

Distribution List

US OUTCAN
PATIENT FAMILY ADVISORY COMMITTEE
15 OCTOBER 2021 – RECORD OF DISCUSSION

Date: Thursday, 21 Oct 2021
Time: 1000 – 1100 hrs (EST)
Virtual Meeting over MS Teams

PARTICIPANTS

Co-Chairperson: LCdr Jeff MacDonald, CAFMLO

Co-Chairperson: Ms. Stephanie Turenne

A/Secretary: LCol Carlo Rossi, CAFHSA

MFSUS Rep: Ms. Kim Hetherington

Committee: Nathan Lewis
Carolyn Schroter
Dean Saroop
Kristy Chown
Jill MacNeil
Kerri Craig
David Gingras
Sonia Villeneuve
Louisa Fyfe
Beth Cennicola
Charles Mangliar

Regrets: Paul Lystiuk

Opening remarks.

ST: Welcomed the group, brief bio as nurse with extensive patient safety experience in Canada and experience with PFAC concept, thanked for volunteering time as members.

CR: Provided brief bio including past experience in OUTCAN environment and experience as both Europe and NCR Surgeon coordinating care for OUTCAN members and families. Reported that goal of PFAC is two-fold:

(a) open another line of communication with families regarding healthcare in the US (a recurrent critical failure), and

(b) provide a safe, non-judgemental forum for families/CAF members OUTCAN to voice concerns about programmatic and/or systematic healthcare issues in the USA.

JM: Thanked all for volunteering, re-iterated that the goal of PFAC is to improve healthcare experience for the 660 CAF members and 1100+ family members living in 33 states across the US. Highlighted that there will be no “one-size-fits all” solution to the healthcare space here in the US but that as a committee we will try to suggest products/solutions/ideas that improve the situation for most of our OUTCAN family

KH: Provided brief bio as senior manager for MFSUS reporting staff at 12 locations across the US and an excellent relationship with OUTCAN chains of command. Committed to improving communication with families posted OUTCAN (not limited to healthcare).

General Questions.

To MFSUS: Does your staff now receive dedicated medical training?

Answer (KH): MFSUS exists to ensure consistent messaging and enable open lines of communications. They do not receive specific medical training but are aware of resources and key contacts they may leverage to help you answer healthcare related questions.

To PFAC Chairs: How will the message be disseminated?

Answer (multiple): we are aiming for a transparent communication process. A PFAC that meets in secret will not be useful. Minutes will be taken at each meeting, circulated among staff, agreed upon at the next PFAC meeting, then circulated to chains of command as well as to OUTCAN families (likely through CAF Connection Website).

To PFAC (asked by KC): We should have a list of medical providers that accept Allianz Global and have experience with CAF members in each location (similar to what can be provided at more austere/remote INCAN locations).

Discussion (multiple): this is a great idea though may be difficult to implement at small sites. Suggestion was made by KC that this information can be “pulled” from CAF member and families returning INCAN at the end of their posting (e.g. “who did you use as a dentist? What was your experience? Recommended or not?”)

To PFAC (asked by DG): some of the challenges in healthcare access are DoD-centric (ie some US folks don’t know how to enter CAF members or families into their system). This is particularly an issue for small OUTCAN locations with few Canadians. Suggested that one-on-ones for this group of people with the medical team prior to arriving at post might help substantially. Also suggested that a memo provided by CAF to the member detailing what coverage they are eligible for at the MTF would be very helpful.

Discussion (multiple): the cover letter/memo is a good idea. JM noted that the medical team is working on a comprehensive guide (book) for medical care in the US – target release early 2022. CR note that we have tried in past to push a “how to deal with

Canadians” guide onto DoD top-down but this was not successful. Suggested that perhaps local level initiatives (perhaps assisted by a memo) might be more value-added.

To PFAC (raised by SV): Insurance cards (lack thereof) are still an issue. Some folks only have Sunlife cards (which aren’t valid here for the insurance we have with Allianz Global).

Discussion (CR): another excellent example about how we have to improve communication strategy as many are not aware of excellent work done by MFSUS and available through CAF Connection website where digital insurance cards (printable and fillable) are provided for the OUTCAN community.

To PFAC (raised by DG):

- a. There is confusion as to whether we are covered or eligible or entitled for care under Tricare within the DoD. Different people registered at the same time have different coverages in the US system. This complicates access to care.
- b. There is also no primary care manager provided to foreign military which would simplify care.
- c. Filling out the Other Health Insurance form should be done at the first visit to the MTF to avoid delays afterwards

Discussion: this topic deserves more in depth explanation. The medical team will invite Capt Goodfallow to the next PFAC meeting to help explain the differences in TRICARE coverage while we are in the US. We did not discuss the primary care manager comment – which is true for all Foreign Military receiving care within DoD. We are provided the same care, though it is coordinated typically by internal medicine versus primary care manager. This is a DoD process.

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JM: expressed thanks for all these excellent ideas being discussed. Redirected the PFAC to focus on the draft products of aide-memoire/one-pager for dependents and military members.

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BC: Feedback on form. Dental section had a typo (#4 needs to be removed). Also recommended that the email address pshcp@allianz-assistance.ca should be included where members and families can send questions about pre-approval and eligibility.

NL: Regarding the Other Health Insurance form, they should be completed as soon as possible (at registration) and the medical team can provide a sample “filled out” form to help the OUTCAN community with the sometimes complex language.

DG: suggested that there should be a section on how to access MH care in the US.

JM responded: we intend to have a series of one-pagers produced, one of which may be on MH access in the US. This topic will certainly be addressed in the larger “guide to healthcare OUTCAN US” book expected in early 2022.

CS: concerned that it is not clear how children access care under DoD/Tricare systems before they are eligible for a DEERs card (earlier than age 10). Confusion at the MTF. Dissatisfied with the process – not made easier by a policy in 2015 that advised OUTCAN members to never use Tricare, followed by a clarification in 2018 that in fact TRICARE can be used – but not as the primary insurer. Complex administrative space + changes in direction lead to confusion.

Response (multiple). JM noted he will communicate directly with CS to see how the HS team can assist with her specific situation. CR noted that this situation was clearly stressful and that will need to be addressed. Also used this example to highlight that no “guideline” will be able to solve 100% of all US healthcare access issues.

NL: folks can use the Humana Tricare Portal online to see what coverage they have for themselves and their non-adult dependents. Conversation in the MS Teams chat about same.

Response (CR): this is an important feature of Tricare and some time should be dedicated to discussing the TRICARE portal / TRICARE eligibility / TRICARE benefits (with Capt Goodfallow) at next meeting.

Frequency of meetings: it was decided that at least in the short term we should target monthly meetings as there are numerous issues that need to be addressed. All were in agreement. JM committed to at least one more meeting before the holiday period this calendar year.

Meeting was adjourned at 1100EST.