

Cannon AFB Town Hall Question and Answer Transcript from 8 November

Question: My question is about going to Lubbock or Amarillo or even Albuquerque for travel reimbursements. I feel like the travel reimbursement is not adequate to how much we pay in gas to get there and to get back. And so, I mean, for me it's fine, but for people who are lower Airmen and they can't afford that, is there anything that's going to be done about that or can the rates change at all or is that being looked at?

Col Greer: That's a good question. I don't have the answer to that. Yes, the joint travel regulations. Those rates are set by the JFTR. The joint federal travel regulation sets those rates. Now, we could probably give feedback to that. And that's what, because it's what, 22 cents a mile? Is that what it reimburses at? If the active duty service member drives is like 67 cents per mile. Yeah, so yeah, now you're right. That's quite a bit lower. So we'll take that and we'll pass that feedback to them.

Question: My question is regarding referrals and why having notes sent to a place is taking as long as it is. My son was given a referral three weeks ago and each time I've called referrals, I keep getting told to them to take 30 to 45 days for them to send notes to the doctor. And currently Texas Tech is not booking until February of next year and I'm still going to have to wait until those notes go to Lubbock before I can schedule. I'm probably going to be shooting out until April and that's just a long time to wait when I've already been working with the doctor for three months on an issue. And I just, is there a way to expedite that or how does that work?

TOPA Flight Chief: Hi everybody. I'm the Flight Chief in Tricare Operations and this is Lieutenant Daniels. She is the OIC there as well. And so you have a great question. This is something that we're actually working on internally and with our commander as well. You're absolutely right currently right now it's taking a while because we have increased as far as sending patients out, which has been a huge impact. So please give us grace. I do ask for that. We have put a process improvement in place and we actually put something in just recently so we can be able to expedite that information. So, what we did is we put in place where we have two different staff members who are going to be focusing on getting those notes. So just once again, I'm asking for grace only because the fact that as you know, when it comes to change, it takes time before we see that. But we are working diligently to make sure we can get those out a lot faster. So then we're looking at two additional individual bodies internally to be up to four people. So once again, we just started this and then we'll have two additional people so then we'll be able to get more out. Now, when it comes to outside network providers being able to see you, that's something that's kind of out of our control about their schedule. But we can do what we can. But anytime that you may have an issue or concern, please call us if you're not given the right answer or you still feel uncomfortable. Come see myself, MSgt Crocker or Lieutenant Daniels. We'll be happy to assist you. Okay.

Some facilities will not schedule and some will. And so what we'll do, especially if it's something that as you all know, I have a child as well. Anytime that something that occurs, we want to take care of our children and ourselves. So I definitely get it. But we'll definitely do our best to try to help and assist.

Col Greer: Yeah. So we've experienced this as well. And it's extremely frustrating, especially if you're trying to get like test results and that kind of thing.

You feel like you're in limbo and that you don't have anyone to talk to about it. And like no one's like and I guarantee you, if you call Sgt Crocker and Lieutenant Daniels, they will they will help you. And so you've got someone you can reach out to. I think that's the biggest thing here is just having someone that is listening and is actively doing something so that you don't feel like you're just kind of floating out there and not getting what you need. So completely understand. But like Sgt Crocker said, these fixes that we're implementing do take time.

And so we do ask for grace in the process. But at the end of the day, if you're not getting what you need, continue to message that. And, you know, there should be ways for you to message that your kind of frustrations through through the QR code through the website so that you can continually give feedback in this process. Thank you.

Question: We've talked a lot about all of the the high profile visitors we've had come out here to Cannon to look at the medical care that we've got and try to improve the care that we have, the resources that are here. So, I've got kind of a two part question. One, with all of those visits that have been here, have we seen anything or maybe indicators or signaling that they want to change in a certain way or any tangible results that have come from that? The measures of effectiveness from those visits? And so the second question that I've got, Colonel Bergin shortly after he took command here, he had talked about an initiative trying to look at building a business case out in town that may have been a part of some of that, was that still an initiative?

