

NORTHERN FOCUS

U.S. ARMY NORTHERN REGIONAL MEDICAL COMMAND



2011 STAKEHOLDERS' REPORT

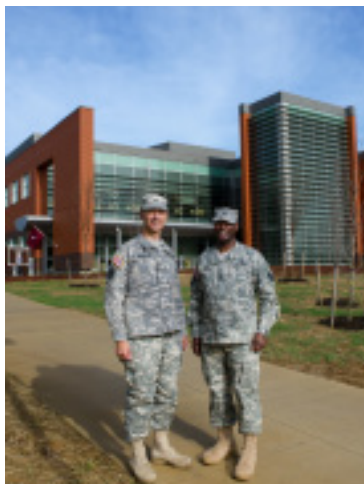
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COMMAND PERSPECTIVE



It is my great pleasure to welcome you to the inaugural edition of the Northern Regional Medical Command Stakeholders' Report, an honest appraisal of our performance. We look at the facts, and at how we performed against the goals we have set for the vast Northern Regional Medical Command (NRMC), stretching from Maine to North Carolina and from the Atlantic seaboard west to Wisconsin.

The reorganization of the Army Medical Command afforded us an opportunity to take another look at our delivery of medical care across the entire region, and to improve access to care for our beneficiaries.

These goals and outcomes speak to our commitment to providing personalized and compassionate healthcare, supporting the Warfighter and their

Family, and building superb health care professionals to take Army Medicine forward.

NRMC continues to make great strides in promoting, sustaining and enhancing Soldier well-being and delivering leading-edge health services to our Warriors and their Families. We are leveraging technology and innovation to train, develop and equip our medical force to support full decisive operations.

To provide value to our stakeholders, NRMC is shifting from a healthcare system that measures success by the numbers of patients treated and procedures performed to a system of health that promotes wellness and prevents chronic diseases.

Our achievements throughout the Region provide testament to this virtue.

The 2011 NRMC Stakeholders' Report captures this facet of our culture — **MEDIC STRONG!**

- **Brig. Gen. Joseph Carvalho, Jr.**
Commanding General, NRMC

MTF PROFILES

regional medical treatment facilities



FORT DRUM MEDDAC



Soldiers and Families assigned to the 10th Mountain Division (Light Infantry) and Fort Drum, (N.Y.) are directly benefiting from several current and planned construction projects for health facility improvements scheduled over the next three years at Fort Drum Medical Activity. One of these improvements was the Guthrie Clinic addition which opened in October 2011.

The \$35 million Guthrie Clinic Addition and Alteration Construction Project included a 48,123 square-foot addition. Now that the new addition is complete and inhabited, more than two-thirds of the vacated areas in the existing facility will be renovated. Once complete, the project will consolidate primary care and enhance ancillary services to beneficiaries. The Guthrie alteration project has an estimated completion date of late summer FY12.

The 3rd Battalion, 85th Infantry, Warrior Transition Unit 3-85 has two projects scheduled. This is Phase 2 of the Guthrie Clinic Complex Construction and includes a Soldier Family Assistance Center and Battalion Headquarters (BNHQ) facility, with an estimated completion in FY12. Phase I included completion of a \$34 million Company Headquarters with three-story barracks, which houses 3-85 Soldiers.

The \$750K Neuro-Cognitive Assessment Testing facility located near Guthrie will be completed with a planned occupancy scheduled for January 2012. In addition, construction will begin on a Soldier Family Care Clinic located near the Fort Drum Wheeler Sack Army Airfield, and on an addition at Stone Dental Clinic in FY12. A Soldier Specialty Care Clinic is planned to begin construction near the Guthrie Ambulatory Care Clinic in FY13.

Guthrie Clinic Complex Construction also includes two pre-engineered buildings located on the Northwest side of the Guthrie Urgent Care Clinic. These house the Occupational Health clinic and the MEDDAC Information Management Division. The Urgent Care Clinic (formerly the Acute Care Clinic) renovations project is complete and includes a new lobby and reception area, renovated examination rooms, and additional examination rooms.

