Caring for America's Heroes

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MHS Command Briefing

Chapters

1. Who We Are, Values and Accomplishments
2. Combat Care
3. Psychological Health
4. Education and Training
5. Humanitarian Mission
6. TRICARE
7. BRAC and Facilities
8. DoD/ VA Cooperation and Sharing
9. Information Technology and AHLTA

Who We Are

- A provider of premier care for our warriors and their families
- A leader in health care, research, education and training
- Employer of more than 130,000; we want to be the nation's workplace of choice
- Health program for 9.2 million
- Manager of $42B budget (including $3 billion for facility maintenance and improvements, plus BRAC requirement)
- Supporter of war fighter; 95,000 military medical forces deployed to combat theaters
- Uniquely prepared to offer warrior care (land, sea, air) and civilian care, including humanitarian and disaster relief (peace through medicine)
- Contributing more than 2,000 research publications per year

Our Mission

Provide optimal health services in support of our nation's military mission—anytime, anywhere

Casualty Care & Humanitarian Assistance

Fit, Healthy And Protected Force

Health Care, Research, Education and Training,

Healthy Individuals, Families And Communities

Customers: Service members and their families (beneficiaries), medical community, key opinion leaders, and the American public.

When: Anytime

Where: Anywhere

MHS Priorities

- Enhance warrior care
  - Strengthen the continuum of care from point of accession, through active service (including deployment and casualty care) to rehabilitation and transition
- Build a bridge to peace
  - Expand humanitarian missions and disaster relief to support US strategic objectives and champion aspirations for human dignity through better health
- Promote patient choice and accountability, healthy communities, safety and quality
- Communicate MHS value, and build an interactive community to improve clinical quality, performance and integration
- Deliver information to people so they can make better decisions
- Continuously improve quality and value
- Support and develop our people
- Strengthen medical education and research
- Improve governance to make better use of scarce resources
- Create healing environments

Health Affairs Value

- **Advocacy inside and outside the Department for a strong health care system**
  - For the "must have" direct care system to ensure readiness
  - For the uniform benefit of our warriors and families
  - With the Hill, VSO's, and stakeholder groups
  - For the future financial viability of health
- **Guarantee quality and safety in a large, growing and diverse program**
  - Level the finanical and operational playing field for all stakeholders
  - Act as "tiebreaker" amongst service surgeons general
  - Promote jointness, efficiency, capability and technology "leveling"
  - By having common measures of quality and business
- **Provide leadership in management, education, service culture and research**
  - Purchased care thru TMA, DoD Center of Excellence, and Uniformed Services University
  - Academics, publications, and public affairs
  - High-level items – PTSD/TBI, coordination with the VA, IT, and BRAC
  - Offer a channel parallel to the chain of command
- **Educate, train and develop the right people for the right jobs across the system**
  - Attract a high quality, dedicated workforce

Health Affairs Value 2

- **Lead in international health policy by actively promoting health as a bridge to peace**
- **Coordinate interagency issues with CDC, FDA, HHS, DoS, DHS, WHO, and VA**
- **Insure that we are ready to deploy anywhere, anytime, and have a fit and healthy force**
- **Ability to See the Other Side**
  - Communicate and facilitate forums on and about the MHS (Advocacy, Education and Publicity)
  - PHR- AHIC
  - Surveys and Website
  - Tamiflu, Himmler, Carson deployments, Recruiting and Retention
- **System Wide Solutions**
  - Data Collection, Surveys, metrics, standards, privacy, quality setters, patient focus
  - TBI/PTSD CoE
  - PDHA/PDHRA, PDTS, TMOP
  - BHIE, Interagency IT Program Office, Joint IP Health Record
  - World-wide health care contracts and satisfaction
  - Defense Health Board and resident Subcommittees
  - Unified Medical Budget and Program management

Health Affairs Value 3

- **Compromise Facilitators**
  - Q21, Smoking Cessation, Health Behaviors, Access Standards
- **Tie Breakers**
  - MHS HQ and other BRAC
  - Recruiting and Retention bonus
  - SMMAC and MHSER as a forum for Decisions and Discussion of system wide issues
- **Promote Cross Fertilization**
  - PBAM, JTF, Transparency, IIP, AF Health Surveillance Center,
- **Take the Heat**
  - STB, GTMO, ABA, Hill, Congressional Committees, VA/DOD
  - Task Force Reports management
  - Coordinate interagency issues with CDC, FDA, HHS, DoS, DHS, WHO, and VA
- **Champion**
  - Patient focus, VSO, CAP Hill
  - For Program advancements and creative Initiatives
- **Entrepreneurial Research and programs (Stem Cell, CoE)**

MHS Accomplishments 2007-2008

- Each Service now has a **Warrior Transition Unit (WTU)** that support over 12,000 wounded service members and the Disease Non-Battle Injury (DNBI) rate is the lowest ever recorded: 2 visits to medical per year (average for military is 7 per year)
- This year we launched the **Defense Center of Excellence (DCoE)** which leads the collaborative effort toward optimizing psychological health and traumatic brain injury (TBI) treatment for DoD by establishing quality standards for clinical care; education and training; prevention; patient, family and community outreach; and program excellence.
- The 2007-2008 **Humanitarian Missions** of the hospital ships USNS Comfort, USNS Mercy and USS Boxer provided almost half a million medical treatments to over 130,000 individual patients spanning dozens of developing countries all over the world.

