

Comprehensive Regional Growth Plan for the Fort Bragg Region

Assessment and Recommendations



Chapter 8 Health Care

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DISCLAIMER

This report is intended as an aid to planners, managers, elected officials, and other decision makers in the Fort Bragg region. Our aim is not to dictate what should be done, but to assist in ongoing efforts to achieve goals and objectives identified and valued by the residents of the region. The recommendations presented in this report are suggestions for how the region could work towards those goals and objectives, based on best available information and current understandings.

The information, projections and estimates in this report are based upon publicly available data and have been prepared using generally accepted methodologies and formulas. The projections and needs presented in this report are based upon best estimates using the available data. It is important to note that currently available information and understandings are incomplete and cannot account for the inevitable, but unpredictable, impacts of unexpected global, national, state, and/or local events. Actual results and needs may differ significantly from the projections of this report due to such unforeseen factors and conditions, as well as inaccuracy of available data, and/or factors and conditions not within the scope of this project. Persons using this information to make business and financial decisions are cautioned to examine the available data for themselves and not to rely solely on this report.

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Contents

I. Current Conditions.....	5
A. Provider Supply	5
B. Acute-Care Bed Supply	5
C. Outpatient Services	5
D. Inpatient Rehabilitation.....	5
E. Behavioral Health	6
II. Future Needs.....	6
A. Health Care Provider Needs	6
B. Inpatient Beds	7
III. Recommended Actions.....	10

Chapter 8: Health Care

Cumberland County remains the Fort Bragg region's largest referral center for health-care service, particularly for TRICARE enrollees who have access to the Womack Army Medical Center (Womack). Moore and Robeson Counties, which also play important roles in the region as secondary referral centers, are poised to play a still larger role in the future. The remaining Tier 1 counties provide their residents with primary and secondary level services and send patients requiring tertiary and quaternary care to referral centers elsewhere.

I. Current Conditions

A. Provider Supply

More than 1,289 health-care professionals practice in the seven Tier I counties of the Fort Bragg region. An overwhelming majority (758) of these health-care providers are located in Cumberland County. Moore County has the second highest number of providers (196) in the region. Each of the remaining counties has fewer than one hundred providers, the majority of which are primary-care providers. As a result of the current distribution of the region's health-care professionals, Cumberland and Moore Counties function as primary referral centers for many medical and surgical specialty services. There is currently a national shortage of physicians, and the Fort Bragg region competes on a national level for quality physicians.

B. Acute-Care Bed Supply

Cumberland, Moore and Robeson counties are the primary referral centers for acute-care services in the Fort Bragg area. Cumberland County possesses the region's largest supply of acute-care beds, including 397 beds at the Cape Fear Valley Medical Center (CFVMC), 143 beds at Womack, and sixty beds at the VA. In addition, CFVMC has been authorized to add twenty-two acute-care beds in October 2008. This addition will give CFVMC a total of 622 beds, 419 of which will be available to military as well as civilian patients.

Moore County's FirstHealth Moore Regional (FHMR) and Robeson County's Southeastern Regional Medical Center (SRMC) each have just under 300

acute-care beds. Robeson County's short supply of physicians, however, limits SRMC's acute-care capabilities and probably results in fewer referrals from outside the county. For example, while 54.3% of FMHR's patients in FY 2007 came from outside Moore County, only 13% of SRMC's patients came from outside Robeson County.

The remaining Tier I counties, with the exception of Hoke, operate at least one community hospital that focuses on primary and secondary services. Residents of these counties travel to one of the regional referral centers or to larger state referral centers for tertiary and quaternary services. For the most part, Hoke County residents seek primary and secondary services in Cumberland and Moore Counties.

C. Outpatient Services

The majority of outpatient facilities—including those designed for diagnostic imaging, ambulatory surgery, and urgent-care—are located in Cumberland and Moore Counties. The abundance of such services throughout these two counties allows CFVMC and FHMR to treat additional patients from other counties in the region.

D. Inpatient Rehabilitation

Inpatient rehabilitation services are provided at CFVMC's Southeastern Regional Rehabilitation Center and at FHMR. With a combined total of 103 beds, these facilities currently have the capacity to accommodate an increasing volume of patients, including military personnel who have recently returned from overseas and have rehabilitation needs.