WOMACK ARMY MEDICAL CENTER



Womack Army Medical Center's mission is to provide the highest quality health care, maximize the medical deployability of the force, ensure the combat readiness of Womack's personnel, and sustain exceptional education and training of U.S. Army Medical Department personnel. In support of the Global War on Terror, Womack has deployed significant numbers of healthcare

providers to overseas contingency operations.

Womack provides healthcare to more than 225,000 TRICARE beneficiaries. This includes Active Duty Soldiers, retirees, and their Families.

Womack Army Medical Center has seven primary care clinics that include: Clark Health Clinic, Joel Health and Dental Clinic, Pope Clinic, Robinson Health Clinic, Womack Family Medicine Clinic that provide comprehensive primary care services. Womack also has two community based medical homes that provide primary care to Family Members of Active Duty Soldiers.

Womack Army Medical Center will be opening a brand new Warrior Transition Complex in the spring of 2012. The facility will also have a Soldier and Family Assistance Center. This complex will have a multiple story parking deck with 330 parking spaces and a dining facility.

Womack is adding a new Behavioral Health Clinic at the All American Expressway entrance. In addition, Womack Army Medical Center will begin an Obstetrics and Gynecology Residency Program in 2012.

Womack Army Medical Center continues to grow with Fort Bragg to support the needs of its patients.

FORT MEADE MEDDAC



The Fort Meade (Md.) Medical Activity is a regional healthcare system responsible for delivering care to Soldiers, their Families and beneficiaries, sustaining medical readiness and providing chemical, biological and nuclear surety.

With clinics dispersed between Northern Virginia, Maryland, Pennsylvania, and the District of Columbia, the Fort George G. Meade MEDDAC prides itself for providing world class healthcare to our nation's finest. Looking back over the past year, there is no doubt that 2011 was an exciting and eventful year for the Fort Meade MEDDAC.

Since its transition from a hospital to an ambulatory care center, Kimbrough has never looked back. In June, Kimbrough celebrated its 50th anniversary, recognizing five decades of service to the community as well as the unit's namesake Col. James C. Kimbrough. There is an excitement in the air of the facility as the staff and patients anticipate the completion of the final phase of a brand new Ambulatory Surgical Center. This space will maximize patient privacy, comfort, and convenience. The center will contain four state of the art surgical suites with integrated video systems catering to twelve surgical specialties. The new center will be ready for its first patients in February 2012.

Over the last year, the Fort Meade MEDDAC also experienced growth in becoming the parent organization of multiple health clinics and health support agencies creating a network of military facilities from Pennsylvania to Northern Virginia. On Oct. 1, 2010, the MEDDAC added Andrew Rader Army Health Clinic, the Fort McNair Health Clinic, and the Forensic Toxicology Drug Testing Laboratory. As the Walter Reed Army Medical Center closed down in the summer of 2011, the MEDDAC also added the Tele-Health unit, the School-Based Mental Health Program, the Allergy Extract Lab, and the Immunology & Allergy Nursing/Technician Course.

MCDONALD ARMY HEALTH CENTER



McDonald Army Health Center (MCAHC) is located in the Hampton roads area of Virginia, where military and local history have been entwined since the Revolutionary War. MCAHC is located on Joint Base Langley-Eustis (JBLE). The installation (JBLE) is an amalgamation of the United States Air Force Langley Air Force Base and the United States Army Fort Eustis, which were merged on Oct. 1

2010. JBLE was established in accordance with congressional legislation implementing the recommendations of the 2005 Base Realignment and Closure (BRAC) Commission. Legislation ordered the consolidation of the facilities, which were adjoining, but separate military installations into a single joint base. JBLE is one of 12 joint bases formed in the United States as a result of the law. As a result of BRAC, the U.S. Army Training and Doctrine Command, formerly housed at Fort Monroe, Va., re-located to JBLE.

Col. Michael Hershman, assumed command of MCAHC in July 2011. Together, with 842 total staff members comprised of active duty military, DA civilians, contractors, Red Cross volunteers, and students, MCAHC serves an eligible population totaling 33,400 eligible beneficiaries. In addition to MCAHC, Col. Hershman is responsible for a subordinate clinic of MCAHC, Joint Expeditionary Base Little Creek-Fort Story (East) Troop Medical Clinic (TMC) located at Fort Story, Va., serving active duty service members.

