

FOCUS

U.S. ARMY

NORTHERN
REGIONAL
MEDICAL
COMMAND

» 2012
STAKEHOLDERS REPORT



TABLE OF CONTENTS



» MISSION:

The Northern Regional Medical Command provides a proactive, patient-centered system of health for those entrusted to our care by a medically-ready force.

» VISION:

The Nation's leading patient-centered system of health.

Table of Contents	3
Crest Symbolism and History.....	4
Command Perspective	7
MTF Profiles.....	8
Warrior Transition Brigade	18
U.S. Army Element Troop Commands.....	20
NRMC Regional Data	22
TeleHealth	24
Patient Centered Medical Home	26
Community Based & Soldier Centered Medical Home ..	27
NRMC Headquarters	28
NRMC Best of 2012	30





» NRMCC CREST SYMBOLISM:

The white field in the background of the crest represents the purity of intention in supporting the treatment of Wounded, Ill and Injured Soldiers as well as the sterile medical environment. The red, white and blue colors refer to the colors of the United States and are arranged in a rainbow to represent the hope of the patients and their Families under Northern Regional Medical Command's care.

The Rod of Asclepius in the center is a historic symbol of the medical profession and is surrounded on either side by an olive branch and a bundle of arrows. The olive branch symbolizes peace, with the 13 olive leaves denoting the 13 original colonies whereas the arrows symbolize war, with the seven arrows representing the seven Medical Treatment Facilities under NRMCC.

Together they refer to the duty of the Regional Medical Command to oversee our Service Members' treatment during both war and peace. The olive branch and arrows also recall the Seal of the United States of America and refer to the ultimate duty to serve and protect the country. The undulating water at the bottom of the crest refers to the Atlantic Ocean and the Great Lakes that border our region.

» NRMCC HISTORY:

The U.S. Army Health Services Command was reorganized into regions, known as Health Service Support Areas, in 1992. The support area covering the northeastern United States was the North Atlantic Health Service Support Area, head-quartered at Walter Reed Army Medical Center.

In October of 1993, the U.S. Army Medical Command (Provisional) was established. The new command, combining Army Dental and Veterinary Commands with general medical commands, was permanently authorized in 1994. The North Atlantic Health Service Support Area became the North Atlantic Regional Medical Command. At the time, NARMCC was one of the Army's six regional medical commands, and was responsible for about 25 percent of MEDCOM's patient load in the United States.

Base Realignment and Closure in 2005 prompted a reorganization of the Army Medical Command. Walter Reed Army Medical Command was closed and integrated with the National Naval Medical Center at Bethesda to create Walter Reed National Military Medical Center. In addition, the Joint Task Force Capital-Medical was established. The reorganization afforded the new Northern Regional Medical Command the opportunity evaluate its health care delivery processes. NRMCC sought to improve access to care for all beneficiaries.

The NRMCC now stretches from Main to North Carolina and from the Atlantic seaboard west to Wisconsin including a medical center, hospitals, clinics, Troop Commands and Warrior Transition Units. Across that broad swath of the United States, we deliver personalized and compassionate healthcare, supporting the Warfighter and their Family, and health care teams of superbly trained professionals.



U.S. Army Dr. (Lt. Col.) Michael Hamilton, McDonald Army Health Center ophthalmologist, performs cataract surgery at Joint Base Langley-Eustis, Va. Ophthalmology services are a part of the eye clinic, which handles treating eye diseases, lens fitting and prescriptions to improve the health of patients' vision.

U.S. Air Force photo by Staff Sgt. Ashley Hawkins/Released





COL Donald R. West
Commander



CSM Benjamin H. Scott, Jr.
Command Sergeant Major

Welcome to the Northern Regional Medical Command 2012 Stakeholders' Report.

At the Northern Regional Medical Command, our focus is on the patient. Ensuring medical readiness to sustain the world's greatest fighting force is our mission, and we relish the opportunity to provide patient-centered care to Soldiers, retirees, their families, and all those entrusted to our care. We answer that calling with an ethos of compassionate stewardship.

As you peruse these pages, you will find that the culture of care and the spirit of innovation are alive and well in our seven medical treatment facilities and their subordinate units. Across this region, health care providers, technicians and support staffs work in concert to provide a system of health for our beneficiaries; one that focuses on wellness and the prevention of disease, and the healing and rehabilitation of those who suffer wounds, illness or injury.

The medical treatment facilities of this region lead the way for the Army and the nation in many healthcare areas. Our Patient-Centered Medical Homes are transforming us from an organization that heals sickness to one that stresses wellness and prevention. Our Warrior Transition Units are vital to wounded, injured and ill Soldiers transitioning back to the fighting force or to a productive civilian life. Our Integrated Disability Evaluation System is synchronizing that transition process. Our renovations, expansions and other facility improvements help us to better deliver care.

These and many other services prove our commitment to support the warfighter and provide effective healthcare, while operating with accountability and developing the next generation of Army Medicine leaders. We believe all of our achievements throughout 2012 made our Army and our nation stronger.

Northern Regional Medical Command is **Medic Strong!**

Army Medicine: **Serving to Heal, Honored to Serve.**

MTF & UNIT PROFILES

Serving to Heal...Honored to Serve



Guthrie Army Health Clinic
»COL Mark W. Thompson
MC, Commander
»CSM Timothy J. Sprunger
Command Sergeant Major



Fort George G. Meade MEDDAC
»COL Danny B. N. Jaghab
MEDDAC, Commander
»CSM Larry D. Lipsey, Sr.
Command Sergeant Major



Ireland Army Community Hospital
»COL Cornelius C. Maher
MC, Commander
»CSM Iteago Felton
Command Sergeant Major



Womack Army Medical Center
»COL Steven J. Brewster
Commander
»CSM Michael T. Brooks
Command Sergeant Major



Keller Army Community Hospital
»COL Felicia F. Pehrson
MC, Commander
»CSM Jeffrey Miller
Command Sergeant Major



