

JOINT TASK FORCE, NATIONAL CAPITAL MEDICAL REGION HEADQUARTERS (JTF CAPMED)



BRAC UPDATE 2008

BRAC comes to the National Capital Region

On May 13, 2005, the Department of Defense announced its recommendations for the latest round of Base Realignments and Closures (BRAC). Significant changes were suggested for military medicine in the Washington, D.C. area. These changes were reviewed, discussed, and ultimately approved by Congress and the President in November 2005. Changes are to be implemented by September 2011. The most visible change will be in the number of inpatient medical facilities in the area. There are four currently in use - National Naval Medical Center in Bethesda, Maryland; Walter Reed Army Medical Center in Washington, D.C.; Malcolm Grow Medical Center at Andrews Air Force Base in Maryland; and DeWitt Army Community Hospital at Fort Belvoir in Northern Virginia.

These facilities will merge into two hospitals, both staffed by Army, Navy and Air Force personnel.

- National Naval and Walter Reed will become the new Walter Reed National Military Medical Center on the Bethesda campus (WRNMMC).
- Malcolm Grow will do outpatient care only at its current location.
- A new hospital is being built on Fort Belvoir, and many current Walter Reed clinical services will open there.
- Research, education, and training will be centered on the Bethesda campus with students rotating at the new hospital on Fort Belvoir as the major satellite teaching hospital and at Malcolm Grow for outpatient experience.
- The post in the District, known as Walter Reed Army Medical Center Installation, will close when all components have moved in September 2011.

Other changes include:

- Armed Forces Medical Examiner, DNA Registry, and Accident Investigation will relocate to Dover Air Force Base, Delaware.
- Enlisted histology technician training will relocate to Fort Sam Houston, Texas.
- Combat Casualty Care Research at the Walter Reed Army Institute of Research and the Naval Medical Research Center will move to Fort Sam Houston, Texas.
- Medical Biological Defense Research now at Walter Reed Army Institute of Research and Naval Medical Research Center will consolidate with the US Army Medical Research Institute of Infectious Diseases at Fort Detrick, Maryland.
- Medical Chemical Defense Research at the Walter Reed Army Institute of Research will consolidate with the US Army Medical Research Institute of Chemical Defense at Aberdeen Proving Ground, Maryland.

Update:

Integration Facts

- The Joint Task Force (JTF) CAPMED HQ now oversees changes coming to military medicine in the Washington, D.C. area.
- Orthopedics, Pathology, Rheumatology, Pediatrics, Department of Surgery and Dermatology clinics have successfully integrated operations between Walter Reed Army Medical Center (WRAMC) and the National Naval Medical Center (NNMC). Each clinic will continue to provide services from their respective locations, but functionally operate as a single organization. This integration, however, does not affect patient care. Specialty and inpatient care at the two facilities will functionally integrate during 2008. By the time construction is completed and WRAMC and NNMC physically merge in 2011, the two facilities will already be operating as one integrated family.
- Right now, no military facilities in the area have closed. In fact, Congress has mandated that the level of care and access to care at WRAMC will remain completely unaffected until the two medical centers are physically merged and Walter Reed Army Medical Center is officially closed.
- Walter Reed Army Medical Center and National Naval Medical Center are involved in joint staff meetings. They are coordinating future budget decisions and discussing the merging of clinics and departments. One goal of these discussions is that specialty services become merged long before Walter Reed and National Naval physically merge.
- Today, when you receive care in the National Capital Area you are likely to see Army doctors working at National Naval in Bethesda, Navy doctors working at Walter Reed, and Air Force doctors working at both facilities.
- Future plans also call for an new Army Community Hospital at Fort Belvoir that is three times the size and capacity of DeWitt to serve the military community in Northern Virginia. Many specialty services will open clinics there. This larger hospital will be a training hospital working closely with the new Bethesda medical center. Staff at both the new Fort Belvoir and the new WVNMMC facilities will be tri-service. The groundbreaking in November of 2007 was an important milestone, since it was the first BRAC 2005 construction project in the area.
- The Uniformed Services University of the Health Sciences is part of integration, too. It is already located on the Bethesda campus.
- Funding to begin construction as well as an area-wide business plan have been approved. The many steps in the integration process that still lie ahead include approval of environmental impact study findings, the drawing up of architectural designs, and high-level decisions about personnel and other issues.

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It may have come as a surprise to many when the news broke that Walter Reed installation would close and an enlarged medical environment would be built on the National Naval Medical Center campus and at Fort Belvoir. There were, however, sound reasons for the proposed changes. Closing the Walter Reed installation makes sense, and when done right – and all the planners are trying to assure that it will be done right, merging medical centers and enlarging Fort Belvoir's community hospital will have distinct advantages.