The mission of MCAHC is to ensure the medical readiness of our Nation's fighting forces and the health of those entrusted to our care. The vision is a trusted patient-centered system of health that supports Soldier medical readiness and enhances the wellness of the community.

KENNER ARMY HEALTH CLINIC



The 2005 BRAC designated Fort Lee (Va.) to become the Army Sustainment Center of Excellence – a focused training base for military supply, subsistence, maintenance, munitions, transportation, and more. Fort Lee gained new training facilities, support facilities, and sizeable population growth due to BRAC. In the past two years (FY09 to FY11), the eligible

population including enrolled, trainees, and others on the Fort Lee installation grew from 33,679 to 46,740. Kenner Army Health Clinic and the Army Medical Command has responded to this growth with investment in additional facilities (new Consolidated Troop Medical Clinic, TMC-2), renovations to existing facilities, and commensurate staff growth to support the workload increases.

Kenner AHC assumed new missions to support the annual training (AT site support) to the Virginia Army National Guard post at Fort Pickett, VA and the medical support mission to Fort A.P. Hill, a major training area (size of the D.C. beltway) with Tri-Service utilization by more than 95,000 trainees last year alone.

Responding to the needs poised of a deploying force, earlier this year Kenner AHC completed renovations and opened a new Department of Behavioral Health (DBH). The move allowed the DBH to double staffing size, increase access to existing programs and create new initiatives in order to provide comprehensive mental health services to the community. Additionally, the laboratory and radiology suites and waiting areas were renovated and updated with more than \$1.3 million invested in radiology equipment upgrades alone.

In September 2011, Kenner Army Health Clinic opened its new Consolidated Troop Medical Clinic. The TMC-2 was built to support the population growth, missions, and support requirements for a new Ordnance IET/AIT training campus. TMC-2 now provides some of the latest medical/dental technologies including “Queue-matic” patient flow systems and fully integrated dental chairs with consoles equipped for screening radiography at chair side.

FORT KNOX MEDDAC



Fort Knox Medical Activity (Ky.) and Ireland Army Community Hospital mission is to optimize wellness and military readiness of those entrusted to its care by providing exceptional holistic patient-centered health services with caring, compassion, and skill. Ireland's vision is to be the premier regional system of health; exceeding patient expectations.

Primarily based at Ireland, the hospital provides primary and specialty care services to a population of nearly 35,000 Soldiers, Family members, Civilians and Retirees. Ireland maintains a close relationship with the Veteran's Health Administration by providing facility space for a Community Based Outpatient Clinic within Ireland for those Veteran Administration beneficiaries.

Ireland supports one of the largest Warrior Transition Battalions in the Army. This Warrior Transition Battalion has a robust adaptive sports program, which helps the Wounded Warriors stationed at Fort Knox to use sports to assist in the healing process.

On Fort Knox, Ireland recently re-opened the Margetis Integrated Disability Evaluation (IDES) Center. The collaborative effort between the Department of Defense and Department of Veterans Affairs allows a single center to provide an integrated care and transition service to Wounded, Injured or Ill Servicemembers. The Margetis IDES center celebrated its grand opening October 2011 and successfully transitioned its first patient in the same month.

Ireland provides annual training site support to Camp Grayling, Mich., throughout the summer months.

In May, 2011, Ireland Army Community Hospital opened a newly designed Emergency Room and Department.

KELLER ARMY HEALTH CLINIC



Keller Army Community Hospital (KACH) at West Point, N.Y., is a small community hospital with a large mission to support the United States Military Academy (USMA), tenants, and surrounding units. This mission is growing with Base Realignment and Closure (BRAC) missions, such as the relocation of United States

Military Academy Prep-School (USMAPS), as well as the growth in the Academy Cadet Regiments and supporting faculty and staff.

The current Keller Hospital was built in the late 1970s, when the healthcare model was centered on inpatient care. A Corps of Engineers Military Construction contract for \$28.5 million was awarded to build a three-story clinic building adjacent to the current hospital. This addition will modernize the healthcare model and improve delivery of care to Keller's patients.

