

MILITARY GROWTH TASK FORCE



HEALTH AND SOCIAL
SERVICES
QUARTERLY REPORT III:
APRIL 2011

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Introduction

The Regional Growth Management Plan (RGMP) produced in September 2009 for the North Carolina Eastern Region's Military Growth Task Force (MGTF) demonstrated the need for on-going monitoring of health care and social services across the Task Force's seven-county area. This document represents the third quarterly update in a series of updates that started in October 2010. The sections below highlight the primary needs for health care and social services at this time. Key findings include:

- There is a continued need to recruit additional health care providers to the MGTF region;
- There continues to be sufficient capacity in the region to meet the demand for inpatient acute care services;
- The region could support approximately 10 additional inpatient rehabilitation beds, this is similar to the need identified by the RGMP;
- Inpatient psychiatric units in the region continue to operate at or near capacity and there is a need to continue to expand these services; and
- The Department of Defense continues to improve and expand its social service programs, which continues to reduce, if not eliminate, the need for military families to use social services in the community.

In addition, HPS has included a final section in this report to capture additional expansions and reductions in health care and social services in the region.

Health Care Providers

Since the completion of the January 2011 Quarterly Report, there have been minimal changes to the provider supply in the MGTF region. Specifically, the following physicians have entered the market:

- Carteret County
 - 1.0 Full Time Equivalent (FTE) Family Practice Physician
 - 1.0 FTE Internal Medicine Physician
 - 1.0 FTE Gastroenterologist
- Craven County
 - CarolinaEast Health System has recently employed the physicians of New Bern Urology Clinic, Eastern Carolina Internal Medicine and ECIM Pediatrics. Although the primary care providers have historically accepted TRICARE patients, prior to the employment of the urology physicians they did not accept TRICARE. As such, this resulted in an expansion in the number of TRICARE providers.
- Onslow County/Naval Hospital Camp Lejeune
 - The Naval Hospital Camp Lejeune has added an Orthopedic Spine Surgeon recently. The surgeon is not seeing a full patient load at this time, but is expected to continue expanding this service in the future.
 - In the summer of 2011 Naval Hospital Camp Lejeune will be adding a neonatologist to support the pediatric department and the nursery expansion to be complete in 2012.

- Naval Hospital Camp Lejeune has established a multidisciplinary Concussion Recovery program, including a number of existing practitioners as well as the addition of speech and language pathologists and neuropsychologists.

Although Carteret County has added physician capacity, there remains a need for more physicians in the county. The addition of primary care (family practice and internal medicine) providers in Carteret County will primarily serve to offset retirements, and there remains a need to increase primary care capacity, particularly internal medicine providers. In addition, even after accounting for the addition of one gastroenterologist, the county population could still support additional physician capacity in this area.

The physicians added at Naval Hospital Camp Lejeune are all highly specialized to meet the needs of military families, and will provide a significant benefit to the region. However, there continues to be a substantial need for additional primary care providers in Onslow County to support both the military and non-military population. In addition, while these specialists will provide significant value to the region, the population in Onslow County can still support additional medical and surgical specialists in a variety of specialty areas.

