The ARMY MEDICINE Scope
Summer 2011

Army Medicine: Bringing Value...Inspiring Trust

~ Partnerships Built on Trust ~

AMERICAN FLAG

The American Flag is a symbol of courage, patriotism, trust and freedom

COMBAT MEDIC

The Combat Medic is the essence of professionalism; emulated for their values and uncompromising commitment to high standards

RED CROSS

The red cross brassard identifies medical personnel on the battlefield

ARMY MEDICINE
Bringing Value...Inspiring Trust

MAROON

Maroon is the color of Army Medicine

SINCE 1775

For more than two centuries, Army Medicine has been at every conflict or every battle that has fought to preserve our freedoms

Our Army Medicine Team saves lives, fosters healthy and resilient people, and provides care to the wounded, ill, and injured from the battlefield throughout our system of care

July 27, 2011

July 27, 2011 marks the 236th anniversary of the creation of the US Army Medical Department. The Medical Department was initially established, as much of our Army was, to meet the immediate requirements of our young nation as it fought for its independence and freedom. When that fight was over most of the Army, including the Medical Department, was disbanded. We were called back into service for the War of 1812 and in 1818 the nation recognized the importance of Army Medicine by establishing a permanent Medical Service headed by The Surgeon General. Since that time the Army Medical Department has served our nation in conflicts large and small. We served in peacetime, helping to ensure our Army remained ready to protect our nation while at the same time providing world class health care for our Soldiers, their Families and retired service members. Today, the Army Medical Department continues to build on its legacy of service to our nation and the Army.

A Message From Our Leaders

Since 1775, before the Nation and the US Army existed, medics have been on the battlefield providing innovative care. Combat is one of the greatest catalysts for improved patient care--Army Medicine innovations become the standard for care both within the military system for health and the civilian medical industry. World leading medical expertise has been hammered on the anvil of battlefield experience around the world. Our unrelenting drive to provide world-class care means that more Soldiers are surviving their wounds, recovering more quickly and returning to their units or transitioning to quality civilian life. We operate and partner with civilian state-of-the-art medical centers, research facilities, and institutions of higher education to train medical professionals to develop and provide innovative life-saving and preventative care. This publication provides short summaries of some of the many innovative ways in which Army Medicine is providing the very best system for health to our Soldiers, their Families and all beneficiaries.

Despite over nine years of continuous armed conflict for which Army Medicine bears a heavy load, everyday our Soldiers and their Families avoid injuries, illnesses, and combat wounds through our health promotion and prevention efforts; are treated in state-of-the-art fashion when prevention fails; and are supported by an extraordinarily talented medical force including those who serve at the side of the Warrior on the battlefield. We are focused on delivering the best care at the right time and place. The Army is the Strength of the Nation and its Soldiers are the Strength of the Army. After protecting our Nation, the Army has no mission more critical than caring for its wounded, ill, and injured Warriors. Army Medicine keeps the Army Strong.

We are the Army's Medical Home.

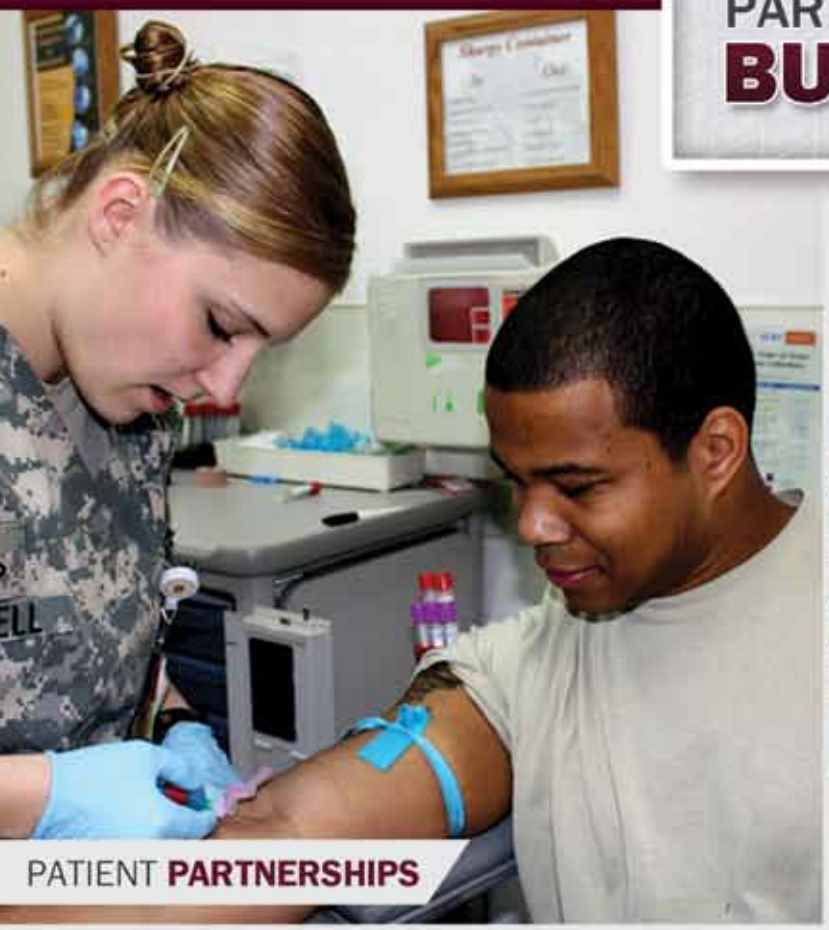
We are America's premier medical team, dedicated to saving lives and fostering healthy and resilient people.

Eric B. Schoomaker, M.D., Ph.D.
Lieutenant General, U.S. Army
The Surgeon General
Commanding General, U.S. Army Medical Command

Althea C. Dixon
CSM, U.S. Army
Command Sergeant Major

ARMY MEDICINE
Bringing Value...Inspiring Trust

PARTNERSHIPS BUILT ON TRUST



PATIENT **PARTNERSHIPS**

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U.S. Army Soldiers supply medical aid to an Iraqi soldier wounded by gunshot in Mahmudiyah, Iraq. (U.S. Air Force photo by SSG Dennis J. Henry Jr.)

OUR **MISSION**

- Promote, Sustain and Enhance Soldier Health
- Train, Develop and Equip a Medical Force that Supports Full Spectrum Operations
- Deliver Leading Edge Health Services to Our Warriors and Military Family to Optimize Outcomes

OUR **VISION**

- America's Premier Medical Team Saving Lives, Fostering Healthy and Resilient People
- Army Medicine: Bringing Value...Inspiring Trust

OUR **STRATEGIC THEMES**

- Maximize Value in Health Services
- Provide Global Operational Forces
- Build the Team
- Balance Innovation with Standardization
- Optimize Communication and Knowledge Management

A Typical Day in Army Medicine*

1,214 Patient Beds Occupied	64 Births	50,420 Laboratory Procedures
26,620 Dental Procedures	41,986 Clinic Visits	1,961 Veterinary Outpatient Visits
374 Patients Admitted	12,494 Radiology Procedures	418 Food Safety Visits
5,879 Immunizations	54,048 Pharmacy Prescriptions	150,000 Supply Transactions

* As of April 2011. This is a snapshot of Army Medicine. More information can be found at **armymedicine.mil**

Balanced Scorecard

Strategy-Focused

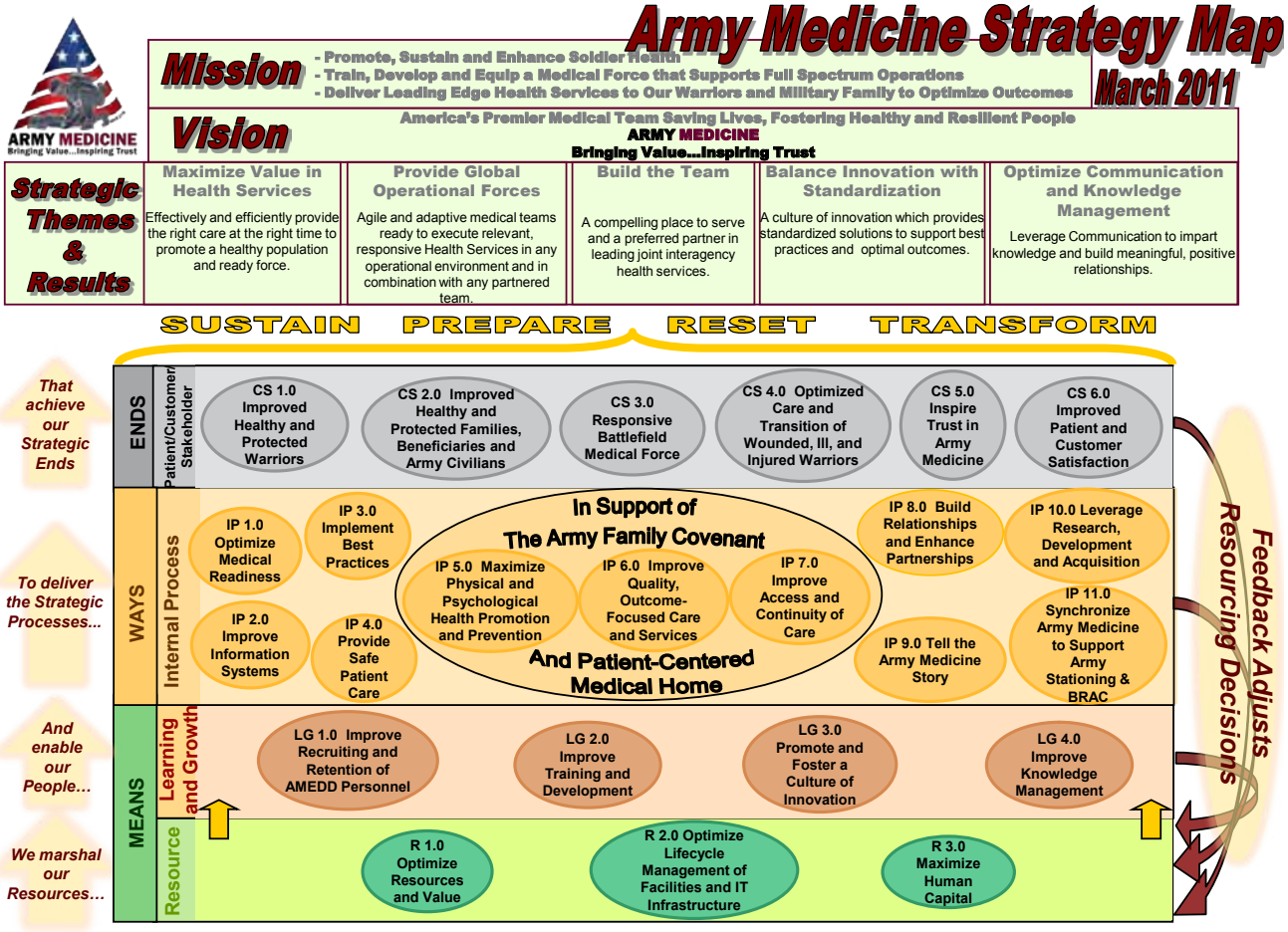
By Sylvia Pere'

For nearly 10 years, the Army Medicine Balanced Scorecard (BSC) has been the centerpiece in making Army Medicine a strategy-focused organization.The BSC was introduced by Robert S. Kaplan and David P. Norton of the Harvard Business School in the 1990s.

The BSC is a proven innovative strategy management tool that allows organizations to focus and align their entire organization to their strategy. We use the BSC as the principal tool by which we guide and track our performance to improve operational and fiscal effectiveness, and better meet the needs of our patients and stakeholders. Every member of our workforce is vital to the implementation of our strategy, and should be able to tie their individual contributions to their own organization, which in turn aligns to the Army Medicine Strategy Map.

The BSC process is our disciplined approach for prioritization, decision-making, communication, organizational improvement, accountability, knowledge management, and best practice transfer. The Army Medicine Strategy Map dated March 2011 succinctly tells the story of our strategy. The strategy map is built upon our Mission (why we exist), Vision (where we want to be), and Strategic Themes ("pillars of excellence" around which our strategy focuses). The strategy map then aligns strategic objectives (what we need to do to ensure success) across four interdependent perspectives: Patient/Customer/Stakeholder (Ends), Internal Process (Ways), Learning & Growth (Means), and Resource (Means). Each strategic objective has supporting measures, targets, and initiatives. To ensure the successful execution of the strategy, we distributed our BSC to every major subordinate command, their subordinate activities, and every Corps (they in turn have developed supporting BSCs).

For more comprehensive information on the Army Medicine BSC and/or to learn more about the BSC in general, please visit: https://ke2.army.mil/bsc (requires AKO password) or http://www.cs.amedd.army.mil/BSC_login.aspx (CAC-enabled login).



This has been a dynamic, living document since 2001

For more information go to: https://ke2.army.mil/bsc

ARMY MEDICINE
Bringing Value...Inspiring Trust

Army Medicine Healthcare Covenant

We are grateful for the contributions of Warriors and their Families.

We are committed to deliver...

- Maximized physical and behavioral health promotion.
- Improved quality outcome-focused care and services.
- Improved access and continuity of care.

We are committed to ...

- Providing the highest quality care.
- Providing support during the healing process.
- Providing assistance in returning to duty or transitioning to civilian life.
- Providing a healing environment that focuses on Mind, Body, & Spirit.

Eric B. Schoomaker, M.D., Ph.D.
Lieutenant General, U.S. Army
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ARMY MEDICINE...ARMY STRONG

TODAY IN Army Medicine

By Army Medicine Staff

Army Medicine strives to build relationships and enhance partnerships with our Patients, Civilians, International, the Army, other Services, and Federal entities in order to bring value and inspire trust.

Each day Soldiers, Retirees and their Families avoid injuries and illnesses through health promotion and prevention efforts; are treated in leading-edge fashion when prevention fails; and are supported by an extraordinarily talented medical force-including those who serve at the side of the Warrior on the battlefield.

There is nothing more gratifying than to care for our service members and their Families.

We have made great progress in the past four years in care for wounded, ill or injured Soldiers who must rehabilitate and transition either back to duty or to civilian life. At the heart of this effort, known as the Warrior Care and Transition Program (WCTP), is the successful establishment of Warrior Transition Units (WTUs) at major Army installations worldwide and in civilian communities around the U.S. There are more than 3,600 permanent cadre and staff overseeing a population of over 9,000 wounded, ill and injured Soldiers. Nearly 24,000 Soldiers have progressed through the WTCP structure since it stood up in June 2007, with an average 80 percent satisfaction rate with the care they received.

A tremendous investment has been made in facilities to care for Soldiers, Retirees and their Families. In the next three years we will renovate more hospitals and clinics than we have in the last 20 years. We've received $1.2B in funding to build Warrior Transition (WT) complexes in 21 locations that will house an additional 4,150 wounded, ill and injured Soldiers. The new WT complexes will provide services in one convenient location.

Army Medicine is shifting from a health care system that focuses on episodes of care to a lifelong commitment to health. We have moved from a system that measures success by the numbers of patients treated and procedures performed, to a system of health that prevents patients from needing treatment, but when necessary treating them as reliably and effectively as possible.

This is a dramatic change that truly generates value for our stakeholders. Army Medicine has consciously committed to building a Culture of Trust. Trust in patient care, Trust between the patient and the healthcare team, Trust in our partners, and Trust within Army Medicine and Army Family. Every initiative aimed at reducing variance and standardizing and improving patients' healthcare experiences, outcomes, and readiness will be founded on a Culture of Trust.

We believe providing sustainable, high quality, evidence-based services is not only right for our Soldiers and Families, it results in the most efficient use of resources within the healthcare system.

The management of pain-both acute and chronic or long-standing pain-remains a major challenge for Army health care providers and for the Nation at large. We have launched a major initiative through a multi-disciplinary, multi-Service and DoD-VA Pain Management Task Force to improve our care of pain. The use of medications is appropriate, required, and often an effective way to treat pain. However, the possible overreliance on medication-only pain treatment has other unintended consequences, such as prescription medication abuse. The Pain Management Task Force developed 109 recommendations in a document to help us achieve a comprehensive pain management strategy that is holistic, multidisciplinary and multimodal in its approach, uses state of the art modalities and technologies, and provides optimal quality of life for Soldiers and other patients with acute and chronic pain.

As part of our effort to bring value and inspire trust, we are making public our commitment and pledge through our Army Medicine Healthcare Covenant to deliver maximized physical and behavioral health promotion, improved quality outcome-focused care and services, improved access and continuity of care to create a culture of trust. We are dedicated to providing the highest quality health care, support during the healing process, assistance in returning to duty or transitioning to civilian life, and a healing environment that focuses on Mind, Body and Spirit. Our Team is the Strength of Army Medicine making us Army Strong!

THE STRENGTH OF Army Medicine

By Army Medicine Staff

SGT Jonathan Soto (left rear) directs his soldiers as they unload a soldier acting as a simulated casualty during a MEDEVAC training exercise. The Soldiers from HHB, 5-82nd FA, conducted this training to familiarize with the procedure, should they need it. (U.S. Army photo)

With overseas contingency operations in the daily headlines, a spotlight justifiably is fixed on the Army's medics, evacuation units, surgical teams and field hospitals.

Yet Army Medicine is also a seamless chain of care stretching back to fixed hospitals in Europe and the U.S. where Soldiers receive state-of-the-art care.

Field medical units are under the command of the combat commanders, because their movements and work must be coordinated with those of fighting forces.

The fixed hospitals, on the other hand, are commanded by MEDCOM.

The challenges for Army Medicine are (1) how to provide medical leadership for field units while respecting combat commanders' "ownership" and (2) how to integrate the work of field and fixed units.

The answer is to "Dual Hat" the top Army physician as both The Surgeon General (TSG) of the Army and Commanding General of MEDCOM.

As the TSG, LTG Eric Schoomaker is the medical expert on the Army staff, advising the Secretary of the Army, Army Chief of Staff and other Army leaders. Schoomaker's position and expertise enable him to provide effective medical policy to field units even though he does not command them.

As head of the MEDCOM, Schoomaker commands fixed hospitals and other Army medical commands and agencies. This dual responsibility unites in Schoomaker's hands the duty to develop policy and budgets (TSG) and the command and control to execute (MEDCOM commander).

Unity is reinforced by the "one staff" concept. This blends the TSG's staff at Falls Church, VA, and the MEDCOM commander's staff at Fort Sam Houston, TX, into a single staff for both three-star functions. Legally, OTSG and MEDCOM remain separate entities with different duties and powers (e.g., OTSG explains the medical budget to Congress, MEDCOM oversees the spending). However, staff members are dual-hatted, like their boss, to cut duplication and improve communication. High-tech communications allow the TSG to control Army Medicine from any site and help blend staff function as one.

- On behalf of Health Affairs, the TSG provides Department of Defense Executive Agency oversight to eight diverse agencies including: seven Executive Agencies and one Lead Service Agent. The Executive Agencies are Armed Forces Institute of Pathology (AFIP), Military Vaccines (MILVAX), Armed Forces Health Surveillance (AFHSC), Armed Services Blood Program Office (ASBPO), Blast Injuries (BLAST), DoD Veterinary Service Activity (DoDVSA) and Military Entrance Processing Command-Surgeon's Office (MEPCOM-Med). The Lead Service Agency is Investigational New Drugs-Force Health Protection (IND-FHP). In September 2011, Base Realignment and Closure (BRAC) realignment will disestablish AFIP, but MEDCOM will maintain command and control of the Armed Forces Medical Examiner's Office and the National Museum of Health and Medicine under the command and control of MEDCOM.

Other features of the Medical Command's structure:

- Medical research is unified under a single major subordinate command, U.S. Army Medical Research and Materiel Command (USAMRMC), headquartered at Fort Detrick, MD. USAMRMC includes six research laboratories and five other commands

U.S. Army SGT Saul Martinez intercepts a passed ball during an intramural wheelchair basketball game between soldiers from the Army Warrior Transition Unit and Marines from the Marine Wounded Warrior Battalion West detachment at Naval Medical Center San Diego in CA. (DoD photo by Petty Officer 3rd Class Jake Berenguer, U.S. Navy)

that focus on medical materiel advanced development, strategic and operational medical logistics, and medical research and development contracting.

- Regional Medical Commands (RMCs) (see centerfold map) are the centerpiece of Army Medicine. Their mission is to "provide command and control of military treatment facilities (MTFs), promote, sustain, and enhance beneficiary health with an emphasis on Soldier readiness, Warriors in Transition, our Military Family, and support units as they transition to war by providing flexible and tailored Health Service Support (HSS) throughout all phases of the Army Force Generation (ARFORGEN) process."

Each CONUS-based RMC will have a Readiness Division structured to provide responsive and integrated medical support for the ARFORGEN process. RMCs also coordinate training of medical units, Active and Reserve, so that the entire Army Medicine community is ready to support the Army as an integrated team.

- Nine MEDCENs, 27 MEDDACs and numerous clinics in the U.S., Europe, Japan and Korea are grouped under geographical RMCs (see center map).

- Dental facilities are grouped under the U.S. Army Dental Command (DENCOM), a major subordinate command of MEDCOM. DENCOM, headquartered at Fort Sam Houston, TX, has regional subordinate units called Regional Dental Commands (RDCs).

- The Army Medical Department Center and School, located at Fort Sam Houston, TX, is where the Army trains medical personnel, and also serves as a "think tank," with a mission to envision, design and train a premier military medical force for full-spectrum operations in support of the nation.

- The Warrior Transition Command (WTC) serves as the central comprehensive source for Warrior care support policy across the Army. The WTC's mission is to develop, coordinate and integrate the Army's Warrior Care and Transition Program (WCTP) for wounded, ill and injured Soldiers, veterans and their Families or caregivers in order to promote future success in the force or civilian life. MTF commanders are responsible for day-to-day operations of Warrior Transition Units.

- The U.S. Army Public Health Command organized provisionally in 2009 to be accountable and responsible for the improvement and sustainment of the health of the Army, including Soldiers and military Retirees, their Families, and Army Civilian employees. When fully activated, it also will be responsible for executing effective veterinary services across the DoD.

- The Health Care Acquisition Activity (HCAA) provides worldwide medical contracting support for Army Medicine, through contracting centers located at four MEDCENs and at Fort Sam Houston.

- The U.S. Army Medical Information Technology Center (USAMITC), at Fort Sam Houston, centralizes life-cycle management of Army Medicine information systems. It is Army Medicine's "one-stop shopping center" for computer and information management expertise and services.