The changes will:

End Duplication of Services. Walter Reed and National Naval are only 6.5 miles from each other and the two hospitals separately duplicate many services. Integration will consolidate these services at a long-term cost savings with almost no difference in drive time for patients.

Modernize and Expand. The Walter Reed building is aging, and would be cost prohibitive to rebuild, whereas the Bethesda campus offers room for expansion on its 243-acre site, and Fort Belvoir is also a large post with room to build. Expansion means new construction and modernized facilities.

Better Serve Beneficiaries Where They Live. While most tertiary care from Walter Reed will move to the National Naval campus in Bethesda, many services will open clinics at the new Fort Belvoir facility in Northern Virginia. More beneficiaries live in Maryland and Northern Virginia than in the District. Appropriately-sized facilities will now serve these populations. In addition, outpatient care and same day-surgery centers will be located at Malcolm Grow at Andrews Air Force Base and at Kimbrough Ambulatory Care Center at Fort Meade to serve beneficiaries east and north of the city.

Effectively Position Graduate Education and Research. Merging National Naval and Walter Reed will leverage graduate education and the training capabilities of the Uniformed Services University on the same campus, and help maximize research opportunities with the National Institutes of Health just across the street. The merger will offer a unique government platform for healthcare, education, and research.

Improve Commuting and Parking. The Bethesda campus is already a stop on the Metro Red-line, and patients may choose (when possible) to use public transportation to avoid the hassle of commuting and parking. Staff, too, will be able to come to work by Metro and thus free up parking for patients. Patients who have searched for parking at either Walter Reed or National Naval at their current separate locations know there is a need for more parking accommodation. More parking will be created at the new facility in Bethesda as well as at Fort Belvoir to match the expansion planned for that facility.

Primary Care Warrior Clinic Opens

TRICARE Prime patients who are Wounded Warriors assigned to the Warrior Transition Brigade at Walter Reed will, as of February 2008, receive primary care in the Wounded Warrior Clinic on the Walter Reed campus. It provides wounded active duty personnel assigned to the Warrior Transition Brigade at Walter Reed, their family members and Warrior Transition Brigade uniformed staff convenient, comprehensive integrated care. Patients meet here with their primary care managers, pain management specialists, case managers, nurses and a pharmacy specialist.

Within the Warrior Clinic, the goal is to make it easier for wounded soldiers from Iraq and Afghanistan to make and coordinate appointments and receive continuity of care. Clinic providers take initial histories, give physical exams and do early evaluations and treatment of Traumatic Brain Injuries and Post Traumatic Stress Disorder.

Central Appointments at 202-782-7761 is still the number to call to make any primary care appointments in either location, the Warrior Clinic or the hospital's seventh floor primary care areas.

Q: How does Integration affect me NOW?

A: No Clinic Relocations yet!

A lot is happening with integration efforts, but patients may not notice because it is mostly behind the-scenes planning. If you look around the next time you are at Walter Reed Army Medical Center or National Naval Medical Center, you may notice an increase in the diversity of uniforms. Integration of services....These are the key words and actions. Important to you, the patients, is that there are no changes in clinic locations at this time. Walter Reed is open at its same Georgia Avenue Northwest location, and will remain fully operational for outpatient and inpatient care until 2011. The same goes for National Naval in Bethesda and Malcolm Grow and DeWitt at their locations.

Enrollment into TRICARE Prime continues without change. Patients enrolled to Walter Reed still report to Walter Reed as usual to see their Primary Care Managers. Patients enrolled to National Naval go there, and those enrolled to Malcolm Grow go there for primary care. Patients referred for specialty care from other Washington area clinics are appointed to any one of the three medical centers with available times. Inpatient care also continues at all three medical centers. Non-Prime beneficiaries may seek space available care in any area facility. Specialty clinics at the medical centers want to fill all their appointment slots, so always call for a military appointment before you turn to civilian providers.

What's going on that you don't see? Planning meetings and much, much more. Five years is not much time to design and implement the changes needed at National Naval, Malcolm Grow and DeWitt for clinics and services to merge. Funds have been approved, but the process of architectural design, building and moving in stages to new spaces will take a huge amount of planning and organizational strategy.