Warrior Transition Brigade
»COL Reba Jean Whalen
Commander
»CSM Jesus Febo-Colon
Command Sergeant Major



Kenner Army Health Clinic
»COL Thomas Bundt
MS, Commander
»CSM Reginald D. Crosby
Senior Enlisted Advisor



U. S. Army Element Troop Command North
»LTC Eric Bailey
Commander
»CSM Raul Vizcaino
Command Sergeant Major



McDonald Army Health Clinic
»COL Michael Hershman
Commander
»CSM J. Antez Gilbert
Command Sergeant Major



U. S. Army Element Troop Command South
»LTC David A. Johnson Jr.
Commander
»CSM Thomas S. Craig
Command Sergeant Major



GUTHRIE ARMY HEALTH CLINIC

The U.S. Army Medical Department Activity (MEDDAC) Fort Drum and Guthrie Army Health Clinic promotes wellness and Soldier readiness through integrated quality health care delivered by a highly developed, empowered, and patient-centered team.

Soldiers and Families assigned to the 10th Mountain Division (Light Infantry) at Fort Drum, N.Y., are benefiting from several current and future improvements at the MEDDAC, particularly at Guthrie Army Health Clinic. These expansion and movement projects began in calendar year CY10 and will continue through CY13.

Guthrie's improvements include: the transition of the Urgent Care Clinic to a Patient Centered Medical Home clinic initiative in September. In 2013, Guthrie will modernize its pharmacy, and relocate and renovate Clinical Operations, Laboratory, Radiology, Physical Therapy, Ortho-Podiatry, Immunizations Clinic and the Command Suite. In order to better serve our beneficiaries, Guthrie developed and implemented Embedded Behavioral Health (EBH) teams and a Child and Family Assistance Center expansion.

Our footprint on Fort Drum includes: Wilcox Behavioral Health Clinic, Connor Troop Medical Clinic, Occupational Health, Neuro-Cognitive Assessment Testing Center, and the Preventive Medicine clinics, on north and south Fort Drum.

The MEDDAC also has an Obstetrics and Gynecology Clinic (OB/GYN) off post in leased space from Samaritan Medical Center. In addition, the MEDDAC is responsible for, and has oversight of, a satellite Occupational Health clinic at Watervliet Arsenal in Albany, N.Y.

The 3rd Battalion, 85th Infantry Warrior Transition Unit moved to a new \$34 million facility housing its Company Headquarters and barracks for its wounded Soldiers. Additionally, Community Based Warrior Transition Unit-Massachusetts conducted a transfer of authority to the MEDDAC in March.

The Fort Drum MEDDAC strives to be the strongest team-oriented, wellness-focused, community-minded medical treatment facility in the MEDCOM that always cares enough to make a difference.

"CARE ENOUGH TO MAKE A DIFFERENCE."



Fort Drum, N.Y.



Leadership:

COL Mark W. Thompson
MC, Commander
CSM Timothy J. Sprunger
Command Sergeant Major

Key Services Provided:

- » Army Hearing Program
- » Behavioral Health
- » Conner Troop Medical Clinic
- » Dermatology
- » Laboratory
- » Musculoskeletal
- » Pediatrics
- » Pharmacy
- » Preventive Medicine/SRC
- » Primary Care
- » Radiology
- » Warrior Transition Unit
- » Women's Health

Tricare Prime Enrollment 32,830



IRELAND ARMY COMMUNITY HOSPITAL

The U.S. Army Medical Department Activity (MEDDAC) Fort Knox and Ireland Army Community Hospital (IRACH) mission is to optimize wellness and military readiness of those entrusted to our care by providing exceptional holistic patient-centered health services with caring, compassion, and skill.

Based at Fort Knox, Ky., the MEDDAC provides primary and specialty care services to a population of nearly 35,000 Soldiers, Family members, civilians and retirees. We have a close relationship with the Veteran's Health Administration, providing facility space for a Community Based Outpatient Clinic within IRACH for Veteran Administration beneficiaries.

The MEDDAC supports one of the Army's largest Warrior Transition Battalions. In 2012, the \$46 million SGM William D. Sumner Complex opened just a few blocks from Ireland, providing housing and services for hundreds of our Warrior Transition Battalion servicemembers. The complex includes a 134,960 square foot three-story barracks, a headquarters building, and a Soldier and Family Assistance Center, where wounded Soldiers and their Families can get assistance.

The Warrior Transition Battalion has a robust adaptive sports program, which helps the Soldiers stationed here use sports to assist in the healing process, and in some cases return to active duty. The MEDDAC also assumed command and control of the Rock Island Arsenal, Illinois-headquartered Community Based Warrior Transition Unit, which allows hundreds of Soldiers the opportunity to recuperate and heal in their home communities as part of the Warrior Transition Battalion. The MEDDAC also operate a strong Integrated Disability Evaluation program. The collaborative effort between the Department of Defense and Department of Veterans Affairs allows a single center to provide an integrated care and transition service to our injured or ill servicemembers. In addition, Ireland manages a Soldier Readiness Processing site on Fort Knox, which has assisted thousands of Soldiers in their deployment and redeployment medical processing.

The Behavioral Health team unveiled its Intensive Outpatient Program, which has already helped numerous service-members in its daily group therapy sessions. Ireland also began an embedded behavioral health program for the 3rd Brigade, 1st Infantry Division Soldiers. Ireland also manages the Nelson Clinic on Fort Knox, which provides healthcare specifically for some of our active duty population.

"BECAUSE WE CARE."

Fort Knox, Ky.