The KACH Clinic Addition is a three-story addition consisting of approximately 53,000 square feet, which includes primary care, orthopedics, optometry, ophthalmology, as well as a TRICARE service center and staff/administrative support spaces. The project is designed to correct inefficiencies in departmental workflows and other changes in healthcare that have occurred over the years since the hospital's initial construction.

The project is designed under new federal construction requirements to meet Leadership in Energy & Environmental Design Silver certification. Additional efforts were made to ensure evidence-based design features were incorporated in the project.

NRMC REGIONAL DATA

a critical look inside the northern region



NRMC AT-A-GLANCE



529,000
supported beneficiaries

- 1** AMBULATORY CARE CENTER
- 2** HOSPITALS
- 3** ARMY HEALTH CLINICS
- 1** MEDICAL CENTER

\$1.9B
operating budget



13,466
regional employees

22

health clinics

10

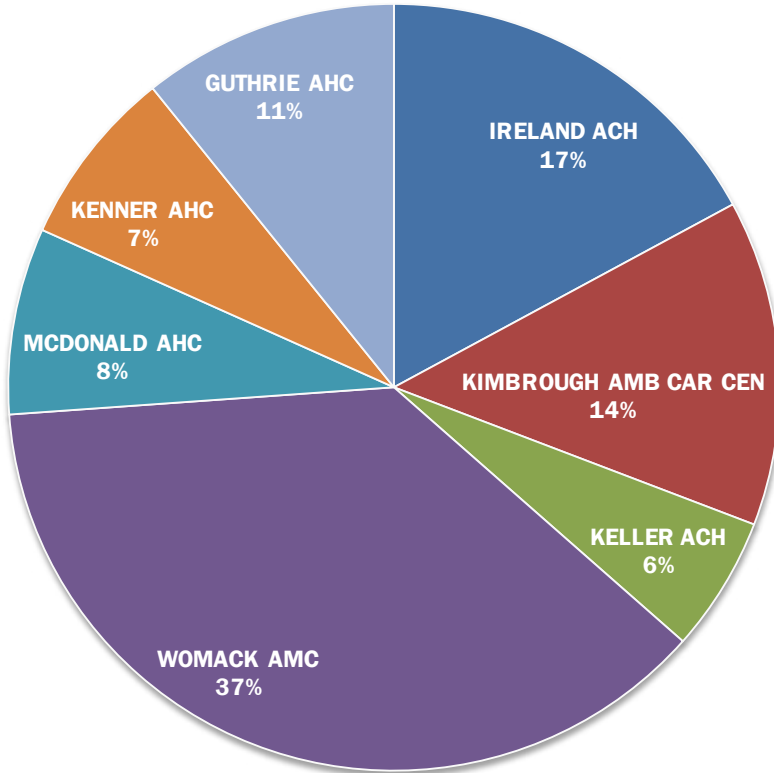
troop medical clinics

8

occupational
health clinics

PROFESSIONAL SERVICE ENCOUNTERS

PROFESSIONAL SERVICE ENCOUNTERS FY11



AVERAGE RVU

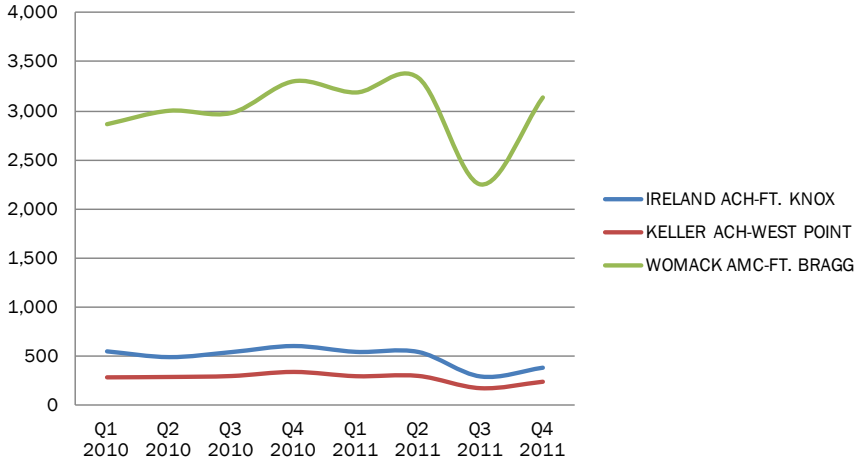
MTF	RVU
Ireland:	270,157.41
Kimbrough:	186,769.91
Keller:	102,625.68
Womack:	665,925.45
McDonald:	146,488.30
Kenner:	116,103.11
Guthrie:	153,674.73

WHAT IS RVU?