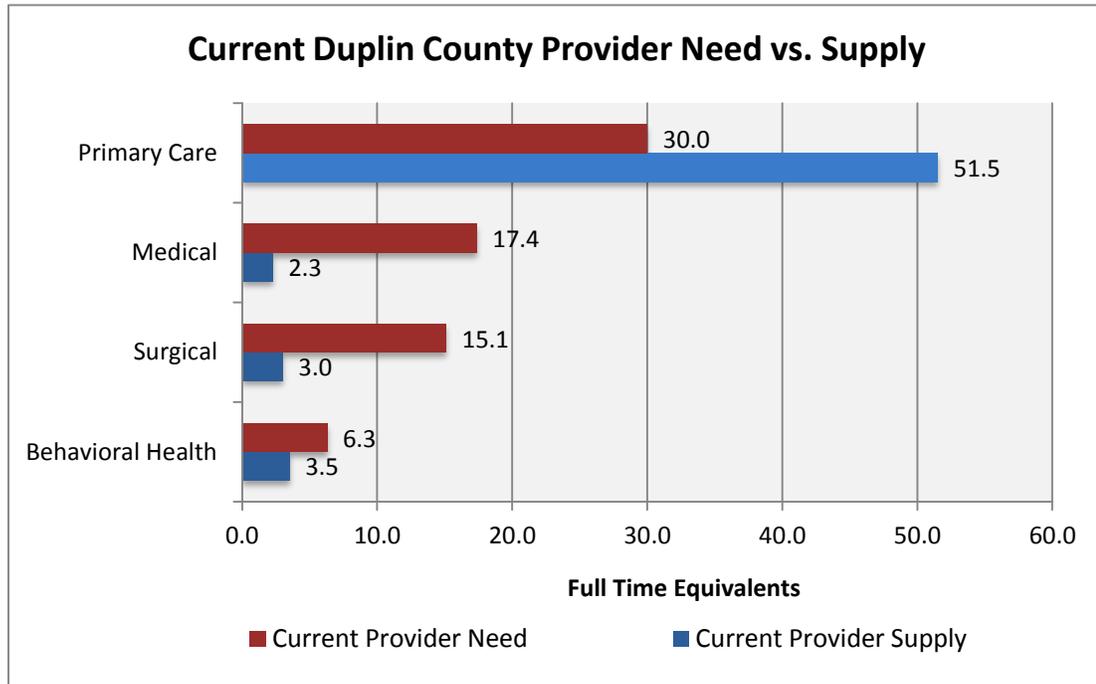
In addition, since the January 2011 Quarterly report, HPS has received updated physician and mid-level provider data for Duplin County from Duplin General Hospital (DGH). As such, HPS has provided an updated physician and mid-level provider needs assessment for Duplin County and an updated regional summary.

As in previous reports, provider supply is quantified based on estimated full-time equivalency (FTE), which adjusts for time physicians may spend in different counties (e.g. a physician may spend half of his/her time in Craven County and half in Jones County. Thus, that physician represents 0.5 FTE in each county). Due to variation in practice patterns, physician extenders are assumed to be equivalent to 50 percent of a physician FTE. In addition, the analyses incorporate physician age, which accounts for retirements by removing from the projected supply any provider aged 65 or older. Please note the provider need by specialty group is not cumulative. Need numbers are calculated by specialty before being aggregated at the specialty group level. Thus, the difference between provider need and provider supply for a specialty group, as shown in the exhibits below, is not necessarily representative of the deficit for that specialty group. Specific specialty needs are noted in the sections below.

Duplin County Physician Needs

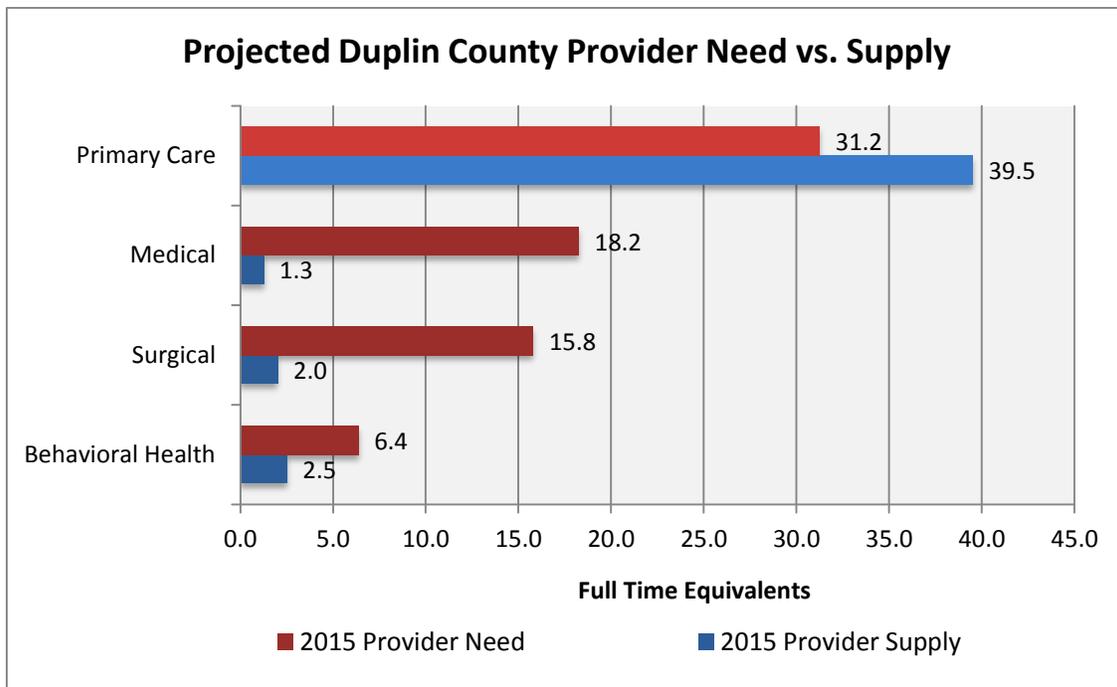
As noted in prior reports, DGH's affiliation with University Health Systems based in Greenville and the presence of Goshen Medical Center mitigate the challenges associated with physician recruitment and retention in the county. Many providers split their time between DGH and Goshen Medical Center as these two institutions often jointly recruit new providers to the area. Currently, the county has a need for 15.1 FTE medical specialists, 12.1 FTE surgical specialists, and 2.8 FTE behavioral health providers. The latest data provided by DGH suggests that there is an adequate supply of primary care providers in the county, which represents an increase over prior years where there was a deficit of these physicians. Existing supply in the county is comprised of the following:

