

Impact of Furloughs on DoD Medical Programs

As requested, here is info on the Agency where I work; we are Department of Army (DA) civilians paid by Defense Health Program funds; were placed in PDPP as GP-0602-13s and GP-0602-14s; in total there are approximately 80 billets with 14 more billets (apparently, recently authorized).

All (except newly-hired*) civilian physicians were placed on furlough (on Fridays), beginning July 12, 2013; the decision to furlough has been projected to continue through Sept 20, 2013. In my opinion, this measure was not only unnecessary; it also inappropriately executes the SecDef's policy memo to make our business services more efficient and cost-effective.

Placing us on furlough will cost the DoD more near-term and long-term (as Armed Forces Recruiting (the Navy, in particular) are instructing field recruiters to use contract physicians to obtain accession examinations outside of our Agency (excess near-term cost); history has shown this to be a sub-standard evaluation process resulting in non-qualified individuals entering (and overburdening) the military health system and negatively impacting the Quadruple Aim and Force Readiness (significant long-term costs and challenges)).

Additionally, all alternate work schedules were cancelled, including flex with credit hour capabilities (which when appropriately utilized could save health care processing costs at no-cost to the government); this was done at the Agency level, since official guidance from DA permits flex/credit hour schedules.

Also, please let me know what I can do, if anything, to assist FPA to appeal the DoD's decision to furlough civilian physicians. Several of us are planning to file appeals with MSPB; if you have any info (in addition to that which you provided under) that we might be able to leverage in our appeal, please let me know.

I am an orthopedic surgeon working at Evans Army Community Hospital (EACH) at Ft. Carson for the past 17 years. Our Orthopedic clinic currently has 3 active duty physicians, 2 civilian physicians and 1 physician assistant. Civilian providers in our clinic will be furloughed, starting 8 July 2013, and this will have a significant negative impact on patient care. The active duty physicians and civilian physicians/pa's are also required to provide inpatient as well as outpatient care, so there is an approximate 50% reduction in our outpatient clinic staffing on furlough days. The clinic is currently understaffed and patient access to appointments will be further decreased with a loss of 17 appointments per provider each furlough day.

In addition to seeing patients in clinic, the orthopedic surgeons at EACH perform emergency and routine surgeries. The furlough further impacts patient care in that many of these cases will have to be referred to outside surgeons, leading to additional costs, and loss of utilization of our

Operating Room assets. Whatever savings are achieved with the 20% reduction in civilian physician salaries during this furlough period will most likely pale in comparison to the costs that will be incurred when patients have to be referred outside of the MTF for specialist care. Furloughing medical personnel has a negative impact on patient care and finances.

I am a Federal Physician on Furlough. I am located at the Houston, Texas Military Entrance Processing Station (MEPS). I am the Assistant Chief Medical Officer and I assume the CMO duties when he is on vacation, ill or out of the Station. I review the Requests for Medical Evaluations to ascertain the need for additional medical information prior to applicants coming to the MEPS for physical evaluations. I review the requested Medical Records and decide if the candidates are appropriate to be invited for a physical evaluation. I perform the physical evaluations to assure the candidates meet current physical Standards for Military entrance. The MEPS performs these services for all the Service Branches as well as Homeland Security. In addition, I perform Inspections of enlistee's who are "Shipping Out" before they leave for basic training.

The furlough reduces the number of new recruits as well as clearance for experienced soldiers who are carrying the historical knowledge of our ability to wage war and defend our country effectively. I have concerns regarding the ability to keep the numbers of our reserves sufficient and trained to perform the Rapid Deployment Force Strategy that we are moving to. When the Physicians at the Houston MEPS are furloughed for a day we do not ship out to basic training about 75-100 physically qualified recruits and do not physically evaluate 30-40 young men and women who are volunteering to serve in our Armed Forces.

