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Wargame: A Successful Two-day Exercise on Wounded Warrior Care

Ann Brandstadter, J1,
Managing Editor, Electronic Media

On August 17 and 18, 2010, representatives from the Services, MTFs, Installations, as well as other partnering organizations, joined together for a two-day Wargame at the National Institute of Health in Bethesda, MD. This is the third BRAC Wargame that the JTF CapMed sponsored, and this particular meeting addressed non-clinical care of Wounded, Ill and Injured (WII) service members and Families.

The objective of the Wargame was to validate the integrated WII Warrior Care CONOPS, and also to understand the hand-offs and other gaps related to non-clinical support and services for WII across the continuum of care.

VADM John Mateczun, JTF CapMed Commander, hosted the Wargame and provided empowering opening remarks regarding the significance of care for Warriors and their Families. He encouraged participants to explore every opportunity for a transparent transition of Warriors and Families services next Fall.

The event was organized by COL Casper Jones III, JTF CapMed J3 Director, and COL Julia Adams, J3, Chief, Warrior Transition Division.

There were 85 participants on August 17 and 70 participants on August 18. Representation at the Wargame included the following:

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Joint Employee Perspective: Dewitt Army Community Hospital Workforce Mapping

Rhonda M. Baxter, J1

This is the first installment in a series of articles highlighting joint employee perspectives. The dedicated workforce from Dewitt Army Community Hospital (DACH), National Naval Medical Center, and Walter Reed Army Medical Center will integrate to staff the new Walter Reed National Military Medical Center (WRNMMC) at Bethesda and Fort Belvoir Community Hospital (FBCH). WRNMMC and FBCH are being constructed using a concept known as "evidence-based design" with the intent of creating a community environment proven to enhance delivery of care outcomes for patients and staff.

In this month's Joint Employee Perspective article, we discuss the dynamic process of Workforce Mapping (WFM) and the outcome with a DACH civilian employee. Approximately 700 Dewitt employees received notification letters defining their future placement at either FBCH or WRNMMC (also known as North or South) locations. In all there were not many requests from DACH employees for the future North location. Mapping of DACH employees resulted in about 99 percent of employees being placed at the location of their choice, with only five employees not receiving placement at their preferred location.

Julie Lanigan, a Performance Improvement Coordinator for DACH provided her perspective on the importance of communication throughout the transition and integration. Lanigan calls herself a home grown Arlingtonian. Thirty-three years ago, she completed her nursing studies at George Mason University and began her nursing career in the Labor and Delivery specialty. For the past 11 years, Lanigan has been a dedicated member of the DACH military healthcare workforce.

Continuous communication flow was a major contribution to the success of the mapping process. "There was a lot of communication either by email or word of mouth," said

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TRICARE Prime and Plus Beneficiary Reassignment

By COL Bernard DeKoning, Director, J3B and Chief, Healthcare Business Operations, JTF-CAPMED

In September of 2011, Walter Reed Army Medical Center (WRAMC) will close and personnel will move to the grounds of the current National Naval Medical Center (NNMC) in Bethesda, which will become the Walter Reed National Military Medical Center (WRNMMC). At the same time, Dewitt Army Community Hospital will close and Fort Belvoir Community Hospital (FBCH) will open on the Fort Belvoir grounds. Together, with the other Military Treatment Clinics in the area, they will continue to serve the healthcare needs of beneficiaries with the finest quality of care available.

The closure of WRAMC necessitates the reassignment of all current enrollees to that facility. Many will be reassigned to WRNMMC and FBCH and others will receive their primary care at Military Treatment Facilities (MTFs) in the Joint Operating Area. Some enrollees at NNMC will be reassigned to a different facility and/or primary care manager (PCM) for their health care needs.

Representatives from MTFs in the National Capital Region, TRICARE Regional Office North, Health Net Federal Services, and Joint Task Force National Capital Region Medical continue to work together to implement a coordinated beneficiary and staff awareness plan to support the reassignment of enrollees by 15 September 2011. Enrollee reassignment will be determined based upon TRICARE Access Standards, enrollment availability at the MTF, and clinical needs of the beneficiary.