Leadership:

COL Cornelius C. Maher
MC, Commander
CSM Iteago Felton
Command Sergeant Major

Key Services Provided:

- » Allergy Clinic
- » Army Hearing & Audiology
- » Bariatric Surgery Program
- » Behavioral Health
- » Chiropractic
- » Dermatology
- » Emergency Department
- » Ent Clinic
- » Immunizations
- » Internal Medicine Clinic
- » Labor & Delivery
- » Mammography
- » Medical Surgery Unit
- » Nursing Services
- » Occupational Therapy
- » Ophthalmology
- » Optometry
- » Orthopedics
- » Pathology
- » Pediatric Care Clinic
- » Physical Therapy
- » Pre-op Same Day Surgery
- » Radiology
- » Respiratory Therapy
- » Warrior Transition Unit
- » Women's Health

Tricare Prime Enrollment 31,588





KELLER ARMY COMMUNITY HOSPITAL

Keller Army Community Hospital (KACH) and the West Point Health Service Area (WP-HSA) provides high-quality, patient-centered care with a focus on health and wellness to improve readiness of the Force and enhance the lives of all beneficiaries.

The WP-HSA is comprised of Keller Army Community Hospital, a 27-bed community hospital located at West Point; N.Y., Walson Medical Support Element, a medical clearance center for mobilizing and demobilizing service members, located at Joint Base McGuire-Dix-Lakehurst, N.J.; four outlying occupational health clinics; and two Warrior Transition Units. The occupational health clinics are located at the following sites: Ainsworth Occupational Health Clinic, Fort Hamilton, N.Y.; Picatinny Occupational Health Clinic, Picatinny Arsenal, N.J.; Tobyhanna Occupational Health, Tobyhanna Army Depot, Pa., and Natick Occupational Health Clinic, Natick Soldier Systems Center, Natick, Mass. The WP-HSA Warrior Transition Units are located at West Point, N.Y., and Joint Base McGuire-Dix-Lakehurst, N.J.

Keller Army Community Hospital provides world-class medical services to the U.S. Military Academy, the Nation's wounded, active duty servicemembers, retirees and family members. Keller is proud to serve approximately 29,000 eligible beneficiaries.

Keller is currently undergoing a \$28.5 million (53,100 square-foot) three-story clinic addition adjacent to the current hospital. This project is designed to enhance efficiencies in departmental workflows, centralize outlying clinic services and improve the delivery of care for patients. The clinic addition is designed to achieve Leadership in Energy and Environmental Design Silver Certification and is projected to be completed by January 2014. KACH received approximately \$12 million in funds for internal sustainment, restoration and maintenance improvements.

To provide better support to wounded Soldiers, KACH signed a Memorandum of Agreement with the Department of Veterans Affairs to establish the first joint Individual Disability Evaluation System (IDES) in the country. The IDES program at the VA's Montrose Campus has medical personnel from KACH and the VA working together to streamline the process of servicemembers being medically evaluated as they leave the military.

Keller currently ranks first in the region for Overall Patient Visit Satisfaction according to the Army Provider Level Satisfaction Survey (APLSS) and is the leading Medical Treatment Facility in MEDCOM for patient satisfaction.

"CRIMSON KNIGHTS...HONORED TO SERVE."

West Point, N.Y.



Leadership:

COL Felicia F. Pehrson
MS, Commander
SGM Jeffrey Miller
Command Sergeant Major

Key Services Provided:

- » Allergy and Immunizations
- » Army Substance Abuse Program
- » Audiology
- » Behavioral Health
- » Dermatology
- » Exceptional Family Member Program
- » Emergency Room
- » Internal Medicine
- » Laboratory/Pathology
- » Medical Surgical Unit
- » Mologne Cadet Health Clinic
- » Ophthalmology
- » Optometry
- » Orthopedics
- » Pharmacy
- » Primary Care
- » Physical Therapy
- » Post-Professional Sports Medicine - PT Doctoral Program
- » Same Day Surgery
- » Radiology
- » Special Care Unit
- » Sports Medicine
- » Warrior Transition Unit
- » Women's Health

Tricare Prime Enrollment 12,965



Fort Lee, Va.



Leadership:

COL Thomas Bundt
MS, Commander
SGM Reginald D. Crosby
Senior Enlisted Advisor

Key Services Provided:

- » Behavioral Health
- » Dermatology
- » Exceptional Family Member Program
- » Laboratory
- » Nutrition Care
- » Optometry
- » Orthopedics
- » Pediatrics Clinic
- » Pharmacy
- » Primary Care
- » Physical Surgical Unit
- » Preventive Medicine
- » Radiology
- » Social Work
- » Troop Medical/Dental Clinic
- » Women's Health

Tricare Prime Enrollment 21,092



KENNER ARMY HEALTH CLINIC

With a staff of 486 including Soldiers, Army civilians and contractors, Kenner is a multi-specialty outpatient clinic supporting more than 22,000 TRICARE Prime beneficiaries and an average daily student load of between 8,000 and 10,000 Soldiers in training.

Services include: Primary Care (Family Medicine, Pediatrics, Internal Medicine), Specialty Care (Orthopedics, Optometry, Physical Therapy, and Dermatology), and Ancillary Services (Laboratory, Radiology, Pharmacy, and Immunizations). Inpatient and additional specialty care services are provided by a combination of civilian TRICARE network partners, the Department of Veterans Affairs Medical Center in Richmond, Va., and by other Military Treatment Facilities such as Portsmouth National Medical Center and Walter Reed National Military Medical Center, Bethesda, Md.

The past year has brought several important changes and enhancements to medical care and services. Kenner implemented the Patient-Centered Medical Home model, and in doing so, received Level III recognition from the National Commission on Quality Assurance. The clinic enhanced focus and engagement with its patients on the importance of health screenings, and an expanded strategic communications presence through expanded use of our Kenner's website and social media.

In addition, Kenner saw the completion of the Colonel Bull Dental Clinic renovation, which included the gutting of the 17,800 square-foot-clinic and adding a 2,600 square-foot addition. In May, the Kenner pharmacy installed a robotic prescription-filling system in its Refill Section. The new system automated 70 percent of the total prescriptions volume with 100 percent accuracy. Kenner also completed a \$1.5 million renovation of the Fort A.P. Hill Lois E Wells Health Clinic, an American Recovery and Reinvestment Act funded project. Future projects that are continuing into the next fiscal year include renewal of the first floor main corridors, main lobby and reception desk at a cost of \$286,000.