MHS Accomplishments 2 2007-2008

- Overall satisfaction with the **TRICARE** health plan has risen significantly and consistently each year which, given the stresses of war during this time period, this is a remarkable achievement.
- **MHS Academic Publications** As a world leader in both medical research and care, the top minds of the Military Health System have had 49% more Academic pieces in 1Q 08' then the same time in 2007.
- **Health.mil** has been an unparalleled success increasing viewership by 100 fold and has integrated Daily Blogs from ASD(HA) and Senior MHS Leaders - Top stories in Military Health from around the world- Exclusive videos and interviews with medical hero's - A Facebook and Wikipedia functionality - An open forum healthy debates section

BG Michael Tucker, Assistant SG for Warrior Care and Transition

"While it is personally satisfying to consider our accomplishments, we will not continue to move forward if we lose sight of what we still must do."

—*The United States Army Medical Department Journal,* January – March 2008

Combat Care

- Because of the great efforts of our military physicians, our service members are surviving in greater rates against more devastating wounds. However, this has created new challenges for the military health care system that we are constantly working to address.
- We are developing the new standards of care, treatment and research that will carry us into the future as the preeminent leader in the field of medicine.
- We are creating for our patients world class hospitals, services, attention and healing environments to ensure each wounded service member receives not only the best care and recovery, but is prepared to confidently encounter whatever is next.

Statistics

- Fewer Dying of Wounds
  - Vietnam - 23.6%
  - OIF/OEF - 10.1%
- Disease Non-Battle Injury Rates per week
  - OIF – 4%
  - Desert Shield/Storm – 6.5%
  - Operation Joint Endeavor (Bosnia) – 7%
  - Operation Joint Guardian (Kosovo) – 8.1%
- Wounded Warrior Satisfaction: Survey of VA Poly-trauma Patients November 2006–January 2008 states that 97% satisfied with Army and VA care
- Wounded Warrior Dissatisfaction with doctors at 5% (and falling); with scheduling, claims and the disability system at 10–25% (steady)
- Zogby survey of 435 Wounded Warriors, February 28, 2008: 71% say Military Health System on right track

Theater-specific Information

- The Disease Non-Battle Injury (DNBI) rate is the lowest ever recorded: 2 visits to medical per year (average for military is 7 per year)
- Process more than 124,000 patient encounters per workday
- More than 49,000 Service members medically evacuated from OIF/OEF since the war began (21% due to combat wounds; 21% due to non-combat wounds; 58% due to medical conditions needing more capability for medical care than existed in theater)
- Each Service has a Warrior Transition Unit (WTU)
  - **Army WTU supports more than 11,000 soldiers**
  - **Marine Corps WTU supports more than 685 Marines**
  - **Navy WTU supports 472 sailors**
  - **Air Force WTU has 90 non-medical personnel who support 242 Airmen**

Burns – Improving Survival

- Burn Survival – Historical Comparison
  - Mortality rate from burns in Vietnam = 7.9%
  - Mortality rate from burns in OIF/OEF = 3.8%
- Mortality Comparison between Combat Casualties and Civilian Burn Victims
  - "Similar mortality…[of] civilian compared to the military patient despite longer time to definitive care, greater amount of full thickness burns, higher incidence of inhalation injury and more associated non-burn injuries."
    - Source: "Comparison between Civilian Burns and Combat Burns," *Annals of Surgery*, June 2006

In general, I feel the Military Health System is doing all it can and should do to meet my health care needs

	n	%
Strongly Agree	163	37.5
Somewhat Agree	171	39.3
Neither Agree or Disagree	23	5.3
Somewhat Disagree	48	11.0
Strongly Disagree	29	6.7
Not sure	1	0.2
Total	435	100.0

Zogby: Wounded warriors are largely satisfied with their care, have trust and confidence in the MHS, feel it is on the right track

My trust and confidence in the Military Health System has increased since my care began

	n	%
Strongly Agree	106	24.4
Somewhat Agree	146	33.6
Neither Agree or Disagree	74	17.0
Somewhat Disagree	63	14.5
Strongly Disagree	44	10.1
Not sure	2	0.5
Total	435	100.0

Zogby International poll

Would you say your expectations for health care recovery have increased since you returned from deployment?