Culture of TRUST

By Rebecca Shinneman

> ***"The Culture of Trust Initiative will permeate all facets of Army Medicine."***
>
> ***Eric B. Schoomaker, M.D., Ph.D.***
> *Lieutenant General, U.S. Army*
> *The Surgeon General*

COL Brett Call, a field surgeon attached to the 16th Engineer Brigade, listens for irregular breathing patterns of SGT Isaias Medellini, during visit to the Witmer Troop Medical Center at Camp Liberty, Baghdad. (U.S. Army photo by SGT Samantha Beuterbaugh)

In September 2010, the Army Surgeon General authorized the creation of a task force to design and implement a strategic initiative to enhance a Culture of Trust throughout Army Medicine. Army Medicine has a rich and proud heritage of bringing value and inspiring trust with our patients. As the Surgeon General stated "The Culture of Trust Initiative will permeate all facets of Army Medicine."

What is Trust? Trust is unique for each person. Trust for some is relying on someone to "be there." For others it may be someone's character, competency, or the ability to consistently perform their duties. In a room of 30 people if asked for a definition of trust, there would be 30 different answers. In fact, in current research, there is no consensus on the notion or tenets of trust. Trust is a combination of relationship skills, behaviors, and choices that foster trust-based relationships between two or more people. Some of those behaviors are transparency, vulnerability, accountability, openness, and congruency. Trust is a combination of trusting, being trusted, and being trustworthy.

In health care, trust plays a critical and important role. What is a Culture of Trust as it pertains to Army Medicine? It is a shared set of relationship skills, beliefs and behaviors that distinguish Army Medicine's commitment to our beneficiaries to provide the highest quality and access to health services. It is based on confidence that we are competent, capable, and committed; that we will tell the truth and keep our promises. Trust along with transparency creates the conditions in which our internal talent thrives, our patients receive the best care, and our stakeholders trust that we, Army Medicine, deliver what we say we will deliver.

Through the Culture of Trust Initiative, Claudette Elliott, Ph.D., Trust Enhancement and Sustainment Task Force Director, hopes "To help create an organization where people are passionate about the organization they work for and the work they do. The trust level should be a seamless and outward extension of AMEDD personnel towards our patients, beneficiaries, stakeholders, co-workers and community."

Numerous articles are published every year about best workplaces in America. What are the attributes that make them the best workplace? One manager stated in a recent article about his 2011 top ten company "people stay in large part because they are happy, but to dig a little deeper, I would argue that people don't leave because they feel regarded, seen, attended to and cared for. I have stayed for that reason and love what I do for that reason." High performance workplace equals high levels of trust.

MAJ Sarah Huml and Jacquelyn Gray share a moment of laughter at Tripler Army Medical Center. (U.S. Army photo)

The single most tangible attribute that will guide Army Medicine into the coming decades is trust: As Elliott explains, "Trust is an emotion and the quality of all relationships is based on the level of trust that exists between people. Every year billions of dollars are lost from employee disengagement, which impacts mission accomplishment," she said. "We are creating an ambiance of excellence within Army Medicine."

Implementing the Culture of Trust initiative over the coming year will produce tangible and measurable results, such as improved customer service, better patient outcomes, increased employee satisfaction, higher retention, and greater efficiencies. Patient satisfaction scores, error reporting scores and patient safety scores will improve; productivity will increase and costs decrease; employee morale will increase while turnover rates, EO/EEO complaints and union complaints will decrease.

"What does it impact? What doesn't it impact? As the Surgeon General has said, Trust is the glue that holds an organization together," stated Elliott when asked about the Culture of Trust. The systematic implementation of the Culture of Trust is aimed at reducing variance; standardizing and improving our patients' healthcare experiences, outcomes and readiness; and improving the workplace environment. Trust is the critical element in Army Medicine's relationship with every one of our stakeholders, customers, patients, and employees. Trust underlies every initiative, job performance, job satisfaction and outcome as well as recruiting, retention and development of employees.

There is evidence to support that trust-rich organizations see great improvements of the bottom line through open, transparent communication both external and internal. In a culture of trust, transparent communication forms a foundation for building relationships. A sense of safety and a comfort level with interpersonal interaction pervades a workplace that has developed a Culture of Trust. Recent research indicates that increasing trust exponentially improves organizational effectiveness-something Army Medicine intends to achieve through this initiative.

The initiative's key tasks are to: 1) develop comprehensive training curriculum for hands on trust-building in every MEDCOM organization worldwide with a resource investment of a cadre of full time consultants and facilitators; 2) establish a system for ongoing assessments and evaluations of the level of trust; 3) build, develop and educate current and future leaders to have an understanding of the impact of trust on Army Medicine and 4) evaluate policies, procedures, systems and structures and ensure they support and facilitate a trust-based organization. The desired end state is an Army Medicine organization that understands and appreciates the value of trust and the effect it has on the day-to-day operations and the overall success of Army Medicine.

Army Medicine is committed to building a Culture of Trust. The initiative is an enduring effort; it is an organizational change that will support Army Medicine well into the 21st Century and help achieve our vision of Bringing Value and Inspiring Trust. Trust is the foundation of Army Medicine. Trust is critical. Trust is about relationships. Army Medicine is committed to remaining relevant and trusted-the keys to Army Medicine's long heritage of service.

Watch video and learn more about The Culture of Trust at: **www.armymedicine.army.mil/cot**

Evidence Based MEDICINE

By Army Medicine Staff

Dr. Greg Jolissaint, medical director and chief for MC4's Clinical Operations Office, teaches CPT Harry McKee Sr., patient administration officer with the 256th Combat Support Hospital, to use the MC4 system during a pre-deployment training exercise at Joint Base Lewis-McChord, WA. (U.S. Army photo)

Army Medicine is committed to improving healthcare quality and outcomes by promoting the use of something called evidence-based practice wherever and whenever possible. Evidence-based practice helps the health care provider to apply research, clinical guidelines and other information to clinical decision making. One of the key initiatives to accomplish this priority is through the use of the VA/DoD Clinical Practice Guidelines (CPGs).

The Army leads the Department of Defense effort to develop and implement evidence-based CPGs so that the care provided stays grounded on state-of-the-art medical research.

CPGs are systematically developed guidelines that assist health care providers and patients with decisions about appropriate healthcare in specific clinical circumstances CPGs contain recommendations for care and services based on evidence from systematic reviews and synthesis of published medical literature.

All Army hospitals and clinics are accredited by The Joint Commission (TJC), which also accredits civilian hospitals. Army Medicine fully participates in TJC's ORYX (performance measurement and improvement initiative) program which measures the quality of care provided to inpatients with a variety of conditions, including congestive heart failure, surgical care, care of children with asthma, and several other conditions. We compare favorably to civilian hospitals on these measures.

Army Medicine has an ongoing and growing Patient Safety Program. Staff at Army facilities are being trained on the DoD developed Team Strategies and Techniques to Enhance Performance and Patient Safety (TeamSTEPPS) program. This is a program that teaches teamwork and communication skills to providers to improve the quality and safety of care for our patients. This program has been endorsed by the Agency for Healthcare Research and Quality (AHRQ).

Our Army Graduate Medical Education (GME) programs are among the best in the nation. General Surgery programs at Brooke and Walter Reed Army Medical Centers are two of only 10 programs in the country with graduates having a 100 percent first-time pass rate on both written and oral boards over the last five years. In addition, 97 percent of the 118 Accreditation Council for Graduate Medical Education (ACGME) accredited training programs have been so highly and consistently rated that accreditations take place only once every 5 years (versus more frequently).

Through use of the Military Health System (MHS) Population Health Portal, the Army is actively identifying patients who would benefit from cancer screening and other disease-specific tests and treatments. Army performance is compared to the performance of civilian health plans using the methodology of the Healthcare Effectiveness Data and Information Set (HEDIS), and compares favorably to civilian health plans.

Ten Army hospitals participate in the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP). The ACS NSQIP is the first nationally validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care. Data collected in this program will be used to make additional improvements in the quality of surgical care.

Comprehensive Behavioral Health System of Care

By Army Medicine Staff

COL Michael J. Roy is looking at how virtual Iraq, an interactive virtual reality program that mimics a Soldier's experience in Iraq, can help service members recover from PTSD. (U.S. Army Photo)

In the years since the United States became engaged in the Global War on Terror and Overseas Contingency Operations, behavioral health (BH) care providers across the Army have developed innovative ideas and programs to address the BH concerns of Soldiers and their Families.

In February 2010, MEDCOM established the Comprehensive Behavioral Health System of Care (CBHSOC) working group to standardize, synchronize, and coordinate BH care across the Army and throughout the Army Force Generation cycle (ARFORGEN). The objective is a system of care that will optimize care and maximize limited BH resources to ensure the highest quality care to Soldiers. Development and implementation of the plan is a multi-year endeavor to completely institutionalize a broad array of BH improvements.

A broad range of subject matter experts developed a plan that synchronizes BH screening and intervention points immediately and establishes many near and long term initiatives to further synchronize and optimize BH care.

Near term goals of the CBHSOC are the standardization of BH screening information requirements and screening instruments; greater and more synchronized coordination with the Veterans Administration, local and state agencies, the Defense Centers of Excellence and the National Intrepid Center of Excellence; greater coordination with other Army programs like Comprehensive Soldier Fitness, Army Substance Abuse Program, and military family life counselors; and development of strategic communication.

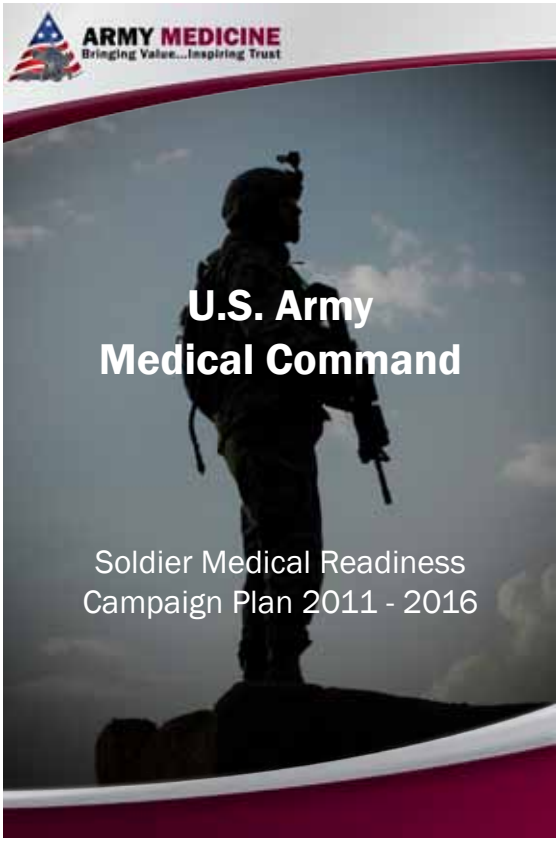
Long term CBHSOC goals are development of a common BH information technology system; development and implementation of local fusion cells to coordinate BH efforts; full integration of tele-BH activities; and complete integration of the reserve components. These efforts will also be integrated with the efforts to screen and treat for traumatic brain injury and pain management.

Fundamental to the CBHSOC's success is a continuous assessment and program evaluation by the US Army Public Health Command (USAPHC) and a strong strategic communication plan.

Soldier Medical Readiness

CAMPAIGN

By Army Medicine Staff



Army Medicine executes a coordinated, synchronized, and integrated comprehensive Soldier Medical Readiness Campaign Plan (SMR-CP) to support ARFORGEN in each of its phases. The purpose of this campaign is to improve the medical readiness of the Army.

The Surgeon General has appointed the Deputy Surgeon General for Mobilization, Readiness and Reserve Affairs, MG Richard A. Stone, as the campaign lead. Additionally, senior leadership across Army Medicine serve as campaign line of effort leads. They include the Assistant Surgeon General, Force Projection; the Deputy Commanding General (Readiness), Southern Regional Medical Command; and the Commanding General, Public Health Command (Provisional).

In these efforts, HQDA, OTSG and MEDCOM partner with U.S. Army Forces Command, U.S. Army Training and Doctrine Command, Installation Management Command, U.S. Army Reserve Command, U.S. Army Special Operations Command, Director, Army National Guard, U.S. Army Human Resource Command, HQDA G-1, and HQDA G3/5/7. We continue to partner with our Soldier beneficiaries to effectively and efficiently provide the right care at the right time to promote a healthy population and ready force.

Through the execution of this campaign, Army Medicine expects to support the deployment of healthy, resilient, and fit Soldiers; increase the medical readiness of the Army; and effectively manage the Medically Not Ready population to return the maximum number of Soldiers to deployable status.

The campaign plan seeks to improve the medical readiness of the Army through three primary lines of effort (LOE): LOE 1.0 Medically Not Ready (MNR) Soldier Identification; LOE 2.0 MNR Management Programs; and LOE 3.0 Evidence-Based Health Promotion, Injury Prevention, and Human Performance Optimization Programs. Identifying Soldiers who are medically not ready is an early success in LOE 1.0 through the increased use of MEDPROS and Electronic Profile by the Army. Once identified, LOE 2.0 initial progress has been made in the MNR management programs to include the implementation of the Medical Management Center Program, the establishment of the Reserve Component Soldier Medical Support Center, the initiation of a Medical Evaluation Board Surge plan, and the standardization of medical support to Soldier Readiness Processing sites. Regarding LOE 3.0 efforts, our quick wins include Basic Combat Training injury surveillance, implementation of military treatment facility and unit based medical management and rehabilitation programs, support to prioritized research efforts, and the coordination and support to health promotion and wellness services.

Mid-term and long-term goals have and are being developed within our SMR-CP Balanced Scorecard. The Balanced Scorecard approach provides the strategic planning and management system to execute the campaign.

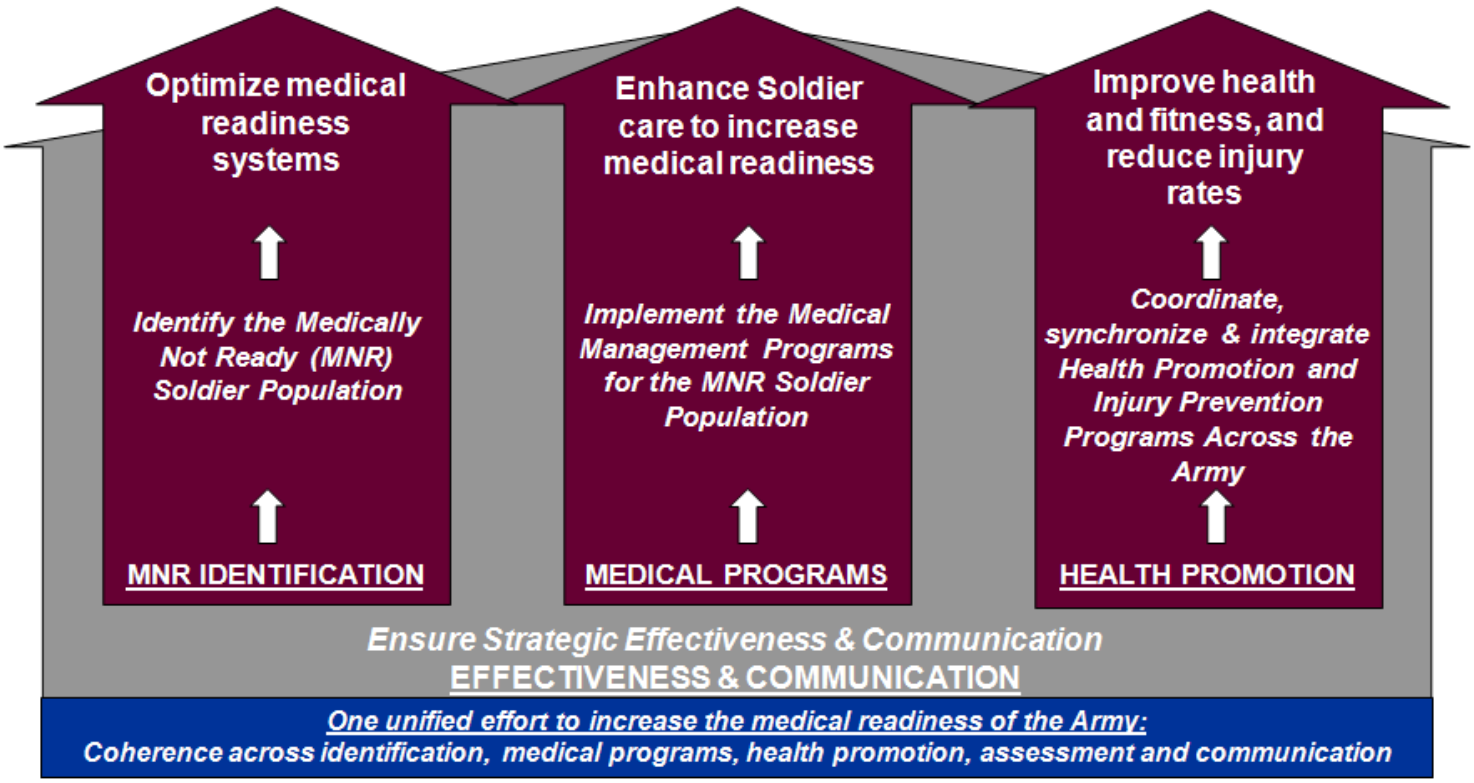
Soldiers are Warriors and a Soldier on the battlefield is akin to a professional athlete at the top of his or her game. Success as a lifelong Soldier athlete demands physical performance optimization that enables full medical readiness.

Army Medicine, united with its Army partners, is committed to our cohesive effort to increase the medical readiness of the Army.

SPC Joshua Creel, Lyster Army Health Clinic Aviation Medicine medic, administers an influenza vaccine to Brig. Gen. Anthony G. Crutchfield, USAACE and Fort Rucker commanding general. (U.S. Army photo by Emily Brainard)

CONCEPT OF OPERATIONS

End State: Support the deployment of healthy, resilient, and fit Soldiers and increase the medical readiness of the Army. Effectively manage the medically not ready population to return the maximum number of Soldiers to available/deployable status.



U.S. Army

Medical Information Technology Center

By Kenneth Blair Hogue

Joe Nystel, USAMITC's Enterprise Service Desk Operations Manager, shows Air Force CPT Kevin Underwood, USAMITC's Air Force Fellow, and Army CPT James Greene, a USAMITC CSD Project Manager, some of the finer points of the ESD board. (U.S. Army photo by Kenneth Blair Hogue)

USAMITC works 24 hours a day, seven days a week supporting Army Medicine

As the Military is moving on in a more joint service operational direction, the United States Army Medical Information Technology Center is coming on strong in its contribution to this effort in the form of its Fellowship Program.

USAMITC works 24 hours a day, seven days a week supporting Army Medicine by providing premier medical enterprise information technology to assist medical staff at all levels, from the Surgeon General to the Combat Medic.

The USAMITC Fellowship Program encourages leaders from Military Departments to participate in recognizing and exploiting opportunities and challenges that concurrently will enhance medical information technological operations and business practices. This program requires the selection of an officer who will serve for a year on station for an operational assignment at USAMITC. The program is generating interests from all branches of the Military.

After an officer is selected for this program, USAMITC screens and assesses for potential and determination based on Fellowship Program objectives in comparison to officer experience level, individual skills and qualifications. USAMITC places the officer with an operating division to assume a responsible position that encompasses researching, assessing, building effective perspectives and strategies, collaborating with members of the others services and providing valuable insights to the USAMITC Command Team. It is an opportunity for an officer to help globalization of a joint healthcare IT program.

CPT Kevin Underwood has been assigned and is working on IT benchmarking, gathering data and doing analysis for the command, under the guidance of Albert Dickson, USAMITC's Chief Information Officer. "The Air Force has a strong culture of measurement in the area of clinical business intelligence," said Dickson. "USAMITC is capitalizing on that as we seek to build a similar culture of measurement within the U.S. Army Medical Command."

USAMITC normally provides a placement rotation for the officer of one year. The officers are also provided access to documentation, standard operating procedures, technical information and other project information as required, giving them a chance to learn another military branch's way of doing business.

"This will provide the MEDCOM the value of IT and allow for quick improvements within the organization," said Dickson. It is a larger scope and purpose but worth the investment of using a Fellowship recipient to be on the team.

Throughout the year, the Fellowship officer can rotate into jobs that would best utilize their skills and experience and provide them with a view of enterprise systems management at the operational level.

"It will also provide an opportunity for me to share with the Army what the Air Force does. This experience also provided me a different perspective that I can take back with me when I go back to the Air Force side," Underwood stated.

Dickson also said this program is beneficial because of what all the Fellowship officers can learn and be exposed to. "USAMITC, being one of the premier enterprise providers in the Department of Defense, has a lot of cutting edge programs and projects going on from our Enterprise Service Desk which supports over 80,000 users to our desktop visualization efforts. USAMITC continues to initiate and adopt cutting edge technologies and services," he concluded.

Health Care Acquisition ACTIVITY

By James Rankin

Fredene Burnett (left), human resource assistant for Carl R. Darnall Army Medical Center's Human resource Department, provides Katina Campbell, a contractor with the Department of Social Work, with her new ID badge. (U.S. Army photo by Patricia Deal)

"So Others May Succeed" is the motto of the Health Care Acquisition Activity (HCAA) headquartered at Fort Sam Houston in San Antonio, Texas. HCAA's mission is to provide sound acquisition advice and quality contracting support that is responsive to today's health care requirements and flexible to the changing demands in support of the health care environment of the future to include joint operations. HCAA provides the specialized contracting support that allows the U.S. Army Medical Command (MEDCOM) to succeed in its mission of promoting, sustaining and enhancing Soldier health; training, developing and equipping a medical force capable of the full spectrum of medical operations; and delivering leading edge health services to our Soldiers, their families and other beneficiaries of the Military Health System. We fully embrace the MEDCOM ethos of Army Medicine…Bringing Value… Inspiring Trust.

HCAA is composed of a headquarters office, one contracting center of excellence (Center for Health Care Contracting – CHCC) and five regional contracting offices co-located with the Regional Medical Commands. To better support some of our customers with heavy contracting needs, we have cells located at many of the Military Treatment Facilities.

HCAA's world-wide footprint and expertise in medical contracting has led to partnerships with the TRICARE Management Activity, the Air Force and Navy. CHCC has awarded service contracts for Reference Laboratory, HIV Testing, and Patient Appointing that are available for all the military services to use. These tri-service contracts decrease competition for limited resources; drive down costs, decrease manpower requirements and ensure the same standards are used for the services provided to all the partners. In addition, CHCC has awarded contracts supporting the Armed Forces Institute of Pathology with medical and laboratory supplies, equipment and maintenance.