Our Doors on Georgia Ave may close in 2011, but Business Goes on as Usual

Guess what? Walter Reed is hiring civilians. Right now. Even though the hospital will be changing locations in 2011, jobs are still becoming available. If you are a retiree, a family member, a medical professional or an interested civilian who wants to work in a clinic or hospital setting, do not hesitate to contact the personnel office at Walter Reed to see what jobs are open. Check www.wramc.army.mil (see Job Opportunities on the main portal page) for weekly updates.

One Integrated World-Class Healthcare System

The Washington, D.C. area is transforming its military treatment facilities into an integrated top quality healthcare system. Integration and inter-operability are the key words!

Leadership envisions a tri-service worldwide military referral center at the new Walter Reed National Military Medical Center in Bethesda to open in 2011 when National Naval Medical Center and Walter Reed Army Medical Center merge. With the other military treatment facilities in the area, the new medical center will serve as a premier academic medical system focused on delivering the highest quality care, distinguished health professional education, and exemplary clinical and transnational research. BRAC 2005 has set an end date to the transformation, but movement towards integration started over ten years ago. Integration is vital to resource management due to budget and staff concerns. Moreover, integration makes sense in the Washington area where all military services maintain treatment facilities, and each facility takes care of beneficiaries who live nearby no matter what their service affiliation.

Starting in the mid-1990s with the development of the National Capital Consortium for training military doctors, nurses, and technicians, the three medical centers – National Naval, Walter Reed, and Malcolm Grow -- began slowly to combine their strengths and assets. Now, these efforts will increase and adhere to a strict timeline imposed by BRAC.

In addition, ground has been broken on a new Military Community Hospital on Fort Belvoir which has been designed to better serve the growing population of military families in Northern Virginia, and many Walter Reed medical services will open clinics there. Interns, residents, and fellows from all service affiliations will rotate at there, and permanent staff will include Army, Navy and Air Force clinical personnel.

The Uniformed Services University of the Health Sciences already located on Bethesda's campus is another important new player in the intensified integration efforts. Graduate medical education and research will greatly benefit from "the best of the best" in Army, Navy and Air Force medical training programs, as well as from proximity to the National Institutes of Health located just across the street.

In the National Capital Area (NCA) BRAC is here to stay

Significant BRAC progress is evident over the past year despite efforts to reverse BRAC actions affecting the Walter Reed Army Medical Center.

BRAC remains on schedule with accomplishments largely aimed toward moving forward with construction at Fort Belvoir and the National Naval Medical Center.

Master planning for the creation of the WRNMMC and new hospital at Fort Belvoir, along with the necessary National Environmental Policy Act (NEPA) actions, began during Fiscal Year 2006. In 2007, contracts, architectural sites and design procedures began. Concerns addressed during the Environmental Impact Statement periods included site locations, schools, increased traffic, road closures and parking limitations.

An Independent Review Group examined BRAC's impact in relation to housing and administrative assistance at WRAMC and recommended that BRAC efforts be accelerated, not halted. Currently, there is increasing construction momentum at both locations.

At the NNMC, the expansion includes the development of a Warrior Care Center. Fort Belvoir's new, 120-bed facility will provide expanded outpatient services as well, allowing beneficiaries to receive specialty care closer to home.

In September 2007, the Joint Task Force Capital Region Medical (JTF CAPMED) was established by the Secretary of Defense. JTF CAPMED's mission is this: Deliver integrated health-care in the NCR JOA, ensure readiness and disaster preparedness of the assigned forces, and execute the BRAC business plans to achieve a world-class medical center at the hub of the Nation's premier regional healthcare system serving our military and our nation. As such, a large part of what the JTF CAPMED HQ is currently focused on is the development of a transition plan to ensure that patient care services, medical operations and facilities are sustained at the highest possible level at WRAMC until the other facilities are prepared to assume and provide the same quality level of care available at WRAMC. This simply means BRAC law will not change and all proposed actions for the geographic dispersion of WRAMC, as specified in the BRAC 2005, will be carried out:

- A new National Military Medical Center will be established on the site of the current National Naval Medical Center in Bethesda, Maryland
- Primary and secondary medical care functions will be transferred from WRAMC to a new and expanded hospital at Fort Belvoir
- All remaining WRAMC functions will be realigned from their current location to other sites and installations
- The Walter Reed Army Medical Center installation will close in September 2011 after relocation of all components

Graduate Medical Education in the National Capital Area

Graduate Medical Education in the National Capital Consortium at Walter Reed Army Medical Center, National Naval Medical Center, Malcolm Grow Medical Center and DeWitt Army Community Hospital continues to flourish and provide top-notch medical training in over 65 specialties.

