

Distribution List

US OUTCAN -  
PATIENT FAMILY ADVISORY COMMITTEE -  
16 JUNE 2022 – RECORD OF DISCUSSION

Date: Thursday, 16 June 22  
Time: 1100 – 1212 hrs (EST)  
Virtual Meeting over MS Teams

PARTICIPANTS

Co-Chairperson: LCdr Jeff MacDonald, CAFMLO  
Co-Chairperson: Ms. Stephanie Turenne  
Secretary: Master Sailor Lauchlin MacDonald, HCC  
MFSUS Rep: Ms Ashley Young  
Kim Hetherington  
Committee: Beth Cenicola  
Carolyn Shroter  
Kristy Chown  
Sonia Villeneuve  
Jill MacNeil  
David Gingras  
Charles Mangliar  
Regrets: LCol Carlo Rossi  
Nathan Lewis  
Louisa Fyfe

Opening remarks.

JM: We have OCdt Daria Wojtasiak joining us for her OJT for June and July. I will allow her some time at the end of my remarks to introduce herself and the role she will be playing here.

Our team just finished a successful site visit to Alaska from 31 May to 4 June. While we were there we met with the TOPA (TRICARE Operations and Patient Administration) headed by SMSgt Ball and Maj Fury. We had an in depth presentation from Diana Nichols that showed they are now of the same understanding and applying the NATO agreements as we had interpreted them. We met with Ben Fugler as well. Ben is the TRICARE rep and he is there to assist with any TRICARE billing issues. He is willing to

learn what he can about Allianz but he is by no means an expert in Allianz so please understand that when contacting him about direct billing issues.

We also met with the flight medicine team while we were there. We were informed that due to some changes non-flight crew would no longer be seen at flight medicine and would instead be moving to family medicine in the main building. Flyers will still be seen by flight medicine.

What we learned from the members and their families there is that DEERS issues still present a significant problem for our population. It was also flagged that there needs to be more participation from the family members to the medical briefs. This was highlighted by a family that had 3 years of medical bills that they had paid out of pocket without submitting for reimbursement through Allianz.

We also learned that there was some Chains of Command (CoC) that were telling them members NOT to reach out to medical directly. This was brought to our attention and dealt with but we must reiterate to the community that no problem is too small to reach out to us for. We are here for your support.

We were also informed of CoC telling members they have to provide them with specific medical information for members and dependants. Demanding/requesting these documents is illegal for CoC to do. CoC, however is allowed to be informed of debt information and if they do become aware of a member having medical debt they should notify the medical team and tell the member to do so as well. The earlier you notify the medical team the better, as there is a time limit in which claims can be filed to Allianz or TRICARE.

After our visit to Alaska it was determined that we need to increase our frequency of site visits to Alaska and we will investigate in to when we can add a new trip to our plan. We will be looking to resolve more of these issues going forward and we will produce an AAR for the medical team and JBER CoC.

I would like to highlight that Shaun Goodfallow was promoted to Major this week and will be posted back to Canada this summer. His last day in office will be 22 June 22. I would also like to say thank you to everyone who has been on the committee but is posted back this summer. We greatly appreciate your efforts and feedback and we wish you the best going forward.

### General Questions.

To PFAC Chairs (CM): Do you have a checklist for what members need to do in order to make sure they are properly registered? When you do site visits are you asking members for information or telling them information? Do you go to the clinic during your site visits? Do you have an MOU with the clinics describing the care they are to provide to Canadian members and their families? I could not find a current one with the CF and my clinic.

Answer (JM): We have a standardized plan for our site visits. We provide a 40 minute brief to the members and their families. We then provide time for questions and one on one meetings if required. We also set up meetings at the TOPA office, the CAF chain of command and the base clinic especially flight med if it is relevant. We have had great CAF turnout at all of these briefs as members are ordered to be there. We have not seen the same response from families though and the biggest issues with health care in the US is on the dependent care side. While we were in Alaska the only dependent the came to the brief was Carolyn.

Response (CS): I did see one other spouse but it is definitely a problem that not enough families are able to make it.

Response (JM): Our section will need to find a way to encourage these briefs even more. Maybe if there is coffee/doughnuts/child care?

To PFAC Chairs (CM): I will update the flight exchange officer in Fort Bragg? Is there a survey I should provide to see what issues that member is facing if any?

Response (LM): There are a few members in Fort Bragg. Most of them appear to be unaware of each other. It may be worth a trip from our team to Fort Bragg in order to meet with our contingent there.

Comment: Some of the issues with families not being able to attend in places like Alaska and Florida has been the timings of the meetings. They are often during the day when families are at work, or unable to get on base.

Response (JM): We can definitely make ourselves more available on these trips and set up multiple meetings if required. We can do some day and some night meetings in order to make it as convenient as possible for our target audience.