Initial contact with beneficiaries from WRAMC and NNMC will begin in the fall of 2010 when 50,000 enrollees will receive a letter addressing where they are projected to receive their primary care. A second letter will be mailed in the late winter/early spring validating the location identified in the first letter. Beginning 90 days prior to the opening of WRAMC and FBCH, beneficiaries being reassigned will receive a detailed letter notifying them of the health care facility location and PCM that best meet their needs.

In the fall of 2010 50,000 enrollees will receive a letter addressing where they are projected to receive their primary care.

Joint Pathology Center Set to Open April 2011

Dr. Thomas P. Baker, COL, MC, Interim Director, Joint Pathology Center, JTF CapMed; and Chief, Department of Pathology, WRAMC and NNMC

The Armed Forces Institute of Pathology will close in 2011 under the Base Realignment and Closure Law of 2005. BRAC law identified several pieces of the AFIP that will continue on after its closure, including the Office of the Armed Forces Medical Examiner, the National Museum of Health and Medicine, and the AFIP Tissue Repository. As stated in law, other functions will be integrated into existing capabilities within the Department of Defense.

The National Defense Authorization Act of 2008 included language to create a Joint Pathology Center (JPC) that will "serve as the pathology reference center for the federal government." The law identified the mission of the JPC to include pathology consultation, research, and education (including graduate and continuing medical education), as well as maintenance, modernization, and use of the already existing AFIP Tissue Repository. After much work and deliberation at Department of Defense Health Affairs, including coordination with other federal agencies, the mission of the JPC was officially delegated to the Department of Defense in April 2009. The JTF CapMed, responsible for all military health care in the National Capital Region, was officially assigned the responsibility of establishing the JPC in December 2009.

The vision of the JPC is to serve as the premier federal pathology reference center serving the Military Healthcare System and other federal agencies. In addition to the capabilities identified in the National Defense Authorization Act, the JPC will develop key strategic partnerships with other Department of Defense *(Continued on page 3)*

The vision of the JPC is to serve as the premier federal pathology reference center serving the Military Healthcare System and other federal agencies.

JPC

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entities, the Veterans Administration, and other federal agencies. These partnerships will serve as a "force multiplier" that will greatly enhance the mission of the JPC and allow for significant interagency collaboration in research and education.

At the core of the JPC will be a group of more than 30 skilled subspecialist pathologists with extensive experience covering a broad range of organ systems and diseases. The JPC will offer organ/diseased-based subspecialty pathology consultation in such unique areas as environmental pathology and infectious disease pathology as well as the more commonly identified subspecialties. This array of skills and subspecialties will allow for a one-stop-shop approach to consultation on difficult and challenging cases.

Supporting the consultative service of the JPC will be a large, robust, state-of-the-art histology laboratory that will provide an array of special stains and immunohistochemical and immunofluorescent stains. To capitalize on efficiencies gained, the histology laboratory will be part of the new Walter Reed National Military Medical Center within JTF CapMed, and will be a 24/7 operation using the latest in technology and with a Lean Six Sigma approach that emphasizes quality and turnaround time. The laboratory will be staffed with more than 30 histotechnologists and ample support staff.

Robust molecular laboratory capabilities will also support the JPC consultative service and will initially include a panel of more than 20 probes for hematologic and other malignancies. The JPC strategic plan calls for expanding the probes available as adjunct studies for pathology consultation as well as implementing new technologies. The molecular laboratory will be staffed initially with 15 personnel—a molecular pathologist, a PhD scientist, molecular medical technologists, and other support personnel.

The JPC will also assume the unique service (provided now by the AFIP) of a laboratory devoted to biophysical toxicology. The laboratory currently provides several different tests in support of the federal government that includes depleted uranium testing on various biologic specimens. Additionally, the laboratory will continue to provide in-depth testing of imbedded fragments in support of DoD and VA health care initiatives. This laboratory will be staffed with a PhD chemist/toxicologist and three technologists.