E. Behavioral Health

Behavioral health services in the Tier I counties are managed by three local management entities (LMEs). Despite the best intentions of LME leadership, these regional and local management entities continue to be under-funded by the state and are susceptible to abuse by dishonest providers. LMEs across North Carolina are facing drastic reductions in their provider bases as dishonest providers are eliminated from the system. In their current state, LMEs cannot fully support the behavioral health needs of the region, particularly the needs of those with chronic and persistent mental illnesses. The support of private providers is essential to the future success of the mental health system.

At the same time, as a result of the global war on terrorism and related military deployments, the need for outpatient psychiatric services is on the rise. In this instance, the primary emphasis is on improving the quality, rather than increasing the quantity, of providers. There is also an increasing need for providers who will accept TRICARE.

Although six of the seven counties in the Tier I region have licensed inpatient psychiatric and substance-abuse beds, at least two of these programs are not fully operational.¹ In the long term, other providers may need to work with the state, possibly through the special needs petition process, to add licensed bed capacity that would help compensate for the non-operational programs.

1. Please see Harnett and Lee County summaries.

II. Future Needs

The expansion of Fort Bragg will not create any new service needs for Tier I counties. However, population growth in the region will magnify existing needs and increase the importance of collaboration among health-care providers.

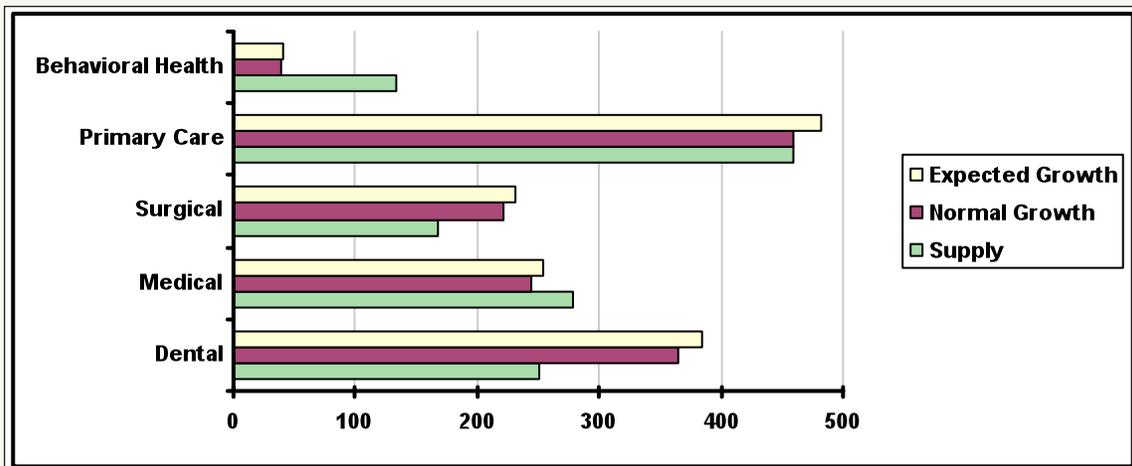
A. Health Care Provider Needs

The following chart identifies projected shortfalls in the numbers of health care providers for each of the Tier 1 counties. Please note that HPS’s analyses took part-time physicians and physician retirement into account. Regionally, there is a need for additional dentists, surgeons, and primary-care providers. There appears to be a sufficient supply and appropriate distribution of medical-specialist and behavioral-health providers.

As indicated in **Figure 1**, the region’s greatest need is for dentists. In the region as a whole, there is a combined shortage of 133 to 136 dentists. The recruitment of additional dentists should be a regional priority, as outlined in the Tier I county action plan included at the end of this section.

Each of the Tier I counties also has a shortage of surgical specialists. Meeting the demand generated by normal population growth and the expansion of Fort Bragg will require the addition of sixty-three to sixty-five surgeons in the Tier I counties. There is a difference of approximately ten surgeons over

Figure 1. Projected Shortfalls of Health Care Providers in the Tier I Counties



the supply needed for normal population growth alone. Spread over seven counties, the regional need is minimal. Cumberland and Moore Counties are currently able to support the surgical needs of their local residents as well as those of referral patients from surrounding counties. However, they will not be able to support all post-expansion referrals from other counties. That being the case, recruiting efforts for surgeons must be proactive; recruiting should begin at these referral centers and then be broadened to include community providers, as appropriate.

Following the expansion of Fort Bragg, there will be a region-wide need for approximately twenty-two to twenty-six primary-care providers. Primary-care providers are needed in each of the Tier I counties with the exception of Cumberland County. Robeson County has the largest primary-care-provider deficit. Recruitment efforts for primary care providers should be conducted on a local, county level.