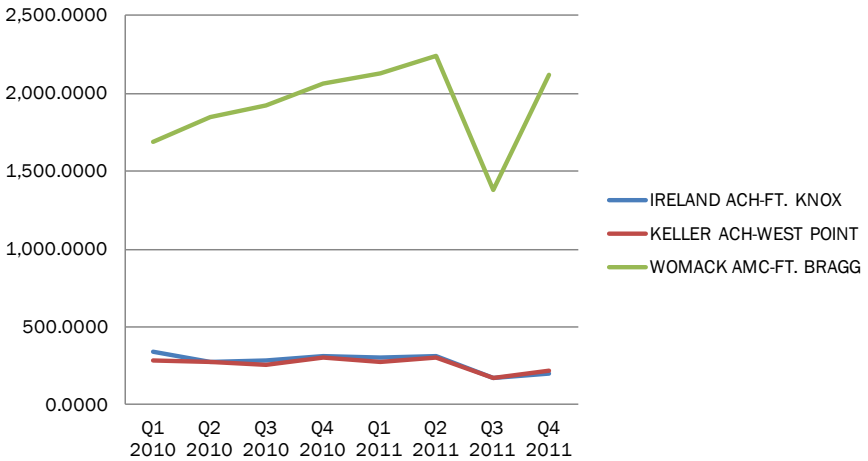
Relative Value Units (RVUs) provide a way for civilian and military hospitals and physicians to calculate workload based on the relative complexities of various physician services.

DISPOSITIONS AND RELATIVE WEIGHTED PRODUCT

NRMC DISPOSITIONS FY10-FY11



NRMC RWP FY10-FY11



Relative Weighted Product (RWP) is a reflection of inpatient nursing, technician, facility costs (room, laundry, incinerator, housekeeping, administrative costs), and operating room costs. RWP is very similar to the DRG system used by Medicare and most private insurance payors. Professional services (i.e., doctors' rounds and procedures for inpatients) are not included in RWP.

PATIENT-CENTERED CARE AND WELLNESS



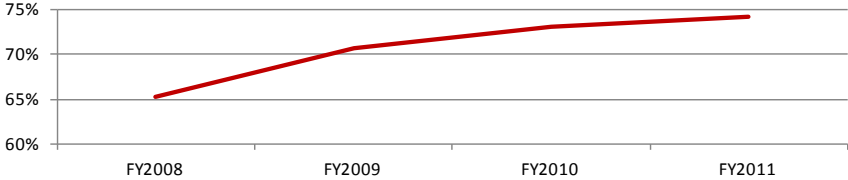
Creating a healthier base of beneficiaries is the ultimate goal of any medical system. Less acute care means fewer resources dedicated to solving avoidable health outcomes. NRMC's commitment to improving the health of our beneficiaries is highlighted in our embrace of the Patient-Centered Medical Home concept through Army Medical Homes (AMH) opening at our medical treatment facilities.

AMH drives better health outcomes by encouraging patients to take an active role in their own health care. Access to the AMH team is enhanced through open scheduling and new Web-based communication options. Seeing the same health care team at each visit develops continuity of care. Patients who know and build a history with their primary care manager, nurses, medics and administrators are more likely to get the counseling, education and preventative care necessary to stay healthy.

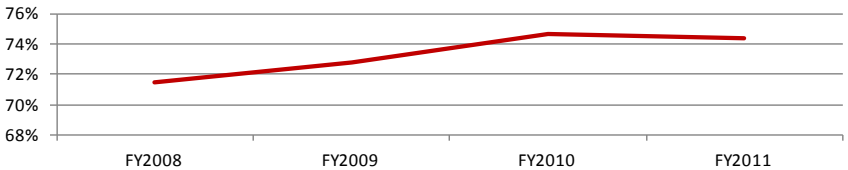
Patient-centered care is the future of Army medicine, and NRMC is leading the way.