The AFIP Veterinary Pathology Program will also become a part of the JPC. This program provides another unique service that includes a one-of-a-kind veterinary pathology consultation function to the DoD and several other federal agencies. Additionally, the AFIP will transition its veterinary pathology educational programs to the JPC, including the only veterinary pathology residency in the Department of Defense. This service will be staffed with seven veterinary pathologists, 10 veterinary pathology residents, and support staff.

The JPC will use telepathology for consultations to the DoD and the VA medical facilities. Its strategic plan calls for working with the Army, Navy, Air Force, and VA pathology consultants to develop an enterprise-wide approach to providing tele-pathology services to the DoD and VA as well as identifying and incorporating the needs of other federal agencies.

Other capabilities critical to supporting the federal government are muscle biopsy and nerve biopsy interpretation and transmission electron microscopy. With these capabilities, unique and hard-to-find pathology services will be provided to augment consultation and as pri-

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'I will never quit': Soldier perseveres to overcome injuries

By Sharon Renee Taylor

http://www.dcmilitary.com/stories/101410/stripe_28337.shtml

At comedian Stephen Colbert's upcoming rally at the National Mall in Washington, D.C., October 30, "March to Keep Fear Alive," all proceeds from merchandise sales will go to the Yellow Ribbon Fund for wounded funds and the Walter Reed Army Medical Center and the NNMC.

Wargame

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- 779th Medical Group (MDG)
- Aeromedical Staging Facility (ASF)
- Army Warrior Transition Command (WTC)
- Army Warrior Transition Brigade (WTB)
- Dewitt Army Community Hospital (DACH)
- Fort Belvoir Installation
- Global Patient Movement Regional Command (GPMRC)
- Joint Base Andrews
- Joint Task Force National Capital Medical Region (JTF CapMed)
- Malcolm Grow Medical Center (MGMC)
- Marine Corps Wounded Warrior Regiment (WWR)
- National Naval Medical Center (NNMC)
- Navy Safe Harbor (NSH)
- Naval Support Activity - Bethesda
- Office of the Assistant Secretary of Defense (Health Affairs) (OASD (HA))
- TRICARE Regional Office North (TRO-North)
- U.S. Medical Command (MEDCOM)
- Veterans Affairs (VA)
- Walter Reed Army Medical Center (WRAMC)
- Wounded Ill and Injured Patient and Family Representatives

The Wargame included discussions on required services and policies to address hand-offs and gaps. There were six planning teams: Bethesda, Ft. Belvoir, Medical Regulating/Case Management, Integration, Warrior and Family Support, and Patient Administration and Disposition. Each day started with a plenary session that included all teams. Teams divided into breakout sessions to discuss individual teams' specific focus areas. At the end of the day, the teams reconvened to collectively discuss proposed changes to the draft Integrated WII CONOPS.

COL Braden Shoupe (Fort Belvoir) and CSM Donna Brock (JTF CapMed) chatting during a break.

Following one of the breakout sessions on August 18, SgtMaj John Ploskonka, Regimental Sergeant Major for the Wounded Warrior Regiment, presented on behalf of the work group from Ft. Belvoir and NSA Bethesda Installations. SgtMaj Ploskonka suggested a key change regarding the in-processing of service family members. He advised changing the in-processing procedure time to 24-72 hours after families arrive rather than

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One objective of the Wargame was to understand the hand-offs and other gaps related to non-clinical support and services for WII across the continuum of care.

"We want to change the in-processing time to 24-72 hours depending on that family's needs, so they can first meet their loved ones, wherever they are located, and assist them."

– SgtMaj John Ploskonka

Merger of two installations, Ft. Belvoir and NSA Bethesda. Left to Right: CPT Louis Magyar, Interim Commander, Ft. Belvoir WTU; Mr. Randy Treiber, Base Transition Coordinator, WRAMC Garrison; Mr. Rockie Upshaw, Ft. Belvoir; CPT Allison Ross, WRAMC Warrior Transition Brigade; Dr. Donald Berghman, WRAMC; CDR John Lamberton, Base Executive Officer, NSA Bethesda; LTC Lela King, Deputy Commander Operations and Readiness, Ft. Belvoir; SgtMaj John Ploskonka, Regimental Sergeant Major, Wound Warrior Regiment; Kim Mills, MWR Fort Belvoir; Mr. Terry Lewis, BRAC Integration Officer, WRAMC Warrior Transition Brigade.

