

CONCLUSION

The increase in population and the resulting increased demand for quality, timely, and convenient medical services is problematic for an already challenged system. To ensure the health and well-being of the region's residents, both military-related and civilian, it is critical that we expand access to certain health care providers and services. Further, a way must be found to increase health care access in a way that addresses the needs of both the military and civilian populations. The region has previously implemented some initiatives in attempts to address these health care capacity issues. These efforts have made progress, but not enough. The December Healthcare Summit was a pivotal moment in the region's effort. We believe that by working together, the Summit participants may be able to substantially address many of the identified concerns.