I am a civilian medical officer currently assigned to Martin Army Community Hospital. I am being furloughed and our Family Medicine Clinic access has been modified every Friday because of the staff shortages (physicians, nurses, receptionists) created by this change. We see a large number of active duty, dependents and retirees in our facility and are the busiest department in our hospital. Starting this week, we will only be able to accommodate emergent care on Fridays and routine access by our patients will be limited to Mondays through Thursdays. This has certain likelihood to impact the care of those with the greatest needs, such as our obstetric patients, infants and the elderly with chronic medical problems. Furthermore, I am the sole Sports Medicine provider in our department and this service will be completely absent on those days. This change worsens a chronic staffing shortage still impacted by deployments and extended TDY's by our military colleagues. The inconvenience, loss of continuity and potential loss of patients to the local community (and the concurrent costs associated with that) will likely soon be felt across the MEDCOM. It seems unlikely that much can be done at this point, but we physicians do hope that those making decisions have considered this potential medical crisis as they look to the future.

First, let me discuss the seemingly unjust manner this Furlough is being applied. As a Federal Physician I am FLSA exempt (no compensation for overtime, call, weekends, etc). I have been informed that as part of sequestration, I am to be Furloughed 1 workday a week for 11 weeks. As an FLSA exempt employee (interventional cardiologist), my typical workweek is roughly 60-70 hours per week to include being on call 1 out of 2 weeks, emergent after hour cardiovascular procedures, rounding on weekends, able to come into the hospital at anytime.

As part of the furlough process our institution has converted my salary to an hourly wage based on a 40 hour work week and plans to deduct "8 hours" a week from my salary (not working for 8 hours on a Friday), while still requiring me to work weekends, be on call, come in during the night etc (still amounting to a workweek well over 40 hours) with no anticipation that "required" work will be reduced, only the hours that work is to be performed will be changed. It is claimed that this process will not change my FLSA exempt status and thus I will still not be eligible for overtime and special pay etc. With that said, it seems this is not in keeping with Federal law.

Specifically: we are DOD Physicians. DOD Physicians are employees of a public agency. DOD Physicians are FLSA exempt in accordance with 29 CFR 541.304. DOD Physicians are paid on a Salary basis in accordance with and as defined in 29 CFR 541.602. Being paid on a salary basis as defined should not be confused with Salary Requirements (Subpart G, 29 CFR 541.600) which do not apply. In accordance with 29 CFR 541.710, "Deductions from the pay of an employee of a public agency for absences due to a budget-required furlough shall not disqualify the employee from being paid on a salary basis except in the workweek in which the furlough occurs and for which the employee's pay is accordingly reduced". Therefore, any week that the agency mandates an absence secondary to a budget-required furlough and reduces our pay should place us in an FLSA non-exempt status for that work week and therefore eligible for overtime etc.

How will my specific Furlough impact patients? I am an interventional cardiologist. I am 1 of 4 Cardiologists and 1 of 2 Interventional Cardiologists at Dwight D Eisenhower Medical Center (all others active duty). This week I am the only interventional cardiologist. For 8 hours on Friday the inpatients at DDEAMC will be without an interventional cardiologist, meaning we will be without the ability to provide treatment for myocardial infarctions (balloon angioplasty, stent placement etc). Nor will we be able to admit patients who may need that treatment. Given our support staff has also been furloughed, we have closed the clinic on Friday, no stress tests, echocardiograms, consultations etc. In my opinion this is a large disservice to our patients.

We are pathologists assigned to the Joint Pathology Center at the Forest Glenn Annex of Fort Detrick in Maryland. The JPC is the DoD's premier secondary consultation center for pathology serving pathologists and clinicians in the military, VA and other Federal Agencies in the

continental USA and overseas. We are responsible for secondary consultation in cases of diseases of the genitourinary tract. Since not only the pathologists assigned to our institution but also the support personnel including laboratory personnel are furloughed we will have delays in responses to the pathologists and clinicians ultimately affecting the patients. Many of these patients are awaiting confirmation or possible reversal of malignant diagnoses. By law we cannot enter our workplace on furlough days. If the furlough would be lifted for the pathologists alone it still would not solve our problems because we are dependent on the laboratory and support personnel.

I am an Internal Medicine physician working at the outpatient clinic at Evans Army Community Hospital (EACH) at Ft. Carson for the past 7 years. Our Internal Medicine clinic currently has 2 active duty physicians, 3 civilian physicians and 1 physician assistant. Civilian providers in our clinic will be furloughed on Friday, starting 12 July 2013, and this have a significant negative impact on patient care. The active duty physicians are also required to provide inpatient as well as outpatient care, so there is an approximate 70% reduction in our outpatient clinic staffing on furlough Fridays. The clinic is currently understaffed and patient access to appointments will be further decreased with a loss of 17 appointments per provider each furlough Friday.