Wargame

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immediately after their arrival, which would provide family members time to become acclimated with their new surroundings.

He stated: "People are coming in from all over the world, so when they come in, they will come in jet-lagged," said SgtMaj Ploskonka. "As a matter of fact, there is a family right now at NNMC that has come in from Saudi Arabia. We'd like to change it so that they aren't processed on arrival — let's give them a little time. Throwing all this information at them in the first four hours of their arrival is too much. We want to change the in-processing time to 24-72 hours depending on that family's needs, so they can first meet their loved ones, wherever they are located, and assist them while they are doing that. Then go into the bigger orientation."

- The outcomes resulting from the WII Warrior Care CONOPS Wargame:
- Concurrence on draft Concept of Operations (CONOPS)
- Recommendations for expanded Concept of Operations (CONOPS)
- Agreed upon operational definitions of terms of reference
- Policy matrix
- List of support services required with identified owners (being developed)
- Issues for JTF CapMed Resolution (identified)
- Agreement to seek better alignment of Service WII programs

COL Julia Adams, co-organizer of the Wargame exercise, commented on the success of the Wargame: "The Wargame was a huge success for a number of reasons. It highlighted the complexity of issues related to Warrior care and showed that the synchronization of effort is critical to the achievement of synergy needed to deliver world-class Warrior care."

Editor's Note: All photos by Ann Brandstadter.

SgtMaj John Ploskonka, Marine Corps, Wounded Warrior Regiment, speaks on behalf of the Installation Teams (i.e. Fort Belvoir and NSA Bethesda).

New Commander Announced: Maj. Gen. Caron

Joint Base Andrews – Maj. Gen. Gerard A. Caron is the new commander of the 79th Medical Wing (79 MDW), Andrews Air Force Base, MD.

Maj. Gen. Gar S. Graham passed the reigns of command to Maj. Gen. Caron on September 24, 2010 at 10:00 in Hangar 3 on Joint Base Andrews in a ceremony officiated by Maj. Gen. Darrell D. Jones from Air Force District of Washington.

Maj. Gen. Caron will also serve as the Air Force Assistant Surgeon General for Dental Services, Office of the Surgeon General, Headquarters U.S. Air Force, Washington, D.C., providing dental policy and operational advice to the Air Force Surgeon General on matters involving the dental practice of 1,000 dentists and 2,500 technicians. In addition, he will also be the Command Surgeon, Headquarters Air Force District of Washington, Andrews AFB, and the Air Force Medical Component Commander, Joint Task Force National Capital Region Medical, National Naval Medical Center, Bethesda, MD.

Maj. Gen. Caron commands 1,475 military and civilian employees who provide quality health care to more than 400,000 beneficiaries in the NCR, with an annual budget of $59 million.

"I can think of no greater honor, privilege and responsibility than to lead this outstanding group of medics, here in our nation's capitol, while we are at war," said Maj. Gen. Caron.

The 79 MDW is a mission partner on Joint Base Andrews with two subordinate units, the 779th Medical Group (779 MDG), located on Joint Base Andrews, and the 579th Medical Group (579 MDG), located on Joint Base Anacostia-Bolling. Additionally, these groups have medics working across the National Capital Region (NCR), including Walter Reed Army Medical Center, National Naval Medical Center, Fort Belvoir, Fort Meade and the Pentagon.

A unique capability of the Wing is the 779th Aeromedical Staging Facility (779 ASF). The 779 ASF, serves as the primary East Coast hub for aeromedical evacuation aircraft returning sick or injured patients from Europe to the United States for care. The wing also provides medical forces for expeditionary deployment, homeland defense operations, and joint operations worldwide.

"We care for and serve our nation's most precious assets: our military members, their families and those retirees who served honorably in their time and their families. Together with our Army and Navy partners in the Joint Task Force-Capitol Medicine, we are dedicated to excellence and timely healthcare for those we serve," said Maj. Gen. Caron.