There are no plans to close any physician training programs in the Consortium as a result of BRAC decisions, and with medical center realignment residencies and fellowships are expected to be as robust as ever. It is anticipated that the large new facility at Fort Belvoir, and hundreds of thousands of square feet of new construction and renovation at the National Naval Medical Center campus will create state-of-the-art institutions poised to continue the highest quality training in a world-class medical center.

Base Realignment and Closure mandates reorganizing area military medical training facilities to bring them together in 2011 at Bethesda, already home to the Uniformed Services University of the Health Sciences.

The National Institutes of Health (NIH) is just across the street. The physical collocation is expected to maintain quality programs consistent or exceeding those presently at Walter Reed Army Medical Center and National Naval Medical Center, and on par with leading institutions such as Johns Hopkins and the Mayo Clinic. Most training programs are already "integrated" in that Navy, Army and Air Force interns, residents and fellows reap the benefits of training by capitalizing on this region's connected assets.

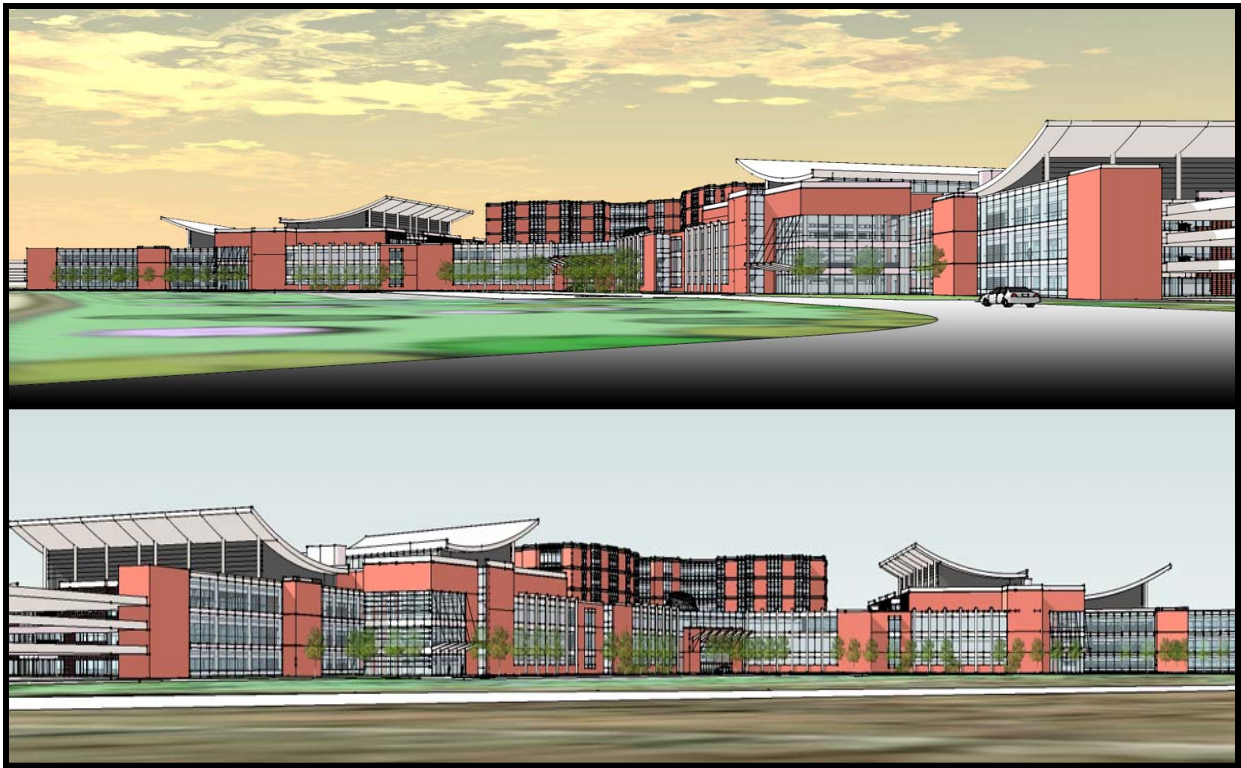
Local graduate medical education leaders have been intimately involved in every aspect of the realignment process from the outset, from ensuring adequate patient populations for all the training programs to designing call rooms and resident office areas to developing plans for a smooth transition over the next four years. These leaders are developing plans to anticipate the "look" of graduate medical education in 2011 with computer labs, a new simulation center and increased research capacity.