As indicated in **Figure 1**, there is an apparent oversupply of behavioral-health providers in the region. This surplus is primarily attributable to Cumberland County’s large physician-extender population. Although extenders such as counselors, therapists, and social workers are important and integral parts of the behavioral-health-service continuum, there are certain services—like prescribing medications and admitting inpatients—that only physicians can provide. In addition, there must be enough physicians to support and supervise

physician extenders. To ensure that these needs are met, distribution of personnel and services throughout the region should be re-aligned so as to maximize physician support. Where projections call for adding one or two behavioral-health-care providers, the actual need may be for two to four physician extenders capable of supporting existing physicians.

In addition, there continues to be a need for behavioral-health providers who accept TRICARE. Although this is most important in Cumberland County, increasing the numbers of providers willing to accept TRICARE throughout the region will help offset the large demands on Cumberland County providers.

B. Inpatient Beds

The projected gaps in inpatient beds in the Tier I counties are shown in **Figure 2**. An additional 13,205 to 15,480 inpatient days of care will be needed in the Tier I counties. Based on normal growth, there is already a surplus of acute-care beds in the region. Even if the VA is removed from the bed supply, a surplus of seventy-five to eighty-three beds will remain following the expansion at Fort Bragg.

It is important to note that both Harnett and Hoke counties have a need for additional acute-care beds. If beds are to be appropriately allocated, their supply must be regularly monitored.

Figure 2. Projected Gaps in inpatient Beds in the Tier I Counties

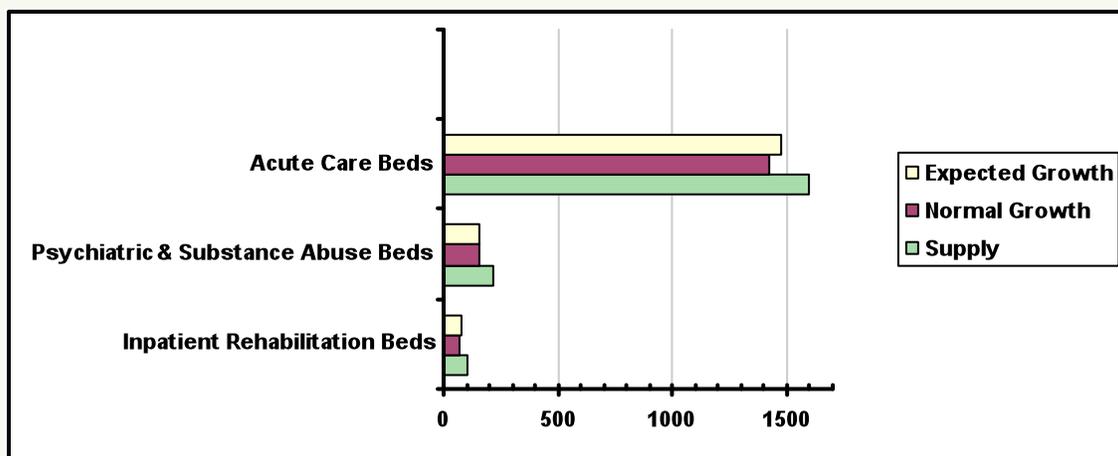


Table 1. Capacity of Tier II Hospitals

Facility	County	Licensed Beds	FY 2007 Patient Days	FY 2007 Occupancy
Bladen County Hospital	Bladen	48	4,487	25.6%
FirstHealth Montgomery Memorial Hospital	Montgomery	37	1,557	11.5%
Sampson Regional Medical Center	Sampson	116	16,186	38.2%
Scotland Memorial Hospital	Scotland	97	24,901	70.3%

The expansion of Fort Bragg will result in 2,122 to 2,506 inpatient psychiatric patient days of care and 1,522 to 1,716 inpatient rehabilitation days of care. Assuming Tier I providers work together, these additional days of care can be met by the existing inpatient bed supply in the region. There will be no need for additional inpatient and rehabilitation beds or psychiatric and substance-abuse beds. Where inpatient beds are concerned, the current supply seems sufficient to meet the needs of the incoming population.

Because it is expected to have minimal impact on population growth in the Tier II counties (Bladen, Montgomery, Sampson, and Scotland), the expansion of Fort Bragg should have little effect on the near-term need for health services in these counties.