In addition to seeing patients in clinic, the internists also interpret EKG's, PFT's, Holter monitors, nocturnal pulse oximetry studies, and perform cardiac stress testing at EACH. The furlough further impacts patient care in that many of these studies will have to be referred to outside specialists, leading to additional costs. Whatever savings are achieved with the 20% reduction in civilian physician salaries during this furlough period will most likely pale in comparison to the costs that will be incurred when patients have to be referred outside of the MTF for specialist care. Furloughing medical personnel has a negative impact on patient care and finances.

Secretary Hagel identified the critical and essential function of behavioral health providers in his list of recommended exemptions from furlough likely because he recognized the importance of maintaining continuity of quality care for our service members with mental health needs. Prior to the current sequestration, my own parent command recognized my position as "essential," and stated it as such in my job description.

My role as an "essential" personnel allows the command to call me into service to provide emergent services at times of significant need; as an example, following a hurricane or mass casualty event. In my own clinic, I serve on the BRAVO emergency response team. As a physician, I accept this responsibility to the command and to my patients.

In our American society, there is a reason why essential medical personnel are prevented from engaging in strikes. We recognize a greater obligation to our society and our patients' needs, an obligation that transcends our material needs. For society and its leaders (both nationally

and locally) to support the furlough of physicians, is to breach the trust that exists between physicians and society.

There is a perception among many in our society that federal employees provide minimal effort and serve to exploit perceived benefits of federal service. Perhaps that is why the furlough is so readily accepted. By refusing to accept the furlough, by contesting it, I am contesting my own transformation into a "non-essential" provider. I would like to see my local leadership join me in contesting the furlough.

I believe a case could have been made to identify "essential" personnel by their job descriptions, and I suspect this would have needed to have been done when our command was first surveyed on "essential" vs "non-essential" personnel. In our zealous attempt to demonstrate a willingness to sacrifice for the greater good during a time of financial need, we may have sacrificed something much more valuable: the trust and obligations we have to one another.

In the primary care clinic where I see patients, an exemption to furlough was granted to most clinical staff at the last minute. However, the impending threat of furlough prior to that did lead to the resignation of numerous staff members, and one physician left not because of the potential direct impact of furlough on her but because she had lost her support staff secondary to furlough and quickly became completely overwhelmed. The loss of staff has made it very difficult to maintain access and support our enrolled patient population. Our MTF commander has stated that we will soon need to allow patients to disenroll from the MTF and seek care in the civilian network. Moreover, the chief of Human Resources at MEDCOM this morning stated in a meeting that civilian staffing losses are at an all time high and recruit/fill rates are at an all time low. Every time we lose someone, it comes at a tremendous cost to the organization even in the best of times and these are not the best of times. If we don't have docs to take care of the patients, supervise residents, provide department level leadership to support privileging and policy decision and patient safety/quality, what will be the result? Garbage in, garbage out. Everyone seems to know, but no one in Washington seems to care, that the money we save through furloughs today will be spent many times over in downstream costs to the organization tomorrow. When we lose clinical staff at the MTF, we send more care out to the network where we pay more money for it. When the care goes out to the network, the health information becomes fragmented and we lose visibility of what is happening to the patient. More services are ordered in the network resulting from that initial visit instead of at the MTF, the patient is shuffled back and forth between the network and the MTF, services are ordered redundantly, the plan of care is changed many times over as a result of the fragmentation, the patient loses confidence in the health care system and becomes unnerved and seeks second and third opinions, surgeons in the network are financially incentivized to operate so the patient gets surgery that maybe they didn't need, and then they have a complication and that starts a another spiral of health care spending. Every time the patient is hospitalized in the network, we lose an opportunity to coordinate the transition back to the outpatient setting so the readmission

rates are higher. Let's not forget the cost to the organization to recruit and fill against these vacancies resulting from furlough. It can easily take 6 months under usual circumstances to get another body on board, then we have to teach them AHLTA and CHCS and Relay Health and MAPS and they have to do OPSEC and antiterrorism and a huge laundry list of mandatory training. And this is only if the hiring freeze is waived to allow us to hire into a single vacancy. The process to get an exception to the hiring freeze just adds more time to the process, and that's IF we can find anyone willing to take a job working for a government that has gone 4 years without an operating budget, decided sequestration was preferable to compromise, and is furloughing civilian employees!