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS)

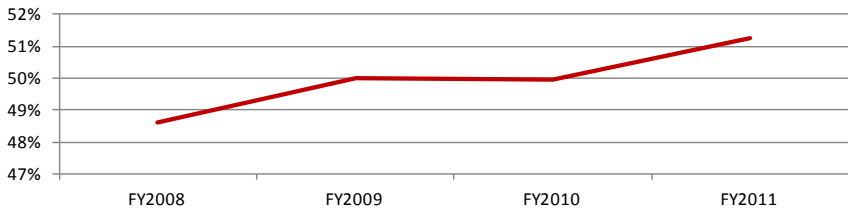
**NRMC Eligible Population
with Colo-Rectal Exams (colorectal cancer screening)**



**NRMC Eligible Enrollees with Mammograms
(breast cancer screening)**



NRMC Percent of Eligible Diabetics with LDL < 100

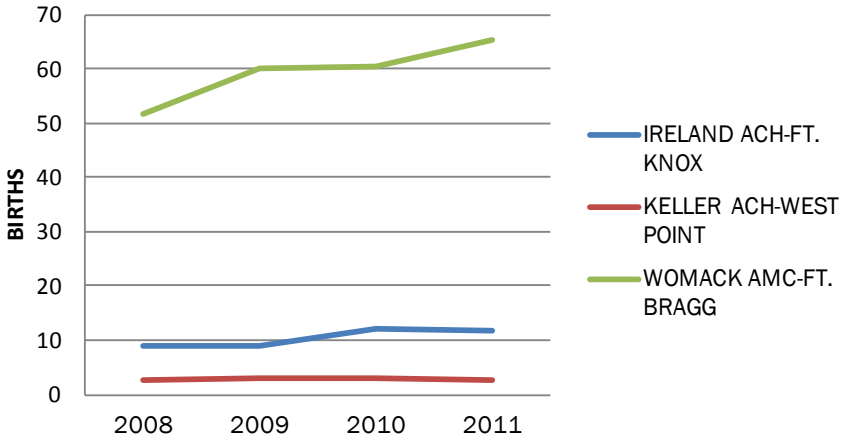


The Army PCMH will provide patient self-management tools, educational resources and ongoing support to actively and continuously assist the patient and their family to know when they need preventive services, screening for disease and reminders of actions to manage active disease.