- Primary Care: 51.3 FTEs (40.0 physicians and 11.5 physician extenders)
- Medical Specialties: 2.3 FTEs (2.3 physicians and 0.0 physician extenders)
- Surgical Specialties: 3.0 FTEs (3.0 physicians and 0.0 physician extenders)
- Behavioral Health: 3.5 FTEs (3.5 physicians and 0.0 physician extenders)



By 2015, after accounting for expected population growth and physician retirements, Duplin County will have a need for 17.0 medical specialists, 13.8 surgical specialists, and 3.9 behavioral health providers; the county will continue to have an adequate supply of primary care providers. Need estimates are driven by an expected total Duplin County population of 56,300 in 2015.

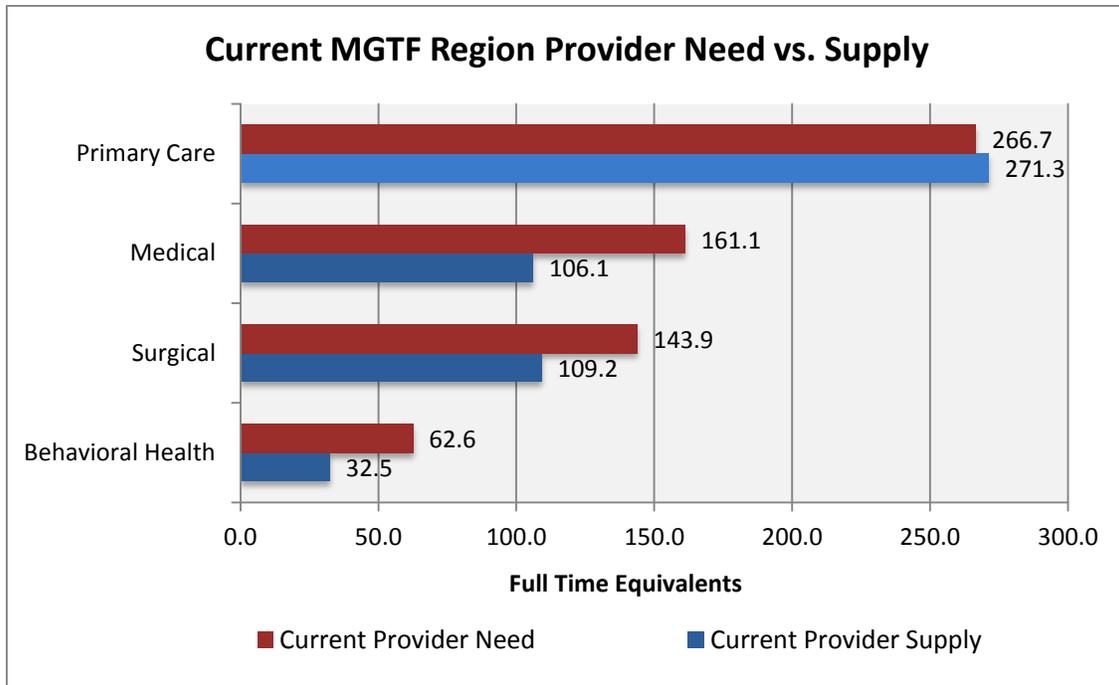
Relative to specific specialties included within the broader categories provided in the above chart, it is estimated that Duplin County will have needs for at least the following specialties: cardiologists, gastroenterologists, oncologists, general surgeons, ophthalmologists, orthopedic surgeons, and psychiatrists.