During October and November, Kenner's Suicide Prevention Program Officer, Capt. Kerima Gibbons, Department of Behavioral Health, presented the Applied Suicide Intervention Skills Training course to the Fort Lee community. The two-day workshop prepared caregivers of all backgrounds to provide suicide intervention. The program also allowed participants to explore their experiences and attitudes about suicide, develop a better understanding of the person at risk and learn how to use suicide first aid to meet a person's needs.

"YOUR CARE. YOUR TRUST. OUR MISSION."



KIMBROUGH AMBULATORY CARE CENTER

U.S. Army Medical Activity – Fort George G. Meade’s mission is to promote health and build resilience for Warriors, Military Families, and all those entrusted to our care.

There are six subordinate organizations within the MEDDAC: Kimbrough Ambulatory Care Center (KACC), Fort Meade, Md. (MEDDAC HQ); Rader Army Health Clinic, Joint Base Myer-Henderson Hall, Va.; Barquist Army Health Clinic, Fort Detrick, Md.; Kirk Army Health Clinic, Aberdeen Proving Grounds, Md.; Edgewood Occupational Health Clinic; Dunham Army Health Clinic, Carlisle Barracks, Pa.; Fort Indiantown Gap Troop Medical Clinic, FIG, Pa.; Filmore Army Health Clinic Defense Distribution Center, Pa.; Letterkenny Occupational Health Clinic, Letterkenny Army Depot, Pa. and Forensic Toxicology Drug Lab, Fort Meade.

In an effort to move toward a patient-centered model, KACC, a premier Patient-Centered Medical Home, first realigned active duty Soldiers and family members in each Primary Care clinic by branch of service to improve providers’ understanding of the unique challenges and requirements of each service. Following this, the Force Health Protection mission and functions were absorbed by PC staff to allow PC managers to conduct assessments and exams for their patients rather than separate FHP providers.

All clinics within the MEDDAC received National Committee for Quality Assurance recognition as Level III (highest) Patient-Centered Medical Home facility. The MEDDAC began the process of assembling four semi-permanent buildings on the KACC campus. Upon completion, projected for later this year, the facility will allow for the expansion of Behavioral Health services in its current location by moving Medical Company and human resources personnel. The additional buildings will also be used by the Integrated Disability Evaluation System and Warrior Transition Unit administrative personnel. Clinical space for the Warrior Transition Unit will also be located here. All staff and services are expected to move by mid-year 2013.

Kimbrough also completed two phases of its service line expansion project, allowing for expanded Plastic Surgery, Orthopedic, and Gastro Intestinal Services. Pain Management and Interventional Services are anticipated to be in place by the summer.

“WE ARE IN THE CARE BUSINESS.”

Fort Meade, Md.



Leadership:

COL Danny B. N. Jaghab
MEDDAC, Commander
CSM Larry D. Lipsey, Sr.
Command Sergeant Major

Key Services Provided:

- » Anesthesia
- » Army Substance Abuse Program
- » Behavioral Health
- » Exceptional Family Member Program
- » Internal Medicine
- » Laboratory
- » Medical Surgical Unit
- » Musculoskeletal Clinic
- » Occupational Health
- » Operating Room
- » Pharmacy
- » Primary Care
- » Same Day Surgery
- » Radiology
- » Special Care Clinic
- » Vision & Hearing Center
- » Warrior Transition Unit

Tricare Prime Enrollment 57,960



Joint Base
Langley-Eustis, Va.



Leadership:

COL Michael Hershman
Commander
CSM J. Antez Gilbert
Command Sergeant Major

Key Services Provided:

- » Allergy and Immunizations
- » Aviation Medicine
- » Behavioral Health
- » Dental
- » Dermatology
- » Ear, Nose & Throat
- » Eye Clinic
- » Exceptional Family Member Program
- » Gastroenterology
- » General Surgery
- » Internal Medicine
- » Laboratory/Pathology
- » Nutrition Care
- » Operating Room
- » Orthopedics/Podiatry
- » Patient Centered Medical Home
- » Pharmacy
- » Primary Care
- » Physical Therapy
- » Preventive Medicine
- » Radiology
- » Sleep Disorders
- » Warrior Transition Unit
- » Women’s Health

Tricare Prime Enrollment 24,394



McDONALD ARMY HEALTH CENTER

McDonald Army Health Center (MCAHC) is located in the Hampton Roads area of Virginia, where military and local history has been entwined since the Revolutionary War. MCAHC is located on Joint Base Langley-Eustis (JBLE).

The JBLE installation is an amalgamation of the U.S. Air Force – Langley Air Force Base and U.S. Army – Fort Eustis, which merged Oct. 1, 2010. The new installation was established in accordance with congressional legislation implementing the recommendations of the 2005 Base Realignment and Closure Commission (BRAC). JBLE is one of 12 joint bases formed in the United States. As a result of BRAC, the U.S. Army Training and Doctrine Command, moved from Fort Monroe, VA, to JBLE.

With 804 total staff members comprised of active duty military, Department of the Army civilians, contractors, Red Cross volunteers, and students, MCAHC serves an eligible population totaling 41,819 eligible beneficiaries. The health center commander is also responsible for Joint Expeditionary Base Little Creek-Fort Story (East) Troop Medical Clinic. Located at Fort Story, Va., this subordinate clinic offers medical support and services to active duty Service members and their Family members.

The Warrior Transition Company provides personal support to wounded Soldiers who require at least six months of rehabilitative care and complex medical management. Each Warrior in Transition works with a Triad of Care - primary care manager (normally a physician), nurse case manager, and squad leader - who coordinates their care with other clinical and non-clinical professionals. Warriors in Transition have one mission — to heal.

Today, major services at MCAHC include Adult and Pediatric Primary Care, Specialty Services and Ambulatory Surgical Center for the 6,771 active duty Soldiers, 12,447 dependents, and 22,601 military retirees and their Families. Located in the Tidewater Multi-Service Market Area, MCAHC partners with U.S. Air Force Hospital Langley, Naval Medical Center Portsmouth, and the Department of Veterans Administration Hospital, Hampton, VA, to provide care for beneficiaries who reside on the Peninsula.