This joint support has extended across the regional contracting offices. As a result of the BRAC legislation, HCAA is supporting multiple joint medical endeavors. Our North Regional Office supports the Joint Task Force National Capital Medical mission for the Northern Region. Our South Regional Office at Fort Sam Houston will be supporting the partnership between the Army and Air Force for the San Antonio Military Health System (SAMHS). Additionally, they are working with Eglin AFB, FL to support the AF medical facilities and new SOCOM medical contracting needs on the base. Our European office is working closely with the\ US Air Force Europe in creating joint medical services contract vehicles specifically for Europe to include England. Finally, HCAA supports the Air Force Medical Logistics Agency with Air Force Medical Service (AFMS) procurement requirements that has led to an increase in efficiency of operations, reduction of cost of operations, and moving toward a standardized supply chain in accordance with the DoD Strategic Management Plan.

HCAA works closely with our Army customers and Department of Defense team to develop partnerships built on trust and focused on delivering patient care. HCAA is dedicated to ensuring that every taxpayer's dollar spent on medical contracts maximizes cost savings and brings value to the Army and other Services. Every day HCAA's contracting professionals support the Surgeon General's goal of Bringing Value…Inspiring Trust.

Patient CaringTouch System

By COL Kathleen M. Herberger

In the fall of 2008, MG Patricia D. Horoho, Chief, Army Nurse Corps, directed a top to bottom review of Army Nursing to ensure that it could continue to meet the challenges of a complex military health system. The review was very valuable, as it revealed that across Army Medicine, high quality nursing care was being delivered, but with significant variability from facility to facility. This variability challenged patients, their families, and also the nurses providing care. It also impacted Army Nursing's ability to codify best practices and to identify which nurse-sensitive metrics had the greatest positive impact patient outcomes.

The opportunity for change, and to re-direct the efforts of Army Nursing were revealed in this review and from this Horoho's strategic priority for Army Nursing was developed - the design of a system of care that would be relevant at every patient touch point, and one that would reduce variance and provide a standard for care that was based on professional nursing standards, and evidence-based patient outcomes. The system would convey to the patient and their Families that Army Nursing has their best interests at heart, and that they are at the forefront of all nursing decisions. The result is the Patient CaringTouch System, based on what Army Nursing values as professional nursing practice.

The Patient CaringTouch System is comprised of five core elements that will improve patient outcomes and nursing staff effectiveness by ensuring the right person is doing the right job, the right way, at the right time, every time. The elements include: Patient Advocacy, Enhanced Communication, Capability Building, Evidence-based Practices, and Healthy Work Environment. It is believed that when these elements are applied synergistically, that patient outcomes are optimized.

The Patient CaringTouch System connects all members of Army Nursing (active, reserve, national guard, and civilian RN's, LPN's and medics/nursing assistants) who have the capacity to improve patient care, to the system's purpose of benefiting all those entrusted to Army Nursing's care.

The Patient CaringTouch System was piloted at Blanchfield Army Community Hospital and after implementation there was a notable positive impact on patient outcomes, patient satisfaction, clinical communication, provider-nursing staff collaboration, and provider satisfaction. The results, and the belief that they could be replicated across the enterprise, were the impetus for Army Nursing wide implementation.

On February 7, 2011, the Patient CaringTouch System was initiated at Brooke Army Medical Center, Madigan Army Medical Center and Womack Army Medical Center. These facilities are in week 17 of their implementation journey, and are reporting great success. On 18 April, seven more facilities began their implementation and on 16 May another 16 facilities began their transformation. Army Nursing has been receiving outstanding reports from the field, and remaining facilities will roll out on 20 June and 11 July respectively, and will include areas of health care delivery that include ambulatory and deployed environments, Warrior Transition Units, and other diverse care delivery environments. Implementation of the Patient CaringTouch System will be completed in December 2011, with ongoing measurement of its impact anticipated for the foreseeable future.

PATIENT CENTERED

MEDICAL HOME

By COL Kelly Wolgast

BG Joseph Caravalho, COL Ramona Fiorey, Nikki Tran, MAJ Philip Vance, their children Whitley and Colson, and Bobby Vascovich cut the ribbon at the Moncrief Medical Home. (U.S. Army photo by Chris Rasmussen)

Since the MEDCOM Access to Care Campaign began in October 2008, Army Medicine leaders have made marked improvements in access to primary care, continuity of care, and patient satisfaction. The Access to Care Campaign has refocused our efforts on primary care and has established the foundation for moving to the Patient Centered Medical Home (PCMH) framework for primary care.

PCMH is a proven model of longitudinal healthcare delivery; its core principles have been endorsed by numerous national medical organizations including the American Medical Association, American College of Physicians, American Academy of Nursing, and American College of Healthcare Executives. The National Committee for Quality Assurance (NCQA) contributed to the development of the PCMH core principles and has developed a widely accepted program for recognizing practices that function as medical homes.

Our intent is to transition from a "healthcare system" to a "system for health", moving away from episodic care to a standardized, longitudinal model that achieves optimal outcomes for our patients. The PCMH will be the primary care module for providing patient-centered comprehensive care to our patients throughout Army Medicine.

We endorse the PCMH principles and believe that these principles are critical to the successful implementation of PCMH in each MTF. We want to ensure a standardized, consistent and continuous relationship between the patient and the PCMH team, including the PCM and the PCM's designated support staff. We strive to deliver care using the whole-person concept, coordinating and integrating evidence-based primary, specialty and wellness/preventive care in a comprehensive care plan process with the goal of customizing care to the unique needs of each individual patient. We will assign every patient to a PCM by-name (PCM-BN). We will optimize communication between the patient and PCMH team, including traditional face-to-face interaction, as well as virtual/remote interface via telephone, video and emerging technologies such as secure email messaging improving care through enhanced, timely two-way communication between PCMH team and patient. We will empower and expect the PCMH team to provide a consistent patient experience of care by "bringing the care to the patient" as opposed to "bringing the patient to the care."

We realize that this is a transformation process in Army Medicine and that we need to support several enabling principles to ensure mission success. These principles include achieving patient and staff buy-in of the core elements expressly stated by the NCQA as the essential principles and goals of PCMH, educating and energizing beneficiaries as active participants in their own healthcare, wellness and prevention, building a culture of trust and partnership between patients and staff and developing standardized and universally accepted outcome measures that define success in both patient care outcomes and business process compliance.

Currently, over 160 health care clinics in the Army are currently conducting baseline self-assessments for recognition by the NCQA. Three demonstration sites, Madigan Army Medical Center, Blanchfield Army Community Hospital, and Evans Army Community Hospital, with a compiled 22 primary care clinics, will be seeking recognition this year as PCMHs. It is our goal to transition all primary care clinics to the PCMH model of care by the end of FY2015.

Concurrently, 9 of 20 Community Based Primary Care Clinics (CBPCC), now named Community Based Medical Homes (CBMH), have opened in the communities surrounding Forts Campbell, Sill, Stewart, Bragg, Shafter, Jackson, Joint Base Lewis-McChord, and Joint Base San Antonio. These clinics are extensions of our MTFs, function under the same PCMH principles, and are located in the civilian communities where our Soldiers and Families reside.

PCMH will vastly improve primary care delivery, continuity of care that includes specialty services, patient activation in personal health, and will result in clinical outcomes that maximize the opportunity to maintain health and wellness. Applying the principals of PCMH will not only transform military healthcare, but will transform the delivery of primary care in our Nation.

Warrior Transition Command

By Sara Greer

SFC Jacque Keeslar, a Continue on Active Duty severely wounded Soldier, continued to serve post-injury as a Warrior Transition Unit Cadre member in San Diego and as an athlete at Warrior Games wheelchair basketball. (U.S. Army photo)

For the second year, nearly 200 athletes representing all services battled for glory at the Warrior Games at the U.S. Olympic Training Center in Colorado Springs, CO. And for the second year, their victories over injuries overshadowed the medal count.

The Warrior Games is a partnership between the Department of Defense, the U.S. Paralympic Committee and the USO. The Army Warrior Transition Command, a major subordinate command within MEDCOM, leads the Army effort in this event.

Wounded, ill and injured service members representing all branches of the military compete for gold in seven individual sports: archery, cycling, shooting, sitting volleyball, swimming, track and field and wheelchair basketball. Some athletes also compete for the "Ultimate Champion" title, a pentathlon style event with points earned across several disciplines.

Most notable about the Warrior Games both years was a spirit of camaraderie among the athletes and a sense of trust in their competitors. Rather than focus on ruthless competition, Soldiers and Sailors exchanged tips for launching off the starting blocks on the track or for keeping a wheelchair stable enough to aim a basketball. Athletes got off their bikes in the cycling race, sacrificing their own chance at gold, to help a fellow warrior who fell. That sense of getting back on the bike, getting back in the race, was something familiar to each of them, because they have all done it before-standing up on prosthetics, working through painful rehab, or learning to actively manage behavioral health challenges.

These athletes understood the life-changing sacrifices and journeys one another had been through, which offer important perspective.

Throughout the competition, fans flocked to the sitting volleyball and wheelchair basketball tournaments in the evenings, filling the gyms to capacity. Energy vibrated the walls, as cowbells and cheers of "Let's Go Army!" and "Let's Go Marines!" alternated with the vacillating score. But each night, in the final minutes of the game, the audience switched to a unified "USA! USA! USA!" that reminded everyone why they were there-to support service members in their journey toward a new normal.

"It means a lot to have my Family able to see me compete. Mostly because they, including my spouse, never thought I would play sports again," said SFC Justin Widhalm after his 2010 volleyball game against Air Force. "It was good to get the competitive juices flowing. Being on a team with so many different injuries-amputations, TBIs, and others-helps you realize how much all the athletes have overcome."

SFC Widhalm is now separated from the Army, but the Warrior Games had a significant impact on his life. He gives back to other Wounded Warriors, serving as Wounded Warrior Programs Manager with the USO office at Fort Carson. He also spends time training to become a Paralympic-level cyclist, hoping to compete in the 2012 Paralympic Games in London.

Throughout the competition, Soldiers demonstrated Army values that transcend the spirit of competition. They also learn the power of sport in overcoming their injuries, one of the primary reasons that adaptive sports programs are implemented in each wounded, ill and injured Soldier's recovery plan at the 29 Warrior Transition Units throughout the country.

The Army made a strong showing both years, with nearly half of the 200 athletes. Army women dominated several swimming events in 2010. Immediately after SGT Randi McCartney, MAJ Shawn Morelli and SSG Erin Layko accepted their medals in an Army sweep of the Women's 50m Freestyle (Traumatic Brain Injury/Stroke/Cerebral Palsy/Post-Traumatic Stress Disorder category), they had to take them off and prepare for the 50m backstroke. These three Soldiers swept that race as well.

CPT Juan Guerrero also delivered a strong performance in 2010, and returned in 2011 to defend his title.

Severely wounded SGT Kisha Makerney competed in Warrior Games during her treatment and recovery at the Ft. Hood Warrior Transition Unit before returning to the force. (U.S. Army photo)

A former Marine who joined the Army as an enlisted Soldier, CPT Guerrero understands the impact of trust and collaboration, and he competed in three sports to support the Army team: shooting, cycling, and sitting volleyball. This quiet, dignified officer shot clean and went home with gold. CPT Guerrero plans to return to the force after recovering at the Warrior Transition Brigade at Fort Sam Houston, TX.

Both years, many Soldiers reflected on the lessons they learned about their ability to overcome their injuries.

As SGT David Marklein practiced for the shooting competition in 2010, he was an early favorite, hitting the bullseye every time he went out for practice. He made a strong start in the preliminaries, but his post-traumatic stress disorder (PTSD) flared up half-way through, and he missed the target. That one missed shot cost him a place in the finals, but he focused and pushed through, shooting strong through the rest of the preliminaries.

Afterwards, he said "The lesson I learned today is much more important than a medal – I learned that I can control my PTSD."

Warrior Games transcends sports. Through a public-private partnership, the Department of Defense, U.S. Paralympics, USO and each of the military services, provide wounded, ill and injured service members with an opportunity to demonstrate their abilities.

"Adaptive sports is one element of the Army's holistic approach to warrior care," said BG Darryl Williams, Commander of the Warrior Transition Command. "The Army supports wounded, ill and injured Soldiers in all aspects of life, not just the physical aspect. Warrior Games is one way the Army demonstrates our confidence that they can continue to accomplish great things and move forward with full, productive lives, whether back in the force or in civilian life."

Initial plans are underway to organize the 2012 Warrior Games. Wounded, ill and injured Soldiers interested in competing in the 2012 Warrior Games should work with their physical therapists to begin implementing adaptive sports into their recovery plans. They should also speak to their WTU squad leaders or Army Wounded Warrior Program (AW2) Advocates about the application packets, which will be available in the fall.

U.S. Army Public Health Command

By Lyn Kukral

Occupational therapists at USAPHC (Prov) and throughout MEDCOM serve on the animal-assisted therapy working group in support of improving the health and welfare of our Wounded Warriors, USAPHC (Prov) veterinarians are ensuring the health of the canines who participate in these programs. Above is SGT Wilson, Therapy Dog Jasmine and Veterinarian CPT Pineda. (U.S. Army photo)

The U.S. Army Public Health Command exists to actualize the idea that building and sustaining good health, whether the health of a community or an individual, is the first priority of a world-class medical organization.

This priority was emphasized in the overall re-organization of U.S. Army Medical Command, when Army Surgeon General LTG Eric B. Schoomaker directed the creation of the USAPHC to "make public health services more accessible and effective." Creation of the USAPHC represents a shift in the focus of Army Medicine to health, health promotion, injury reduction and sound lifestyle choices. USAPHC is being formed from select missions of the U.S. Army Center for Health Promotion and Preventive Medicine and the U.S. Army Veterinary Command. The integration of these two MEDCOM major subordinate commands is occurring over a two-year period that began in October 2009, and ends when the USAPHC reaches full operational capability, targeted for Oct. 1, 2011.

As the single point of accountability for public health, USAPHC has the mission to promote health and prevent disease, injury, and disability of Soldiers and military retirees, their Families, and Department of the Army civilian employees; and to assure effective execution of full spectrum veterinary service for Army and Department of Defense Veterinary missions.

USAPHC provides improved services to customers through standardization of policies, procedures and best practices, and through the synergy that combined USACHPPM and VETCOM capabilities and knowledge will create. Services

Entomologists, CPT Michael Desena (left) and CPT Jorge Lopez (right), routinely monitor mosquito populations. The mosquito light trap captures mosquitoes which are identified and tested for the presence of disease pathogens which may adversely impact Soldier health. (U.S. Army photo)

include disease prevention and control, field preventive medicine, environmental health, health surveillance and epidemiology, laboratory services, health risk assessment, zoonotic disease surveillance and control, and food safety and food defense quality assurance programs. Clinical care of military working animals also falls within the USAPHC responsibilities.

The USAPHC structure includes a headquarters that separates command, control and oversight activities from the organization's technical and staff elements. The USAPHC's scientific and technical elements will be overseen through portfolios (groupings of like missions) consolidated at a new organization, the Army Institute of Public Health. Both the headquarters and institute are located at Aberdeen Proving Ground, Md.

There will be five public health regions with 14 subordinate public health command districts. The regions currently are located where the former USACHPPM subordinate commands were: Landstuhl, Germany; Camp Zama, Japan; Fort Meade, Md.; Fort Sam Houston, Texas; and Joint Base Lewis-McChord, Wash.

USAPHC is a leading innovator in the fulfillment of Army Medicine's Enterprise Transition goals, employing the enterprise approach to build partnerships with Regional Medical Commands and their subordinate medical treatment facilities.

Through the enterprise approach, efficiency, standardization and cost effectiveness will be optimized. As well, the enterprise approach advances a second goal that The Surgeon General has set: that of building a Culture of Trust within the Medical Command as well as trust with its patients and external partners.

While the USAPHC is a fairly new organization, a number of significant public health accomplishments have already been initiated or achieved.

One achievement is the USAPHC's role as a critical player in MEDCOM's Comprehensive Behavioral Health System of Care Campaign Plan, leading the effort to improve and standardize behavioral health screening throughout the Army Force Generation cycle, develop metrics for measuring program effectiveness, and conduct systematic program evaluations to determine best practices for enterprise-wide implementation.

A second achievement is USAPHC's support to the Soldier Medical Readiness Campaign. USAPHC is charged with increasing the number of Soldiers who participate in regular physical activity, maintain a healthy weight and stay tobacco-free. USAPHC also will assess Soldier physical activity, healthy weight and tobacco-free living; develop on-going methods of surveillance of them; and evaluate health promotion programs associated with them.

In connection with its health promotion efforts, USAPHC is continuing to hire installation Health Promotion Coordinators to facilitate health promotion efforts on Army installations. HPCs are coordinators of services and identifiers of service needs. They work with senior commanders and installation Community Health Promotion Councils to synchronize all of the health and wellness resources the installation has and ensure that the appropriate services are available to individuals in the installation population.

USAPHC is also partnering with Army installations to standardize existing Army Wellness Centers to preserve or improve health in the Army's beneficiary population. The centers focus on health assessment, physical fitness, healthy nutrition, stress management, general wellness education and tobacco education. They partner with providers in our MTFs through a referral system.

USAPHC's Injury Prevention Program is identifying Soldier physical training programs that optimize fitness while minimizing injuries and resultant lost-duty days to further improve Soldier medical readiness.

Creation of the USAPHC represents a shift in the focus of Army Medicine to health, health promotion, injury reduction and sound lifestyle choices. Through prevention of disease, injury and disability, healthcare costs may be reduced over the long term. A focus on prevention helps ensure sound stewardship and judicious use of human and fiscal resources-protecting Soldiers, retirees, Family members and Department of Army civilians from conditions that threaten their health is operationally sound, cost effective and better for individual well-being. Prevention—the early identification and mitigation of health risks through surveillance, education, training, and standardization of best public health practices—is crucial to military success. Army Medicine is on the pathway to realizing this proactive, preventive vision.

Army Medical Department **Center & School**

By Phil Reidinger

LTC Michael Walker, assistant professor, US Army – Baylor University doctoral program in physical therapy demonstrates an anterior glide mobilization to students during a class describing manual therapy techniques of the knee joint. (U.S. Army photo by Phil Reidinger)

With the mission to envision, design and train the Army's medical force, the Army Medical Department Center and School is known as the AMEDD brain trust that is the foundation on which Army Medicine training is built, sustained and transformed for full spectrum military operations.

Located at Fort Sam Houston, the AMEDDC&S traces its lineage to the Medical Field Service School established in 1920 at Carlisle Barracks in Pennsylvania. Originally the mission of the school was to train doctors, dentists and nurses in the duties of Army officers. The school's mission also included training National Guard, Reserve Officers and Noncommissioned Officers. The Medical Field Service School was organized into five teaching departments: military art, administration, sanitation, training and logistics. The first course instruction on June 1, 1921 started with a total of 50 medical and 20 dental officers. In 1924, the first professional course for Noncommissioned Officers was conducted for 32 NCOs and 14 privates first class.

The Medical Field Service School moved to Fort Sam Houston in 1946 and continued its training missions during the Korean and Vietnam conflicts.

In 1972 a reorganization of the Army Medical Department re-designated the Medical Field Service School as the Academy of Health Sciences and consolidated the Army's medical training making the Academy of Health Sciences one of the largest medical training institutions in the world. In 1991 due to reorganization and mission expansion, the Academy of Health sciences was re-designated as the AMEDDC&S, with the academy as the school arm of the AMEDDC&S.

The AMEDD Center and School is accredited by the Council on Occupational Education and all programs of instruction are reviewed by the American Council on Education. Students attending courses can get undergraduate and graduate college credits.

The school missions are accomplished primarily by the Academy of Health Sciences and the AMEDD NCO Academy.

The Academy of Health Sciences manages 14 teaching departments providing 315 programs of instruction to officers, enlisted and foreign students with a total staff and faculty of 1,860.

The academy is currently transferring 41 enlisted training programs associated with allied health care military occupational specialties to the Medical Education and Training Campus also located on Fort Sam Houston.

The Center for Distributed Learning, the Center for Pre-deployment Medicine, the Brigade Combat Team Trauma Training Course, the Leader Training Center for Basic, Advanced and Strategic Leadership courses, and the Center for Health Education and Training courses provide state of the art training which develops officer, Noncommissioned Officer and enlisted medical personnel with the medical and leadership skills to provide the best casualty and patient care possible on the battlefield and in medical treatment facilities.

A department within the Academy of Health Sciences, the Graduate School, hosts seven doctoral and five master's degree programs. The Academy does not confer any degrees, so it partners with universities to support the graduate programs. Academic affiliations include Baylor University, University of Nebraska Medical Center, Northeastern University, Fayetteville State University and Erskine Theological Seminary. Students earn master's degrees in health and business administration, nutrition, anesthesia nursing, physician assistant studies and social work.

A recent U.S. News and World Report magazine ranking of the nation's graduate schools ranked the Anesthesia Nursing Master's Degree program as the best in the nation. Additionally, the Physical Therapy doctoral program ranked fifth, the

Veterans Affairs students Joe Keck and Christian Campbell partner with Army CPT Samuel Sama and Air Force CPT Jaime Kelbaugh to practice a general anesthesia endo-tracheal procedure. The US Army Graduate Program in Anesthesia Nursing is rated #1 in the Nation by the USN&WR best graduate schools report. (U.S. Army photo by Phil Reidinger)

Health Administration Masters' Degree program ranked 11th and the Physician Assistant program ranked 13th in the nation.

The AMEDD NCO Academy provides sergeants, staff sergeants and sergeants first class with the technical, tactical, leader and trainer skills necessary to be successful in Army operations as squad and platoon sergeants and First Sergeants in career management field (CMF) "68". The AMEDD NCO Academy embraces the use of the distributed learning environment by matching learning objectives to media using multiple strategies to engage creativity. Platforms such as lecture, audio-visual presentations, case study, team projects, practical exercises, individual assignments, interactive problem-solving and student-to-student interaction are methods of instruction used in conjunction with the Army Learning Concept 2015 to provide Noncommissioned Officers the skills and attributes needed for the current operational environment.

The AMEDDC&S also has highly varied functions in doctrine development, applied research and personnel proponency.

Envisioning and designing medical battlefield tactics, techniques, organization structure and equipment is the job of the Medical Capabilities and Integration Center. The MCIC's Directorate of Combat and Doctrine Development, Center for Strategic Studies and Lessons Learned Department responsibilities range from creating databases that track battle injuries to evaluating and testing equipment, organizations and doctrine as well as developing operational concepts for theaters of operations and developing the detailed doctrine, tactics, techniques and procedures manuals.