Regional Summary

The updates made to the Duplin County provider supply data have very little impact of the regional provider needs, with the exception of the need for primary care physicians. Based on the increased supply of these providers in the Duplin County, the region as a whole has an adequate supply of primary care providers. However, these physicians are distributed unevenly throughout the region. While Duplin, Carteret, Craven, and Jones counties have an adequate supply of primary care providers, residents of Onslow, Pamlico, and Pender counties need additional primary care providers.

Onslow County continues to have the greatest current and projected health care provider needs; Carteret, Duplin and Pender counties also have significant provider needs. The needs in Duplin and Pender counties are mitigated by the presence of an acute care hospital in each county, which is part of a larger regional health care system (Pender Memorial Hospital is an affiliate of New Hanover Regional Medical Center). Moreover, these physician needs should be viewed as part of a broader regional health care network given the tendency of certain county populations to move across county lines when choosing a physician. In total, the region has substantial needs for additional health care providers: an estimated additional 58.1 FTE medical specialists, 38.4 FTE surgical specialists, and 30.2 FTE behavioral health providers are currently needed.



Inpatient Acute Care and Rehabilitation Beds

HPS reviewed recent data for acute care beds in the NC MGTF region. In the last quarter of federal fiscal year 2010, utilization increased less than one percent over the prior three quarters of the year. As a result, HPS believes there is no change to its findings from the January 2011 Quarterly Report, which stated that there continues to be sufficient capacity in the region to meet the demand for inpatient acute care services.

Similarly, inpatient rehabilitation utilization increased slightly in the last quarter of federal fiscal year 2010. However, although projected 2015 inpatient rehabilitation visits in the region indicate a need for 10 additional inpatient rehabilitation beds, CEMC currently maintains sufficient capacity to serve additional inpatient rehabilitation patients both in its home county and from the region for the foreseeable future. This finding is consistent with HPS findings from the previous quarterly report.

Behavioral Health Services

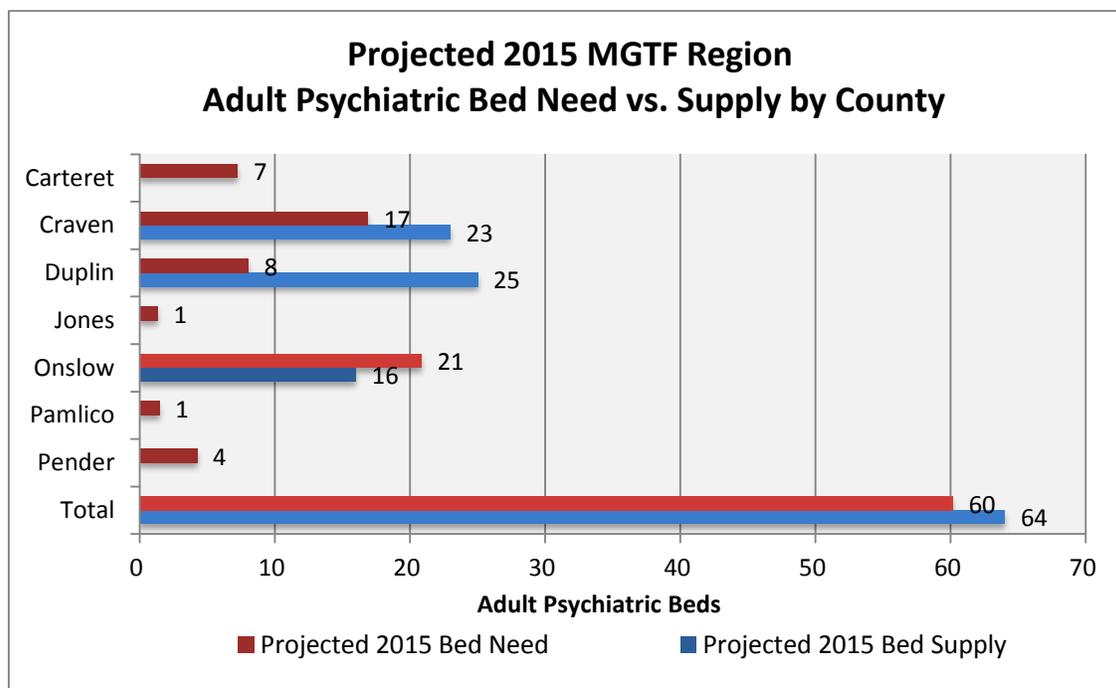
Since the January 2011 Quarterly Report, HPS has learned of one change to the capacity of inpatient behavioral health services in the region. Specifically, Duplin General Hospital converted five acute care beds to adult psychiatric beds in FFY 2010. In combination with the 12 additional adult psychiatric beds recently developed at Brynn Marr Hospital in Onslow County (see January 2011 Quarterly Report), this results in the development of 17 additional adult psychiatric beds in the region since the completion of the RGMP, which identified a need for ten additional adult psychiatric beds.