“McDONALD CARES.”



WOMACK ARMY MEDICAL CENTER

Womack Army Medical Center's (WAMC) mission is to provide the highest quality health care, maximize the medical deployability of the force, ensure the combat readiness of Womack's personnel, and sustain exceptional education and training of U.S. Army Medical Department personnel. In support of the Global War on Terror, Womack has deployed significant numbers of healthcare providers to overseas contingency operations. Womack serves all branches of the military: Army, Air Force, Navy, Marines, and Coast Guard, both active duty and Reserve. Womack's patient population of 225,000 TRICARE beneficiaries is one of the largest in the Army. This includes active duty Soldiers, retirees and their Families.

Womack, located at Fort Bragg, N.C., has five primary care clinics that include: Clark Health Clinic, Joel Health and Dental Clinic, Robinson Health Clinic, Troop and Family Medical Clinic and Womack Family Medicine Residency Clinic, that provide comprehensive primary care services. The Medical Center also has two community based medical homes, Fayetteville Medical Home and Hope Mills Medical Home, providing primary care to family members of active duty Soldiers. There are plans to open another community based medical home in Linden Oaks, N.C. To provide better services to wounded, ill or injured Soldiers and their Families, who call Fort Bragg home while they recover, Womack opened a new Warrior Transition Complex, including a Soldier and Family Assistance Center.

The Fort Bragg Blood Donor Center increased its capacity and made blood donation easier for the Fort Bragg community by adding a 1,000 square-foot mobile blood donation bus, which can support blood collection to any organization on post.

During 2012, construction on the Womack Health and Support Center continued. Once completed, projected to open in March 2013, the facility will combine resource management and behavior health for service members and family members behavioral health and service member behavioral health.

"WE ARE COMMITTED TO THOSE WE SERVE."

Fort Bragg, N.C.



Leadership:

COL Steven J. Brewster
Commander
CSM Michael T. Brooks
Command Sergeant Major

Key Services Provided:

- » Behavioral Health
- » Dental
- » Dermatology
- » Ear, Nose & Throat
- » Emergency Medicine
- » Eye Clinic
- » Exceptional Family Member Program
- » General Surgery Laboratory/Pathology
- » Occupational Therapy
- » Oral & Maxillofacial Surgery
- » Operating Room
- » Optometry
- » Orthopedics/Podiatry
- » Pathology
- » Pharmacy
- » Physical Therapy
- » Primary Care
- » Preventive Medicine
- » Radiology
- » Warrior Transition Unit
- » Women's Health

Tricare Prime Enrollment 113,809



WARRIOR TRANSITION BRIGADE



The Warrior Transition Brigade – National Capital Region (WTB-NCR) helps our Nation’s most seriously wounded, ill, and injured Soldiers transition back into the force or into the community with dignity, respect and self-determination through a comprehensive transition plan.

WTB-NCR provides command and control, primary care and case management for Warrior Transition Units (WTUs) located on the campus of Walter Reed National Military Medical Center, Fort Belvoir Va., and Fort Meade, Md.

Soldiers in Transition receive the support they need to complete their mission, which is to heal. The Brigade also encourages Soldiers to take advantage of professional and educational opportunities available while stationed in and around the nation’s capital. The WTB developed partnerships with the Federal, State, and Local agencies. This initiative has successfully provided our Soldiers with exceptional internship opportunities through the Operation War Fighter Program. As a result of these programs, over 160 Soldiers were offered or received employment upon transition to civilian life during 2012.

The Brigade’s primary emphasis continues to be on providing intervention for Soldiers to facilitate their transition process. WTB-NCR therapists average approximately 65 direct Soldier contacts per month, and work with other cadre members and providers on specific Soldiers issues and concerns.

Program development and collaboration continues to be a key component of the day-to-day duties of all staff. A Transition Group was developed and implemented as a collaborative effort between Occupational Therapy (OT), Social Work, and the Transition Coordinator. Leisure group is offered each week. Other groups, such as goal setting, effective communication, time management, and sleep & relaxation are provided.

WTB-NCR established a robust adaptive sports program, including training in Zumba Fit, archery, cycling yoga, therapeutic pool activities, seated volleyball and wheelchair basketball. As a result, four brigade members were selected to participate in the 2013 Warrior Games for wounded, ill or injured service members, with two earning gold medals. WTB-NCR occupational therapists also provided direct support for Soldiers attending the Warrior Games. Several OTs also participated in several tours of Federal agencies to facilitate expansion of available internship sites. OTs continued with close collaboration with the installation Education Center, and met with a representative at least once each month to review every Soldier assigned/attached to the WTB to discuss each Soldier’s progress in Education.

The WTB-NCR continues to provide leadership and compassionate care to Soldiers and their families that enable them to heal. The Brigade provide high quality living conditions and sustains triads of Squad Leaders, Case Managers, and Primary Care Physicians who all work together as part of an inter-disciplinary team to ensure advocacy for Soldiers, continuity of care, and a seamless reintegration to the force or into the community with no procedural delays.

Bethesda, Md.



Fort Meade, Md.



Fort Belvoir, Va.



Leadership:

COL Reba Jean Whalen
Director
CSM Jesus Febo-Colon
Command Sergeant
Major





Troop Command NORTH

Troop Command SOUTH

The U.S. Army Element Troop Command North (Troop Command North) provides leadership to a Troop/Battalion level command to include command and control, accountability, readiness, administration, and training of all Army personnel assigned and/or attached to Walter Reed National Military Medical Center (WRNMMC); Joint Pathology Center & Pentagon Medical Clinic. Manage the Pre-deployment, during and Post-Deployment/Reconstitution Plan for Soldiers deployed in support of Overseas Contingency Operations and other world-wide missions.