The AMEDDC&S Personnel Proponency Directorate does the force modeling. The Army Medical Department has more than 130,000 military and civilian members who work in 200 different officer, warrant officer, enlisted and civilian specialties. The directorate determines what personnel grade structure the AMEDD needs and designs the appropriate career patterns to support the Army's medical force.

The 32nd Medical Brigade is home to the entire faculty, staff and students assigned to the AMEDDC&S. The brigade's three subordinate battalions each have five to eight companies that also are home to more than 20,000 students attending medical education and training. The 32nd Medical Brigade is the largest training brigade in the Army and home to the second largest military occupational specialty in the Army – the combat medic.

The military and civilian men and women of the AMEDDC&S are the foundation on which the Army Medical Department is built, sustained and transformed. The AMEDDC&S trains and educates medical personnel, develops training products to support the medical force, designs force structure, envisions operational concepts, and sustains a professional workforce to deliver a premier medical force.

By Barb Ruppert

Toward a National Research Strategy for Better Trauma Care

The medic who rushes to a war zone bombing...the ambulance speeding to a major car accident...the surgeons trying to save a shooting victim ... trauma care takes so many different forms that a national U.S. research strategy to improve the level of care has yet to become a reality.

The deaths and serious injuries caused by trauma are taking a devastating toll on our nation. According to the Army's Combat Casualty Care Research Program, nearly half of those severely wounded in recent wars have not been able to return to duty. In addition, approximately 20 percent of all combat deaths are considered potentially survivable, had advanced, appropriate care been immediately available.

On the civilian side, trauma deaths have reached epidemic numbers. In the United States, according to the National Trauma Institute, someone dies from a traumatic injury every three minutes, and trauma is the leading cause of death of children.

Yet military doctors in the field have the same problems storing blood today that plagued doctors decades ago, and no one yet knows the best way to treat a head injury or whether drugs can stem internal bleeding. Unfortunately, the funds devoted to trauma research, which could find answers to these bedeviling questions, are a small fraction of the country's research dollars.

Recognizing the need to develop a national strategy, the U.S. Army Medical Research and Materiel Command's Telemedicine and Advanced Technology Research Center gathered representatives of several key trauma organizations earlier this year in San Antonio, Texas. The panel discussed the critical research needs in trauma and how together they could leverage each organization's strengths for a more effective approach.

TATRC Trauma Portfolio Manager retired COL Thomas Knuth, MD, chaired the meeting. He explained,

Soldiers in 710th Brigade Support Battalion learn how to load and unload patients onto a UH-60 Blackhawk. (U.S. Army Photo by SPC Melissa Church

Dr. Thomas Morrow working on fabrication of curcumin therapy (TyroMatTM) to promote healing and reduce scarring. (U.S. Army photo)

"Over the decades, funding and public awareness of trauma needs have waxed and waned as wars come and go. We need to create an overarching strategy for exactly what to study and how to fund it, so we can continue building on the knowledge we've gained."

Much has been done to reduce death and disability from trauma injury. But gaps remain in creating more effective trauma care for U.S. soldiers and civilians, in everything from injury prevention and disaster preparedness to medical treatment and infection control to the technology used for communication and medical monitoring.

Knuth pointed out that advances in military trauma care during the Vietnam War 40 years ago improved local and state civilian trauma systems, and what has been learned during the wars in Iraq and Afghanistan is helping the country move toward a seamless trauma system on the national level. "The military actually has a global system now. It's amazing how many NATO countries are communicating weekly across continents in the care of patients," he said. "We need to translate that to civilian and future military efforts. That's a good example of where we could go through the collaborations that may come out of this national meeting."

National Collaborators

TATRC is headquartered at Fort Detrick, Md., and manages approximately 800 research projects throughout the country. Its trauma portfolio includes 50 to 80 projects at any one time. Through an extensive network of partners, TATRC explores models of high-risk and innovative research, and puts research findings into the hands of warfighters.

Another USAMRMC unit represented at the meeting was the Combat Casualty Care Research Area Directorate, known as RAD II, which also collaborates closely with Navy and Air Force research efforts. RAD II conducts basic and applied research and advanced technology development to reduce the number of deaths on the battlefield, limit brain damage, improve en route care and improve acute care of battle injuries. It invests in related projects at other institutions, including universities, industry and military medical organizations such as TATRC and the U.S. Army Institute of Surgical Research.

Also a meeting participant, the USAISR is in a unique position to conduct both laboratory and clinical trauma research. It is located at Fort Sam Houston in San Antonio, Texas, adjoining Brooke Army Medical Center, a level I trauma center. It operates the nation's only military burn center and is the home of the Joint Theater Trauma Registry, which all branches of the military use to electronically compile combat trauma data for use in improving equipment and care.

According to USAISR Cmdr. Col. Lorne Blackbourne, "The institute takes the clinical problems identified on the battlefield into our research laboratory for further investigations and solutions, and then validates those solutions in the clinical setting before they are returned to the battlefield."

Out of the collaboration between USAISR and civilian trauma centers in San Antonio grew the National Trauma Institute, the final participant in the meeting. NTI was established in 2006 as the country's first formal military and civilian partnership in trauma care. The not-for-profit organization's goals are to coordinate and fund trauma research nationally and apply it to fully benefit both the military and civilians.

NTI is working to develop a national trauma clinical trials network to coordinate studies at multiple sites. A network is important because no single trauma center admits enough critically injured patients to provide substantiated support for improvements to medical care.

NTI also holds an annual trauma symposium for military and civilian trauma researchers and providers, and is beginning a development program to raise private dollars for trauma research.

Hope for the Future

This meeting reaffirmed efforts by the organizations to increase coordination among military branches, other federal agencies and civilian institutions most effectively.

TATRC Deputy Director COL Ron Poropatich said, "We are all ready to take it to the next level to meet the challenges and opportunities of today and the future."

Europe Regional Medical Command

By Steve Davis

PFC Lashun Douglas, a combat medic with the 557th Medical Company (Area Support) - part of the 30th Medical Command's 421st Multifunctional Medical Battalion - provides first aid to a simulated casualty at the Medical Simulation Training Center in Vilseck, Germany.

At the height of the Cold War in 1990, nearly a half-million beneficiaries assigned in Europe received care at 13 Army medical centers and dozens of health clinics.

Today, a beneficiary population of approximately 104,000 receives individual care and attention at Landstuhl Regional Medical Center or one of 18 other Army medical facilities located in Germany, Belgium and Italy as part of the Europe Regional Medical Command (ERMC).

"As U.S. Army Europe transforms, ERMC's commitment to healthcare is as strong and unwavering as ever," said BG Nadja Y. West, ERMC Commanding General and also U.S. Army Europe Command Surgeon.

In addition to supporting Europe-based beneficiaries, ERMC supports Warriors from U.S. European Command with its 51-nation footprint, U.S. Central Command operations in Afghanistan and Iraq, and the recently formed U.S. Africa Command, among others.

Since 2002, Landstuhl Regional Medical Center (LRMC)-the largest U.S. military tertiary care medical facility outside of the United States-has treated 60,563 patients, including 12,583 with combat injuries from Operation Enduring Freedom in Afghanistan and Operations Iraqi Freedom and New Dawn.

ERMC builds partnerships and maintains a high level of reliability with U.S. combatant commands whose medical liaisons work closely with Landstuhl and continues to forge relationships with NATO allies to share medical knowledge and lifesaving techniques.

Because operations in the deployed environment often involve NATO allies, ERMC has increased coordination and medical support in peacekeeping, disaster relief and humanitarian operations. ERMC Behavioral Health Division leaders discussed military psychiatry and behavioral health issues at the 2011 NATO Committee of the Chiefs of Military Medical Services meeting in Brussels and the Primary Care, Physical Therapy, Nursing and Optometry (PPNO) Conference in Germany.

The partnership with NATO behavioral health colleagues has led to exchanges between the U.S. and allied behavioral health working group providers and the sharing of best practices.

Bundeswehr (German Army Leaders) are keenly interested in advances in Warrior Care and recently witnessed the U.S. medical system in action when several of their critically injured Soldiers were medically evacuated to safety and treatment from positions taking hostile fire in Afghanistan. The American pilots and medics received the highest German decoration for valor. LTG Werner Freers, the Bundeswehr Chief of Staff, regularly makes visits to Landstuhl Regional Medical Center and nearby Fisher House.

Caring for Soldiers and Families is ERMC's highest priority.

With Army Medical Command and ERMC participation and guidance, Bavaria MEDDAC, Heidelberg MEDDAC and all Military Treatment Facilities within the LRMC footprint have established initiatives to optimize clinical operations and all aspects of customer service that impact the delivery of quality healthcare.

In support of the Army's Warrior Transition Unit program, ERMC established the Warrior Transition Battalion-Europe in 2008 to provide better Command and Control and case management for Warriors in Transition in Germany, Belgium and Italy, an area that spans 14 separate military communities. Warrior Transition Unit leaders build close working relationships with Senior Mission Commanders and garrison commanders to ensure that Warriors in Transition are treated with dignity and respect and receive expeditious evaluation and resolution of their medical issues.

"From the Revolutionary War to current conflicts, Army Medicine has always been a valuable and dependable asset to our Army," said West. "Here at ERMC, we are proud of that legacy and will continue to support our Soldiers and Families.We can always be trusted to get it right."

Dr. Hal McPherson, Audiologist for Heidelberg Medical Department Activity, examines SPC Chelsey Peters in the newly renovated Audiology department of the Heidelberg Health Center. (U.S. Army photo by Kristen Marquez)

A Wounded Warrior is offloaded from an ambulance bus at Landstuhl Regional Medical Center, Germany. (U.S. Army photo by Phillip A. Jones)

Significant ERMC engagements:

- The U.S. Army Europe Office of the Command Surgeon and ERMC Force Health Protection work closely with units to increase deployment readiness rates.
- ERMC Commanding General BG Nadja West was guest speaker and Medical Subject Matter Expert at the AFRICOM Tanzanian Pandemic Response Program Tabletop Exercise held in March 2010 at Arusha, Tanzania. The AFRICOM Pandemic Response Program Team was created in May 2009 to help the African continent build a capacity to respond to a pandemic event.
- Multiple ERMC staff sections provide support to the peacekeeping force responsible for maintaining a secure environment in Kosovo.
- Medical and Humanitarian Civic Assistance support to Task Force-East, a U.S. European Command initiative executed by U.S. Army Europe to strengthen relationships between the U.S. and its Eastern European allies.
- Established new training venue in Poland to support deploying Combat Medics as they hone vital lifesaving skills and also provide medical training to Polish medical colleagues.
- Deployed and implemented medical training for West Point Cadets, Dutch Nurses and others, and hosts internships at Landstuhl Regional Medical Center.

Key ERMC initiatives:

- Offers specialized treatment for Traumatic Brain Injury at Vilseck, Bamberg, Baumholder, Vicenza and Landstuhl.
- To support victims of sexual assault, implemented 24/7 on-call exam services at Army health clinics in Germany, Italy and Belgium; Established Sexual Assault Forensics Exam (SAFE) training program to familiarize providers with techniques to assist victims of sexual assault.
- Added 64 contract behavioral health providers across the ERMC footprint.
- Established telemedicine capabilities at each Army health facility to provide neurology follow-ups, occupational health, diabetes, nutrition and smoking cessation screenings and behavioral health counseling.
- Developed a behavioral health liaison program in which behavior health providers are aligned to work directly with battalion size units.
- Enhanced a vigorous Host Nation Patient Liaison program to help beneficiaries overcome language barriers and cultural differences they may encounter when referred to host nation medical facilities.
- Established Patient Advisory Councils at many medical facilities to involve beneficiaries in clinic decisions.
- Some Army medical facilities have formed official partnerships with local Host Nation towns and villages.

Northern Regional Medical **Command**

By Craig Coleman

From left to right, SGT Walter Perkins, inpatient pharmacy NCOIC; Syed Akhtar, inpatient pharmacy supervisor; Mindy Nguyen, inpatient pharmacist; and Dr. Alexandra Masterson, clinical pharmacist, work in the DeWitt Army Community Hospital pharmacy. (U.S. Army photo by Marc Barnes)

The Northern Regional Medical Command (NRMC) embraces a patient and Family-centered system of health; postures healthy, deployable Soldiers; projects a ready medical force; optimizes care and transition of wounded, ill, and injured Warriors; instills and enforces stewardship, and builds health care teams and medical leaders of competence and character for a lifetime of service to the nation through its subordinate Military Treatment Facilities (MTF).

NRMC is a key contributor in the transformation of military medicine. Due to the 2005 Base Realignment and Closure (BRAC) law, NRMC prepares to leave its headquarters on the campus of the world-renowned Walter Reed Army Medical Center (WRAMC), which closes September 15, 2011. The WRAMC healthcare mission will be distributed between the new Walter Reed National Military Medical Center Bethesda, Md., and the new Fort Belvoir Community Hospital at Fort Belvoir, VA. Both state-of-the-art facilities will be commanded by the Joint Task Force Capital Medical (JTF CAPMED). During the MEDCOM reorganization and beyond, NRMC is committed to continuing our tradition of providing America's Army Family with the highest standard of care.

As its closure draws near, WRAMC continues to provide cutting-edge medical care to beneficiaries and acts as a hub of clinical care and research for the entire region.

Walter Reed works in partnership with several universities on exciting medical research and innovative techniques including regenerative medicine with the University of Pittsburgh Medical Center, lower extremity amputation rehabilitation with the University of Miami Medical Center, and a chain kidney swap conducted with three local civilian hospitals: Georgetown University Hospital, Washington Hospital Center and Inova Fairfax Hospital in Virginia. These medical research and innovation partnerships will help us sustain the high quality of military health care into the future.

NRMC MTF doctors, nurses, pharmacists and medical technicians are transforming service to our beneficiaries by adopting the principles of the Patient Centered Medical Home (PCMH). PCMHs are turning the NRMC regional healthcare system into a system of health designed to keep the Army Family healthy before problems arise.

CPT Robert Levesque, a physician's assistant with DeWitt Army Community Hospital's Family Health Clinic, conducts an eye exam in the clinic. (U.S. Army photo by Marc Barnes)

PCMHs improve access to care and provide a standardized treatment experience across the region, making our regional healthcare system more consistent. PCMHs homes are either active, standing up soon or in the planning stages across the region.

Womack Army Medical Center, located at Fort Bragg, NC, is expanding partnerships on two fronts. First, Womack opened two new facilities that will bring patient-centered healthcare to active duty Family members outside the post. The Fayetteville and Hope Mills Community Based Medical Homes take the same patient-centered approach of the PCMH and place it in the community where many beneficiaries live. In a different kind of partnership, Womack teamed with their local Veterans Administration medical facility, the Fayetteville VA Medical Center.

The Fort Meade, MD Medical Activity (MEDDAC) and its five large ambulatory care centers and clinics, is steadily moving toward implementing the PCMH model. The MEDDAC also broke ground on a new Community Based Outpatient Clinic in January, with the emphasis on veteran's healthcare and collaboration with Veterans Affairs medicine. Kimbrough Ambulatory Care Clinic is making a direct investment in its caregivers. Their new program, "Your Best Self," promises increased team buy-in on the patient mission and morale improvement by focusing more on the value of the team over the widgets of business.

The U.S. Army Medical Department Activity (USA MEDDAC) at Fort Drum, NY also operates a PCMH, fostering collaboration between patients and their medical teams. Through its services and support, MEDDAC demonstrates, daily, its "Care Enough to Make a Difference" motto, as well as its "Partnership Built on Trust" theme, given the unique health care model that exists within the community it serves. Drum MEDDAC works for a "Strong Team, Great Medicine, Healthy Community".

Fort Belvoir's DeWitt Army Community Hospital is the central facility of a comprehensive health care network. The DeWitt Health Care Network (DHCN) serves approximately 91,000 eligible military beneficiaries in Northern Virginia. In addition to the hospital, the DHCN encompasses two Family Health Centers (FHC): one is located in the community of Woodbridge and another in the community of Fairfax. In August 2011, services will relocate to the newly built Fort Belvoir Community Hospital.

West Point, NY is another community that can look forward to the establishment of a PCMH. Keller Army Community Hospital will soon offer its beneficiaries care that is patient-centered, easy to access, team-based and quality focused.

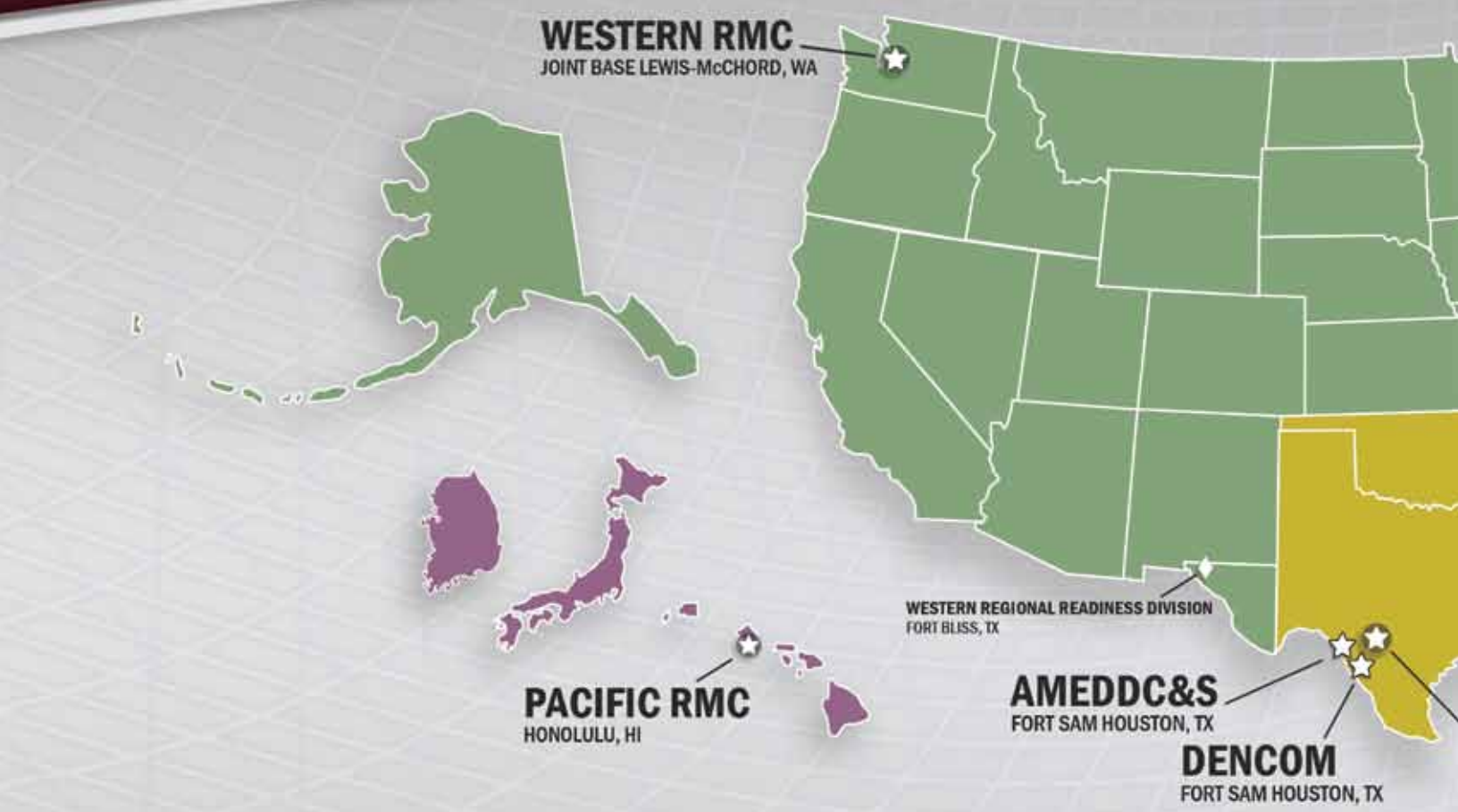
The Kenner Army Health Clinic at Fort Lee, VA, is "Healing Warriors!" and fulfilling the mission to provide beneficiaries with safe, high quality healthcare by ensuring readiness and promoting wellness through timely access and coordination of care. The Keller vision is to be a premier primary healthcare center, supporting readiness and providing optimal healthcare to its service members and beneficiaries.

McDonald Army Health Center (MCAHC) whose mission is to "ensure the medical readiness of our fighting forces and promote the health of those entrusted to our care," is located at Fort Eustis, VA, and lies in an area where military and local history have been entwined since the Revolutionary War. In 2011 a multimillion dollar renovation began on the ambulatory surgery suites.

Together, these MTFs combine to execute the NRMC mission as America's leading regional health system, focused on Soldier readiness and academic excellence, while providing well-coordinated care for all eligible beneficiaries. NRMC strives to build health care teams and medical leaders of competence and character for a lifetime of service to the Nation.