Notwithstanding this additional capacity, both of these providers are operating at well over optimal capacity¹ (the adult inpatient psychiatric beds at Brynn Marr Hospital and DGH were at 91 and 85 percent occupancy, respectively, in FFY 2010, according to Hospital License Renewal Applications). The only other inpatient psychiatric beds in the region, Crossroads Adult Mental Health located in Craven County and owned by CarolinaEast Medical Center, operated at 74 percent occupancy in FFY 2010.

In addition, the January 2011 Quarterly Report noted that the FFY 2010 market data for adult psychiatric inpatient bed utilization was unreliable and significantly understated. More recent data is now available and appears to be accurate. As such, HPS has completed revised adult psychiatric bed needs projections.

Assuming the region's providers only treated adult psychiatric patients from within the region, then the region would have a surplus of four adult psychiatric beds by 2015, based on FFY 2010 utilization data. However, existing providers offer a substantial amount of care to patients from outside of the NC MGTF region. In FFY 2010, patients from the region accounted for only 57 percent of the adult psychiatric days at Brynn Marr, 64 percent at DGH, and 81 percent at CEMC. This level of immigration has resulted in high utilization at each of these facilities and warrants additional capacity. This finding is further supported by the *2011 State Medical Facilities Plan* which identifies a need for seven additional adult psychiatric beds in the Onslow-Carteret LME.

Carteret County has the greatest need among counties without local behavioral health inpatient care; county residents seeking these services primarily receive care at CEMC and Bryn Marr. Despite the recent addition of adult psychiatric capacity, Onslow County is projected to have a deficit of five beds by 2015; this need is further exacerbated by Brynn Marr's role as a regional provider of care.



¹ As defined by the North Carolina SMFP, optimal occupancy for psychiatric beds is 75 percent.

HPS also reviewed updated data for substance abuse and adolescent psychiatric beds; neither demonstrated significant changes from what was reported in the January 2011 Quarterly Report. As such, there continues to be no new needs for inpatient substance abuse or adolescent psychiatric beds in the NCMGTF region.

Social Services

Although active duty Marines and their families do on occasion access social services through county departments of social services, at this time Marine and Family Services located at MCB Camp Lejeune, MCAS New River and MCAS Cherry Point are providing the majority of social services to the military population in the MGTF region. The following sections detail the current status of social services in the region.

Marine and Family Services

The Department of Defense is acutely aware of the ongoing social services needs of military families and continues to develop programs targeted at the prevention and treatment of common issues. As these programs are developed they are rolled out across installations, and as described below, some of these programs have recently been developed in the MGTF region. In addition, each of the installations has the purview to structure services in such a way that best meets their community's needs. The following sections outline the updates to services at MCB Camp Lejeune and MCAS Cherry Point since the January 2011 report.

Marine and Family Services Camp Lejeune

At MCB Camp Lejeune Marine and Family Services are provided through the Marine & Family Programs Division. The division has recently been reorganized to better meet the needs of its customers. This reorganization resulted in all behavioral health programs (except those provided at Naval Hospital Camp Lejeune) coming together in one program, which results in better integration, reduction of service gaps, greater focus on prevention and education, and a synergy within the programs to build resilience in Marines and family members. Specifically, the following programs are now integrated under one large behavioral health program:

- Sexual Assault Prevention and Response
- Family Advocacy and General Counseling
- Substance Abuse Prevention and Education
- Drug Demand and Reduction
- New Parent Support Program

In addition, the Marine & Family Programs Division has sent clinicians from the Community Counseling Center into the on base DoD Education Activity schools two days per week to better support the needs of youth in Middle and High School who are experiencing challenges related to ongoing deployments.