The growth and development of Army Medicine's future leaders is a top priority of Troop Command North. Sixty one Soldiers completed the Warrior Leader Course, twenty eight Non-commissioned Officers (NCO) completed the Advanced Leader Course, and seven NCOs completed the Senior Leader Course during FY12.

Troop Command North training during 2012 ensured that AMEDD personnel in the National Capital Region were ready when called upon to support combat operations, with 71 Soldiers deploying in support of contingency operations worldwide.

Bethesda, Md.



Leadership:

LTC Eric Bailey
Commander
CSM Raul Vizcaino
Command Sergeant Major



Fort Belvoir, Va.



Leadership:

LTC David A. Johnson Jr.
Commander
CSM Thomas S. Craig
Command Sergeant Major



The U.S. Army Element Troop Command South (Troop Command South) provides command and control, comprehensive administrative support, and ensures operational readiness for all Army Medical Department personnel assigned to Fort Belvoir, Va. in order to provide a trained and responsive battlefield force while supporting day-to-day operations.

The development of Army Medicine's future leaders is a priority of Troop Command South. Fifty-three Soldiers completed the Warrior Leader Course, 20 Noncommissioned Officers (NCO) completed the Advanced Leader Course, and 11 NCOs completed the Senior Leader Course during FY12. In addition, Troop Command South is the ammunition manager for NRMC in the National Capital Region, responsible for forecasting ammunition for small arms ranges. Troop Command South allocated the ammunition and coordinated the weapons for three USAE-TCS ranges that qualified 170 personnel; nine ranges for the FBCH Security Guards (40 personnel), and three Troop Command North ranges for FY12. Troop Command South also had 19 Soldiers earn the German Proficiency Badge.

Troop Command training during 2012 ensured that AMEDD personnel in the National Capital Region were ready when called upon to support combat operations, with 41 Soldiers deploying in support of contingency operations worldwide.

REGIONAL FOCUS

Medic Strong!



\$1.1B OPERATING BUDGET

496,337 SUPPORTED BENEFICIARIES

22 ARMY HEALTH CENTERS

1 ARMY MEDICAL CENTER

2 ARMY COMMUNITY HOSPITALS

8 OCCUPATIONAL HEALTH CENTERS

9 TROOP MEDICAL CLINICS



CURRENT LINES OF SERVICE:

Behavioral Health (Adult, Child, IDES), Neurosurgery, Dermatology, Rehabilitation/Pain, Neurology, TBI, Pharmacy, Nutrition, Diabetic Retinopathy

» TELEHEALTH

MISSION:

NRMC, using a Mission Command approach, leads Army Medicine in establishing an innovative virtual system of care, initially oriented upon the delivery of telemedicine with sound business practices and subsequently expanding service into virtual delivery of care outside of normal patient encounters. This will help achieve patient engagement in the “life space” as identified by the Surgeon General and contribute to the enhanced wellness of all beneficiaries.

VISION:

The virtual system of care will develop in a manner which enables it to become the foundation of a larger MEDCOM virtual system of care capability available globally to beneficiaries at all times.

Since 2000, the Northern Regional Medical Command and Walter Reed Army Medical Center, before its closure in 2011, implemented a comprehensive virtual behavioral health care delivery system. The Tele-Behavioral Health Service was established to meet the needs of Soldiers, beneficiaries, and retirees where there is limited direct care capacity and/or have limited TRICARE network capability.

In 2012, NRMC formed a team of clinical, business and communication professionals to review its current telehealth operations for effectiveness and efficiency, particularly in support of medical delivery within the Patient Centered Medical Home (PCMH) model of healthcare. The PCMH is a health care setting that facilitates partnerships between individual patients and their

personal physicians, and when appropriate, the patient’s family. One of the fundamental principles of the PCMH is to coordinate and/or integrate care across all elements of a complex health care system.

NRMC’s goal is to standardize a fully integrated Telehealth Program into the PCMH leveraging across all product lines to provide a cost-efficient mechanism to bring both the hard to manage patient and healthy person the continuity of care with medical and non-medical state-of-the-art interventions from the acute to long-term settings.

The team identified several key tasks in pursuit of enhancing the region’s telehealth capability to include:

- Full integration of telehealth assets into the PCMH and initially NRMC medical treatment facilities (MTFs) as required by individual facilities. This will require continued research and program evaluation to develop and implement best practices.
- Develop a standardized way of accessing telehealth services across the organization. The need for a global scheduling system is inherent in leveraging telehealth resources across all active institutions.
- Standardize the operational elements of all product lines across the organization while giving the supported elements the ability to adjust program specifics to meet the need of their respective MTFs.
- Integration of wellness initiatives into the PCMH via the use of Telehealth.
- Develop mobile applications in home care, and utilize other platforms to meet the needs of DoD Beneficiaries in the “White Space”.
- Identify current Information

Technology/Information Management assets, requirements, and forecast what would be required at end state.

- Identify space requirements for each supported facility. Clinical space at supported sites may need to be altered to accommodate for the TH service delivery and/or mobile solutions may be required to maximize limited space at many existing facilities.
- Develop a core budget that covers all components of the various service product lines.
- Adjust business rules to account for resources not traditionally assigned to a single facility. With the implementation of the STEP Act (define), providers and patients will not be confined to traditional healthcare locations.

THE END STATE:

The end state is a comprehensive and integrated Telehealth Military Treatment Facility and system of care where specialty care and primary care providers interact systematically to meet the health needs of their patients through collaborative development of treatment plans, provision of clinical services, and coordination of care through the use of technology.

A high quality telehealth program of care that is accountable, accessible, and closely aligned to Army Medicine priorities, can be a key tool in achieving Army Medicine strategic goals. The NRMC Strategic Plan describes such a program of care, beginning with four fundamental Telehealth Strategic Aims: Universal Access to Services, Patient-Centered Virtual Care Team, Beneficiary Wellness, and a Flexible and Efficient Healthcare Force. A well-developed telehealth system incorporates the values and features

of the MHS Quadruple Aim and PCMH. To realize the potential of telehealth, program development must be organized, accountable, and fully integrated into the Army Medicine strategic objectives. The NRMC is positioned to move forward with this concept and establish a MTF that has the ability to adjust to any mission in direct support to our Service Members.