	n	%
Yes	238	54.7
No	171	39.3
Not sure	26	6.0
Total	435	100.0

Zogby International poll

Last February, conditions at Walter Reed Army Medical Center were widely publicized. Since then, how would you say the Military Health System has been doing with regard to providing medical care to ill and injured military personnel. Would you say it is on the right track or wrong track?

	n	%
Right Track	307	70.6
Wrong Track	44	10.1
Not sure	84	19.3
Total	435	100.0

Zogby International poll

GAO Findings

- "Over the past year, the Army significantly increased support for service members undergoing medical treatment and disability evaluations, but challenges remain."

http://www.gao.gov/new.items/d08514t.pdf

Finding a Doctor

- Patients Should Have Choices
  - "There is no such thing as 'my patient'; you don't own the patient. But there is such a thing as ‘my doctor.’ If you earn the patient's trust they will bestow that honor on you." -- Dr. Jeremy Swan
- Patients want a doctor who is motivated by quality
- Accountability and trust is paramount
  - "I will be your doctor if you want me to, and I will take care of you."

Today's Issue: Accountability in Military Health Care

Diagnosis:

- Quality of warrior care
  - Progress, but still a ways to go
- Patients more satisfied with civilian doctors
  - Same doctors each time, easy to make appointment, easy to park
- Migration of patients away from military treatment facilities

Prognosis:

- Loss of quality, accreditation, morale, recruiting and efficiency

Prescription:

- Personal Accountability – Pay for Prevention
- System Accountability – Pay for Performance
- Regional Accountability – JTF CapMed in the NCR
- Information Accountability – PHR, Personal Health Record

Psychological Health (PH)

- Safeguarding the health and safety of our service members is our highest priority and we stand ready to provide care for any type of wound be it physical or psychological
- The Department of Defense recognizes that combat and operational deployments are stressful for Service members and their families
- With the Secretary of Defense we are gaining ground in reducing the stigma associated with seeking care for mental health.

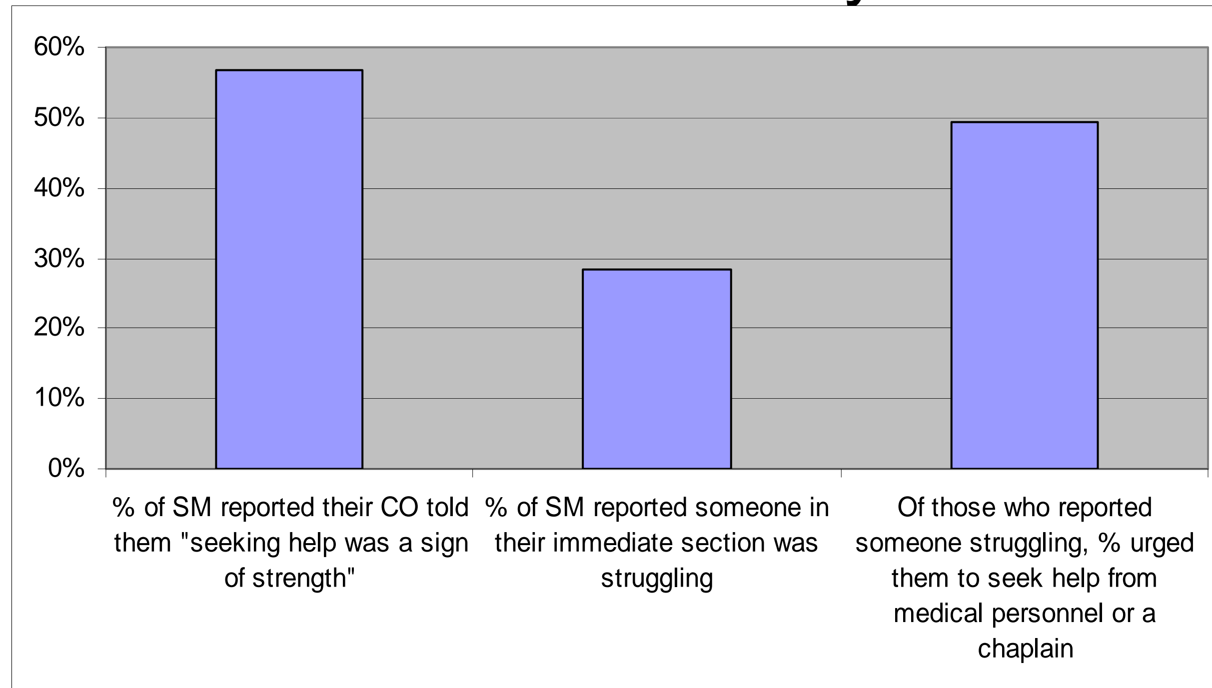
PH Issues

- Psychological Health Promotion
  - Expanded self-assessment and screening opportunities
  - 7-day access to mental health specialty care with enhanced MH provider funding
  - MH provider locators for PRIME beneficiaries
- Psychological Health Challenges
  - Repeated, long tours
  - Short dwell time
  - Cumulative combat exposures
  - Limited MH assets for embedding into combat units
  - Increasing combat in OEF
  - Stigma (improving, but still a major issue)
- Mitigating Factors
  - Deployment cycle support
    - Pre and Post-Deployment training
      - Battlemind
      - Landing Gear
  - Leaders
- DoD Approach
  - Robust population and risk-based MH staffing model
  - Adequate pre-clinical counseling readily available
  - Professional military education training for leaders regarding personnel in distress
  - Longer dwell times
  - Ongoing training for primary care and PH providers in best practices