-Rebecca Baker, RN, MHA, CCM, Nurse Consultant, CM, PCMH

AVERAGE WEEKLY BIRTHS

AVERAGE WEEKLY BIRTHS FY08-FY11

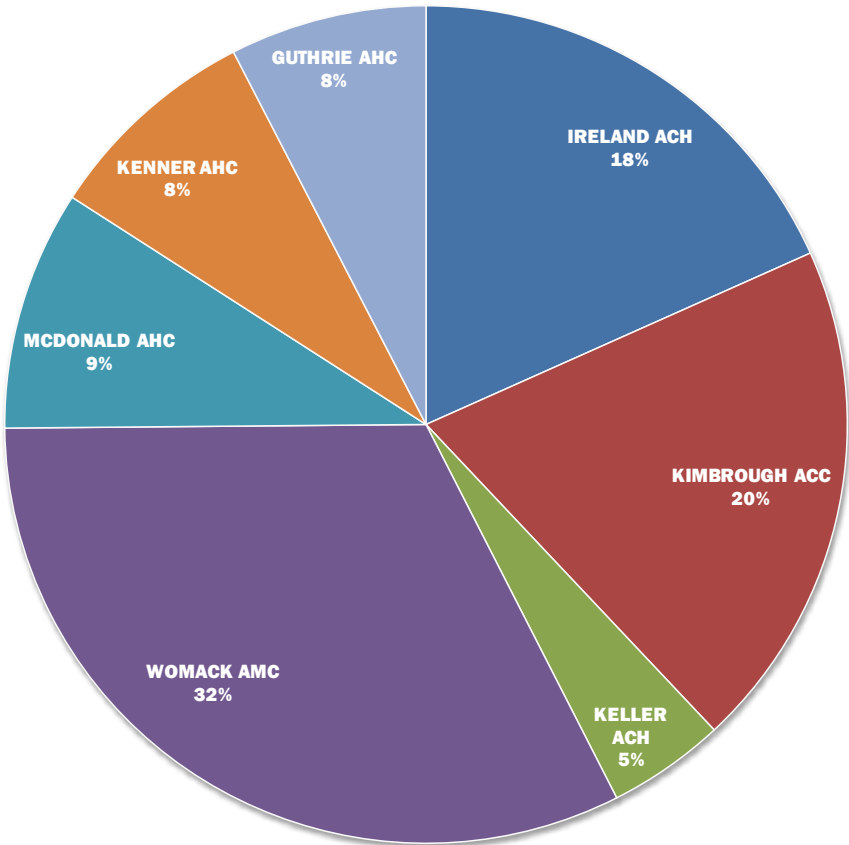


PHARMACY

The 4.15 million prescriptions filled for beneficiaries by NRMC's pharmacy departments are a representation of its commitment to ease suffering, prevent illnesses, and heal injuries.

The organization, leadership and dedication required to provide service at such a scale to such a vast number of beneficiaries is evidence of NRMC pharmacists' and pharmacy technicians' dedication to the mission of ensuring those beneficiaries receive comprehensive pharmaceutical services their service to the Nation deserves. NRMC pharmacies are an integral part in our mission of providing compassionate, competent care.

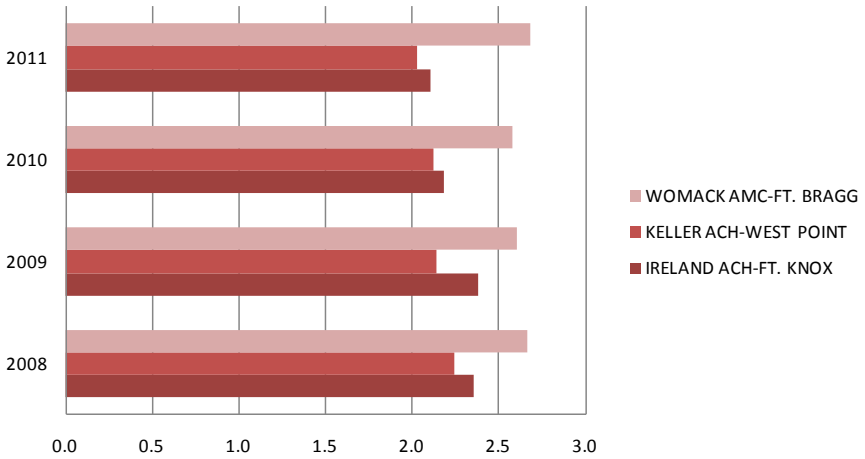
PRESCRIPTIONS FILLED FY11



AVERAGE LENGTH OF STAY

Average lengths of stay (ALOS) trend higher in military medical treatment facilities than in civilian hospitals due to the generally more complex nature of injuries military healthcare beneficiaries sustain in theater.

AVERAGE LENGTH OF STAY FY08-FY11



BED DAYS FY08-FY11



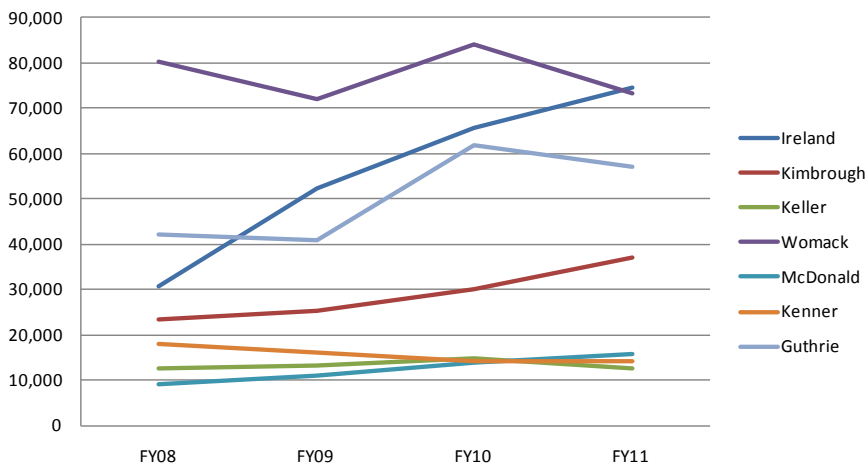
BEHAVIORAL HEALTH ENCOUNTERS

After a decade of sustained combat operations, the region's medical treatment facilities continue to address the impact of behavioral health issues such as post traumatic stress.

