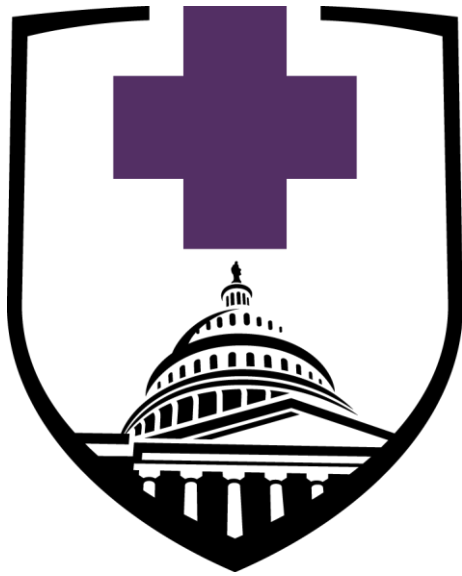


JTF CapMed Integrated Delivery System Update



JTF CapMed Integrated Delivery System Update

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JTF CapMed Missions

- Oversee the NCR Medical BRAC execution
- Establish an integrated healthcare delivery system anchored by two world-class treatment facilities - Walter Reed National Military Medical Center and Fort Belvoir Community Hospital
- Responsible for healthcare delivery
 - Readiness
 - Experience of Care
 - Population Health
 - Per Capita Cost



BRAC Summary

- **BRAC consolidated four NCR inpatient hospitals into two**
 - Most complex and largest Base Realignment and Closure project in the history of the Department of Defense
 - Combined projects for the Walter Reed National Military Medical Center and Fort Belvoir Community Hospital
 - \$2.8 billion in construction and outfitting of over 3 million square feet of new and renovated medical and administrative space
 - Consolidation of over 4,400 civilian personnel
 - Relocation of 224 Wounded Warriors and their families
 - Migration of 9,600 medical staff

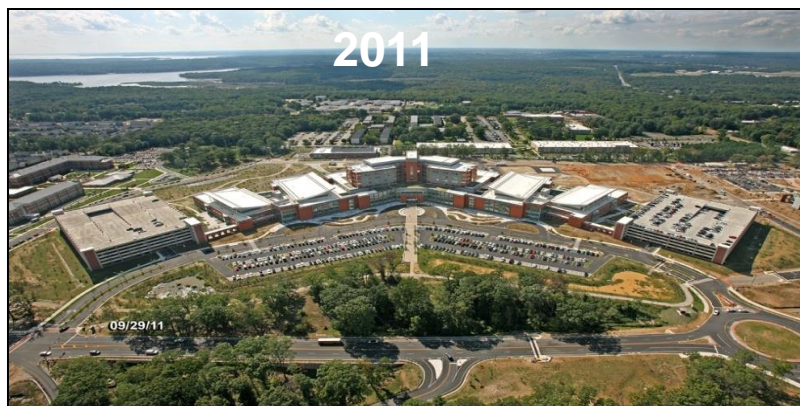


BRAC Hospital Projects

Walter Reed National Military Medical Center



Fort Belvoir Community Hospital



BRAC Hospital Projects (cont.)

Infrastructure Capability/Capacity

- Total New Square Feet
 - FBCH - 1,515,000
 - WRNMMC - 1,103,000
- Total Renovated Square Feet
 - FBCH - 0
 - WRNMMC - 472,000
- Increased Parking Spaces
 - FBCH - 3,500
 - WRNMMC - 2,693
- Increased Wounded Warrior Lodging
 - FBCH - 288
 - WRNMMC - 306

Hospital Outfitting

- Consolidated initial outfitting and transition contract for two Service Hospitals
 - Achieved bid saving of \$77M against independent government cost estimate
 - Estimate 9.5% (\$32M) savings in the execution of \$341M General Dynamics Initial Outfitting & Transition Contract
- Re-used 10,781 equipment items resulting in cost avoidance of \$114M
- Procured 158,250 medical and non-medical items (including new medical technologies)
- Issued 46 Authorizations to Proceed which increased quantity of outfitting items from 101,492 to 158,250 items



BRAC Hospital Projects (cont.)

Patient Reassignment and Appointing

- Reassigned 34,206 enrollees from WRAMC to NCR MTFs (accommodated all patient preferences)
- Established single appointing phone number for Integrated Referral Management and Appointing Center for all WRNMMC & FBCH enrollees

Transition and Relocation

- 5,748 Staff received orientation training
- 5,474 Staff trained on new equipment
- 2,153 Staff attended 5 Day in the Life Training Exercises
- 160 Clinical Services relocated
- 750,000 cubic feet of materiel relocated
- 168 Inpatients moved (Including internal NNMC, WRAMC to NNMC, DACH to FBCH moves)
- 224 Outpatient Wounded Warriors moved to Fort Belvoir or NSA Bethesda



BRAC Hospital Projects (cont.)