Col Greer: Okay, so I think I think Colonel Cermak or one of her suitable alternates is better suited to answer that first question because she's got all the detail there. But I will say that yes, we have seen measurable results from from those visits and she can dive into some of that. And then as far as the in town stuff, I think she can dive into that as well. But the bottom line is, is it's really about how do we how do we tell you, how do we incentivize providers essentially to come here or how do we incentivize PRMC, for example, to realize how much business the community is losing by us going to Lubbock and Amarillo and Albuquerque, not just in the medical sense, but just in the pure revenue sense because you're going to Target you're doing all the other stuff when you leave town. So, but I'll let Colonel Cermak answer.

Col Cermak: So, from the medical state summit with General Bauernfeind, there was actually 22 taskers that came out of it, so we're looking at a wide variety of things, including partnering with the VA, looking at telehealth avenues, looking at rotating providers to help with our population. We already have gotten agreement for one for an endocrinologist, which is actually very recent. So, we are kind of doing a multi-product approach on this. And as far as the community pieces concerned, I know it's been that the legislative portion right how much revenue is being lost to Texas has been, I guess put out there into the ether so people are aware of that fact, we're trying to make some headway with Mr. Masters help as far as legislative change. So, it is the fact that, unfortunately, we have one of the lowest states per capita for physicians right and part of that is because of the high liability insurance, and also because of the low, we have a lot of money to get back that, you know, it's just, you know, it's a lot of money to practice and then we don't have that interstate compact as well so a lot of physicians are looking elsewhere outside of New Mexico to practice so we do need to change some of those laws. I

have a great relationship with PRMC and RGH and they are part of this medical community to increase our resources as well. Is there anything you want to add, Colonel Hinton?

Dr. Hinton: I would just say, you know, practically as far as like what we can see that's happening, I mean, because Defense Health Agency really promised to, you know, staff us, we've already been, we've already had manning assists, we've already gotten a couple of new providers, a couple of new PAs that we didn't have before and so we definitely have seen some immediate kind of inroads. We've got a new contract that we kind of came about a little bit before the Med Summit for what's called a developmental pediatric cell where we basically will be increasing the care that we can give to our children who need a little bit more care. So autistic children and children on that spectrum. So we are looking to fill those positions. We've got a contract company working hard and so we should start to see some of those positions filled over the next month with hopefully some of the new ones. Hopefully some increase in care there. So yes, we definitely have things that have already been, already been done.

Col Cermak: Yeah, so a lot of out of the box thinking, a lot of looking at different echelons of care to kind of bring in here and provide for our families because let's face it, we all, we all are patients here, you know, especially right now. But you know, we all want the same thing, right? We want to have that care for our families. So we are trying everything we can. My team is working really hard. They're doing a fantastic job and we definitely need a lot of great inputs in the last couple of months.

Col Greer: So, to your point, you know, the only way that we're going to know if it's really working is if we get that feedback. You know, like, you know, I just went to the town hall and then the next day I was told it's going to take me 90 days to get an appointment in this one thing. Some of that is, the situation, but some of that is, okay, well, why isn't that part better? And then, let us know, you have everybody here as a voice, but as a commander, you also can consolidate a voice from your unit and bring it up and you know, it hits us directly and all the right people are in the room to answer that.

Mr. Masters: And just to add a little bit on the specific message that you were talking about from Colonel Bergin on trying to highlight the economic impact of it and get that out there. What we did was we pulled the data for the last three years just on, you know, we talked about medical reimbursements and how much we pay in medical reimbursements and that comes out of a travel account at the medical group. But we actually pulled the data on Tricare reimbursements to doctors out of state for Cannon Air Force Base and over three year data, it averages that Tricare reimburses a million dollars a month out of the state of New Mexico just for Cannon Air Force Base population. And it's not just Cannon Air Force Base that gets referred to public in Amarillo, it's the entire community of Clovis and Portales and Eastern New Mexico, Hobbs that are all traveling to Texas for their medical care. So you start to do the math on that, you're talking multiple millions of dollars a month that is revenue leaving the state of New Mexico. So that's what we are trying to message to our state legislature and to the state administration on. This is a much bigger issue than just we have to travel for medical care and the state is losing revenue over this. So that's what we are trying to leverage and create the impetus for legislative change on malpractice insurance policy and interstate contact for telehealth across state lines and those types of things.

Question: I had an appointment that awaited over a week to get any blood test results for nothing. Checked online. There were test results that came back very high so I left a message online and it's gone unanswered for over a week even now. It was opened already. It's not the first time this has happened. So is there another way to do messaging? Online or what is the best way to get a hold of your PCM?