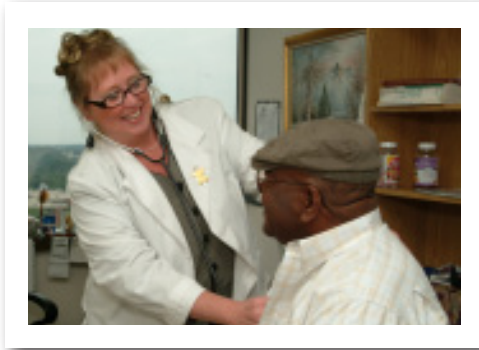
“Our behavioral health encounter rates have been increasing over the last several years. While this upward trend would seem to be reflective of the cumulative effect of multiple deployments, the good news story is that the Army Chief of Staff's efforts to reduce the stigma of seeking behavioral health services is working, particularly among active duty patients. The Army leadership has promoted the notion that seeking behavioral health care is a sign of strength, not weakness, and more Soldiers are now open to seeking help as a result.”

- Mark L. Paris, Ph.D., Chief, Behavioral Health, NRMCO
Office of the Assistant Chief of Staff, Clinical Operations

BEHAVIORAL HEALTH ENCOUNTERS FY08-FY11



PATIENT SATISFACTION



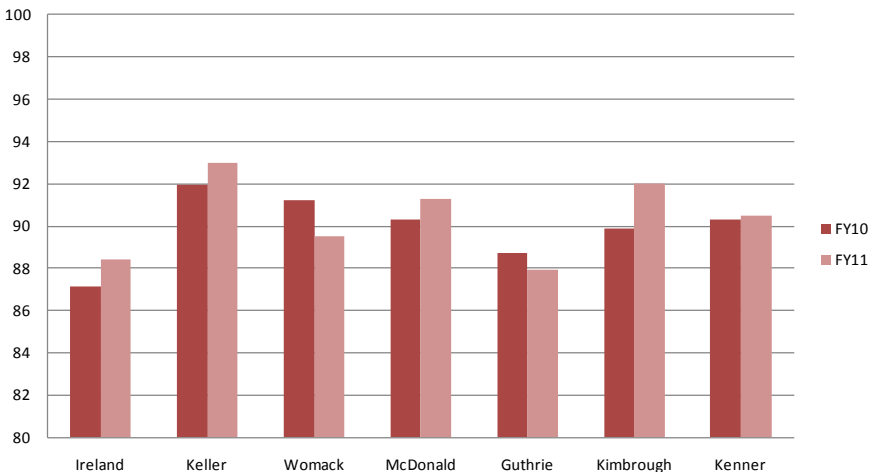
The Army Provider Level Satisfaction Survey (APLSS) Program is administered by the Office of the U.S. Army Surgeon General. Patients are randomly selected within 48 hours after their visit with their provider.

Even if a patient is not seen by the provider named in an APLSS survey, some visits that require treatment from a nurse (occupational medicine, injections, immunizations) can be attributed to a doctor within the medical treatment facility and the patient is surveyed based on that visit.

Survey data is processed and trended to provide immediate feedback to medical treatment facility and NRMC leadership. Patient information is not included so your identity remains completely confidential.

Data derived yearly average of NRMC APLSS Q21 regarding "overall patient satisfaction."

OVERALL PATIENT VISIT SATISFACTION AVERAGE FY10-FY11



MISSION:

The Northern Regional Medical Command embraces patient and Family-centered health to posture medically ready Soldiers, provides a prepared medical force, and optimizes Warrior Care and Transition. We inspire an ethos of stewardship while building and sustaining compassionate healthcare teams and medical leaders of competence, character and commitment in service to the Nation.

VISION:

The Nation's leading patient-centered regional system of health founded on Soldier and Family well-being achieved through inspiring leadership, evidence-based practices, and a culture of trust.