Technology will help make this possible. Telehealth, in particular, is a powerful means of connecting patients and providers to fight illness and enhance health outcomes. Of course, technology has long been integral to healthcare. Technology in patient assessment, diagnostics, pharmaceutical management and record keeping has improved care and saved lives. Telehealth technology is a critical tool to supplement and coordinate care. From early pilots of video-based services to current video teleconferencing (VTC) units, digital cameras, messaging devices, smart phones, and medical devices, Telehealth has augmented face-to-face care and its use has grown exponentially.

The delivery of telehealth care includes a full range of clinical, wellness, administrative, and educational services that are relevant to the diagnosis, treatment, and management of all applicable services. This system leverages state-of-the-art technology to extend the availability and accessibility of a number of medical disciplines throughout the NRMC. A standardized TeleHealth solution can address the gaps in a specific MTF within a MHS facility caused by staffing vacancies, lack of area support, or limited providers within a geographical area.



» PATIENT CENTERED MEDICAL HOME (PCMH)



NRMC has been actively engaging their clinics in the transformation to Patient Centered Medical Homes (PCMH.) In 2012, eight NRMC Clinics achieved National Committee for Quality Assurance (NCQA) Level 3 recognition with approximately 65,000 patients enrolled in these clinics.

NRMC supports its MTF Commanders by working directly with their PCMH staff in promoting their transformation. NRMC conducted staff assistant visits and started a targeted approach by delivering learning collaborative in 10 of its facilities, providing PCMH staff dedicated time to explore and create a plan for access to care, and define roles and responsibilities. Future plans include care management, care coordination, patient partnership and practice coach training.

NCQA's PCMH Recognition program drives improvement in the primary care setting. NCQA has a set of standards with clear and specific criteria about becoming patient-centered through a coordinated team approach to care. When operational, PCMH is health care that facilitates partnerships between individual patients, and their personal physicians, and as needed, the patient's family. Care may be delivered in a face to face appointment or facilitated in a virtual asynchronous method through the Army Medicine Secure Messaging System. Care is facilitated by registries that allow the healthcare team to promote wellness and prevention.

Recognized Clinics in 2012 :

Medical Readiness Clinic
Ireland AHC, Fort Knox

Dunham AHC Carlisle Barracks

Andrew Rader AHC, Fort Meyer

Barquist AHC, Fort Detrick

Troop Medical Clinic 2,
Joint Base Langley-Eustis

Kirk AHC, Aberdeen Proving Ground

Kimbrough ACC, Fort Meade

Clinics Pursuing in 2013:

Kenner AHC, Fort Lee

Guthrie AHC, Fort Drum

Clark Clinic, Fort Bragg

Pope Health Clinic, Fort Bragg

Hope Mills Medical Home, Fort Bragg

Womack MAC, Fort Bragg

Robinson Clinic, Fort Bragg *

Fayetteville Medical Home, Fort Bragg

McDonald AHC, Joint Base Langley-Eustis

Keller AHC, West Point

Clinics Pursuing in 2014:

Mologne TMC, West Point

Nelson Medical Clinic, Fort Knox *

Conner Troop Medical Clinic, Fort Drum *

» COMMUNITY BASED MEDICAL HOME (CBMH)

Community Based Medical Homes are Army-ran, primary care clinics located off-post in the communities where Army Families live. But Community Based Medical Homes offer more than convenient location.

At its heart, the Army Community Based Medical Home (CBMH) is healthcare the way it should be – easy to access, patient-centered, team based and quality focused. Army Community Based Medical Homes increase access to primary care, expand the definition of healthcare quality and reinvigorate our commitment to customer service. Currently NRMC has two CBMHs at Fort Bragg, N.C. More than 16,000 family members of active duty Soldiers receive care at these facilities. Both are subordinate clinics of Womack Army Medical Center.

» SOLDIER CENTERED MEDICAL HOME (SCMH)

The Soldier Centered Medical Home (SCMH) is the Soldier's version of the Patient Centered Medical Home. The concept of operations is consistent with PCMH principles. The primary distinction between the SCMH and the PCMH is the integrated staffing model, in which the organic unit medical staff provides care within their credentialed privileges for their assigned Soldiers and augmented behavioral health and physical therapy capability.

NRMC will implement the SCMH model at installations across the Region in order to improve medical readiness and ensure consistently superior healthcare. Once fully implemented across the Army, SCMHs will improve and enhance individual and unit medical readiness, utilizing the PCMH multi-disciplinary team approach consisting of experts in: primary care, behavioral health, clinical pharmacy, physical therapy, nutrition care, and nurse case management, operating in a proven model of integrated, comprehensive, proactive care. Currently, NRMC has two SCMHs, Fort Drum, N.Y. and Fort Knox, K.y.



» NRMC HEADQUARTERS

SECRETARY GENERAL STAFF:

Provides administrative support to the Commanding General. Functions include: proofreading, editing and tracking official correspondence submitted for review or signature; drafting correspondence; tracking Congressional Inquiries and Taskings; correspondence distribution to subordinate activities; and providing general administrative support to the Commanding General, Chief of Staff and Command Sergeant Major.

OPERATIONS:

Provides staff supervision, policy guidance, assistance in policy guidance interpretation, program evaluation, training and technical assistance concerning operations functions to the region in the following areas: mobilization, demobilization, global rebasing, and restationing, deployment, military training, Critical Infrastructure Protection (CIP), Consequence Management (CM), Operational Security (OPSEC), crisis and deliberate planning, taskings, redeployment, reintegration and reconstitution, and retraining, information, industrial, and personnel security, security education and training.

CLINICAL OPERATIONS:

Enables the Region's patient care activities to provide the best support to the operational mission, beneficiary care, health education and research, and effective and efficient use of resources, through responsive customer-friendly staff support.

