

Off-post clinics improve access to care

<http://www.armymedicine.army.mil>

by Jerry Harben
The Mercury
January-March 2010

Many Soldiers' Families soon will have more convenient access to health care. Medical Command plans to open primary-care clinics in off-post locations that are expected to serve 160,000 active-duty Family members, according to MEDCOM's resource management directorate. As a direct result of Surgeon General and MEDCOM Commander LTG Eric B. Schoomaker's directive for medical treatment facility commanders to "make access to care one of their top priorities," MEDCOM plans to open 21 of the new clinics in 13 markets: Fort Bliss, Texas; Fort Bragg, N.C.; Fort Campbell, Ky.; Fort Hood, Texas; Fort Jackson, S.C.; Fort Leonard Wood, Mo.; Fort Lewis, Wash.; Fort Polk, La.; Fort Riley, Kansas; Fort Sam Houston, Texas; Fort Shafter, Hawaii; Fort Sill, Okla. and Fort Stewart, Ga.

"This is long overdue," said COL Marcus Cronk, deputy chief of staff for resource management at MEDCOM Headquarters.

"Many of our Families no longer

reside on post. Army operated Community Based Primary Care Clinics off post will provide them with primary-care access to the direct-care system closer to where they live. In the end we expect to improve access, reduce emergency room visits, improve patient and provider satisfaction, and improve the quality of care both on and off post. This effort will improve the readiness of our Army", Cronk said.

September openings

Target date for opening the clinics is September, although some could be open sooner, said LTC Bradley Lieurance, the initiative lead officer for MEDCOM.

"We already have lease approval from the Department of the Army and are working through site selection and finalizing the concept of operations," Lieurance said.

He said the cost of the new clinics is projected to be about \$87 million per year.

The clinics will be in leased space with civilian employee staffing.

They will be an expansion of available care, not a shifting of care from the post hospital, Lieurance said. Patients will still have an option of using the on-post facility.

Those registered with TRICARE Prime will not have to reregister.

"We want to focus on those that need to receive better access and who currently may have unmet demand for primary care," he added.

The clinics will be one standard design. They are targeted to employ six primary-care providers and one behavioral medicine provider and be able to enroll more than 7,000 beneficiaries. The clinics will provide pharmacy and limited laboratory services. If warranted by local demand, services also may include other primary care capabilities such

as pediatrics and OB/GYN services.

Medical homes

Lieurance said the off-post clinics will support the Department of Defense “Medical Home” Model. This concept emphasizes continuity of care and a strong patient-provider relationship.

According to a DoD memo about the Medical Home Model, patients have primary-care managers (PCM) who may be physicians or other licensed health-care professionals who serve as beneficiaries’ first contact with the health-care system. PCMs provide the majority of the beneficiaries’ health-care needs and refer them to specialized care if needed. PCMs provide follow-up care for patients after they have received care from consultant specialists, and provide ongoing continuity and care coordination. “Once this first phase of clinics is up and running we will be looking to open more Community Based Clinics and expand services in other areas. Bringing health care closer to home for Army Families is an exciting opportunity to improve the health of our patients.” Cronk said.