Defense Centers of Excellence for PH and TBI (DCoE)

This year we launched the Defense Centers of Excellence (DCoE) for PH and TBI. The center will not only integrate of all the military's knowledge centers on mental heath, but will then take that knowledge and collaborate with other federal and civilian programs in order to optimize our ability to prevent, identify and treat PH problems and TBI .

March 2008 Survey of 779 Soldiers in Iraq



Education and Training

- Uniformed Services University of the Health Sciences
- Graduate Medical Education – residencies, fellowships, out service training, etc.

- Technical Training – medics, corpsmen, technicians (lab, X-ray, pharmacy, pulmonary, preventive medicine, veterinary, physical therapy, orthopedic, surgical, etc.)

USUHS

Accomplishments

- Nationally Renowned New Dean, Graduate School of Nursing
- Opened New Education Building
- Legislation
  - Allowing civilian salaries parity
  - BOR members appt by SecDef
- Big inroads into deferred maintenance backlog at USU and AFRRI
- High level involvement in WRNMMC integration planning
- Significant growth in interagency work especially with NIH
- Expansion of Center for Disaster Humanitarian Assistance Medicine

Challenges

- Faculty Retention and Recruitment.
  - Implementing new faculty salary authority (CPMS, POM)
  - Expansion of Clinical Faculty
- Need for a Research Building
- Meet Services needs to expand
  - USU role in WRNMMC, World Class Academic Health Center
  - Building relationships with extra-NCA MTFs.
  - Prioritizing new roles for USU
    - Establish a Regenerative Medicine Program
    - HSPD 21 Implementation

Research

- Uniformed Services University of the Health Sciences
- 36 Medical Research Laboratories

- 18 Clinical Investigation Programs (Army, 8; USAF, 6; Navy, 3; USUHS, 1)
- As a leader in both medical research and care, the top minds of the Military Health System have had 49% more Academic pieces in 1Q 08' then the same time in 2007.

Other Major Research Organizations

- **Armed Forces Institute for Regenerative Medicine (AFIRM) will unify and apply all the recent breakthroughs in regenerative medicine while leading the charge to new ones**
  - The five year goal is the functional regeneration of fingers and/or toes and clinical trials of autologous muscle, bone, cartilage, nerve and blood vessel grafts. The longer term goal is the functional regeneration of limbs.
  - In addition to $85 million in Defense funding, $180 million will be contributed by other federal and state agencies, academic institutions and industry.

- **Telemedicine and Advanced Technology Research Center (TATRC)**
  - Explore new science and engineering options for the DoD in advance of core funded medical research programs
  - Lead and conduct DoD research in e-Health in core competencies of computational biology and clinical informatics
  - Bridge gaps and help researchers find success in starting innovative research; transition of discovery to applications; and integration of products, systems, and standards to DoD needs

Humanitarian Mission

The Military Health System stands ready as the world's 911 call—our investments in humanitarian missions and disaster support are what the world looks to in catastrophes such as hurricane Katrina and the earthquakes in Peru. The MHS is committed to building bridges to peace and serving as emissaries of hope at home and around the world.

Humanitarian Activities

Hospital Ship USNS Comfort

- Over the summer months, the USNS Comfort visited 12 Central American, South American and Caribbean countries
- The mission offered valuable training to U.S. military personnel while promoting U.S. goodwill in the region.
- In all, the civilian and military medical team treated more than 98,000 patients, provided 380,000 treatments and performed 1,170 surgeries.

Hospital Ship USNS MERCY

- In mid 2008 the Mercy traveled to the Philippines, Vietnam, Timor Leste, Papua New Guinea, Micronesia
- Training through mission two in Vietnam
  - Students: 2,293
  - Contact Hours: 11,348
- Medical patient encounters
  - Primary Care Adult: 15,966
  - Primary Care Pediatric: 6,968

USS Boxer

- The USS Boxer returned to San Diego June 26, 2008 concluding nearly two months at sea in support of the Pacific phase of Continuing Promise 2008.
- During the mission, Boxer operated in Guatemala, El Salvador and Peru.
- The Continuing Promise medical contingent provided more than 65,000 patient encounters to 24,000 patients, dispensing over 40,000 prescriptions, treating more than 2,800 animals and teaching 123 classes in preventative medicine and industrial hygiene.