ARMY MEDICINE

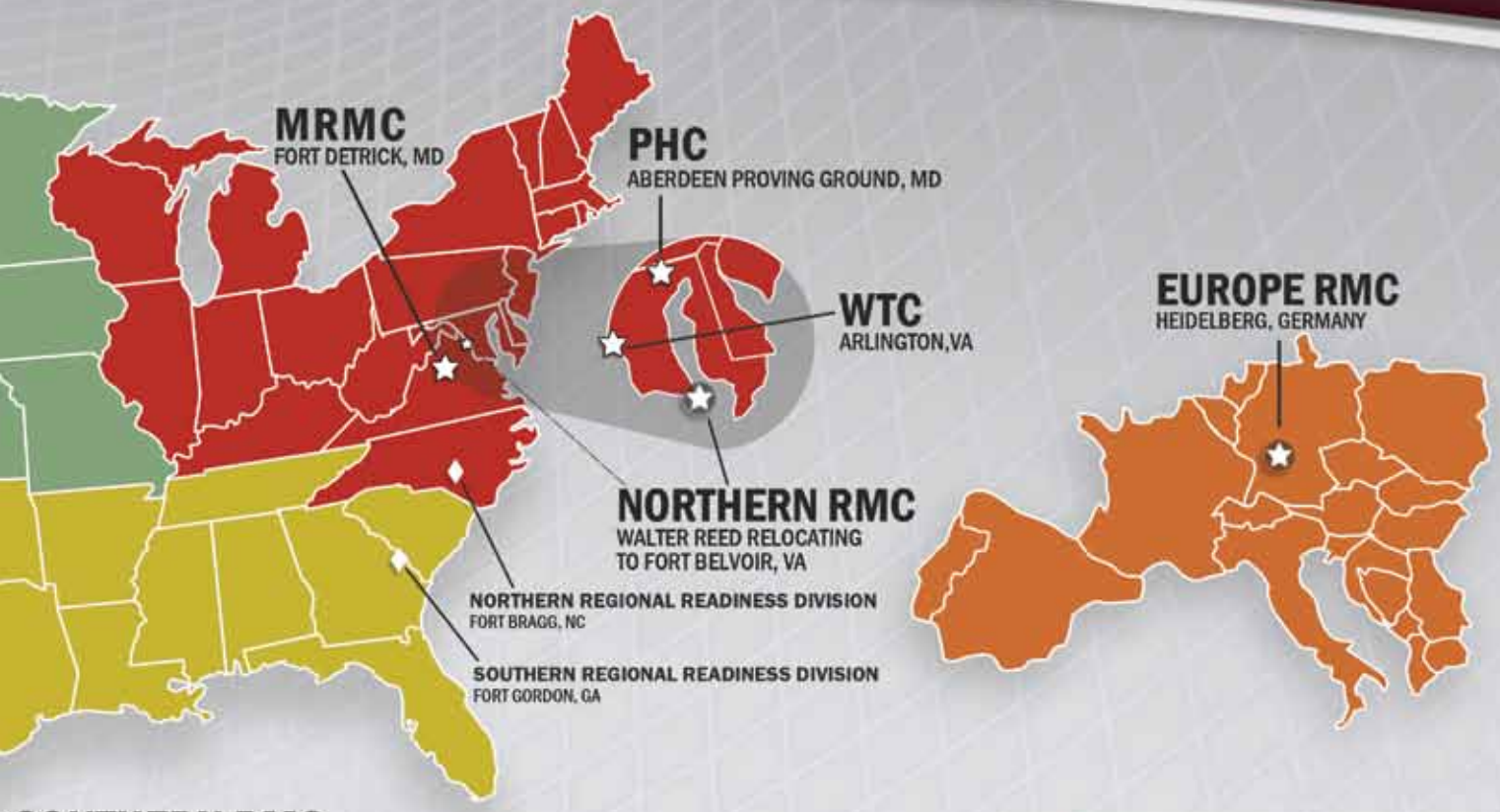
Bringing Value...Inspiring Trust



MEDCOM HE
Fort Sam

MAJOR SUBORDINATE COMMANDS

- **U.S. ARMY MEDICAL DEPARTMENT CENTER & SCHOOL** - AMEDDC&S
  FORT SAM HOUSTON, TX
- **U.S. ARMY DENTAL COMMAND** - DENCOM
  FORT SAM HOUSTON, TX
- **U.S. ARMY PUBLIC HEALTH COMMAND** - PHC
  ABERDEEN PROVING GROUND, MD
- **WARRIOR TRANSITION COMMAND** - WTC
  ARLINGTON, VA
- **U.S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND** - MRMC
  FORT DETRICK, MD



SOUTHERN RMC
FORT SAM HOUSTON, TX

LEGEND
- MAJOR SUBORDINATE COMMANDS
- REGIONAL MEDICAL COMMANDS
- REGIONAL READINESS DIVISION

ADQUARTERS
Houston, TX

REGIONAL MEDICAL COMMANDS

WESTERN REGIONAL MEDICAL COMMAND - WRMC
JOINT BASE LEWIS-McCHORD, WA
- **WESTERN REGIONAL READINESS DIVISION** - FORT BLISS, TX

SOUTHERN REGIONAL MEDICAL COMMAND - SRMC
FORT SAM HOUSTON, TX
- **SOUTHERN REGIONAL READINESS DIVISION** - FORT GORDON, GA

NORTHERN REGIONAL MEDICAL COMMAND - NRMC
WALTER REED RELOCATING TO FORT BELVOIR, VA
- **NORTHERN REGIONAL READINESS DIVISION** - FORT BRAGG, NC

EUROPE REGIONAL MEDICAL COMMAND - ERMC
HEIDELBERG, GERMANY

PACIFIC REGIONAL MEDICAL COMMAND - PRMC
HONOLULU, HI

Southern Regional Medical Command

By Diana Struski

CPT Bowerman adjusts a Soldier's intravenous (IV) line at Reynolds Army Community Hospital, Fort Sill, OK. (U.S. Army photo)

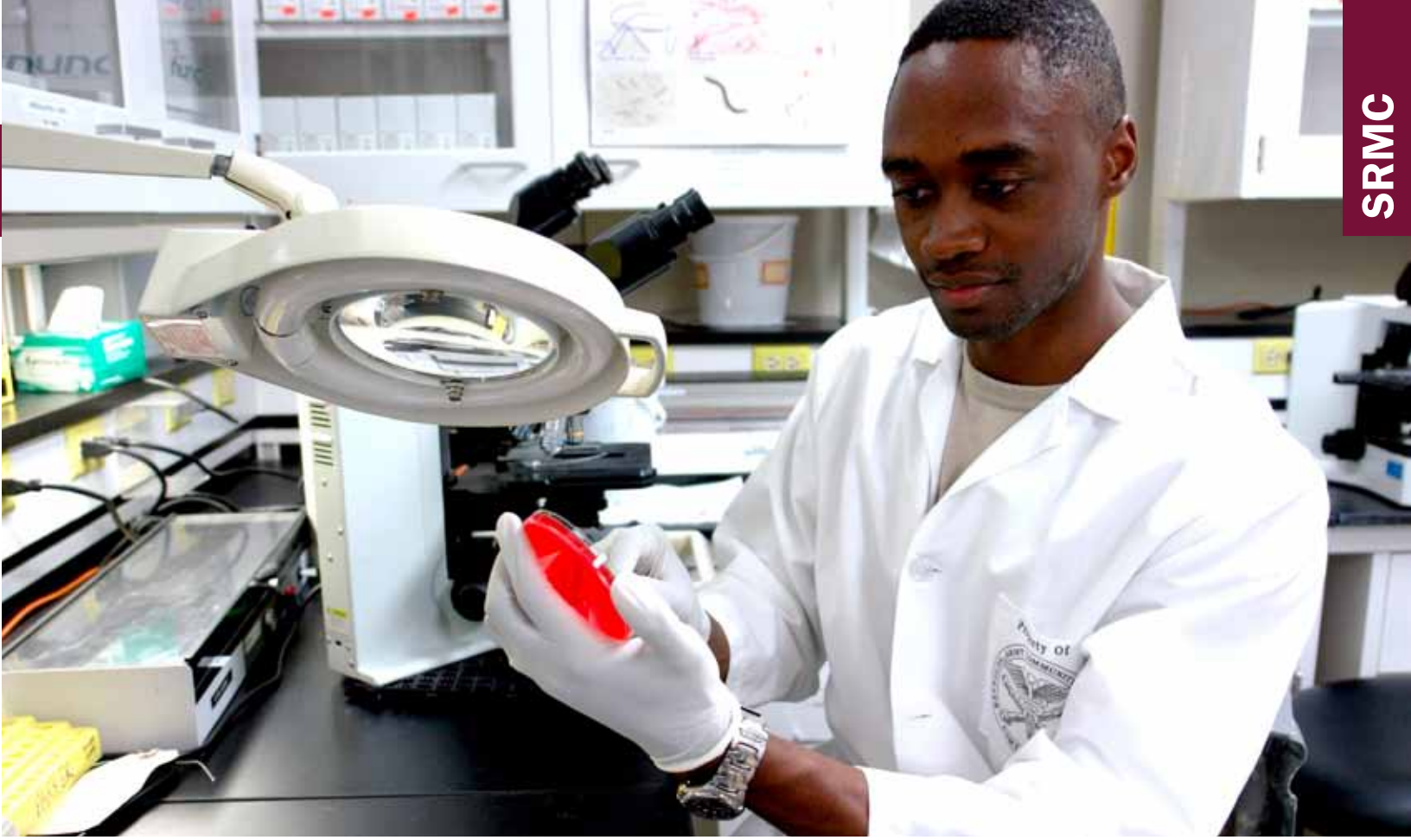
Committed Leaders…Army Strong! is the proud motto of the Southern Regional Medical Command (SRMC), headquartered in San Antonio, TX at the historic Fort Sam Houston, known as the "Home of Army Medicine." The SRMC's mission is to provide command and control of Military Treatment Facilities (MTFs) and other assigned units to promote, sustain and enhance the health of our beneficiaries with an emphasis on Soldier Readiness, Warriors in Transition, and our Military Families. Support Units, Soldiers and Families throughout the entire AFORGEN process with high quality, flexible and tailored health services.

SRMC provides its 11 MTFs and other clinics in 10 states plus the Commonwealth of Puerto Rico with region-wide education, training and research platforms. The valuable and thriving partnerships among the MTFs and the communities they serve prepares medical personnel for Garrison and full-spectrum military medical operations; and is comprised of a diverse team of individuals that make the best use of all its members to accomplish tasks at hand, while balancing Family and home life successfully.

A new expansion to the partnership between the Army and Air Force will launch on September 15, 2011 and will be known as the San Antonio Military Health System (SAMHS). The collaboration features an organization that provides oversight and coordination among all San Antonio MTFs for credentialing and certification of medical personnel, business planning, acquisition strategy, healthcare operations, resource management, information management, logistics, and manpower.

SAMHS will provide oversight to all military healthcare in San Antonio including Brooke Army Medical Center, at Fort Sam Houston, and the 59th Medical Wing, based at Lackland Air Force Base. All Wilford Hall Medical Center (WHMC) inpatient services are realigning to BAMC's renamed facility, the San Antonio Military Medical Center. This premier Army hospital provides inpatient tertiary care, Level 1 emergency and trauma care and world-class Graduate Medical Education. SAMMC is also the location of the Center for the Intrepid and the U.S. Army Institute of Surgical Research Burn Center, the only one of its kind in DoD. BAMC will remain an Army organization providing command and control to SAMMC and other Army clinics in San Antonio. The 59th Medical Wing remains an Air Force organization providing command and control to the renamed Wilford Hall Ambulatory Surgical Center and other Air Force clinics in San Antonio.

The joint venture has the Commanding Generals of both the Army and Air Force facilities alternating service as Director or Deputy Director of the SAMHS



SGT Hersheal Tarrance, a laboratory technician works in the lab. (U.S. Army photo)

organization. SAMHS will be staffed with active duty Army and Air Force members along with civilian teammates.

Multiple construction projects at Carl R. Darnall Army Medical Center enhanced their community and Department of Veterans' (VA) partnerships to include the construction of a new replacement hospital for one of the largest military installations in the world; a Women's Health Center, where they set records for the number of babies born in a MTF; and the implementation of the Integrated Disability Evaluation System with the VA, which serves as a best practice model for VA and DoD.

Among all Army medical centers, Dwight D. Eisenhower Army Medical Center was recognized by MEDCOM for the most improved services in outpatient and inpatient workload, for evidence based practice and patient satisfaction.

Providing comprehensive care that facilitates partnerships between patients and their providers is leading SRMCs successful transition to the Patient Centered Medical Home and Community Based Primary Care Clinics' model of healthcare delivery. The transitions are occurring at the previously mentioned Army Medical Centers; the Army Community Hospitals at Bayne-Jones, Blanchfield, Martin, Moncrief, Reynolds, and Winn; and Army Health Centers at Fox and Lyster/Aeromedical Center.

Patient and customer satisfaction continues to be a SRMC priority and feedback is highly valued so that the quality and delivery of healthcare services that Soldiers, their Family members, and retirees deserve are continually improved. SRMC builds and enhances their partnerships with various stakeholders through transparent and comprehensive communications that gains the trust of the patients and their Family members. This trust leads to the success of each of SRMC's MTFs and their communities. A patient satisfaction-oriented organization is compassionate, committed, communicates, and cares about patient and Family members' needs and expectations.

Focus on Compassion* Care* Commitment, exemplifies the SRMC's goal of performing at a level of excellence through its vision of serving as the premier, patient-oriented and fully integrated healthcare delivery system in the MEDCOM. A team of committed leaders providing top-quality compassionate health care, renowned for premier education and training programs, all in support of comprehensive medical readiness and total health fitness. Consistently delivering value and inspiring trust in Soldiers, Families and retirees.

Western Regional Medical Command

By Sharon Ayala

Our Mission is to, "Provide accessible, comprehensive, interdisciplinary, world-class quality, patient-centered health services to our forces, and to those we serve at our installations and communities, in order to optimize performance, prevent disease and injury, and enhance health and well-being."

Our Vision is to be, "A Team of Teams" in a relentless pursuit of excellence through continuous and sustained performance improvement. Above all, we forge the bonds of trust by: Serving beyond the call of duty; Strengthening the health of the force; Preventing disease and injury; Caring for the wounded, ill, injured and sick.

The Western Regional Medical Command is comprised of 20-states, and is the largest, geographically, of the Army's three Regional Medical Commands that are located in the continental United States.

Located at Joint Base Lewis-McChord in Tacoma, WA, the Region's central headquarters includes a staff of nearly 150 military and civilian personnel. The two-star Commanding General has oversight of the nine Army Military Treatment Facilities, two medical detachments, and other medical assets within the entire 20-state Region, and oversees the health care delivery process of hundreds of thousands of Active, National Guard and Reserve Component Soldiers, their Families and retirees and their Family members. The WRMC commander also has oversight of the Region's Readiness Division, which is located at Fort Bliss, TX. Its mission is to plan, oversee, and standardize the execution of pre-and-post deployment medical and dental functions throughout the Western Regional Medical Command.

The responsibility of caring for such a large beneficiary population belongs to some of the Army Medical Department's most talented health care professionals. The men and women, who comprise Team Western Region, have consistently received recognition for their innovative approaches to caring for Soldiers and their Families.

Collaborations with civilian and military health care partners have resulted in the implementation of new programs and initiatives that underscore the Region's commitment to providing quality health care. Virtual Behavioral Health is one of those initiatives that enables medical providers to conduct BH screenings while at an installation other than the Soldier's Soldier Readiness Processing Site. Currently, twenty-five percent of the Region's returning Soldiers who are considered low-risk receive BH screenings using high-definition video cameras. This capability allows behavioral health assets in the Region to maintain continuity of care with Soldiers and Family members during their redeployment cycle.

Deemed as a best practice and model for the Army Medical Department, the Down Range Assessment Tool, or D-RAT, is a component of the Comprehensive Behavioral Health Program and was developed by personnel at Madigan Healthcare System. It provides a leader-based assessment of behavioral health risk factors for redeploying Soldiers as part of a comprehensive BH assessment. The Integrated Disability Evaluation System was initially piloted at Irwin Army Community Hospital at Fort Riley, KS, and also received MEDCOM recognition as a "best practice." The IDES initiative integrates Army and VA disability systems and is currently being implemented throughout the Region.

Caring for America's wounded, ill and injured servicemembers is a mission the Region takes very seriously. There are 11 Warrior Transition Units in the Western Region that serve more than 2,000 Warriors. The Army's first newly constructed WTB facility opened in 2010 at Fort Riley, KS These units facilitate access to health care services so that Warriors can return to duty or make a successful transition to civilian life. The region also boasts state-of-the-art Traumatic Brain Injury Clinics consisting of interdisciplinary TBI teams that work together to provide quality medical treatment and education to Warriors.

According to studies, the number one reason that people seek medical treatment is because of "pain." In keeping with the recommendations of the Army Pain Medicine Task Force, which directs all RMCs to establish interdisciplinary pain management centers, the Western

Denise Hinton, Dr. Prem Parmar and SPC Stephanie Tisdale prepare for shoulder surgery at Munson Army Health Center. (U.S. Army photo by Tisha Entwistle)

Regional Medical Command has moved forward in this area. Currently, plans are for the Madigan Healthcare System to serve as the regional hub for the pain center. The WRMC also has a long-standing reputation for serving as a test-bed for numerous AMEDD pilot programs, to include the Army's Confidential Alcohol Treatment and Education Program and MICARE, an electronic health record.

Further enhancing the quality of care provided to Soldiers and Family members are the region's Graduate Medical and Nursing Education programs. There are two GME Programs in the Western Region that are charged with ensuring medical personnel have access to state-of-the-art training: Madigan Healthcare System and William Beaumont AMC. Both facilities have the mission of training military and civilian medical professionals, from all services, in a variety of medical and nursing specialties. Additionally, partnerships with local colleges and universities provide opportunities for medical staff to rotate at civilian health care institutes.

Today, there is a new generation of Soldiers and Family members who choose to get their health care in the MTF. The WRMC continuously strives to meet the unique health care needs of military Family members. Partnerships forged between MTF and local school officials have led to school-based Behavioral Health programs being incorporated into a number of on-and-off-post schools that serve military children. Community Based Medical Home Clinics have also been established throughout the Western Region. Each one offers a variety of medical services and is conveniently located in communities off-post where many Family members of active duty Soldiers reside.

Since 2009, the WRMC has not only grown by 14 states, but has also been transformed into an integrated system of care. Team Western Region remains committed to exceeding the expectations of its beneficiaries by developing and maintaining lasting relationships built on trust.

Pacific Regional Medical Command

By Janet Clark

Academy members CPT Marc Herr, and LTC Chris Klem, performing a tympanomastoidectomy operation during Sight, Sound, Smiles mission in Bangladesh. (Photo by Tripler Army Medical Center Public Affairs Office)

Promoting, sustaining and enhancing service member health, while training, developing and equipping a medical force that supports full spectrum operations is one of the primary missions of the Pacific Regional Medical Command (PRMC).

Headquartered at Tripler Army Medical Center (TAMC), Honolulu and comprised of MTF's at Schofield Barracks, HI, Japan and Korea, the staff of PRMC delivers leading edge health services to these subordinate units and delivers quality care and services to service members, Families, and Veterans throughout the Pacific Region, including the Hawaiian Islands, Guam, Japan, Korea, and other Pacific island territories and countries.

Developing partnerships with local, state, national, and international agencies while inspiring and building a high level of trust between our staff and beneficiaries, is paramount to the success of PRMC's mission. For instance, the TAMC and University of Hawaii Nursing Research Partnership is in place to implement a seed grant program that facilitates nursing research at TAMC and promotes novice research that will ultimately lead to improved health outcomes, quality of care, and emerging health care policy for military service members. Both TAMC and the University of Hawaii School of Nursing and Dental Hygiene contribute equal assets and capabilities and work diligently in the program's success. Additionally, in partnership with both the Veterans Administration and the University of Hawaii, TAMC has formed the first-ever triad partnership and the first VA Nursing Academy program within a Department of Defense military treatment facility.

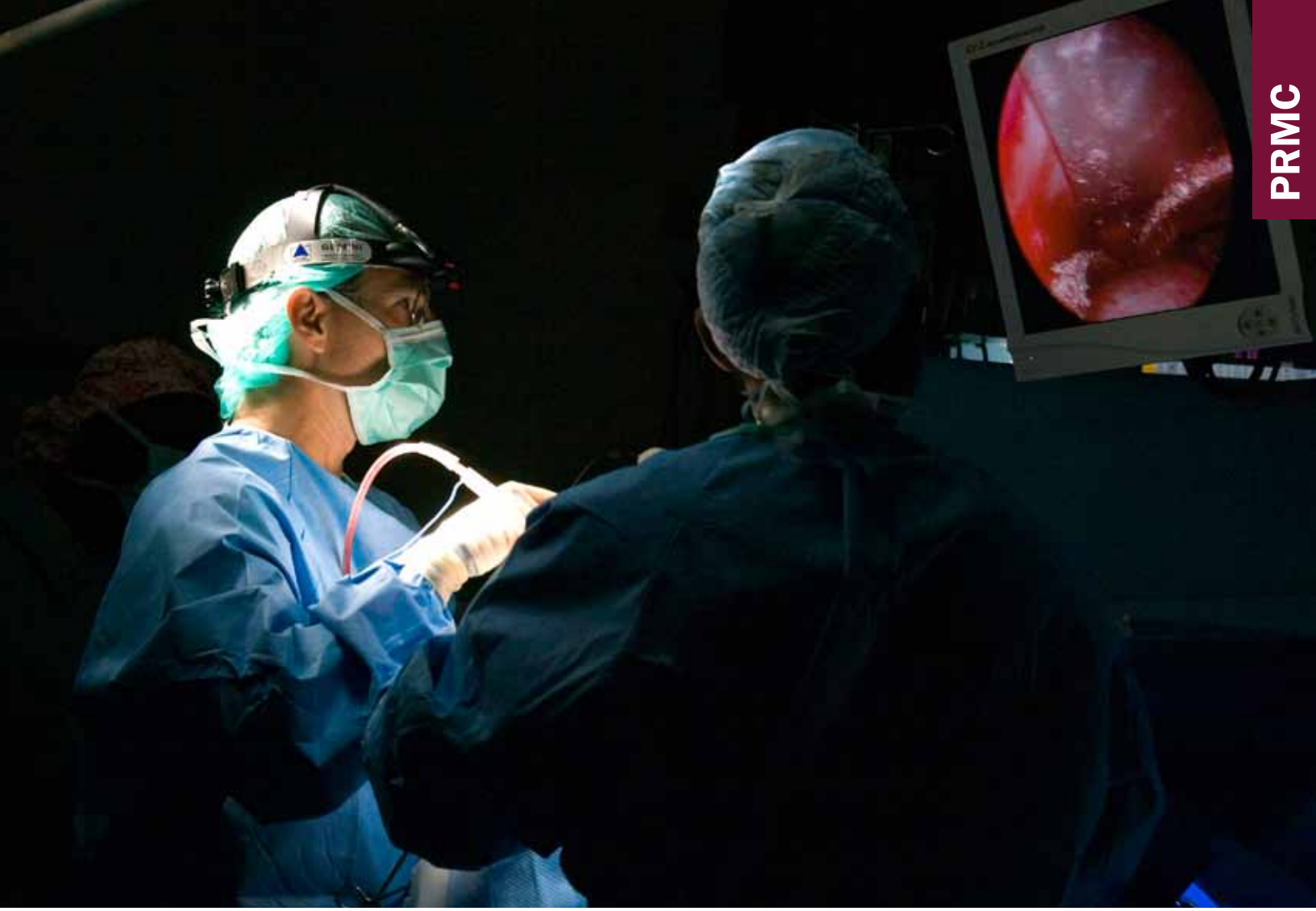
TAMC has also advanced cooperative relationships between other military services and many different nations within the Pacific Region. The "Operation Sight, Sound and Smile" program provides badly needed surgical services for communities unable to provide this life-changing treatment.