The face of Air Force medicine in the NCR is changing, but it continues to evolve to meet the needs of our community by "providing the right care, in the right way, supporting readiness here and around the world."

Maj. Gen. Gerard A. Caron

Two Years Later, Future Medical Center Near Completion

By Sarah Fortney, National Naval Medical Center Public Affairs

With the integration, roughly 2,200 personnel will be added to NNMC.

With a scheduled completion date of September 2011, the military medical system's largest infrastructure investment to date — the future Walter Reed National Military Medical Center Bethesda (WRNMMCB) — has made significant progress.

Since the July 3 groundbreaking two years ago by President George W. Bush and several joint military members, construction crews have made great progress on the Base Realignment and Closure (BRAC) projects mandated by Congress in 2005.

The more than $1 billion BRAC commissioned project to relocate the Walter Reed Army Medical Center to Bethesda is part of one of the largest medical military construction projects in history.

"We will join the resources of the Army, Navy and Air Force and make it easier for medical professionals of all three services to collaborate and care for the patients. Merging facilities would ease the burden on patients," said Bush at the groundbreaking ceremony.

Photo by Josh L. Wick

Col. Charles W. Callahan, deputy commander and chief of staff of the NNMC in Bethesda, Md., speaks of the legacy of Walter Reed during a ceremony Sept. 13 at WRAMC celebrating the 159th birthday of Maj. Walter Reed, and the one year left until the opening of the Walter Reed National Military Medical Center in Bethesda, Md.

Building A, which will house outpatient clinics, was completed in August; Building B, which will be used for inpatient clinics, was completed in September, according to Cmdr. Scott Raymond, resident officer in charge of construction OICC — Bethesda — Naval Facilities Engineering Command (NAVFAC).

In September, General Dynamics Information Technology, a contractor, began outfitting Buildings A and B with medical equipment.

"This success is a result of paying close attention to the overall construction schedule and remaining committed to quality construction", he said.. He also attributes the working partnerships between the government and the contracted construction company.

"The government-contractor partnership continues to grow in effectiveness through regular partnering sessions that focus and align contractor, NAVFAC and hospital goals," said Raymond.

In addition to the new structures under construction, many renovations are also underway for the future medical center. Several hospital spaces have been renovated, including dental readiness, nephrology and general surgery.

Renovations to the North Gate and the Visitor's Center will be completed in April 2011, said Raymond. Building 62 – which includes barracks, a dining facility and Warrior Transition Unit administration — will be completed in June 2011 and a number of other upgrades will continue to take shape amongst departments between now and July 2011.

In addition, a new parking garage, known as the America garage, was completed earlier this year providing a total of 944 parking spaces, said Denver Terrence, a project manager for Naval Facilities Engineering Command – OICC Bethesda.

The garage, which has two elevators and eight levels, was opened for temporary staff use Feb. 1 and will be opened to patients in November, said Terrence.

Outside of BRAC, private funds have built three new Fisher Houses for families of patients in treatment at the hospital, one of which has been dedicated to families who will be treated at the recently completed National Intrepid Center of Excellence. This facility will be dedicated to advancing the treatment of and research for psychological health disorders amongst service members and veterans.

The greatest challenge throughout the process has been performing construction during ongoing hospital operations, said Raymond.

"Construction, and especially renovation, is an inherently disruptive process

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BRAC

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which creates noise, vibration, dust and dirt. Renovations in Buildings 9 and 10 are being done above, below and next to active departments providing inpatient and outpatient services," said Raymond. "Minimizing impact to hospital operations requires detailed logistics [and] planning." Throughout the process, patient needs have been a priority.

"Through partnering and compromise with the contractor, patients were moved out of their spaces for a short period of time while the contractor completed high noise [level] activity," said Raymond. "Through tests, observations and interactions with hospital staff, steps were taken to determine noise levels and assess their impact on patients and staff. The resulting 'noise map' documented acceptable noise tolerances throughout adjacent areas." He added that this method of patient safety protection will also be used in upcoming projects, such as Phase II of the Behavioral Health renovations.