TRICARE

- Provide comprehensive health benefits to 9.2 million eligible beneficiaries
- Developed contract requirements for all TRICARE procurements
- Implemented demonstration project for expanded Autism Services
- Implemented a demonstration project for Alaska Reimbursement
- Due to increase in troop population and demand for mental health and other services, worked with Managed Care Support Contractors to find providers in rural locations and other areas
- Initiated research on Pay-for-Prevention and Pay-for-Performance demonstration opportunities to enhance the TRICARE Program
- Reviewed MHS survey activities to identify areas for improvement
- Redesigned National Quality Monitoring Program to ensure uniformity and improvements in performance monitoring

TRICARE Challenges

- Sustain the TRICARE benefit in an environment of increasing cost and demand
- Transition current contracts to next generation of contracts
- Protect privacy in the electronic age
- Seamlessly integrate direct care, purchased care, and VA care
- Implement all NDAA 2008 and 2009 actions regarding Wounded Warriors
- Fully implement Pay-for-Performance and Pay-for-Prevention demonstrations

TRICARE Pharmacy Benefit

- Global pharmacy benefit – 3 points of service
  - 6.7M users
  - Military pharmacies; 60,000 retail pharmacy network; 1 national mail-order pharmacy
- 120M prescriptions filled in FY 2007
  - 2.22M prescriptions filled per week
    - 1.12M in retail pharmacies
    - 948,000 in military pharmacies
    - 150,00 in the national mail-order pharmacy
      - 24,239 prescription refills sent to troops in theater
- $6.5B spent in FY 2007

TRICARE Outscores National Satisfaction Benchmarks

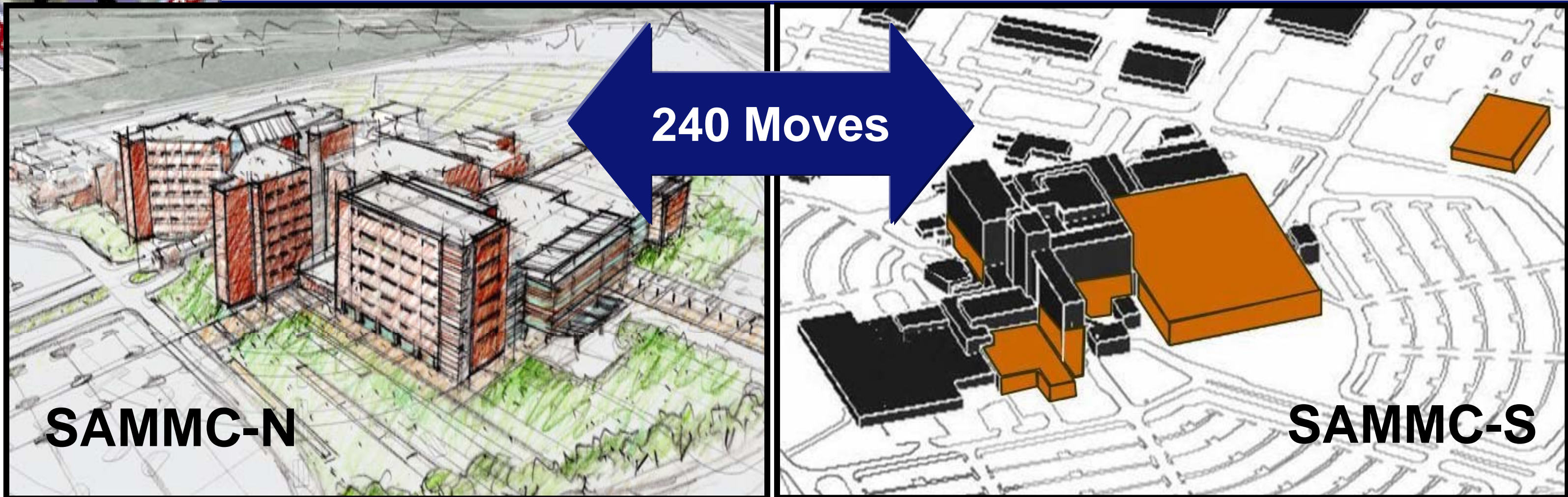
- Satisfaction with TRICARE for both Inpatients and Outpatients is significantly above the National Average for hospitals, ACSI National Average and Federal Government National Average
- Inpatients score for TRICARE is significantly higher than VHA
- No significant difference between TRICARE and VHA for Outpatients

TRICARE - Inpatient	89
TRICARE - Outpatient	84
Veterans Health Administration - Inpatient	84
Veterans Health Administration - Outpatient	82
ACSI National Average	74
National Average - Hospitals	74
Federal Government Average	72