LOGISTICS:

Delivers and coordinates best business processes in Medical Logistics, Medical Material Management, Equipment Management, Facilities Life Cycle Management, Environmental Services and Information Systems. Develop and implement strategies

to maximize medical equipment and supply standardization. Provide services in support of everyday health care delivery for all NRMC beneficiaries. Develop regional logistic plans, policies, and procedures.

PERSONNEL:

Plans, develops, and/or directs systems that support and implement programs concerning the personnel life cycle for Active Army and Reserve permanent party, Warriors in Transition, and Federal Service Employees. Provide personnel support services that support and strengthen the morale and welfare of Army families.

INFORMATION MANAGEMENT:

Provides business and secure technology infrastructure in support of the Northern Regional Medical Command's mission.

RESOURCE MANAGEMENT:

Ensures the procurement and optimal application of resources to meet and improve healthcare delivery to our Nation's Warriors, their Families, and all other beneficiaries.

WARRIOR TRANSITION OFFICE:

The WTO provides coordination and oversight staff assistance and advice on matters pertaining to command and control, primary care and case management for Warriors in Transition to establish conditions for healing and promote the timely return to the force or transition to civilian life. Coordination, communication, and collaboration between the Soldier, Soldier's family and their assigned TRIAD consisting of the Primary Care Manager, Nurse Case Manager, and Platoon Sergeant (PLor Squad Leader.) Generate and report weekly NRMC MTF Capability and Capacity, WTU Capacity, and WTU staffing ratios to Higher Headquarters to assist in the patient movement decision making process.

Continually monitor regional compliance and de-conflict discrepancies between source data systems.

CONTRACTING OFFICE:

Provides sound business advice and quality contracting support that is responsive to today's health care requirements as we prepare for changes in contracting demands to support the health care environment of the future.

STRATEGIC COMMUNICATIONS:

Tells the Army Medicine story within the region through command information, products, media engagements, and community outreach by providing public affairs guidance, creating strategic communications plans and evaluating public affairs operations in support of the Commander's Intent.

STRATEGY & INNOVATION:

Facilitates the NRMC strategic planning and management into action by integrating Strategic Planning/Balanced Scorecard and Lean Six Sigma initiatives and accelerating continuous process improvement.

COMMAND JUDGE ADVOCATE:

Develop, employ and train One Team of proactive professionals, who deliver principled counsel and mission-focused legal services to the Northern Regional Medical Command, Medical Command, the Army and the Nation.

INSPECTOR GENERAL:

The NRMC IG office provides the Commander and tenant Commanders/Directors a continuous objective assessment of the operational, administrative and logistical effectiveness of the command.

INTERNAL REVIEW:

Provides a professional internal analysis capability and delivers pertinent, timely and reliable information and advice to Army leader that (i) evaluates risk, (ii) assesses management controls, (iii) improves quality, economy and efficiency, and (iv) fosters stewardship.

CHAPLAIN SERVICES:

Provides Religious Support to the Soldiers, Family members and DOD Civilians in the Northern Regional Medical Command across the full spectrum of operations. Assists the Commander in ensuring the right to the free exercise of religion. Provides spiritual, moral and ethical leadership for NRMC and its culture.

EQUAL OPPORTUNITY ADVISOR:

The Equal Opportunity program formulates, directs, and sustains a comprehensive effort to maximize human potential and to ensure fair treatment for military personnel, family members, and DA civilians without regard to race, color, gender, religion, or national origin, and provide an environment free of unlawful discrimination and offensive behavior.

EQUAL EMPLOYMENT OPPORTUNITY:

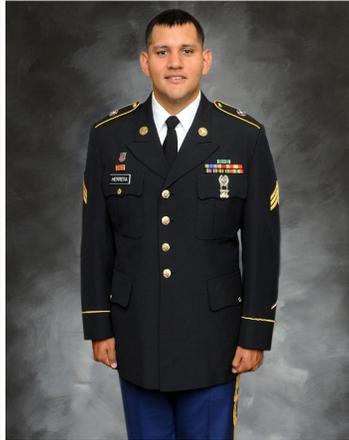
Advises the Northern Regional Medical Command (NRMC) Commander, principal staff officers, and subordinate commanders on all matters related to Equal Employment Opportunity.

SAFETY:

Provides guidance to the Command on integrated Safety Processes and provides assistance to the Commanders in implementing the Army Safety Program; thus protecting and supporting the Soldiers, civilians, contractors and the military health care beneficiary population.

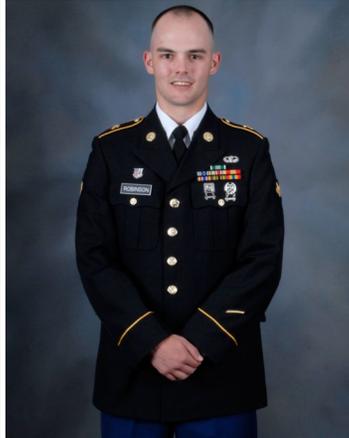
» 2012 BEST WARRIOR - NCO

Sgt. Luis Herrera
Practical Nurse
Northern Regional Medical Command
Womack Army Medical Center
Fort Bragg, N.C.



» 2012 BEST WARRIOR - SOLDIER

Spc. Clint Robinson
Medical Laboratory Specialist
Northern Regional Medical Command
Walson Medical Support Element
Joint Base McGuire-Dix-Lakenhurst, N.J.



» 2012 BEST WARRIOR - CARE

Melissa Mitravich
WTU Primary Care Manager of the Year
Fort Belvoir Warrior Transition Brigade
Fort Belvoir, Va.



» GET IN TOUCH

Connect with NRMC on Facebook, Twitter or Pinterest. Watch videos from the Command on our YouTube channel and subscribe to our weekly magazine NORTH.



army.mil/nrmc



facebook.com/armyNRMC



twitter.com/armyNRMC



pinterest.com/armyNRMC



paper.li/armyNRMC/1360790771



youtube.com/user/ArmyNRMC

Northern Regional Medical Command
9275 Doerr Road
Ft. Belvoir, VA 22060