Efforts aren't only limited to physical care. A pilot program embedding psychologists into combat aviation units began this past year as five psychology residents worked hand in glove with leadership and Soldiers of the 25th Combat Aviation Brigade. Experiences gained through this initiative will further enable smooth integration into their future assignments where they will provide behavioral health services, aeromedical assessments and command consultations.

TAMC has actively been involved in the Nation-wide implementation of Patient Centered Medical Homes (PCMH), combining Family Practice, Pediatrics and Internal Medicine physician and services under one roof. A behavioral health specialist will also reside within the PCMH. This concept furthers the trust between patients and providers through timely and responsive access and greater continuity of care by the patient's primary care manager, who focuses on the acute, as well as preventative health of their patients. The PCMH offers an integrated medical support team, nurse case management, behavioral health, pharmacy, and assessment of traumatic brain injury, and more. Together, the primary care manager, registered nurse and a highly functioning integrated medical support team are a single, cohesive unit dedicated to the comprehensive care of each and every patient empanelled to the PCMHs.

PRMC also works to support service members wounded in and/or returning from the combat zone through the Warrior in Transition Battalion. The mission of healing includes a comprehensive transition plan that keeps the warrior competent in his or her skills or introduces new ones. The Corps of Engineers provides worksites and the Work Re-Integration Volunteer Program has been developed in collaboration with the WTB-Hawaii to provide workplace opportunities for Warriors, which serves as a key component of the Phase 5 (transitional plans) for the Wounded Warrior Lifecycle.

For those in need of physical and psychological care, the Schofield Barracks Concussion Clinic (SBCC) is collaborating with Brain Plasticity, Inc. and other Veterans Affairs and



Dr. Eric Helling, chief of Plastic Surgery and his team perform Tripler's third Endostripcrani surgery. Tripler is the first Department of Defense hospital to perform this alternative to open cranial remodeling for skull shape fusion deformity. (U.S. Army photo)

DoD sites to study the effectiveness of a computerized cognitive rehabilitation program for Soldiers with mild traumatic brain injury. The SBCC and TAMC Neuroradiology Department have been collaborating with Notus Neuropsychological Imaging to develop functional MRI programs at Tripler: believed to be the first such program in the Army.

Through hard work and dedication, the PRMC staff are working with other medical communities to pioneer innovation and emerging technologies. The Hanuola Pediatric Extracorporeal Membrane Oxygenation (ECMO) program was started as a consortium supported by TAMC (Army and Air Force personnel) and local medical centers under a federal grant. While it provides care for both civilian and military neonatal and pediatric dependents, members came together in November 2010 in the spirit of true cooperation. The team performed the longest recorded adult ECMO transport to date in Hawaii by successfully treating and transporting a patient to a facility in Iowa.

In order to facilitate the sharing of information, training and experience, the U.S. Army Pacific (USARPAC) and the Australian Defense Force (ADF) sponsored the 21st Asia-Pacific Military Medicine Conference in May with a theme, "One Team: Partnerships, Joint Medical Operations and Wounded Warrior Care."

Every MTF hosts a Healthcare Consumer Council quarterly and invites service command elements and patients to reinforce the trust that we have with our patients and to address issues head on. This council serves as an excellent venue for addressing concerns because most recommendations are routed through command channels for action and directed change.

"One Team" is the PRMC and USARPAC motto. This spirit of teamwork saves lives and fosters healthy and resilient people through the unyielding trust and strong partnerships we have built with our patients and allied nations throughout the Pacific.

U.S. Army Dental **Command**

By LTC Karrie Fristoe

Hikari Sutton, a dental assistant at the Patch Dental Clinic, prepares dental tools for appointments. (U.S. Army photo by Brittany Carlson)

The U.S. Army Dental Command (DENCOM) is a major subordinate command of the U.S. Army Medical Command (MEDCOM) and is headquartered at Fort Sam Houston, TX. DENCOM provides centralized command and control of Army dental treatment facilities worldwide, and is charged with establishing and maintaining Soldiers' dental readiness.

DENCOM serves as the proponent for meeting dental health care needs of Soldiers by providing direct dental care and coordinating civilian network dental care for increased accessibility. DENCOM envisions being America's Leader in Warrior Centered Oral Health. DENCOM achieves its vision by accomplishing its mission, which is to provide warrior focused oral health care with an exceptional team of professionals, dedicated to excellence and unified in service. This professional team consists of 1,814 military, 2,346 civilian employees, and 773 contract providers and staff.

DENCOM's mission enhances Soldier preparedness which enables Soldiers to better perform and support the Army's mission. DENCOM oversees the world's largest comprehensive dental system, providing care to over 789,226 active duty Soldiers worldwide, and eligible Family Members overseas.

COL Michael Craddock, Smith Dental Clinic chief of prosthodontics and renovation project officer, demonstrates the clinic's new capability of using a computer-generated model to make porcelain crowns. (U.S. Army photo)

The DENCOM consists of five Regional Dental Commands, encompassing 30 Dental Activities, 15 Dental Clinic Commands and 147 separate dental clinics. The Army Dental Laboratory (ADL), located at Fort Gordon, GA, is the only large production dental laboratory in the Army. The ADL fabricates over 20,000 prostheses annually which include: complete and partial dentures, gold crowns, porcelain crowns and implant abutments for eligible beneficiaries. On an average day DENCOM performs 3,030 examinations, 4,908 X-rays, 2,490 cleanings, 116 root canals, 2,690 oral hygiene counselings, and 569 extractions.

DENCOM partners with the Army Medical Department and School in training dental residents. A total of twenty-seven (27) dental residency programs graduates approximately

CPT Bernardo Bianco, a dentist assigned to Company C, 27th Brigade Support Battalion, 4th Advise and Assist Brigade, 1st Cavalry Division, and SPC Rachelle Halaska, a medic in Company C, 27th BSB, fill a cavity at the troop medical clinic at Contingency Operating Site Marez. (U.S. Army photo by Spc. Angel Washington)

ninety (90) residents annually. These postgraduate dental education programs include: the initial entry one-year advanced education in general dentistry program; two-year residency programs for advanced education in general dentistry, endodontics, orthodontics, pediatric dentistry, public health dentistry; three-year programs in periodontics, prosthodontics, oral and maxillofacial pathology; four-year programs in oral and maxillofacial surgery and fellowships in orofacial pain and maxillofacial prosthodontics. Soldier medical readiness strives to ensure that Soldiers are fit to deploy in the best medical/dental condition.

Educating Soldiers and their leaders on the importance of oral hygiene and the operational risk of untreated dental disease remains a key factor in Soldier readiness. Cost effective preventive measures and timely dental disease management reduces the chances of a dental emergency that can compromise a Soldier's health and mission accomplishment. The DENCOM team, partnering with the individual Soldier and their leaders, will help ensure that the Soldier is optimally fit to fight.

DENCOM uses the Balanced Scorecard and Strategy Map as the primary management tool to align available resources with the mission. The DENCOM Balanced Scorecard, termed A Plan for EXellence or APEX, offers the command a communication tool, metrics, and strategic management system to accomplish its strategic objectives. DENCOM's Balanced Scorecard and Strategy Map together serve as the framework to translate DENCOM's vision and mission into action. The APEX aligns with higher levels of authority which communicate the Army's Chief of Staff imperatives, The Surgeon General's strategic vision and goals, and finally the Army Dental Command's strategy to its subordinate organizations.

DENCOM proudly serves America's Warriors by offering the highest quality of dental care to those who volunteered to serve our nation. DENCOM commits to providing world class dental care to our Soldiers throughout the world whether home in garrison, or alongside them in areas of global conflict like Iraq and Afghanistan.

Army Medicine's Top "10"

Implement Soldier Medical Readiness Campaign Plan (SMRCP)

The United States Army Medical Command (MEDCOM) executes a coordinated, synchronized, and integrated comprehensive Soldier Medical Readiness Campaign Plan to support Army Force Generation in each of its phases to increase the medical readiness of the Army. Through the execution of this campaign, MEDCOM expects to support the deployment of healthy, resilient, and fit Soldiers; increase the medical readiness of the Army; and effectively manage the Medically Not Ready population to return the maximum number of Soldiers to deployable status. The Surgeon General appointed the Deputy Surgeon General for Mobilization, Readiness and Reserve Affairs, MG Richard A. Stone, as the campaign lead. Additionally, senior leadership across the MEDCOM serve as campaign line of effort leads. The campaign plan seeks to improve the medical readiness of the Army through three primary lines of effort (LOE): LOE 1.0 Medically Not Ready (MNR) Soldier Identification; LOE 2.0 MNR Management Programs; and LOE 3.0 Evidence-Based Health Promotion, Injury Prevention, and Human Performance Optimization Programs. The MEDCOM, united with its Army partners, is committed to our cohesive effort to increase the medical readiness of the Army.

Develop Army Medicine Support to an Integrated DOD – DVA Electronic Health Record

The Army Medicine has been a leader in implementing and leveraging our EHR to transform the AMEDD into a knowledge-driven and evidence-based organization. Significant challenges with our current EHR have led to the recent decision by senior DoD and VA leaders to jointly develop/acquire an Interagency EHR (iEHR), which will be based on a open Service Oriented Framework. This will be accomplished through the use of commercial-off-the-shelf (COTS) products, Open Source development, and government-off-the-shelf (GOTS) products. Although there will be challenges to developing the iEHR to include governance, DoD &VA leadership has clearly articulated a roadmap for this joint effort to modernize our respective legacy EHRs. To ensure that our providers, staff and patients have the best tools to achieve the AMEDD mission at the best value, AMEDD OCIO will engage with HA/TMA and VA in the iEHR effort to create an agile, collaborative platform that supports patient-centered care. The AMEDD will continue to strongly advocate for our providers, staff, and beneficiaries while working with HA/TMA on the transition, modernization, and sustainment of our EHR. While working on this endeavor, AMEDD will ensure that we have an IM/IT workforce and a robust business intelligence capability so that we can effectively leverage the iEHR.

Implement Culture of Trust

In our efforts to improve the health and well-being of the Army and our healthcare environment, Army Medicine recognizes the single most tangible attribute that will guide this organization into the coming decades is TRUST: Trust in our focus on the health of the Army and Army Family; Trust in our patient care and the healthcare team; Trust from and in our partners; and Trust within Army Medicine and the Army Family. We have consciously committed to building a Culture of Trust (COT) in Army Medicine. The COT initiative is an Army Medicine enduring effort; it is an organizational change that will support Army Medicine well into the 21st Century and help us achieve our vision of Bringing Value and Inspiring Trust. The systematic implementation of the COT is aimed at reducing variance; standardizing and improving our patients' healthcare experiences, outcomes and readiness; and improving the workplace environment. Implementing the COT initiative over the coming years will produce tangible and measurable improvements and results (i.e. customer service, patient outcomes, personnel satisfaction, retention, and efficiencies). We are committed to ensuring Army Medicine remains relevant and trusted – the keys to our long heritage of service.

Support Physical Disability Evaluation System (PDES) Improvement

The Chief of Staff of the Army recently tasked The Surgeon General to examine the PDES and identify both process related changes and legislative changes that can be made to the recently fielded Department of Defense Integrated Disability Evaluation System (IDES) to decrease processing time and ensure Soldiers facing medical retirement or discharge due to unfitting conditions receive their Veterans benefits without delay. A key component of this examination centers around developing a national dialogue to change the focus of Warrior Care & Transition from one of disability to one fostering abilities and realizing optimal potential. We intend to develop the necessary consensus and will to accomplish a comprehensive change to the PDES reform in which the Army/DoD only determines fitness for duty and the Department of Veterans Affairs determines disability compensation.

Implement Patient Centered Medical Home (PCMH)

The US Army Medical Command (MEDCOM) is implementing the Patient Centered Medical Home, a proven model of longitudinal healthcare delivery that improves continuity of care and enhances access through improved patient-centered care and effective patient-provider communication. PCMH ensures better outcomes, fewer hospital admissions for patients with chronic diseases, lower utilization, improved patient compliance with recommended care and reduced medical spending. Soldiers, Retirees, and their Families enrolled in PCMH have a consistent relationship with their health care provider and team who deliver quality initial contact, continuous, and comprehensive care. Under the PCMH model, the MEDCOM transitions from a healthcare system to a system for health that advances our commitment to building value and inspiring trust with our Soldiers, Retirees, and their Families.

Implementation of mTBI/Concussive Injury Protocols

In late 2009, the Army implemented a comprehensive mTBI/concussive injury management strategy, "Educate, Train, Treat, and Track." Initiatives included developing a series of TBI educational videos, validating Army TBI programs, developing a theater tracking system, and funding additional TBI providers throughout our military treatment facilities. Theater personnel implemented Directive Type Memorandum (DTM) 09-033, Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting in June 2010. This policy mandates an event-based approach to facilitate early identification and treatment of mild traumatic brain injury (mTBI), otherwise known as concussion. The DTM requires a medical evaluation for any Service member involved in an event that may result in a concussion such as a vehicle collision, being in close proximity to a blast, or a direct blow to the head. Additionally, the command may direct a medical evaluation for any concerns related to a suspected concussion/mTBI. In the garrison environment, providers utilize the VA/DoD Clinical Practice Guideline for Management of Concussion/mTBI to help manage adults diagnosed with a concussion/mTBI. Prompt mandatory evaluation and treatment of any Soldier suspected of having suffered a concussion/mTBI either in combat or in garrison is essential to full recovery.

Implement Comprehensive Pain Management Campaign Plan (CPMCP)

The Army Surgeon General chartered the Pain Management Task Force in August 2009 to examine pain management in the MEDCOM and to make recommendations for a MEDCOM pain management strategy. With the invited Air Force, Navy, and Veterans Healthcare Administration representatives, the PMTF expanded its evaluation to include the other Services and VHA. The PMTF completed its report in May 2010 and provided over 100 recommendations. The MEDCOM has subsequently begun implementing the recommendations as part of the MEDCOM Comprehensive Pain Management Campaign Plan. The objective of the CPMCP is to implement a pain management strategy that is holistic, interdisciplinary, and multimodal in its approach, utilizes state of the art/science modalities and technologies, incorporates evidence-based complementary and alternative therapeutic modes (such as acupuncture, biofeedback, yoga, meditation, etc.), advances pain medicine through education and research programs, standardizes services at echelons of care across our medical treatment facilities and provides optimal quality of life for Soldiers and all patients with acute and chronic pain throughout the continuum of care.

Develop and Implement Dismounted Complex Battle Injury Campaign Plan

The Surgeon General established the Dismounted Complex Blast Injury Task Force (TF) in light of the recent increase in severely injured Warriors in the Afghanistan Theater of Operations. The TF was chartered to characterize this severe injury pattern; to ascertain current best practices and challenges; and then to make recommendations to prevent or mitigate the risk, and optimize treatment, while addressing the full human dimension of our Wounded Warriors and their Families. Following its publication, this TSG's initiative will translate the TF's report into an action plan with clear lines of effort and relevant measures of performance and effectiveness. Attention will be paid to the "whole-person" approach to care; enhanced MEDCOM, Army, DoD and inter-agency collaboration; and actionable short-, near-, and long-term goals. Until he takes command of the Northern Regional Medical Command, BG Joseph Caravalho is the interim senior AMEDD leader for this initiative.

Complete Base Realignment and Closure (BRAC) and Transition to Full Operational Capability

Plans for most of the actions directed by law are on track to meet the 15 September 2011 BRAC deadline. Fact of life challenges are impacting several BRAC actions that will require additional time to complete. Detailed synchronization plans were formulated to achieve this complex mandate which include construction and renovation, the co-location of activities and the transfer of missions, functions and personnel. MEDCOM is shepherding 44 BRAC actions from the BRAC 2005 decision. Significant medical actions in four major areas are: 1) the consolidation of medical capabilities and the creation of world class medical facilities, Walter Reed National Military Medical Center and the Fort Belvoir Community Hospital in the National Capital Region, 2) the co-location of basic and specialty medical training at Fort Sam Houston, 3) the creation of the Joint Centers of Excellence for Chemical, Biological, Medical, and Combat Casualty Care Research and 4) the relocation of inpatient medical functions from Wilford Hall Medical Center, Lackland AFB, to Brooke Army Medical Center (BAMC) establishing BAMC as the San Antonio Military Medical Center. BRAC funded construction across the AMEDD ensures a strong future continuing to provide the highest quality medical care, research and education and training capabilities in state of the art facilities. We will complete the required actions to realign missions and functions. However, through additional time we will ensure that we maintain and achieve optimum performance at BRAC installations within existing and newly created organizations.

Design Civilian Workforce Development Plan

The Civilian Workforce Development Line of Effort is an initiative of The Surgeon General/Commanding General, U. S. Army Medical Command (MEDCOM), focused on building the capabilities of the MEDCOM's civilian workforce to respond to ever-increasing mission demands for Army Medicine. With Department of the Army Civilians constituting approximately 52 percent of the MEDCOM workforce, it is imperative that civilians have the opportunity to develop their individual functional and leadership capabilities in order to strengthen the Army Medical Team. The Line of Effort includes active participation in the Department of the Army Civilian Workforce Transformation, development of validated training requirements and associated training opportunities, piloting and promulgation of a Civilian Life Long Learning (CL3) Program, and aggressive sharing of training opportunities with other Army commands. The effort will also include building opportunities for developmental or rotational assignments and career advancement. Mr. Gregg Stevens, SES, Deputy to the Commanding General, US Army Medical Department Center and School (AMEDDC&S) and Chief, AMEDD Civilian Corps is the senior AMEDD leader for this initiative.

Implement Comprehensive Behavioral Health System of Care (CBHSOC) Campaign Plan

The Comprehensive Behavioral Health System of Care (CBHSOC) is an initiative nested under the Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention. The CBHSOC addresses the "human dimension" of the Army Force Generation Model (ARFORGEN) – the highly personalized resiliency and behavioral health (BH) needs of each individual Soldier and Family which crosses all phases of the ARFORGEN. The CBHSOC will standardize, synchronize, and optimize the numerous BH policies, procedures, and programs across the US Army Medical Command (MEDCOM) to ensure seamless continuity of care to better identify, prevent, treat and track BH issues that affect Soldiers and Families during every phase of the ARFORGEN cycle.

Plan, Resource, and Execute TSG/CG MEDCOM Transition

The TSG/CG MEDCOM Transition Line of Effort is critically important and includes all tasks required to ensure a smooth transition of Army Medicine's senior leader with an eye on the future. Upon Senate confirmation, the incoming Surgeon General will appoint a senior Accountable Officer to lead a diverse transition team of hand-selected individuals who have four main tasks. First, the transition team will synchronize critical functions associated with LTG Schoomaker's retirement, the change of command, and the incoming Surgeon General's Swearing-In ceremony. Second, the transition team will conduct an in-depth assessment of the State of the AMEDD and submit a written report to the Incoming Surgeon General in early December 2011. Third, the transition team will consolidate all tactics, techniques, and procedures (TTPs) and internal management products into a useable transition playbook for MEDCOM Major Subordinate Commands' future use. Fourth, the transition team will ensure completion of all transition tasks through the incoming SG/CG MEDCOM's first 60 days. The transition team will officially terminate in March 2012 upon providing a consolidated out-brief to all AMEDD General Officers and sharing all supporting material.

By COL Otto Boneta

Army Graduate Medical Education (GME)

The Cornerstone of Army Medicine

ZAMBALES, Philippines-CPT James Ham, emergency physician, 130th Engineer Brigade, Hawaii, gets a patient to "open wide" at a medical civic assistance project held at the Pundakit Elementary School as part of Balikatan 2011. (U.S. Navy photo by Mass Communication Specialist First Class Robert Clowney)

Whether providing care for Soldiers in Afghanistan or for their Families at Fort Campbell, we owe it to all our patients to provide the best care possible. It takes a medical team to deliver that care and the Medical Corps (MC) must ensure that the physician on that team is clinically competent and capable of leading that medical team. Just like any other officer's professional development, we rely on institutional training, experiential learning, and continuing education. Unique to the Army Medical Corps' institutional learning is a robust GME system that is second to none in the DoD or civilian sector.

The Army MC's mission is simply to develop clinically proficient and operationally effective physicians and leaders. Army GME is central to achieving these goals and contributes directly to several objectives on the MC's and the AMEDD's balanced score card. In addition to training our officers in state of the art medicine, Army GME is a vital recruiting and retention tool. The prospect of training in our GME programs attracts top-notch applicants for the Uniformed Services University of the Health Sciences and the Health Profession Scholarship Program which are the main sources of accessions for the MC providing us with over 95% of our new physicians. It also helps us retain our best and brightest officers who cherish the opportunity to teach and do research and who otherwise might separate to join civilian academia. Lastly, Army GME allows us to effectively impact force structure by adjusting the types and number of training positions to meet current and future mission requirements.

GME encompasses all of our medical specialty (residency) and subspecialty (fellowship) training programs-from Family Medicine to Ophthalmology and Neurosurgery. At any given time, approximately 1/3 of the MC is training in GME. We currently have more than 1400 MC officers in GME with over 92% training in Army hospitals taking care of our Army Family. The remainder is training at world renowned medical centers such as Johns Hopkins, Duke, Stanford and Harvard.

The AMEDD has 11 teaching hospitals and three institutes that altogether operate 70 residency programs and 57 fellowships. All of our programs are accredited by the Accreditation Council for GME (ACGME) and two-thirds of those programs are accredited for the maximum of five years with an overall average of 4.5 years. Upon completion of GME, physicians must take rigorous specialty board certification exams which are a key indicator of a physician's competence. Pass rates for physicians taking their boards for the first time post-training are a direct reflection of a training program's excellence. First-time board pass rates for Army-trained physicians average 94% which is far greater than our civilian trained counterparts. In fact, the first-time board pass rate has been an astounding 100% for the past three years in 25 specialties: allergy, cytopathology, developmental pediatrics, critical care medicine, gastroenterology, geriatrics, hematology/oncology, infectious disease, maternal fetal medicine, neonatology, neurology, occupational medicine, ophthalmology, pediatric endocrinology, radiation oncology, vascular surgery, nuclear medicine, physical medicine & rehabilitation, radiology, rheumatology, adolescent medicine, sleep medicine, orthopaedic sports medicine, primary care sports medicine, and urology.

In short, as MG Carla Hawley-Bowland, MC Chief recently stated, "Army GME not only trains the best, recruits the best, but retains the best." Army GME is the cornerstone of Army Medicine-Bringing Value… Inspiring Trust.