Marine and Family Services Cherry Point

Marine and Family Services Cherry Point has recently added the FOCUS (Families Over Coming Under Stress) program to the services available locally to Marines, sailors and their families. FOCUS provides

family resiliency training for active duty military service members and their families over the course of six to eight sessions.

In addition, Cherry Point's new Child Development Center (CDC) opened in March 2011. This CDC has 96 total slots, including 24 infant slots. In addition, MCAS Cherry Point's Teen Center, "The Rec," has been experiencing tremendous growth, particularly the Robotics and Archery Clubs. There are also plans to add a music room at The Rec in the near future.

Department of Social Services

As stated in the January 2011 Quarterly Report, local departments of social services have reported no new needs relative to military growth in the MGTf region. In fact, at this time, the anticipated service increases related to military growth have not materialized. Currently, the economy has had the greatest impact on the demand and availability of social services at the county level, causing the number of people seeking services to grow while funding has decreased.

Other Noteworthy Updates

In addition to the specific updates included in the sections above, HPS has learned the following information that may be useful to the MGTf.

CarolinaEast Medical Center Freedom Calls

As outlined in previous reports, CarolinaEast Medical Center treats a large number of military families through its obstetrics department. Until recently, the medical center was able to provide satellite phone and video connections during births for wives of deployed active duty military in select combat locations. Unfortunately, the Freedom Calls organization has lost its funding. As such, CarolinaEast has attempted to mitigate this loss by using Skype technology. Although this technology is less dependable than the Freedom Call satellite service, it provides an important service with no cost to the hospital or the families.

Naval Hospital Camp Lejeune

Naval Hospital Camp Lejeune is currently in the process of developing several operational and facility changes. The most notable of these changes are outlined below:

- Both the Pediatrics and Family Medicine Departments are in the process of implementing the "Medical Home" practice model.
- A Department of Defense sponsored research project has been established on the hospital campus with hospital staff serving as Principal Investigators. The project involves exposure to hyperbaric oxygen to determine if oxygen administered in this manner will have any therapeutic value in the treatment of mild to moderate traumatic brain injury.
- A capital expansion project to expand the emergency department and develop a new outpatient wing is underway. These actions will add 109,000 square feet to the hospital and are anticipated to be complete in early 2013. This will be followed by renovation of about 150,000

square feet of clinical and administrative spaces in the existing facility, which will be complete in early 2015. This project will also involve the addition of a fixed MRI at NHCL.

- The hospital is in the beginning states of a capital expansion project to renovate a former elementary school on the base and create an outpatient clinic site. Construction is anticipated to commence in December 2012, with completion expected in early 2015.
- The Veterans Administration is now imbedded within Naval Hospital Camp Lejeune as a component of an Integrated Disability Evaluation System (IDES). This partnership has been designed to allow for a seamless transition for individuals who are found unfit for duty due to illness or injury and found to have a Service-Connected disability into the VA system.

SAMHSA Report

It should be noted that the Substance Abuse and Mental Health Services Administration (SAMHSA) has recently identified eight Strategic Initiatives to guide its work through 2014. One of the eight initiatives is Military Families. Currently SAMHSA provides the following services to support the behavioral health needs of military families.

- SAMHSA's Support of Behavioral Health Systems Serving Service Members, Veterans, and their Families Fact Sheet provides support through technical assistance and the promotion of ongoing interagency collaboration.
- The Veteran Suicide Prevention Hotline was founded to ensure veterans in emotional crisis have free, 24/7 access to trained counselors. To operate the Veterans Hotline, the VA partnered with the Substance Abuse and Mental Health Service Administration and the National Suicide Prevention Lifeline.
- The Jail Diversion and Trauma Recovery- Priority to Veterans program supports States, Territories, and Tribes to divert persons with behavioral health disorders, prioritizing veterans from jail to community services.

The MGTf region should continue to monitor the development of programs in the future.