IM/IT

- Executed \$19.3M installation of an Integrated Healthcare Data Network (JMED) which provides a common desktop and a standardized suite of IT tools for providers across the NCR. Improves visibility of patient information (patient data, radiology images, and email). Reduces sustainment costs throughout all NCR medical facilities.

Manpower and Personnel

- Successfully implemented Guaranteed Placement Program for 2,300 WRAMC employees without displacing any of the 1,930 NNMC or DACH employees
- Successful conversion of 4,410 Service civilians to DoD
- Developed Manpower Documents and Workforce Mapping migration for 9,618 employees
- Created 4,446 movement orders for personnel in transition



Walter Reed National Military Medical Center

- **New WRNMMC Capabilities**

- Vision Centers of Excellence
- National Intrepid Center of Excellence
- Level 2B Nursery
- Level 2 Trauma Care
- Consolidated Cancer Center
 - Military Advanced Training Center
 - Gynecological Oncology
 - Prostate Oncology
 - Breast Cancer Center
 - Medical Oncology
 - Surgical Oncology
- Comprehensive Warrior Transition Support Services
- Joint Pathology Center



Fort Belvoir Community Hospital

–FBCH Capabilities

- Adult and Radiation Oncology Services
- ICU
- IP Behavioral Health
- Inpatient Pediatric
- Breast Center
- Nuclear Medicine
- Laser Eye Center
- Oral Surgery
- Chiropractic Services
- Pain Clinic
- Rheumatology
- Vascular
- Cardiac Catheter Lab
- Neurology
- Endocrinology
- Pulmonary Clinic
- Interventional Radiology
- Comprehensive Warrior Transition Services



FBCH
Staff: ~3000
Total Beds: 120
ICU Beds: 10
Operating Rooms: 10
Projected Wounded Warriors: 400



BRAC Lessons Learned

- **504** Lessons Learned gathered from stakeholder groups
- **53** Critical Lessons Learned grouped into **6** principal areas:
 - 1. Governance:** A decision-making structure with a defined process to support it is crucial to ensuring key decisions are made which move the program forward to a successful completion.
 - 2. Requirements:** Early requirements identification helps define resource decisions but must be balanced with the necessity for flexibility in the desired product or service.



BRAC Lessons Learned (cont.)

- 3. Communication:** A deliberate communication strategy that incorporates a rapid response process to correct misinformed stakeholders is required for projects with transformational change implications.
- 4. Resources:** Persistent, active gathering of resources is required for the execution of major projects where resourcing spans multiple fiscal years, Services, and appropriation categories.
- 5. Plans:** A strong program management foundation is essential to manage the size, scope, and complexity of the transition of healthcare delivery.
- 6. Culture:** Sustained emphasis on cultural integration is important before, during, and after transformational changes to the organization.



NCR Medical Integrated Delivery System

- JTF CapMed Operational and Fiscal Control of NCR Hospitals
 - Walter Reed National Military Medical Center
 - Fort Belvoir Community Hospital
 - Hospital Staff - 9,703 (Milpers - 3,783, Civpers - 4,410, Contractors - 1,510)
 - ~\$1.15B Operating Budget
 - TACON Medical Clinics: 32
- GME: 63 GME programs, 2011/12 - 711 trainees
 - Forty-six percent (46%) of all Army GME programs and 34% of all Navy GME programs are based in the NCR. These programs include 28% of all Army and 23% of all Navy GME trainees
- Patient Population: Hospitals: ~133,000 enrollees; JOA: ~280,000 enrollees



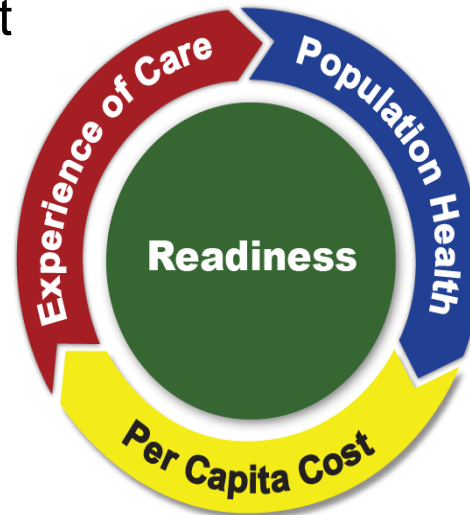
The NCR Medical IDS Quadruple Aim

Readiness

WII Casualty Care
JTF NCR Medical Component
Inter-Agency Relationships
Support to Federal Agencies
Joint Exercises