Enlisted **Corps**

By SGM Quinton Rice & Fredricke Clayton

SGT Kate Lyker (left), a medic with 1st Advise and Assist Brigade, 3rd Infantry Division, United States Division-Center, bandages up a child's finger during a humanitarian aid drop outside Contingency Operating Station Falcon. (U.S. Army photo by SPC Jared Eastman)

Our Soldiers, Sailors, Airmen, and Marines have been at war for over nine years. To some, it is hard to imagine being an accomplished Army Medical Enlisted Corps, at war, with an all volunteer force; this is unprecedented in this country, or the world. Additionally, we are transforming and changing the Army to a more modernized entity while prosecuting the war.

The American Army Medical Enlisted Soldier training methodologies ranks with the "best in the world;" the current 90 plus percent wartime injury survival rate is indicative of that success. We take a young man or woman off "any street in the USA," train them to a proficient level and dispatch them to the operational forces throughout the four corners of the world where their role in life is to sustain the fighting forces. To date the 68W Combat Medic has surpassed "sustainment normalities;" and they have done it with great tenacity. Our young Soldiers express pride as they wear in their uniforms, throughout the various transport hubs around the country, i.e., airports, bus, and train stations, etc.

Army Medicine is a high performance organization that demands nothing but the best from its strong results-oriented workforce. The Enlisted Corps has proven to have the time tested talent, knowledge and skill set that enhances Army Medicine's capability to achieve its mission. The Enlisted Corps has a rich and profound history in supporting the warfighters and all beneficiaries. They were established by Congressional mandate on 17 July 1776. The Enlisted Corps is aware of the ever changing environmental influences that affect the medical industry. Therefore, they seek to build mutually beneficial relationships and enhance partnerships with both internal and external entities.

Many nations aorund the world seem to emulate the level of professionalism and competency displayed by our Enlisted Corps. Many of our Enlisted Corps members possess civilian certifications, state licensures and college degrees. The impact of the care they provide coupled with the teaching and training of healthcare professionals both domestically and internationally exudes the engrained foundation of warrior ethos. This assurance provides validity to the total commitment of our Enlisted Corps and promotes a Culture of Trust that sets our customers', partners' and stakeholders' minds at ease. Many of them are aware that our Corps is a member of a system of care that enforces standards, preserves history and traditions, and is prepared to support full spectrum operations anywhere in the world.

The expectation is that these Soldiers will do "great things" and consider making the Army a career. Medical Soldiers are expected to maintain a required level of proficiency which helps solidify a Culture of Trust in all the recipients who benefit from this higher standard of care. Soldiers must be eclectic "Master of all Trades" and in some instances, able to do everything with very limited resources. We expect our Soldiers to understand the linear and the asymmetric battle fields and how to function effectively in each. Soldier medics in the operational Table of Organization and Equiment (TOE) forces, as well as, the Tables of Distribution and Allowances (TDA) institutional (fixed facilities) forces develop, train and lead a responsive and dedicated Enlisted healthcare team. All of this "new learning" is happening as we transform from a Division centric force to a Brigade centric force. The Army Medical Command expects even greater things as this Enlisted team evolves.

Army Nurse **Corps**

By COL Carol Pierce

Army nurses 2nd LT Rosa Cervantes (right) and 2nd LT Tracy Swan work together to give an IV to a intensive care unit patient at Carl R. Darnall Army Medical Center. (U.S. Army photo by Patricia Deal)

This year marks the 110th Anniversary of the Army Nurse Corps. Since 1901, Army Nurses have served in every major theater conflict providing nursing care to the ill and injured, frequently modifying tactics, techniques and procedures to ensure that the best quality of care can be provided in often austere, hostile environments.

In 2008, MG Patricia Horoho, Chief of the Army Nurse Corps coordinated a senior nursing leadership (military and civilian) Campaign Planning Conference to develop a strategy which would extend beyond her tenure, providing a road map for the future of the Corps. The motto ***"Embrace the Past, Engage the Present, Envision the Future"*** became the hallmark of the Corps direction.

"Embrace the Past" includes ongoing dialogue with senior retired Army Nurse Corps officers. These officers, many who are Vietnam Veterans, are subject matter experts in their field and they provide guidance and insight related to complex issues within both deployed and garrison nursing care environment. Additionally, historical narratives are collected from both retired and current Army Nurse Corps officers related to combat deployments so that we do not lose the lessons of the past.

"Engage the Present" is best depicted through the establishment of officer, civilian and enlisted nursing work groups charged with: developing a patient care delivery model that best supports quality care for our beneficiaries: reducing variance in nursing practice across our worldwide MTFs; establishing quantifiable performance and outcome metrics to evaluate our care nursing practices; and establishing a leader academy framework to develop our future nursing leaders. Additionally, we have actively engaged with the civilian nursing professional organizations to ensure alignment with current national nursing trends and the national healthcare reform strategy. The Army Nurse Corps is restructuring nursing research sections into clinical inquiry cells, comprised of doctoral prepared nurse scientists, clinical nurse specialist, nurse informatics officers and nurse method analysts, for the purpose of linking nursing research to evidence-based nursing practice at the bedside.

"Envision the Future" is our "future operations" structure. A team of senior nursing leaders assess national healthcare systems and trends, civilian academia and future AMEDD mission requirements in both the garrison and deployed settings to determine what future personnel force structure and training platforms are needed within the Army Nurse Corps to best position our nursing practice for the future healthcare demands. The Army Nurse Corps is currently undergoing some major changes in current Areas of Concentration (AOC) and Areas Skill Identifiers (ASI) and in training strategies. The most notable is the transition of the current critical care and emergency care ASI training programs. At the graduate level, the Army Nurse Corps is changing the training strategy of the advanced practice nurses, Anesthesia, Family Nurse Practitioner and Behavioral Health Nurse Practitioner, from the two year Master's degree to the three year Doctorate of Nursing Practice (DNP), with the target date for implementation in 2012. In collaboration with the AMEDD C&S and the Uniformed Services University (USU), the two primary platforms for advanced practice nursing programs, the curriculum is being modified to align with the national academic standards for the DNP. The Army Nurse Corps is, also, examining civilian long term health education and training graduate programs and Training With Industry programs to determine if current programs are the best fit for our future requirements. This has lead to expansion of several programs, to include the addition of Nurse Case Management Graduate programs, increased training seats with the Baylor Healthcare Administration program and expansion of Nurse Informatics graduate training programs.

The Army Nurse Corps has a long legacy of service to our Nation that will continue through a strategy of learning from past experiences, actively transitioning our present Corps and shaping the future Corps by investing in our junior Army Nurse Corps officers today so that we have a future force of senior nursing leaders with the knowledge, skills and behaviors needed for evolving, complex healthcare missions.

By COL Arthur Scott

Dental Corps

Mo Bannister (left), a dental assistant, and CPT Paul Froude, a general dentist, both with Fort Stewart Dental Activity, perform a dental exam on SGT Bryan Frady, 1st Heavy Brigade Combat Team, 3rd Infantry Division. (Photo by SPC Michael Adams)

Celebrating its' 100th anniversary this year, the U.S. Army Dental Corps supports America's global military mission by providing comprehensive dental care for Soldiers and their Families. The theme for this year's Dental Corps Centennial- "Army Dentistry...100 Years Strong!"- reinforces the Army's emphasis of strength to our Nation, and the need to maintain the organization's strength, individually and collectively.

The Army Dental Care System (ADCS) is the largest dental program in the world. For over a century it has provided routine and acute dental care to sustain the efforts of America's warriors stationed at home and abroad. Today, the ADCS is composed of more than 2,500 officers and enlisted personnel, and a loyal civilian staff complement that brings the total to more than 5,000! The ADCS has, and has always been, the Soldier's trusted agent for oral health: maintaining individual and unit-level dental readiness, advocating for dental wellness initiatives, monitoring access to care both in the military direct care setting and the outsourced private sector, and remedying dental disease to prevent dental casualties during deployment, are among the most important services provided by the Corps. In support of The Army Surgeon General's Culture of Trust, Soldiers and their Families continue to rely on the Army Dental Corps to provide state of the art dental care that meets and exceeds their expectations for quality, compassion, and excellence. Army dentistry is proud to consistently garner high ratings from Soldiers who are asked about satisfaction with quality of various military entitlements and benefits (Sample Survey of Military Personnel, 2000-2010).

In support of dental readiness in the Army Force Generation (ARFORGEN) process, planned synergy among new corporate-level initiatives continues to move dental readiness among Soldiers and units in the Reserve Components (RC) to unprecedented levels. Programs vital to this success include: First Term Dental Readiness (FTDR), providing readiness care for Initial Entry Soldiers; Reserve Component Dental Demobilization Reset (RC-DDR), for exam/readiness care for demobilizing RC Soldiers; and, the Army Selected Reserve Dental Readiness Systems (ASDRS) program, for annual exam/readiness care for the RC, regardless of alert status.

In concert with Army transformation, a concurrent transformation in structure and process by the MEDCOM and its subordinate commands will allow the required institutional adaptation by the generating force. For the ADCS, this meant a shift in Army Dental Command (DENCOM) regional command structure, to posture the ADCS to better support the transformed Army, optimize the delivery of dental healthcare, and ensure support throughout the ARFORGEN. Also, each of the Regional Dental Command (RDC) commanders assumed an additional duty title as the Director for Readiness to the ARFORGEN Process, responsible for managing healthcare support for mobilization and demobilization operations within each region.

The Army Dental Corps and the entire ADCS continue to make a significant difference in overall Warrior Readiness, with dental readiness as their primary mission and a major component, supporting the ARFORGEN and the AMEDD transformation - a partnership built on trust.

Veterinary **Corps**

By LTC Madonna Higgins

CPT Bennett Arble, a Veterinary Corps officer, examines Keiko, a Persian cat, at the Fort Jackson Veterinary Treatment Facility. (Photo by Steve Reeves)

The U.S. Army Veterinary Corps' mission is to protect the war-fighter and support the national military strategy. It accomplishes this by providing veterinary public health capabilities through veterinary medical and surgical care, food safety and defense, and biomedical research and development. In addition, Veterinary Corps Officers provide military veterinary expertise in response to natural disasters and other emergencies. The U.S. Army Veterinary Corps is an integral part of an Army Medical Department at war, supporting a nation at war. "The Corps consists of approximately 460 officers on active duty and approximately 450 officers in the U.S. Army reserves," explains LTC Madonna Higgins, DVM, MVPH, with the U.S. Army Veterinary Corps at Fort Sam Houston, TX. "As an Army veterinarian, you have the opportunity to utilize your professional training and experience in a wide variety of areas from three primary areas of focus: animal medicine, veterinary public health and research and development."

Everything the U.S. Army Veterinary Corps does ultimately focuses on the war-fighter — the Soldiers, Sailors, Airmen and Marines. We provide food safety and security inspections for all of the Armed Services and are responsible for providing care to military working dogs, ceremonial horses, working animals of many Department of Homeland Security organizations and pets owned by service members. Its members are an essential component of the military medical research team, contributing skills in the development of life saving medical products that protect all service members. Higgins says veterinarians are a key component of the emergency response system for natural and manmade disasters. In a military theater, among other things, command veterinarians oversee safety of the food consumed by the fighting force, including spot inspections of slaughter facilities, processing plants, farms and more. "The Corps is in search of public health veterinarians-those with both food animal medicine experience and Master's in Public Health degrees. However, in many cases we will train them and fund their degree program. Public health and force health protection is our driving force."

Medical Service **Corps**

By COL Thomas Little and COL(Ret) Richard V.N. Ginn

CPT John Stehulak, deputy commander, 124th Medical Detachment, 18th Medical Deployment Support Command, examines SSG Alexander Champigny, automation specialist, 18th MDSC, during the unit's field training exercise to evaluate the unit's equipment and train-up for upcoming exercises and deployment to Afghanistan. (U.S. Army photo)

A Historical Perspective of MSC Long-Term Health Education and Training

"The response for individual self improvement in the educational field has set the pace for the entire Army and has brought about a surge in the prestige and status of the Corps." COL Bernard Aabel, Chief of the MSC, June 1959.

Medical Service Corps officers who participate in today's long term health education and training programs are the beneficiaries of an historical progress that has both mirrored – and often led – civilian health care advances in the sophistication of the medical team. The opportunity for advanced education has been a mainstay in the ability to retain superior MSC officers, providing the Army with an extraordinary mix of medical administrative and scientific talent.

From the beginning, there has been an emphasis on educational attainment and technical skill. The evolution of the MSC dates from the formation of the Sanitary Corps in 1917 for support of the Army in World War I. A look at the skills and educational backgrounds of the nearly three thousand officers commissioned in the Sanitary Corps is a look at an historical turning point, when the benefit of officers skilled in a wide variety of emerging health specialties, from x-ray to bacteriology, and from medical supply to medical administration, foreshadowed the modernization of American and military medicine. This corps, later joined by the Medical Administrative Corps and Pharmacy Corps, numbered nearly 23,000 officers in World War II. Their value to the Army in that global conflict was underscored in 1947 when Congress consolidated those organizations into the MSC as a permanent part of the Army. It was a dramatic endorsement of a group of officers trained and educated in a wide variety of health fields essential for the health support of ground forces.

The demand for smart and capable MSC officers has been supported by continued growth in opportunities for education and training, which has been a dominant force since 1947 in the maturation of the Medical Service Corps. MSC leaders have consistently pushed for expanded opportunities across the board, from staff college to war college, from baccalaureate to doctoral degrees, and from specialization to professional certification.

Over the years, long term health education and training has facilitated the movement of MSCs into higher and higher positions of leadership and advancement. The desire in the mid-twentieth century for baccalaureate degrees has advanced to a desire for robust graduate degree programs, as the desire for opportunity for promotion to colonel has advanced to opportunity for promotion to major general, and the desire for opportunity to command an Army hospital has evolved into opportunity to command medical centers and regions.

MSCs today, as their forbearers before them, actively pursue education and training, as they know this will be an essential element in their preparation for advancement and positions of higher responsibility, both in and out of the Army.

Through the efforts of many contributors and a strong historical promotion of educational enhancement, MSC long-term health education and training now includes many prestigious offerings, such as the Army-Baylor Master of Health Administration/Master of Business Administration Program, Masters of Social Work Program, Clinical Psychology Program, and a number of prominent fellowship, internship, and training with industry opportunities. Furthermore, in many cases participants may select universities of their choice to foster their educational aspirations. The extraordinarily rich and diverse MSC long-term health education and training program has proven to be a remarkable asset that continues to strengthen the ability of our MSC Soldiers to perform at their very best.

Medical Specialist **Corps**

By The Specialist Corps Office

CPT Tamara Osgood (left), a Registered Dietitian, explains Performance Nutrition Education at Camp Bucca, Iraq. (U.S. Army photo)

Mission

To provide, develop, and sustain clinician-leaders who bring the best of their professions (Occupational Therapy, Physical Therapy, Dietetics, and Physician Assistant) to:

-Deliver leading edge health services to our Warriors and Military Families

-Maximize performance, and

-Foster healthy and resilient people

Vision

Complementary Clinical Professions, Integrated and Synergized Towards a Single Focus **"Proactive Warrior and Family Healthcare"**

The Army Medical Specialist Corps (SP Corps) traces its origin back to Public Law 80-36, passed by Congress on April 16, 1947, and signed into law by President Harry Truman. The SP Corps of today consists of four distinct clinical professions, all of which originated from the needs of war--Occupational Therapists (65A), Physical Therapists (65B), Dietitians (65C), and Physician Assistants (65D). These uniquely different clinical specialties work together in partnership to support the full spectrum of Army Medicine from the battlefield to home station to transition back to civilian life.

The SP Corps brings value through various partnerships built on trust. As clinical specialists, SP Corps officers not only provide evidence-based patient care, they also advise and assist commanders in planning medical operations, maintaining unit medical readiness and optimizing Soldier performance by preventing injury, enhancing performance through nutrition, rehabilitating wounded, ill, and injured Soldiers, and reintegrating Soldiers back to duty or civilian life. Additionally, members of the SP Corps partner with Sister Services, US Agencies, coalition partners, and civilian universities to share and improve medical knowledge.

Occupational Therapists (OT) provide a broad spectrum of occupationally-based intervention for traumatic brain injury and behavioral health conditions as well as treatment/rehabilitation for upper extremity conditions and limb amputations. In Combat Operational Stress Control (COSC) units, OTs provide preventive and restorative services to enhance Soldiers' occupational performance. OTs develop ergonomic strategies, policies, and programs to prevent injuries and decrease human and economic costs of injuries in the DoD.

Physical Therapists (PT) serve in a musculoskeletal primary care provider role to evaluate, diagnose, and treat patients with musculoskeletal and neuromuscular conditions, as well as design and implement programs that emphasize health, wellness, and human performance optimization. Together with their OT colleagues, PTs play an integral role in injury prevention, physical fitness/readiness, rehabilitation, and reintegration.

Registered Dietitians (RD) are the Army's food and nutrition experts. They supervise and manage nutrition care operations, provide nutrition assessment, counseling and treatment for disease management, prevention, and performance optimization. Dietitians develop nutrition strategies and advise on food-related matters influencing Soldier readiness and Family health.

Physician Assistants (PA) not only conserve fighting strength by saving lives on the battlefield, they also plan, perform, and supervise troop medical care in garrison and in all operational contingencies; they teach and train enlisted medics, and perform as medical platoon leaders or officers-in-charge of designated units.

SP officers participate in Military to Military and Civil-Military Operations to build host nation medical capability and capacity in support of stability operations and partnership building. Partnership activities include: combat lifesaver skills training; poly-trauma treatment and rehabilitation; limb loss management and prosthetics/rehabilitation; physical fitness training of host nation forces; skills transfer/capability enhancement for host nation providers managing musculoskeletal injuries, basic primary care, public health, nutrition assessment and intervention, and women's health.

By providing the full spectrum of "Proactive Warrior and Family Healthcare", the SP Corps brings value to Army Medicine.

AMEDD Civilian **Corps**

By Nancy Quick

Shalita Randall, a civilian respiratory therapist at Carl R. Darnall Army Medical Center at Fort Hood, tests a ventilator prior to administering care. (U.S. Army photo by Christie Vanover)

The Army Medical Department (AMEDD) Civilian Corps is the youngest AMEDD Corps, with a long and rich, but largely undocumented, history of service in support of Army Medicine. Research on the AMEDD Civilian Corps continues–to record its history, authenticate its heraldry, and denote its achievements.

The Army Surgeon General, LTG Eric B. Schoomaker, appointed Charles G. (Gregg) Stevens as the fourth Chief of the AMEDD Civilian Corps in November 2009. Stevens became the first Civilian Corps Chief in the Senior Executive Service (SES) and had these words to say about the Civilian Corps in a recent Corps Chief message: These 46,000+ employees are "truly dedicated to promoting, sustaining, and enhancing Soldier health; delivering leading edge health services to our Warriors and Military Family to optimize outcomes; and training, developing, and equipping a medical force that supports full spectrum operations." We see evidence every day of the excellence with which the AMEDD team accomplishes these missions. The members of the AMEDD Civilian Corps have proven themselves to be essential members of the ArmyMedicine team.

The first office of the Civilian Corps Specific Branch Proponent Officer (CSBPO) opened in October 2010. Even before the Civilian Corps CSBPO Office opened, a team of civilians from across MEDCOM began the challenging work of formulating an updated Civilian Corps strategic plan. TSG approved the resulting AMEDD Civilian Corps Balanced Scorecard in January 2011.

The mission statement "Revolutionize the current culture to build an integrated and enduring professional team serving Army Medicine" sets the stage for the way ahead for the Corps and its members. Initially, the primary strategic focus will center on the following strategic objectives.

- ***Enhance Communication***
- ***Improve Relationships and Partnerships***
- ***Create a Culture of Belief in the Value of Corps Membership***
- ***Improve Knowledge, Skills, and Abilities***

Other results of TSG's support and focus on AMEDD Civilians are visible through some noteworthy initiatives implemented this year. Civilians may now become affiliated with the AMEDD Regiment and recognized as Distinguished Members of the Regiment (DMOR). Also, the first civilian was awarded the AMEDD 30-Year Medallion, a retirement award previously reserved for AMEDD military members.

These examples support a cultural shift toward embracing civilians as part of the integrated AMEDD team. TSG and Stevens, along with other Army senior leaders, are placing special emphasis on training and development opportunities for civilians.

TSG directed the Civilian Corps Chief and the MEDCOM Chief of Staff, Herb Coley, SES, to form an integrated process team (IPT) to examine education and training opportunities for civilians.

As part of the Army Civilian Workforce Transformation (CWT), every Army Civilian will become part of a formal Army Career Program by October 2011, resulting in defined career development plans for all occupations.

The AMEDD Center and School developed the "Civilian Life Long Learning (CL3)" website, providing a comprehensive portal for civilian training. It includes tools and programs to enhance productivity and an Individual Development Plan template to assist with training and career development strategies.

Success by civilians in established programs like the Army-Baylor Health Care Administration program and the Master of Social Work program are paving the way for exploration of other developmental opportunities for AMEDD civilians.

Support from each member of the Civilian Corps is critical to the success of these efforts and to making the strategic vision "a distinguished team of passionate professionals recognized for quality, innovation, and customer service in support of Army Medicine," reality. The work of AMEDD civilians, individually and collectively, makes a real difference to our Soldiers, Families, and Civilians. It is Army Medicine at its best.

Advances

In Army Medicine

Warrior Transition Units (WTU)

Twenty-nine WTUs near Army medical treatment facilities across the Army aid in the recovery of severely wounded, injured and ill Soldiers as they transition to full active duty or return to civilian life. Warrior Transition Unit (WTU) staff actively work to include Families in the Warrior in Transition's healing and transition process. WTU clinical social workers, nurse case managers, and squad leaders, in conjunction with the Soldier Family Assistance Center (SFAC) staff, reach out to Family members to assess their needs and to involve them as the Wounded Warrior works on his or her Comprehensive Transition Plan.

• The Army's Wounded Warrior (AW2) Program also provides non-medical assistance to Families as they work with Soldiers and Veterans to gain the resources they need to heal.

• More than 4,000 highly trained cadre and support personnel have cared for more than 40,000 wounded, ill, or injured Soldiers and their Families.

Amputee Care

When OEF and OIF began, Army Medicine identified changes needed in the way we think about and care for Service members who have lost limbs. The current approach to amputee rehabilitation uses a multidisciplinary approach in evaluating and treating the wounded service member.