In addition, all BRAC renovations require an Infection Control Risk Assessment, said Raymond, ensuring there is no potential risk for contamination of disease-carrying agents. Throughout BRAC, construction crews have also maintained acceptable levels of Indoor Air Quality throughout the facility, he said. Damp carpets and "sticky mats" have also been placed on the outside and inside of each space undergoing renovations to prevent the spread of dust.

Meanwhile, NNMC and Walter Reed Army Medical Center staff members continue to integrate at Bethesda. With the integration, roughly 2,200 personnel will be added to NNMC.

"By late 2011, all BRAC work will be completed, said David "Ollie" Oliveria, BRAC Coordinator for NMNCA.

"I think the people here have been incredibly understanding, especially the staff and hospital directors," said Oliveria. "It's really cool when you stand back and look at it. It'll be a part of history."

Editor's Note: Sarah Fortney's article was originally printed in NNMC's newspaper The Journal.

DACH

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Lanigan. "Our intranet has a transition site providing up-to-date details for anyone who has questions."

JTF CapMed informed employees of procedures and business rules, and as a result their primary goal to provide timely communication was achieved. JTF CapMed also communicated expectations, for example homesteading was a business rule second only to skills match to meet the workforces' location preferences. "We knew we were not going to leave the South unless we wanted to," said Lanigan. Following the business rules, Lanigan was mapped to a position in the Department of Performance Improvement at the future FBCH location. Her mapping displays the value and capability of the WFM business rules to accomplish the healthcare mission through skills match and grant employee preference with homesteading.

According to Lanigan, "No one has been through this before, so I think JTF CapMed has done a good job organizing the process." Lanigan is happy with her placement because she is excited to be a part of the growth process — new people and information at the future FBCH. She is confident that the integration and transition to a joint healthcare system will expand the culture of excellence.

JTF CapMed recognizes the value in acknowledging employee perspectives, and will continue to communicate and receive feedback from the workforce to further the expansion of excellence. Stay tuned for updates in the coming months through articles and our website: http://www.jtfcapmed.mil.

Editors Note: We are in search of NNMC and WRAMC civilian employees to interview and highlight in future Joint Employee Perspective installments. If you are interested, please contact Rhonda.Baxter.ctr@navy.med.mil.

On Wednesday, October 13, 2010, the Navy celebrated it's 235th birthday.

This year also marks the 235th anniversary of Army Medicine.

U.S.ARMY

COL PAUL H. DURAY, JR., FACHE
CHIEF, J3 CURRENT OPS DIVISION:

JTF CapMed joins forces with the Arlington County and D.C. Fire & EMS Departments on Sunday, Oct. 24 to provide medical support to 35,000 participants for the 26th annual Army 10 -Miler. The race is one of the largest 10-mile road races in the U.S. It starts and ends at the Pentagon and travels through the heart of Washington, D.C.

On Thursday, Nov. 11, JTF CapMed augments the 3rd U.S. Infantry Regiment (The Old Guard) medical support elements during the National Veterans Day Observance at the Arlington National Cemetery Memorial Amphitheater. This annual public event supports the VA and the DoD's recognition and commemoration of veterans who have served and continue to serve the U.S. Armed Forces.

JPC

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mary services to the federal government.

The JPC's education mission is twofold: continuing medical education and graduate education. It will develop a robust online CME curriculum. The focus of the online educational activities, at least initially, will be maintenance of certification requirements and the needs of the solo pathologist in support of the DoD and VA. Educational activities will include online lectures, video teleconferences, and a digital slide repository for CME credit. The JPC will partner with the Uniformed Services University of Health Sciences to provide CME credit for these activities. Graduate education will include subspecialty rotations for federal government residencies and fellowships and support of the dermatopathology fellowship at National Naval Medical Center and of the Navy Oral Pathology Fellowship. As the JPC matures, we will work closely with the Uniformed Services University of Health Sciences to identify and implement other educational opportunities.