BRAC and MHS Facilities

The Future of Military Hospitals and Healing Environments

Impact on Ongoing Operations



SAMMC North

- Location: Brooke Army Medical Center – SAMMC North
- Current Budget: $630M MILCON
- Scope: New Tower is over 700,000 sq ft; approximately 50% increase of current hospital as well as approximately 100% increase in operational beds and 200% increase in parking spaces

SAMMC South:

- Location: Lackland AFB
- Current Budget: $51M MILCON
- Scope: Complete functional realignment of BAMC and Wilford Hall including the renovation and conversion of Wilford Hall Medical Center to a clinic

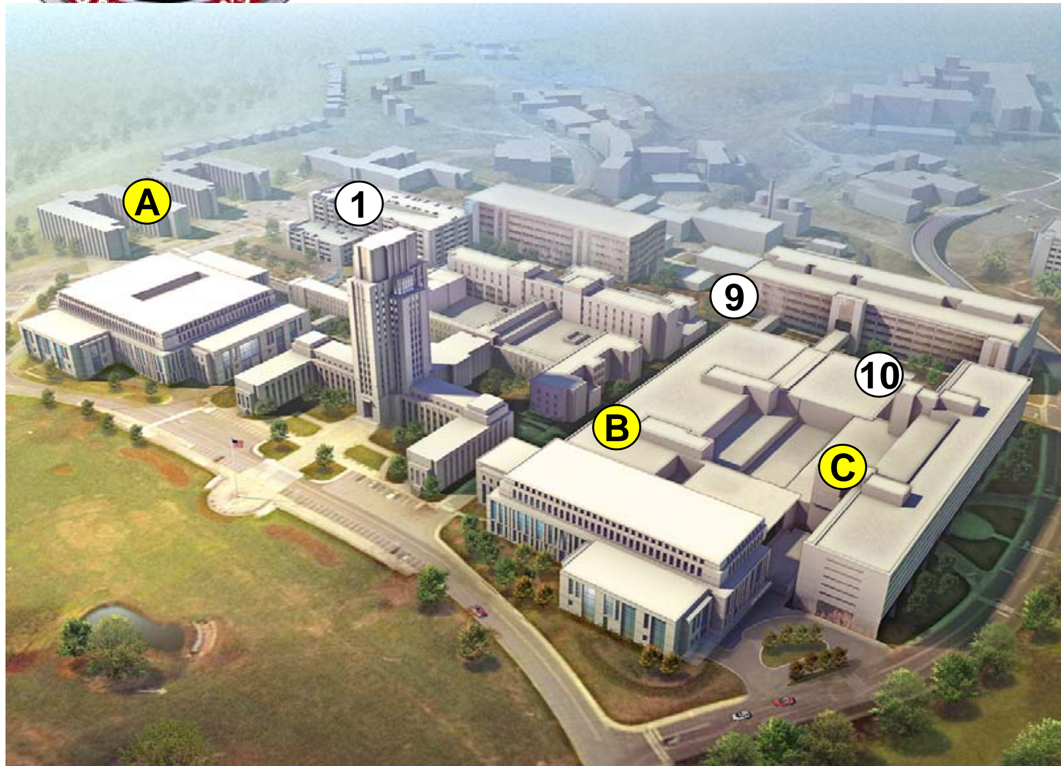
240 clinical moves, which started in 2007, are planned across SAMMC-N & SAMMC-S

SAT Facilities:

Ft. Sam Houston Primary Care Clinic

Location	Fort Sam Houston, Main Post
Current Budget	$43.1M MILCON
Scope	123,564 Sq Ft free-standing clinic

Enhance & Accelerate
WRNNMC Clinical Facilities Scope/Schedule



MILCON Information

Working Estimate: $939.6M
Square Footage:
- Addition: 637,000
- Alteration: 321,000
- Support Facilities: 590,000

Enhancements

A **Ambulatory Care Center**
- Part of original BRAC scope

B **Enhanced scope: provides all new ICU beds**
- Original BRAC scope provided 20 new beds and 30 existing ICU Beds
- Acceleration funds assist in completing addition faster.

- **Enhanced scope: 66 Single Patient Beds (renovate existing space in Bldg 10 on 4th floor)**

C **Enhanced scope to augment Family Support Space throughout**
- Renovation of building 9 and 10; selected existing buildings

- **Bldg 1, Historic Tower**

Existing Facilities

- **Bldg 9, Existing Outpatient Bldg**

1
Bldg 10, Inpatient Bldg
9
10

Implementation Timeline							
Phase		Planning & Design		Construction/Renovation		Fit Out / Move In	
Site		Start	Stop	Start	Stop	Start	Stop
Bethesda	Hospital Addition	Oct-06	Jan-09	Jul-08	Oct-10	Oct-10	Apr-11
	Hospital Alteration	Oct-06	Jan-09	Jul-08	Jul-11	Jul-11	Sep-11
	Support Facilities	Jan-08	Jul-08	Jan-09	Sep-11	Aug-11	Sep-11
Ft Belvoir	New Hospital	Feb-06	Jan-09	Sep-07	Aug-10	Sep-10	Feb-11