We haven't even begun to imagine nor calculate how much money sequestration and furlough is going to cost us..."us" being our Military Health System beneficiaries who count on us to provide them quality health care, "us" being the DoD who is responsible for national defense with an all volunteer armed service, "us" being the United States Government and mighty world superpower, "us" being tax-paying Americans whose great grandchildren will be paying our debts (if they even choose to remain Americans by then).

I am a medical officer that is being furloughed at Fort Carson, CO. I am an Orthopaedic surgeon who provides a full spectrum of services to active duty, dependents and retirees (trauma call, inpatient and outpatient services). I am the busiest provider in our clinic and due to the furlough our clinic is reducing services to active duty only during the sequester. I am unable to have appropriate follow up with my patients secondary to the reduced availability during this time.

I am a civilian medical officer currently assigned to Fox Army Health Center. I am being furloughed and are Health Center is being closed every Friday starting 12 July. I provide ongoing medical care for active duty soldiers, active-duty dependents, retirees, and retired dependents on a daily basis. The furlough will cause a 20-25% reduction in available appointments for patient care. This is even more significant do to our current provider shortage of approximately 40%. The furlough will significantly decrease the amount of healthcare affect and be provided at our facility. This will cause inconvenience to the active-duty soldiers and their families and probable loss of control of chronic medical conditions

I am a medical officer who is being furloughed. I am employed by the Department of the Army and work at DDEAMC. I provide anesthesia care to patients. The significance of the furlough on patient care is that our operating rooms are decreased by 50 % on furlough Fridays due to the furlough of multiple operating personnel.

I am a Chief Medical Officer that is being furloughed from the San Antonio Military Entrance Processing Station (MEPS). This is the 5th largest MEPS station in the country and we process

40 to 60 applicants, five days a week.

We are now only processing four days a week which significantly impacts our processing production for the recruiting services.

. I am a medical officer who is being Furloughed. I see patients as Primary Care Manager. This is being done in all Army Clinic as a part of sequestration. I work in a army clinic in Washington DC and see all active duty patients. I am being furloughed every Friday and Clinic will be closed that day as I am the only sole civilian provider in this Ft McNair Clinic. Ft McNair Clinic supports patients enrolled in National Defense University (War College, , Eisenhower school, ISMO ETC) Inter American Defense College. This is the Headquarter of Military District of Washington and serve patients who work here as well as resides here. Patient has to go every Friday to be seen somewhere else as this clinic will be closed. Patients has to endure all this due to this sequestration issues.

I am a Medical Officer that is being furloughed, and I am employed at Barquist AHC, Ft. Detrick. I provide full service primary care to AD service members, family members, retirees and retiree family members, as well as Coast Guard and NOAA personnel. I, and my fellow providers (8 altogether), are responsible for maintaining the health and readiness of all AD personnel assigned to Ft. Detrick, and the surrounding satellite facilities. We provide after-hours phone triage and advice to our patients as well. Yesterday was the first furlough day at our clinic, and the impact was significant. We had to turn non-urgent patients away, and some urgent patients were sent to the local Urgent Care center. Diversion to civilian Urgent Care facilities will actually drive up the cost of providing care, but more importantly, impact the quality of care. We are a Patient Centered Medical Home, and our goal is on prevention and continuity--both of these have been shown to increase the health of our patients and decrease overall medical costs. With 20% staff shortages, this is being compromised. While our clinic is "saving money" for the DOD by furloughing it's staff, our "savings" will cause the budgets of other federal agencies (TRICARE) to be impacted. The patients aren't going away--they still require care. Diverting or delaying care will cost more money in the long term.

The furlough will cause a delay and back-log of applicants entering the services. This will impact our ability to defend our country.

I am a Medical Officer that is being furloughed.

I am employed by the DoD at the Military Entrance Processing Station (MEPS).