The JPC will work closely with the new Walter Reed National Military Medical Center (being established now from the merger of Walter Reed Army Medical Center and National Naval Medical Center) to provide research. The JTF CapMed is developing an institutional review board approval process to allow streamlining of protocol approval across multiple distinct organizations within the JTF CapMed. Although the JPC will have intrinsic laboratory capabilities for research, there will be ample opportunity to engage in original research through existing capabilities within the JTF as well as with strategic partners such as the Uniformed Services University of Health Sciences, the VA, and other federal agencies. There are already several similar models within the DoD involving partnership and collaborative involvement in research.

The AFIP currently houses the largest tissue repository in the world, one that the research community has deemed a national treasure. The repository includes more than 7.8 million cases consisting of 55 million glass slides, 31 million paraffin blocks, and more than 500,000 wet tissue samples largely from cases submitted to the AFIP for consultation during the past century. On a disease-by-disease basis, the repository contains some of the largest collections of specimens in the world. Additionally, the tissue repository contains case material from more than 28 closed or downsized military medical facilities that is representative of community hospital pathology material. There is tremendous potential for use of the repository in support of medical research within and outside of the DoD. However, we need to develop a plan for use of the repository in a sustainable and appropriate manner. With the full support of the DoD Health Affairs, we are in the final stages of initiating a comprehensive study of the repository that will use expertise in the field to help develop a roadmap for its use. Though we expect the various phases of this study to take up to two years to complete, the result will be a comprehensive plan consisting of the mission and vision of the tissue repository and details regarding who will have access to the material, how material will be accessed, and the resources required to use the repository.

How will the JPC differ from the AFIP? It will be a streamlined organization that will be closely affiliated with the world-class academic Walter Reed National Military Medical Center. The organization will focus on high-quality and expeditious consultation using state-of-the-art technologies in support of the federal government. It will continue the AFIP's critical mission of supporting the Armed Forces Medical Examiner. As described, it will focus its educational opportuni-

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A World-Class region, anchored by a world-Class Medical Center.

JTF CapMed was established in September of 2007 as a fully functional Standing Joint Task Force reporting directly to the Secretary of Defense through the Deputy Secretary of Defense. The JTF is charged with leading the way for the effective and efficient realignment and enhancement of military healthcare in the NCR.

"A healthcare task force in the NCR capitalizes on the unique multi-Service military healthcare market in the region and provides the DoD with the opportunity to create a system that improves patient care through an integrated delivery system that promises world-class healthcare for beneficiaries. America's Military Health System is a unique partnership of medical educators, researchers, healthcare providers, and their worldwide personnel support."
~VADM Matezcun

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SOCIAL MEDIA

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www.twitter.com/jtfCapMed

www.youtube.com/watch?v=myDNmNgDnU

Note from the Editor

Our copy deadline is the 10th of the month. Please remove all copy editing symbols before emailing; also if you are providing photos, please provide captions.

Email your submissions to: louise.cooper@med.navy.mil, 301-295-4307.

Graphic design by Ann Brandstadter; ann.brandstadter@med.navy.mil, 301-319-8844.

JPC

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ties on the needs of the pathology community within the federal government. It will use existing capabilities and extensive partnerships in conducting research and in support of clinical research. Additionally, completion and implementation of the plan for use of the tissue repository will greatly enhance the research capabilities of the JPC. Unlike the AFIP and in accordance with the requirements identified in BRAC law and the National Defense Authorization Act, the JPC will not provide pathology consultation for the civilian community but will provide consultative services for agencies of the federal government, primarily the DoD and the VA.

The JPC established its Office of Director this month and will begin accepting consultations in April 2011. The AFIP will cease all consultative services in April 2011. The JPC is working closely with the AFIP to ensure no disruption in clinical services as functions are transitioned to the JPC. Additionally, the JPC is working on a strategic communication plan to ensure that its stakeholders and customers have a good understanding of the organization, services provided to its customers, and the timeframe for establishment. Our goal is to make the transition of consultative services as seamless as possible for our customers.

The JPC will soon be a fully functional organization serving the pathology needs of the federal government. As the organization matures and as the study on the use of the tissue repository is completed and implemented, there is great opportunity to make this a one-of-a-kind organization that will truly be the premier pathology reference center for the federal government.

Editor's Note: This article was first printed in the College of American Pathologists October 2010 magazine and is reprinted here with permission.