Enhance & Accelerate

Belvoir Hospital Clinical Facilities Scope/Schedule

MILCON Information

Working Estimate: $757M
Square Footage: 1.37M

Enhancements

- Ambulatory Care
  - Substance Abuse, Family Advocacy, Patient Services
  - Blood Donor Center, Red Cross
  - Occupational Health, Community Health
  - Graduate Medical Education, Hospital Education
- Private Sector Space Standards Adjustment
- Enhancement to Equipment Budget
- Construction Acceleration

Implementation Timeline							
Phase		**Planning & Design**		**Construction**		**Fit Out / Move In**	
Site		Start	Stop	Start	Stop	Start	Stop
Ft Belvoir	New Hospital	Feb-06	Jan-09	Sep-07	Aug-10	Sep-10	Feb-11

Joint Warrior Support Facilities

Scope and Schedule

Wisconsin Ave.
Jones Bridge Rd.
2. WT Housing
4. & 5. JEH/Messing
7. Fitness
8 .Parking
6. MEDCEN Support
Out Patient
Parking Garage
1. WT Clinic
3. JWSC
Renovation
Inpatient
Renovation
Renovation
1. NICoE
Parking
2. Fisher Houses

WRNMMC BRAC — **Enhanced and Accelerated**

Hospital Addition/Alteration & Parking

Joint Warrior Support Facilities

1. **Warrior Clinic** (FY09)
2. **Warrior in Transition Housing** (FY09)
3. **Joint Warrior Support Center (JWSC)** (FY08-09) - (Proposed location)
4. **Expanded Mess Facilities** (FY09)
5. **MEDCEN Jr. Enlisted Housing** (FY09)
6. **Non-Clinical MEDCEN Support** (FY08)
7. **Fitness Center** (FY09)
8. **Parking** (FY09)

Other

1. **National Intrepid Center of Excellence (NICoE)**
2. **New Fisher Houses** (2 x 21 units)

DHP Commitment to Improving Medical Infrastructure ($M)

Plus Additional Funding in FY 2008 Supplemental – Hospital Replacements at Ft. Riley, KS ($404M) and Ft. GA ($350M)

Fund Sources	TOTAL
Current Medical MILCON TOA *(includes Planning and Design)*	2,554.1
PLUS Re-allocation of DHP Funds *(TMA, Army, Navy, Air Force)*	5,260.8
=Total Enhanced Medical MILCON TOA *(includes Planning and Design)*	7,814.9
Initial Outfitting/Transition *(O&M) Funded by Medical Services*	1,930.7

Additional Projects Funded in Fiscal Years (FY) 2010 - 2012

#1 Guam Hospital * (FY10)
#2 Lackland Ambulatory Surgery Center* (FY10)
#3 Landstuhl Hospital* (FY11)
#4 Ft Benning Blood Donor Center (FY10)
#5 Ft Benning Hospital (FY08)
#6 Andrews Ambulatory Surgery Center* (FY11)
#7 Lackland Dental Clinic (FY10)
#8 Katterbach Clinic (FY11)
#10 Elmendorf Clinic (FY10)
#11 RAF Alconbury Clinic (FY10)
#12 Ramstein Clinic (FY12)
#13 Camp Carroll Clinic (FY11)
#14 Ft Belvoir Dental Clinic (FY11)
#15 Ft Riley Hospital (FY08)
#16 Vilseck Clinic (FY12)
#17 Ft Hood Hospital (FY12)
#19 Hanscom Clinic (FY11)
#20 Andrews Dental Clinic (FY11)
#24 Great Lakes Demo (FY12)
#25 Kunsan Clinic (FY12)
#26 Seymour Johnson (FY12)

*Assum

Enhanced funding combined with the FY 2008 Supplemental buys 14 of the top 15 medical construction projects in FY 2010-2012

Additional Facility Capital Investment Requirements

31-year Composite RECAP (% of Inventory)

MTF (71.1%) = 21 years
Labs (5.7%) = 19.5 years
Dental (4.7%) = 50 years
Med Related (2.3%) = 50 yr
Non Med (16.2%) = 67 yr

Based on Analysis by Mitretek Systems, August 2003

$ (Millions)

1,300
1,200
1,100
1,000
900
800
700
600
500
400
300
200
100
0

FY2008 FY2009 FY2010 FY2011 FY2012 FY2013

Emerging Requirements: Grow the Force, Wounded, Ill & Injured, Emergency Const, etc

Current New Footprint (MILCON)