Experience of Care

Comprehensive Master Plan
Military Advanced Training
Center
Comprehensive Cancer
Center
Operating Room Optimization
Integrated Imaging



Population Health

NIH Research Partnerships
Integrated Resilience Programs
Medical Home Integration
Joint Vaccination Program

Per Capita Cost

Holistic Workforce Management
Integrated Business Plans
Equipment
Standardization Common
Standards



Objectives of NCR Medical Integrated Delivery System

- Joint Hospitals provide the foundation for the NCR Medical Integrated Delivery System...the military's first multi-service system under a single authority
- Objectives of the NCR Integrated Delivery System
 - Quality Improvement and Cost Reduction:
 - Single Quality Management System
 - Reducing administrative/overhead costs
 - Sharing risk
 - Eliminating cost-shifting
 - Outcomes management and continuous quality improvement
 - Reducing inappropriate and unnecessary resource use
 - Efficient use of capital and technology systems & support
 - Standardization of equipment and business practices



Objectives of NCR Medical Integrated Delivery System

- Objectives of the NCR Integrated Delivery System (cont.)
 - Consumer Responsiveness:
 - Seamless continuum of care
 - Focus on the health of enrollees
 - Community Benefit:
 - Improvement of community health status
 - Addressing the prevention of social issues which affect community health
- Standard systems and common processes and practices will allow for smooth movement of staff and patients between the hospitals



Integrated Delivery System Shared Services

- Integrated Referral Management and Appointing Center
- Civilian Human Resources
- Information Management and Information Technology
- Supply Chain Logistics and Contracting
- Planning, Programming, Analysis & Evaluation



WRNMMC Comprehensive Master Plan Components

MILCON (in \$M)	
WRNMMC Central Clinical Expansion	
Design	\$56
Temporary Facilities and Parking Garage	\$69
New Construction/Replacement/Demolition	\$492
Subtotal \$617	

Bethesda Installation	
Design	\$10
Child Development Center	\$18
Utility Upgrades	\$47
Base Installation Appearance Plan	\$6
Traffic and Parking Improvements	\$4
Subtotal \$85	
MILCON TOTAL	\$702

Operations & Maintenance (in \$M)	
Medical Technology Upgrade	
SMART Suites/ Beds* <i>Funded in FY10</i>	\$10
Real Time Location System * <i>Funded in FY10</i>	\$3
Equipment Relocation and Acquisition	\$10
Subtotal \$23	

Installation and Medical Center Environment	
Master Planning	\$2
Campus Wayfinding and ADA Accessibility	\$11
Pedestrian Improvements	\$2
Subtotal \$15	

WRNMMC Central Clinical Expansion	
Initial Outfitting and Transition	\$89
Subtotal \$89	
O&M TOTAL	\$127

TOTAL = \$829M

Also:

- \$65M Special Project Phase 1 renovation of 10 WRNMMC operating rooms completed Aug 2011, Phase 2 renovation for remaining 7 ORs started Nov 201, estimated completion Aug 2012.
- Special Project for Bulk Transport/Central Sterilization Phase 1: On-going will complete March 2012 and Phase 2 designed and awarded.



WRNMMC CMP Update

- FY12 Program (\$109M) funded and includes:
 - All MILCON design funds (\$66M)
 - Funding to build Child Development Center (CDC) (\$18M)
 - O&M investment (\$25M)
 - Medical Technology Upgrade
 - Master Planning
 - Campus Wayfinding
 - Campus Wayfinding
 - ADA Accessibility
 - Pedestrian Improvements
- Construction award for FY12 Child Development Center MILCON project expected in May 2012



WRNMMC CMP Update (cont.)

- Design awards for FY13 are underway and include:
 - Temporary Facilities
 - Electrical capacity/cooling towers Upgrade Phase 1
 - Implement Accessibility & Appearance Plan
- FY14 project design awards are awaiting completion of Congressional Notification period (required by Title 10 USC Section 2807) and include:
 - Electrical capacity/cooling towers Phase 2
 - Parking Garage
 - New Central Clinical Building
- DoD continues to examine projects to determine whether other improvements or refinements should be incorporated



NCR Medical Integrated Delivery System Unity of Command & Unity of Effort



- Provision of high quality, integrated medical care
- Maintenance of trained and deployable medical force
- Achievement of significant cost-savings



JTF Command & Control Model has inherent advantages for IDS over other MHS Models



Questions

Questions?