I provide the following services: interviewing and doing physicals on applicants applying to any military service and many other non-military agencies, reviewing consult results for the applicants, reviewing pre-screens before the applicants arrive, communicating which medical records I require after the review, evaluating all other physicians at our facility, teaching all the other physicians at our facility, evaluating the entire medical section at our facility (briefings for

applicants, BP and pulse sections, lab, audiology, visual testing, all the ansillary personnel and technicians), taking care of emergencies, answering all medical questions for families, applicants, liaisons, recruiters.

Applicants will require longer to enlist into the military due to the back-log the furlough will cause. This will impact the number in our military which will impact our ability to defend our country.

I am the only Pediatrician at Wiesbaden Health Clinic, in Wiesbaden, Germany. All civilian providers here are being furloughed. I see patients 7 sessions/week; I spend one half-day/week as the EFMP physician. In addition to reviewing all EFMP cases (Exceptional Family Members with special health care needs), I also serve on the Garrison's Case review Committee and am on-call 24/7 for cases of child abuse or sexual assault. I am also the chair of the clinic's Performance Improvement Committee. All of these functions will be impacted by the furloughs.

I am a Medical Officer that is being furloughed.

I am employed at the Defense Threat Reduction Agency.

I provide the following services: travel medicine review & dispensing preventative medications (malaria, traveler's diarrhea, altitude sickness), occupational health, wellness services and subject matter expertise on the medical effects of weapons of mass destruction.

The impact of the furlough on the people I serve (currently no military provider available to 'backfill') is they may travel in unprotected status, risking mission compromise if they succumb to travel illnesses that could have been prevented. Occupational health issues could suffer a delay in diagnosis. Should a WMD event occur, our leadership will ignore the furlough & recall us.

I am a Medical Officer employed by Tripler Army Medical Center that is being furloughed. I see patients in an Internal Medicine Clinic and an HIV clinic. Because of the furlough I am seeing my patients developing problems with timely access to care. This can be particularly important for my immunocompromised patients whose illnesses can progress rapidly.

I am a medical officer who is being furloughed.

Employed at Fort Belvoir Community Hospital as a developmental pediatrician.

I typically see patients every day with a full schedule, 5 days per week. Additionally I have numerous telephone consultations with patients every day (medication refills, questions, many acute issues that should be addressed the same day).

We have a 2-3 month backlog of patients waiting for consultations. With the furlough in place the wait time will increase significantly. I am told I am not to do any patient related activities on my furlough days - in fact I am told not to show my face here at the hospital on those days. I am not allowed to work from home. So patients will not be attended to on those days. I do not have a colleague here to take over my functions on those days. This will impose a significant

hardship on many patients and families at this hospital.

I am a DOD Physician under furlough as of this week. I serve at Womack Army Medical Center, Ft. Bragg, NC.

My specialty is Nuclear Medicine. I am the only Physician with this specialty.

I have been working 40 hrs a week to include Saturdays and Sundays to provide seven day coverage for our Full service Hospital.

I diagnose the active duty, retirees and wounded warriors as well as their eligible dependants providing timely diagnoses for out and in patients. I also provide thyroid patients therapies with Radioactive Iodine.

Our services are needed to help the Clinicians with multitude of all systems clinical problems to assist them with timely management and cost effective dispositions. The reason I work on weekends is to provide services to predominantly in patients to expedite their dispositions and thus save monies on prolonged weekend stays as in patients.

With furlough, I will work part of the day on Fridays and then be unable to work on the weekends. This will lead to delayed dispositions leading to increased high cost in patient care.

For the out patients, this will lead to delay in the turn over time for all beneficiaries including the active duty and wounded warrior patients.

I am a medical officer who is currently being furloughed for about 11 weeks starting this week.

I work as a staff pediatrician at Fox Army Health Center, Redstone Arsenal, Alabama, and I serve the beneficiaries of all our soldiers, by taking care of their medical needs.

The furlough will severely impact the routine functioning of the medical services offered to our patients, and on the days the facility is closed or on the days some of us have to take LWOP, our patients will be forced to seek health care off-post, which is not always easy for them and at a tremendous cost to the Government.

Therefore, this furlough not only impacts physicians and other Health Care workers, but also the patients. It is definitely NOT a cost-saving measure nor is it going to solve the Budget problems facing Congress et al!