Funding Required For 31 year Recap

Additional Funding For 31 Year Recap

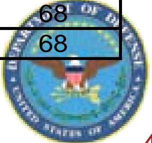
Current Recap (O&M and MILCON)

BRAC Recap

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Total additional funds required (Recap & Emerging Requirements)	**604.6+**	**629.7+**	**675.1+**	**700.3+**	**688.3+**	**625.9+**
Emerging Requirements yet TBD ($200M est)	***200.0***	***200.0***	***200.0***	***200.0***	***200.0***	***200.0***
Current New Footprint Investment (MILCON)	356.6	347.0	280.2	315.7	308.0	229.0
Funds Required for 31 Year Recap Rate	711.6	725.0	739.9	755.0	770.9	785.5
Additional funds required for 31 Yr Recap	**404.6**	**429.7**	**475.1**	**500.3**	**488.3**	**425.9**
Current Recap Investment (O&M + MILCON)	307.0	295.3	264.9	254.7	282.6	359.6
BRAC Recap Investment	51.1	45.6	74.7	1.7	0.0	0.0

Current DHP Annual Recap Rate (years)	72	75	87	91	85	68
Annual Recap Rate with BRAC (Facility Data Quality Assurance Website)	62	66	67	91	85	68

Civilian Healthcare Market RECAP averages 31 years while DHP's average is 73 yrs



New Facilities Drive…Competition

"My military clinic is just as state-of-the-art as downtown. I will get my primary care with the military where they know me."

Old Facilities Help the Competition

“Ewwww! I wasn’t born in a barn…was I, Mommy?”

DoD/ VA Cooperation

- Vision
  - **A world-class partnership that delivers seamless, cost-effective, quality services and value to our nation**
- Mission
  - **To improve the quality, efficiency and effectiveness of the delivery of benefits and services to veterans, service members, military retirees and their families through an enhanced VA and DoD partnership**

DoD/ VA Roadmap for Sharing

- Goals
  - Leadership Commitment and Accountability
  - High Quality Health Care
  - Seamless Coordination of Benefits
  - Integrated Information Sharing
  - Efficiency of Operations
  - Joint Medical Contingency/Readiness Capabilities
- As the primary means to advance performance goals, the Joint Strategic Plan is continuously evaluated, updated and improved
- Incorporates commission, task force, review group, and panel recommendations on wounded warrior care and benefits delivery

DoD/ VA Joint Strategic Plan

- DoD and VA are committed to continued emphasis on sharing of electronic medical records
- There is a focus on the collaboration on the provision of specialized care to service members and veterans
  - Psychological Health Services and Care
    - Traumatic Brain Injury
    - Post Traumatic Stress Disorder
- Both the DoD and the VA are working to improve case management and standardize the delivery of care across the continuum
- DoD and VA are working closely to provide a seamless and transparent disability process, one that is jointly administered by both organizations

Models of Sharing

- **8 Joint Ventures**
  - Las Vegas, Albuquerque, Anchorage, El Paso, Key West, Honolulu, Fairfield, N. Chicago
- **Captain James A. Lovell Federal Health Care Center—North Chicago Veterans Affairs Medical Center and Naval Clinic Great Lakes**
  - The first federal healthcare facility with a single management structure
    - All services under one line of authority
- **Joint Executive Council identified 4 sites for strengthened partnering**
  - Tripler Army Medical Center and VA Pacific Island Health Care System
  - Nellis Air Force Base and VA So. Nevada Health Care System
  - Keesler Air Force Base and Biloxi VA Medical Center
  - Buckley Air Force Base and Denver VA Medical Center

Information Technology

- **<u>MISSION:</u>**
  Provide the *RIGHT INFORMATION* to the *RIGHT CUSTOMERS* at the *RIGHT TIME* to improve and maintain health status across the entire continuum of military health care operations.

Data Sharing with the VA

- Through new technological improvements including the Clinical Data Repository/Health Data Repository (CHDR), Federal Health Information Exchange (FHIE) and the Bidirectional Health Information Exchange (BHIE) in 2007 we shared with the VA over 187 million patient encounters, laboratory results and pharmaceutical records. That number is up to over 220 million at this point for 2008 alone.

- We have made all our allergy, outpatient pharmacy, inpatient and outpatient laboratory and radiology reports, demographic data, provider notes, problem lists, procedures and vital signs data viewable to VA from all DoD sites.

2007-2008 AHLTA Statistics

- AHLTA is the military's Electronic Health Record (EHR), an enterprise-wide medical and dental clinical information system.
- AHLTA is now processing over 115,000 patient encounters per workday. AHLTA use continues to grow and as of 6 June 08, AHLTA has processed 79,622,589 outpatient encounters.
- As of 30 April 2008, 1,428,164 outpatient clinical encounters have been transferred from AHLTA-Theater, currently deployed in Iraq, Afghanistan, and Kuwait, to the AHLTA Clinical Data Repository.