Each of the Tier II counties has one community hospital, all of which have sufficient capacity to meet the incremental growth resulting from the expansion Fort Bragg. The capacity of each hospital is listed in **Table 1**.

Bladen County Hospital (BCH), which is operated under a management contract with Bladen County, is a designated Critical-Access Hospital (CAH).² BCH provides comprehensive outpatient services, such as diagnostic imaging and ambulatory surgery, and has capacity to address the needs of any incoming population resulting from the expansion of Fort

2. Critical-access hospitals have been designated as such by the North Carolina Department of Health and Human Services; Office of Research, Demonstrations, and Rural Health Development. To qualify as a critical access hospital under this subdivision, the hospital must be certified as a critical access hospital pursuant to 42 CFR Part 485 Subpart F. The North Carolina Department of Health and Human Services, Office of Research, Demonstrations, and Rural Health Development may designate a hospital located in a Metropolitan Statistical Area as a critical access hospital if the hospital is located in a county with 25% or more rural residents, as substantiated in the most recent United States decennial census.

Bragg. The majority of Bladen County residents seeking specialty services leave the county for these services.

FirstHealth Montgomery Memorial Hospital (FHMMH) is one of three hospitals owned and operated by FirstHealth of the Carolinas and is also a designated CAH. FHMMH provides inpatient medical/surgical services, outpatient surgical services, diagnostic imaging, and a twenty-four-hour emergency department. Because FHMMH is a member of the FirstHealth system, Montgomery County residents should benefit from the higher-level services provided in Moore County.

Sampson Regional Medical Center (Sampson) is an independent facility located in Clinton. Sampson provides medical/surgical, ICU, obstetrics, and pediatric inpatient services, in addition to diagnostic, outpatient, emergency, and home health services. Approximately 80% of Sampson’s patients live in Sampson County; the medical center has not historically treated many patients from neighboring Cumberland County or other counties in the Fort Bragg region. It is not likely, therefore, that the facility will experience any secondary effects due to population growth in Cumberland County. Sampson has sufficient capacity to meet the needs of any number of persons who relocate to the county as a result of growth at Fort Bragg.

Scotland Memorial Hospital (SMH), an independent facility located in Laurinburg, provides medical/surgical, ICU, obstetrics, neonatal, and pediatric inpatient services. SMH also has seven inpatient rehabilitation beds and operates a full-service cancer center. In FY 2007, approximately 30% of SMH’s inpatient population originated in Robeson County. Since expansion at Fort Bragg is expected to increase

Robeson's population, SMH may experience limited volume growth.

In summary, Tier II counties will not have any additional needs for physician, inpatient rehabilitation, or behavioral health services as a result of the expansion of Fort Bragg.

III. Recommended Actions

Important Action 1 - Convene task force to focus on the recruitment of additional specialists, particularly surgeons

Description: Current and projected military personnel and their families are expected to place greater demands on existing providers, particularly surgeons. Convene a collaborative working group consisting of regional health providers to focus on physician recruitment, paying particular attention to the needs identified in this document. Working group should build off of recommendations of health care working group to increase residency slots in the region and to partner with the Area Health Education Center (AHEC) for recruitment. The Southern Regional AHEC is already working with Womack to recruit allied health professionals and has also been actively involved in improving the behavioral health system in North Carolina. The AHEC will be an invaluable resource for this task force.

Responsible Party: Leadership from each of the acute-care hospitals in the Tier I counties and The Southern Regional AHEC are the most appropriate to lead this effort.

Important Action 2 - Recruit additional dentists to the Fort Bragg Region

Description: Since there is a substantial shortage of dentists in the Fort Bragg region, work with leadership at the UNC dental school and the ECU dental school (currently under development) to recruit additional dentists to the region.

Responsible Party: The Stakeholder Committee in Cumberland County, in addition to health-care leadership from each of the Tier I counties should lead this effort.

Important Action 3 – Regional Health Care Representatives should remain engaged with the BRAC Regional Task Force to support implementation of existing initiatives

Description: Although Fort Bragg expansion will not create a need for additional services in the Tier II counties, the BRAC Regional Task Force has the ability to enhance existing efforts, such as behavioral-health reform, the recruitment of health-care professionals, and economic access in the region. Remain engaged with the BRAC Regional Task Force and Tier I County stakeholders to capitalize on regional initiatives

Responsible Party: The health-care leadership from each county is the best positioned to lead this effort.