Dr. Hinton: So really you can do a genesis portal messaging to your PCM and you can do a direct message to your PCM or use the mailbox. And that's a great way. You can also call the appointment line and place a message for your PCM or you can also just go to the front desk and place a message to your PCM. Ideally that physician should be back to you within 72 hours and so if you've waited weeks that's something that we need to look into.

Mr. Masters: Sometimes it depends on what the nature of the test is. I know we've just invested in equipment for our lab so we can run local testing here in our clinic. Before that all testing was sent out to an external lab and usually that lag time was driven by delays in the external lab getting the results back to the clinic so it could be posted in Genesis. So if you could talk a little bit about the investments we've made to increase local processing and expedite those results where we can.

Col Greer: So Mr. Masters brings up a good point in that the vast majority of our labs are sent out tests and so they're not something that's being run in-house. So those things do take time and so you may have gotten your labs done and you're thinking, "Okay, well I got my results back." But maybe because we also don't have our results back. We do have a higher capability so we've got a really nice chemistry analyzer that we can do more things with. It just takes a lot more man hours to run that machine. So, I think right now we're on pause with the machine and so those tests are still being sent out.

Medical: So yes, it may take a little bit more time. Also if you have things like an ultrasound or an X-ray, if you've gotten them done, just because you got it done doesn't mean we get those results back expeditiously. So those providers have to send us the results and that may take some time. It may take a couple of days or a couple of weeks. So that's why usually your provider will ask you, "Hey, if you've gotten this or that done, please message us and let us know so that we can be looking out for those results." If you did message your provider and you didn't get a response in a timely fashion, that is something that we need to work on and so we'll take that back for action.

Question: Is there anything we can do about commissary products, either being moldy or expired? The commissary director is not particularly helpful.

Col Greer: Okay. I think the answer is yes. And I know, Col Roche, you're not a DECA rep, but I don't think we have anyone closer, so I'll have you answer this.

Col Roche: Yeah, so yes, we can address that. Just need to know about it. But one thing to keep in mind, that most of the products that the commissary has because of DECA's rules, they actually get shipped from Oklahoma City. And so that's why a lot of times when by the time those products get to the shelf, that's why they're sometimes sad looking.

But yes, I will address that with the commissary manager and we'll see what we can fix. Another thing to just add to all this, if there's products that the commissary doesn't offer that you would like to see, especially organic meat and those kind of things, they will specially order those for you.

Col Greer: So if you have a problem with commissary leadership, please reach out to myself, Colonel Barry Roach, or Chief Master Sergeant Jessica Baldwin, and we will engage on your behalf. Col Roche, real quick, is there like comment cards or some kind of feedback people can provide in store or online?

Chief Baldwin: There are some local comment cards within the commissary. There's also a link where you can provide comments. I'll make sure that PA gets a hold of that link to put it on the QR code for everybody to be able to access.

Col Greer: Okay, customer service window at the commissary, that's where you can find comment cards if you want to comment on the spot. And if there's any issues with leadership, you can let us know through your chain of command or just call us direct or email direct, or through public affairs. Just get on the Facebook page and say, this was moldy. All right.

Col Roche: Another thing that would be helpful with that is if you do experience that, please annotate the date, the thing it was, and even if you want to take a picture of it, so that we can actually address it. Because it's hard. We'll hear that sometimes, but then we're not sure what it was, we're not sure exactly when it was. And so it's really hard to pinpoint it sometimes. So if you can give us specifics, that'll help. Thank you.

Col Greer: Now I know Chief Baldwin and I met with the senior enlisted representative for DECA. Did he come back with any, like, did he give us any feedback on our store?

Col Roche: I don't remember if he did.

Col Greer: Okay. Must have been, okay. Yeah, we can, we can reach directly out to him as well at, you know, at the headquarters.

Question: Asthma is not an EFMP disqualifier. But as lots of candidates with dependents and service members with respiratory issues, what's being done for families facing this type of struggle? We can't move, but there is extreme dust here and homes on Chavez have dust that comes in through the windows.

Answer: She needs to get with EFMP medical and Ms. Kayla Holbrook, but this might get into HIPAA, so please have her contact Kayla.