Comment (CM) We face the same timing issues in Alabama.

Comment (SVF Families in Denver also work in the day and can't attend day briefs.

Response (JM) We fly in to Denver on July 5<sup>th</sup> so we will make ourselves available for a night brief on the 5<sup>th</sup> or 6<sup>th</sup>.

Response (LM) We may be able to change our schedule in order to pick a more convenient day.

To LM (AY) Can you let us know when your site visits are and we will make sure to do a campaign through MFS as well.

Response (JM) Perfect, we will find a way to overcome these barriers.

To PFAC Chairs (KH) Where are we at with the OUTCAN needs assessment for healthcare survey and whoever had the questions about Fort Bragg can you reach out to me.

Response (ST) The link for the survey is now in the chat.

Are there any comments on the meeting minutes from March 3<sup>rd</sup>.

The minutes from December and March are approved and ready to be uploaded in CAFCONNECTION.

To locate the meeting minutes go to the Health Care in the US page and scroll down to the meeting minutes tab.

Can you add your annual travel schedule to the minutes or the site?

Answer (JM): Yes we can make a schedule. Lauchlin will be able to provide you with one.

To LM (ST): On to Old Business. Lauchlin have you had a chance to complete the OR checklists yet?

Response (LM): Not yet. I will make sure to provide them with the travel schedule and PFAC notes. I will also update the slides that we use to include screenshots of the CAFCONNECTION site

To PFAC (ST): Does anyone have any concerns about putting the survey on hold until the end of posting season? Has there been any progress on the live document site?

Response (AY): We tried to do the live document through Google documents but it was not successful. Maybe we can put some of the information in the welcome guides.

Response (ST): Can we do a share point site with the information in excel spreadsheets that only allows access to one person at a time?

Response (AY): Yes, that will work

Response (ST): Perfect, we will table the launch of that until September

Comment (JM): Daria who is our summer student has looked through some resources and I will now give her the floor.

Discussion (DW): I read through the Health Care in the US site. It makes sense for me to read but my only question is does it work in the real world application. I do think for the videos that there should also be slide decks with speaker notes. The video order is not intuitive and could be reordered. The introductions of the team should only include the positions not the member names so that the videos don't need to be constantly updated. It would be helpful to have a document that covers what is on the video. There is also no video labelled how to claim. Does anyone else have any questions or ideas?

Response (ST): Yes I agree that the intro's need to be changed and the flow needs to be updated.

Discussion (KC): Some people have the time or learn better from watching videos but skim reading works better for me (and likely others). Having the slide decks and speakers

notes would definitely help people like me. There should also be a section on how to claim personally and, one on how instruct your provider to direct bill. I have a personal concern or point as well. I recently went to the pharmacy and when they could not direct bill I paid out of pocket and although the pharmacy knew I still had insurance they gave me a self-pay discount. Is this right or normal?

Response (ST): Yes this is common and the price reduction is often quite significant.

To Chairs (KC): Is it beneficial to ask for this discount?

Response (ST): Yes but then it becomes the member's responsibility to check with Allianz Global to make sure the treatment is covered.

Response (JM): We see this reduced cost with TRICARE sometimes as well. Medicine in the US is a business and a lot of the price from the provider is to cover admin fees and also knowing that there will be some negotiation in the price. This differs from Canada where treatments are on a scheduled price. I recommend doing whatever process is easiest for you in regards to self-pay or direct bill.

To Daria (ST): Will you be the one to action these changes as well?

Response (DW): I have multiple options for my project here this summer but if I am not the one making the changes it will be someone on the team here.

To Committee (LM): Just to circle back to the self-pay discount if you are purchasing your medications on the economy you won't have the option to direct bill. As a result you should absolutely request that self-pay discount as it will reduce the cost up to 80% and considering the PSHCP only pays up to 80% of pharmaceuticals you are saving yourself a lot of money in doing so.

Response (ST): I did not know that. This would be something useful for a tips page on the website.

Response (SV): There are memberships that you can get online that identify you to the pharmacy as a self-pay discount. I use GoldRx

Comment (JMN): As a committee we cannot push this site enough. There are still people in the OUTCAN community who are unaware of this site.

Response (ST): Lauchlin can you make sure that something about the site gets added to the clear in check list.

Discussion (JM): Welcome briefs were pushed off due to Covid and may be part of the problem with the lack of messaging. We have set up the PFAC to be a bit of an informal way of getting this information out to the community. If there is anything else missing from the resources please let us know.

Closing Remarks (ST) Is there anyone else leaving this APS or anyone who no longer wishes to be on the committee please let us know.

Closing Remarks (JM) I recommend the next meeting be in October but please reach out if something comes up or if there is a requirement to make an impromptu meeting.

Meeting Adjourned 1212 EST