• Rehabilitation then moves into the progressive therapies: e.g., Physical Therapy, Occupational Therapy, Traumatic Brain Injury, Speech Therapy, or Psychiatry.

• Advances in prosthetics and orthotics (e.g., the vacuum-assisted suction socket for hip disarticulation, and improvement of the power knee and ankle prosthesis) have resulted in more than 250 service members returning to duty and more than 50 redeploying.

Pain Management

The 2009 Army Pain Management Task Force spearheaded a comprehensive evaluation of pain management across Department of Defense, Veterans Administration, and civilian medicine. Army Medicine's pain management strategy serves as the foundation for the Department of Defense pain management strategy.

• Army Medicine currently standardizes pain management strategies at pain management centers, expansion of non-medication pain management modalities, and development of education products for providers and patients.

Comprehensive Behavioral Health System of Care (CBHSOC)

In 2010, the CBHSOC was established to standardize, synchronize, and coordinate behavioral healthcare across the Army and throughout the Army Force Generation cycle. The intent optimizes care and limited behavioral health resources for Soldiers and Families.

• Long-term goals of the CBHSOC are (1) the development of a common behavioral health data system; (2) development and implementation of standardized surveillance and data tracking capabilities to coordinate behavioral health clinical efforts; (3) synchronization of Tele-behavioral health activities; (4) complete integration of the Reserve Components; and (5) other efforts including traumatic brain injury, patient centered medical home, and pain management.

Electronic Health Record (EHR):

Allows global, near real-time access to beneficiary healthcare data in support of the health and medical readiness of Soldiers, Family Members and Retirees. Computerized Provider Order Entry, a major component of the EHR, allows drug interaction checks, allergy checks, provider alerts, and improved legibility of medication orders. These benefits have resulted in a significant decrease in mortality and improvement in patient safety.

• Allows global, near real-time access to beneficiary healthcare data for authorized care providers.

• The EHR also allows Army Medical Department physicians to collect and analyze healthcare data to improve clinical outcomes.

Rapid Aeromedical Evacuation

All 37 MEDEVAC companies grew from 12 to 15 aircraft and 85 to 109 personnel. In addition, 9 MEDEVAC companies were added to the Reserve Component. Six new light utility helicopter MEDEVAC Companies with 8 aircraft each were added to the Reserve Component in support of Homeland Security and available for deployment.

A U.S. Army HH-60M Black Hawk medical evacuation helicopter crew chief prepares to unload simulated casualties from an HH-60M at Bush Field in Augusta, GA. (U.S. Air Force photo by SSG Donald Allen)

• The addition of 9 MEDEVAC Companies and 12 to 15 aircraft will result in a 60% increase in MEDEVAC aircraft in direct support of the Warfighter (an increase from 336 to 555 aircraft).

• Additional MEDEVAC companies deployed to theater reduced evacuation times from 1 hour 40 minutes to 45 minutes, meeting the "golden hour" goal. The golden hour is the 60 minute period after trauma, after which the chances of survival for wounded Soldiers drop significantly.

Concussion Management

In 2010, Army Medicine implemented a new mild Traumatic Brain Injury (TBI) management strategy to disseminate information that our healthcare workers needed and outlined the unit's responsibilities, creating a partnership between the medical community and the line units. This policy directed that any Soldier who sustained a mandatory reportable TBI exposure event must undergo a medical evaluation including a mandatory 24-hour downtime, followed by medical clearance before returning to duty. The mandatory events are a command-directed evaluation for any Soldier who sustains a direct blow to the head, is in a vehicle/building associated with a blast event, collision or rollover, or is within 50 meters of a blast.

• The Army has created 58 TBI programs since 2007 ranging from full TBI clinics at our large military treatment facilities to dedicated TBI case managers at our smallest facilities. DoD-funded research has supported 250 studies regarding all aspects of TBI and added to the medical literature.

Wound Toxicity

The Armed Forces Institute of Pathology has reduced the risk of toxicity among survivors of blast injuries through the analysis of retained metal fragments recovered during surgery. The chemical characterization of removed fragments is now part of the state-of-the-art medical evaluation and management of blast injuries. Providers can better treat Wounded Warriors whose clinical recovery becomes complicated by antibiotic-resistant combat wound infections.

• AFIP developed specialized facilities, scientific experts, and resources that advanced the study of combat wounds. The results enable military medical care providers to deliver effective treatment to Wounded Warriors whose clinical recovery becomes complicated by antibiotic-resistant infections.

• AFIP efforts reduced the time needed to detect environmental biohazards (e.g., infectious disease agents or biological toxins) from 24 hours to 10 minutes by the development of a transportable biothreat detection system.

Regenerative Medicine & Burn Care

In 2008, DoD established the Armed Forces Institute of Regenerative Medicine to develop new products and therapies to treat severely injured service members. Regenerative medicine represents great potential for treating our wounded with debilitating, disabling and disfiguring extremity injuries and burns.

• The US Army Institute of Surgical Research developed methods for global critical care transport of burned patients by the Burn Flight team incorporating intensive care, flow sheets, and ventilator strategies. Burn Resuscitation Decision Support software has been developed to assist in the resuscitation of burn patients and to help avoid the complications of resuscitation.

Joint Trauma Analysis & Prevention of Injury in Combat (JTAPIC)

The JTAPIC program collects, integrates, and analyzes injury and operational data that improves the military's understanding of its vulnerabilities to threats and enables it to make improvements to prevent or mitigate blast-related injuries. One component, the Joint Theater Trauma System allows analysis of battlefield injury information and has resulted in improved treatment in theater and substantially increased survivability rates.

- JTAPIC allows the Army to quickly identify vulnerabilities through incident analysis and lessons learned.
- The JTAPIC partnership will continue to collaborate with and provide information to vehicle program managers and Training and Doctrine Command capability managers to assist with force modernization decisions.

68W Health Care Specialist

Army Medicine revised and expanded combat medical training in 2001 from 10 weeks to 16 weeks and created 68W Health Care Specialist. The new course includes extensive training in trauma medicine and mandatory certification as a National Registered Emergency Medical Technician; 1,360 additional medics have been assigned to Brigade Combat Teams. This enhanced training, coupled with the use of the Combat Application Tourniquet and an increase in MEDEVAC companies to the inventory, has resulted in over a 90 percent survivability rate of our combat wounded.

Improved Individual First Aid Kit (IFAK)

Army Medicine has made huge advancements in first aid care. A recent published study concludes that for every injured Soldier there are 2.3 extremity wounds; the total number of extremity wounds in Operation Iraqi Freedom/Operation Enduring Freedom to date exceeds 33,000.

- The 1-pound IFAK provides the essential components needed to treat and stabilize injuries sustained on the battlefield. The IFAK is issued to every Soldier and includes items to stop hemorrhage and open airways to help injured or wounded Soldiers to breathe, addressing two leading causes of death on the battlefield: severe hemorrhage and inadequate airway.
- The treatment of battlefield wounds is exacerbated by the long evacuation times during military operations. Appropriate care on the battlefield ensures that injured Soldiers are able to give and receive timely care for injuries.

Combat Gauze Dressing

Because approximately 86 percent of all battlefield deaths occur within the first 30 minutes after wounding, the ability to stop hemorrhage is vital to the care of battlefield injuries. Combat Gauze has been developed, tested and fielded for hemorrhage control and is included in the IFAK. Combat Gauze quickly controls bleeding and protects wounds from debris and bacteria.

- After extensive testing by the United States Army Institute for Surgical Research (USAISR) and the Naval Medical Research Center (NMRC), Combat Gauze was chosen as the only hemostatic agent used by the US Military for severe hemorrhage.
- The availability of tools like Combat Gauze enables quick and efficient care in the combat environment; thereby helping to reduce the Killed in Action (KIA) rate of American troops by 25 percent. Since its adoption in 2008 by the military, Combat Gauze has saved hundreds of lives on the battlefield and moved into civilian use by hospitals, emergency medical technicians (EMTs), and consumers.

Combat Application Tourniquet (CAT)

Since mid-World War II, nearly 50 percent of combat deaths have been due to blood loss. Of those, about half could have been saved if timely, appropriate care had been available. Before 2005, tourniquets included the strap-and-buckle tourniquet that dated back to the American Civil War. The one-handed tourniquet was also available but more effective on arms then legs. Today, the CAT is the primary tourniquet issued to all Army Soldiers.

- The US Army Institute of Surgical Research (USAISR), evaluated several commercially available tourniquets. Results showed that the CAT was the most effective option.
- The CAT had a shorter learning curve than other tourniquets.
- The CAT reduces the morbidity of combat injuries by providing a quick and easy solution for the combat environment. Reports from the theater indicate that there is no pre-hospital device deployed in the current conflict that has saved more lives than the CAT. In 2005, the CAT was honored as one of the Army's 10 Greatest Inventions. The CAT is currently being used by Emergency Medical Technicians in civilian trauma care.

Human Immunodeficiency Virus (HIV) Research

US Army sponsored a 6-year trial resulting in a combination vaccine that demonstrated the first ever success in preventing HIV infection with a 31% efficacy rate. This study provided proof of concept that an HIV vaccine is possible. *Time* magazine deemed this vaccine strategy the 2nd leading medical discovery of 2009 and number 8 in Best Inventions of the year. The trial result has re-energized the HIV vaccine field scientifically and organizationally. The Military HIV Research Program (MHRP) is at the front of the battle against HIV to protect U.S. troops from infection and to reduce the

SGT Nicholas Brown, NCOIC for Army Substance Abuse Program Clinical Services at Schofield Barracks, HI, simulates a Soldier engaged in a virtual behavioral health assessment interview via Defense Connect Online, in one of 10 specially-designed booths that were assembled prior to the Virtual Behavioral Health pilot project. (U.S. Army photo by Liana Mayo)

SPC Joshua Ryan, a medic with the 16th Special Troops Battalion, 16th Sustainment Brigade, administers the influenza vaccine to SSG Jacqueline Atkins at the troop medical clinic at Contingency Operating Base Q-West, Iraq. (U.S. Army photo)

global impact of the disease. MHRP's main laboratories are in Rockville, Maryland, with research sites in Tanzania, Kenya, Nigeria, Uganda and Thailand.

Tele-Behavioral Healthcare

Access to Behavioral Healthcare (BH) continues to be a significant concern for far-forward deployed Service members in Iraq and Afghanistan. The use of tele-behavioral health (TBH) modalities provides the potential to increase access to care and enhance the delivery of BH in Iraq and Afghanistan. The TBH program will utilize a hub-and-spoke concept, with primary hub located at the BH provider's area of operation and with the "spokes" located at far-forward sites of troop density but within the BH provider's general area of service delivery. The Telemedicine and Advanced Technology Research Center (TATRC), US Army Medical Research and Materiel Command is facilitating this activity in support to the AMEDD Chief Information Office.

- In August 2010, the combined resources of Task Force 62, Combined Joint Task Force-101 and the Medical Communications for Combat Casualty Care (MC4) Program Office established a pilot BH program in Regional Command East area of operations in Afghanistan with plans for a 20 site network. Initial tele-behavioral health (TBH) consults began in November 2010.
- The AMEDD is also doing more than 3,000 tele-BH consults per month in CONUS.

Biomarkers for Traumatic Brain Injury (TBI)

The US Army Medical Research and Material Command has been studying biomarkers for TBI since 2001. The goal of the program is to develop and deliver an FDA-approved assay for the diagnosis, screening, and management of TBI. The program goals span the breadth of military health care by designing assays that are suitable to fixed hospital facilities, Combat Support Hospitals, and forward deployed field medics. USAMRMC has partnered with Banyan Biomarkers, Inc., for the discovery of novel biomarkers for TBI diagnosis and management.

- The biomarkers are currently being tested in clinical studies for their utility in the diagnosis of severe, moderate and mild TBI.
- In addition, a pilot study involving 50 mild-to-moderate TBI patients has also been completed. Data analysis shows that two biomarker blood tests in 34 mild TBI (mTBI) patients can distinguish mTBI. Based on the positive data analysis from the initial 50-patient trial in mild to moderate TBI, a 300 mTBI patient feasibility was funded and patient recruitment began in July 2010. As of September 2010, this study has 23 mild TBI subjects and 33 control subjects enrolled.

Vaccine Development

Since the passing of the 1962 Kefauver-Harris Drug Amendment, which added the FDA requirement for proof of efficacy in addition to proof of safety for human products, there have been 28 innovative vaccines licensed in the U.S, including 13 vaccines currently designated for pediatric use. Of these 28, the US military played a significant role in the development of 8 licensed (25%): Rubella (1969), Adenovirus 4 & 7 vaccines (1980), Tetravalent meningococcal vaccine (1981), Hepatitis B vaccine (1981), Oral typhoid vaccine (1989), Japanese encephalitis vaccine (1992, 2008), and Hepatitis A vaccine (1995).

BEST OF THE BEST IN ARMY MEDICINE

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Pain Management

The Army's Comprehensive Pain Management Campaign Plan implemented the Task Force's 109 recommendations to provide holistic and interdisciplinary pain care that increases the number of treatment modalities and technologies and focuses on providing optimal quality of life for Soldiers with acute and chronic pain.

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ARMY MEDICINE
Bringing Value...Inspiring Trust

PARTNERSHIPS BUILT ON TRUST

FEDERAL **PARTNERSHIPS**

ALL SERVICES **PARTNERSHIPS**

CIVILIAN **PARTNERSHIPS**

ONLINE INDEX

Army Medicine Websites

Army Medicine
armymedicine.mil

U.S. Army Medical Department Center and School
www.cs.amedd.army.mil

U.S. Army Public Health Command
phc.amedd.army.mil

U.S. Army Dental Command
www.dencom.army.mil

Warrior Transition Command
www.wtc.army.mil

Western Regional Medical Command
www.wrmc.amedd.army.mil

Madigan Healthcare System, Joint Base Lewis-McChord, WA
www.mamc.amedd.army.mil

Weed Army Community Hospital, Fort Irwin, CA
www.irwin.amedd.army.mil

California Medical Detachment, Presidio of Monterrey, CA
www.mamc.amedd.army.mil/calmed/pom_clinic_index.htm

Bassett Army Community Hospital, Fort Wainwright, AL
www.alaska.amedd.army.mil

William Beaumont Army Medical Center, Fort Bliss, TX
www.wbamc.amedd.army.mil

Gen. Leonard Wood Army Community Hospital, Fort Leonard Wood, MO
glwach.amedd.army.mil

Evans Army Community Hospital, Fort Carson, CO
evans.amedd.army.mil

Irwin Army Community Hospital, Fort Riley, KS
iach.amedd.army.mil

Raymond W. Bliss Army Health Center, Fort Huachuca, AZ
rwbach.huachuca.amedd.army.mil

Munson Army Health Center, Fort Leavenworth, KS
www.munson.amedd.army.mil

McAfee Medical Detachment, White Sands, NM
www.wsmr.army.mil/gar/serv/med/Pages/default.aspx

Southern Regional Medical Command
www.srmc.amedd.army.mil

Brooke Army Medical Center Fort Sam Houston, TX
www.sammc.amedd.army.mil

Carl R. Darnall Army Medical Center Fort Hood, TX
www.crdamc.amedd.army.mil

Dwight D. Eisenhower Army Medical Center Fort Gordon, GA
www.ddeamc.amedd.army.mil

Bayne-Jones Army Community Hospital Fort Polk, LA
www.polk.amedd.army.mil

Blanchfield Army Community Hospital Fort Campbell, KY
www.campbell.amedd.army.mil

Martin Army Community Hospital Fort Benning, GA
www.martin.amedd.army.mil

Moncrief Army Community Hospital Fort Jackson, SC
www.moncrief.amedd.army.mil

Reynolds Army Community Hospital Fort Sill, OK
www.rach.sill.amedd.army.mil

Winn Army Community Hospital Fort Stewart, GA
www.winn.amedd.army.mil

Fox Army Health Center Redstone Arsenal, AL
www.redstone.amedd.army.mil

US Army Aeromedical Center/Lyster Army Health Center Fort Rucker, AL
www.rucker.amedd.army.mil

Northern Regional Medical Command
www.narmc.amedd.army.mil

Walter Reed Army Medical Center Washington, D.C.
www.wramc.amedd.army.mil/Pages/default.aspx

Dewitt Health Care Network Fort Belvoir, VA
dewitt.narmc.amedd.army.mil/default.aspx

Womack Army Medical Center Fort Bragg, NC
www.wamc.amedd.army.mil/Pages/default.aspx

McDonald Army Health Center Joint Base Langley/Eustis, VA
mcdonald.narmc.amedd.army.mil/default.aspx

SGT Wilson works on laptop. (Photo coutesy of MWR Brand Central)

Guthrie Army Health Center U.S. Army Medical Department Activity Fort Drum, NY

www.drum.amedd.army.mil

Kenner Army Health Clinic Fort Lee, VA

kenner.narmc.amedd.army.mil/default.aspx

Kimbrough Ambulatory Care Center Fort Meade, MD

kacc.narmc.amedd.army.mil/default.aspx

Keller Army Community Hospital West Point, NY

kach.amedd.army.mil/index/index.html

Europe Regional Medical Command

ermc.amedd.army.mil

Landstuhl Regional Medical Center, Landstuhl, Germany

ermc.amedd.army.mil/landstuhl/index.cfm

Bavaria Medical Department Activity, Vilseck, Germany

ermc.amedd.army.mil/Bavaria/index.cfm

Heidelberg Medical Department Activity, Heidelberg, Germany

ermc.amedd.army.mil heidelbergActivity/heidelberg.cfm

Pacific Regional Medical Command

www.tamc.amedd.army.mil

Tripler Army Medical Center, Honolulu, HI

www.tamc.amedd.army.mil

Schofield Barracks Health Clinic, Schofield Barracks, HI

www.tamc.amedd.army.mil/sbhc/default.htm

MEDDAC-J, BG Crawford F. Sams US Army Health Clinic, Camp Zama, Japan

www.usarj.army.mil/organization/meddac

MEDDAC-K, Brian Allgood Army Community Hospital (65th Medical Brigade), YongSan, Korea

www.korea.amedd.army.mil

U.S. Army Medical Information Technology Center

usamitc.amedd.army.mil

Medical Corps

www.cs.amedd.army.mil medicalcorps/index.html

Enlisted Corps

www.us.army.mil/suite/page/143

Army Nurse Corps

armynursecorps.amedd.army.mil

Dental Corps

www.armydentalcaresystem.army.mil/index.html

Veterinary Corps

veterinarycorps.amedd.army.mil

Medical Service Corps

medicalservicecorps.amedd.army.mil

Medical Specialist Corps

amsc.amedd.army.mil

AMEDD Civilian Corps

ameddciviliancorps.amedd.army.mil

Health Care Aquisition Activity

hcaa.medcom.amedd.army.mil

THE ARMY MEDICINE STORY

By Army Medicine Staff





One Message...Many Voices

Together, we can strengthen our communication culture to one of transparency, timeliness, accuracy and consistency and deliver one message through many voices.

The term strategic communication is often misunderstood and misrepresented, both in concept and in practice. Consequently, it is useful to first establish a common meaning for Army Medicine Strategic Communication.

Over the past three years Army Medicine has formalized strategic communication as the process we use to integrate information across all functions and engage key audiences/stakeholders to promote awareness and achieve desired effects based on our strategic objectives and initiatives in the Army Medicine Balanced Scorecard. Strategic communication includes effective messaging both internal and external to the organization.

The Directorate of Strategic Communication assists in the proliferation of our messages to our key audiences/stakeholders, but the central element in the preparation of our communications is the proponent, the subject matter expert. This is where the knowledge, expertise, and desired effects reside for the formation of our messages. The Strategic Communication Directorate assists by recommending various communication tools and strategies, while knowing our subject matter experts are the central element in message preparation.

Effective strategic communication begins with the content of the communcation, The Surgeon General and the Commanding General of the U.S. Army Medical Command's intent/key messages, and their synchronization and alignment.

Strategic communication is everyone's responsibility. Subordinate commands echo senior leader messages and intent in a cascading effect by using uniform communication products to deliver consistent Army Medicine messages-"One Message… Many Voices." Subordinate commands must also adopt the communications approach set forth by senior leadership. Subordinate communication will support the strategic themes & results, strategic objectives, and initiatives in the Army Medicine Balanced Scorecard.

The Army Medicine common strategy is our Balanced Scorecard, the outline for how Army Medicine achieves its goals. It is a dynamic document which is updated and augmented as necessary to reflect strategy changes. We must support our Army Family by bringing value and inspiring trust through our proven record of demonstrating integrity, establishing and maintaining world-class standards for medical care, producing reliable results and most of all, having the strongest commitment to provide the most effective, compassionate and highest quality healthcare. In addition, Army Medicine supports our Great Nation at war as an integrated team that supports, protects, and cares for our Soldiers, their Families, and retirees.

In all our messaging, we must first understand the concerns of these key audiences/stakeholders so that information and communication processes we adopt will inform them of how we are bringing value and inspiring trust. To meet the needs of our expeditionary Army operating in a global information environment, we must build relationships that foster trust and confidence through the exchange of timely and accurate information with the right audiences. Leaders, strategists, subject matter experts, and communicators must develop communication strategies at the beginning of their respective planning processes, or as soon as a problem or issue is defined. Partnering with our key stakeholders when an issue is first identified requires transparent, timely, accurate and consistent information, as well as collaborative communication processes in order to bring value and inspire the trust of the American public. Information is a critical piece of any strategic communications effort, but stakeholder partnerships are equally important, particularly when uncertainties associated with an issue are high.

Together, we can strengthen our communication culture to one of transparency, timeliness, accuracy and consistency and deliver one message through many voices.

ARMY MEDICINE

Bringing Value...Inspiring Trust

We would like to thank all the Subject Matter Experts, Major Subordinate Commands, Army Medicine Corps, and everyone who contributed to the success of the Army Medicine Scope. This truly is a collaborative product.

armymedicine.mil

facebook.com/officialArmyMedicine | twitter.com/ArmyMedicine | youtube.com/user/Armymedicine | flickr.com/photos/Armymedicine

CULTURE OF TRUST CREED

I am committed to the Army Medicine's Culture of Trust
–trust with our patients, co-workers and stakeholders.

I am committed to ***personal excellence***
–being the best person I can be, dedicated
to taking care of myself and my
relationships at work and at home.

I am committed to ***professional excellence***
–being competent and skilled. I perform
my job each and every day determined to
do my best.

I am committed to the ***excellence of others***
–my interactions are nurturing and supportive.
I cultivate an environment where everyone
has the opportunity to excel.

I am committed to a Culture of Trust because...
I *am* Army Medicine