



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

FEB 20 2003

MEMORANDUM FOR COMMANDERS OF MILITARY TREATMENT FACILITIES

THROUGH: SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

Subject: Beneficiary Access to Healthcare in Event of Significant Military Treatment Facility Staff Deployment

Each of us shares a commitment to providing appropriate access to care for our eligible beneficiaries. I know that each Military Treatment Facility (MTF) Commander is facing a significant challenge in maintaining access for their MTF enrolled TRICARE Prime beneficiaries as you deploy ever increasing numbers of their healthcare providers to support potential overseas contingency operations. This has already curtailed space available care at many facilities. Our beneficiaries historically have understood the primacy of support to the war fighters, and I am confident they will support our efforts, provided we keep them informed about their alternatives and assist them in accessing other sources of healthcare if necessary.

I want to review some of the options available to you. First of all, I have been advised that you are already reallocating internal resources to provide as much direct patient care and deferring non-essential activities. Resource leveling between MTFs coordinated by your Lead Agents and Service Surgeons General is essential. Resource Sharing and Resource Support agreements should be aggressively pursued with the Lead Agents and Managed Care Support Contractors (MCSC), recognizing that time and investment dollars are limited. Increased emphasis on partnering with the Department of Veterans Affairs may help in certain localities. Requirements that cannot be met through any of the above actions may warrant requests for medical Reserve support.

Should you find your MTF unable to provide care to all your enrolled MTF Prime patients, it is essential that you work with your patients, Consumer Health Council, Lead Agent and MCSC to transfer responsibility for MTF Prime enrollees to the civilian Prime network. The decision about which MTF Prime patients to transfer to the civilian Prime network requires consideration of multiple factors. These considerations include our existing priority for access to care for active duty (to include mobilized Reservists), active duty family members, retirees, retiree family members, and then other beneficiary categories. These priorities of beneficiary categories must be balanced against a need to maintain continuity of care wherever possible. An ongoing assessment of what capabilities remain at the MTF is also essential and will help you make these difficult decisions. For some MTFs, it may be appropriate to ask the MCSC to

arrange network Prime care for an entire Primary Care Manager's panel while in other cases selective referral of patients would be more appropriate.

If your pharmacy services are reduced, it is appropriate to encourage patients to utilize the TRICARE Mail Order Pharmacy.

Your collective efforts to maintain as much healthcare in the direct care system as possible are appreciated by Department leadership and most especially by our beneficiaries.


William Winkenwerder, Jr., MD