Everyone involved in medical education in the Consortium, as well as hospital leadership, is deeply committed to the outstanding residencies and fellowships now in place, and excited and energized by opportunities for changes and improvements in facilities and training programs in upcoming years. Substantial benefits for both staff and resident/fellow physicians are expected.

The new Walter Reed National Military Medical Center at Bethesda, together with the enlarged facility at Fort Belvoir, will be worthy heirs to the one hundred year legacy of excellence in military medical care and medical education in the National Capital Area.

The Fort Belvoir Good News Story



Fort Belvoir's new hospital will consist of a 120-bed, six-story main structure flanked on each side by two specialty care outpatient clinic areas. At far right and left of the clinics will be parking garages, complimenting the tiered parking provided at the front of the hospital.

“The Fort Belvoir “robust” community hospital will provide expanded care for our beneficiaries. This is more than just state-of-the-art. It is our patients having an increase in access to local specialized care. With care provided in close proximity to where they live, they will no longer have to travel as often or as far. This is about our patients and the quality of increased care we can provide them.”

— Col. Kenneth G. Canestrini, Commander, DeWitt Health Care Network

PLANNED ENHANCEMENTS INCLUDE:

- Intensive Care Unit
- Interventional Radiology with cardiac capability
- Cancer Care Center
- Radiation Therapy
- Chemotherapy
- Infusion Center
- Level II Nursery (up from Level I)
- Inpatient Behavioral Health (adult and child/adolescent)
- Pediatric Inpatient Ward
- Nuclear Medicine
- Expanded Ambulatory Surgery
- Women's Health Center
- Expanded Health Professions Education

Functional Integration Happening Now

The Base Realignment and Closure Act of 2005 requires that Walter Reed Army Medical Center move from its current Georgia Avenue location in the District of Columbia by the end of September 2011. At that time all tertiary care at Walter Reed will move and become joint with those already at National Naval Medical Center in Bethesda, Maryland. The two medical centers will become one in a single expanded specialty facility, with a new name and increased patient population. In addition, a new, larger community hospital at Fort Belvoir will be constructed and provide more inpatient beds and some additional specialty services.

The integrating of clinical departments began at the end of December 2006, when the first integrated clinic — the Orthopaedics and Rehabilitation Department, selected their first Chief. The Orthopaedics and Rehabilitation Department combined the operations of WRAMC and NNMC, and includes orthopaedics, podiatry, physical therapy, occupational therapy, physical medicine and rehabilitation, orthotics and prosthetics, chiropractic services and amputee services. The staff now meets together regularly, makes one set of decisions affecting policy and procedure at both campuses, and continues to provide stellar care of military beneficiaries at two geographical locations. Other functional integrations have followed. The plan is that all departments, clinical and administrative, will be functionally integrated before they actually come together geographically in 2011.

In July 2007, the two Deputy Commanders of Integration, one at National Naval Medical Center and the other at Walter Reed, announced the new leader of the integrated Pathology Department. Each medical center will continue providing pathology services from its respective location, but both now operate as a single organization. Patient care continues as usual. Pathologists examine specimens collected in operating rooms, wards and clinics to determine if cancer or other abnormalities are present. They also provide anatomic and clinical pathology, and transfusion medicine to support inpatient and ambulatory care.

Dermatology has also integrated under one department chief as of August, 2007. Due to the already-in-place joint medical education program at WRAMC and NNMC, officials chose the dermatology clinics as the pilot program. They now jointly run a light therapy clinic for skin disorders, a pigmented lesion and melanoma clinic, a tattoo and pigmented laser removal system and laser hair removal. The clinic's integrated staff has academic affiliations with Armed Forces Institute of Pathology, the Uniformed Services University of the Health Sciences, Johns Hopkins University and National Institutes of Health.



NCA military healthcare meets head-on the challenges of helping wounded warriors heal

As military treatment facilities in the National Capital Area prepare for BRAC-required integration, the Global War on Terror continues and wounded warriors arrive weekly for care. While most go initially to Walter Reed or National Naval for acute care, some remain for lengthy follow-up outpatient treatment.

To ensure that wounded service members receive not only medical care, but appropriate attention to all their needs as they transition back to health, many changes have been made. At Walter Reed alone, there is new infrastructure and additional staff. Also:

- Walter Reed Hospital Command group has become a governing body with a chief of staff to coordinate actions and provide guidance to the hospital executive office.
- Executive Services and a Visitors Center coordinate visits by dignitaries and VIPs.
- An Events Bureau helps plan activities on and off post for patients and their families.
- The Hospitality Directorate manages patient transport.
- In addition to the Medical Brigade, an entire New Warrior Transition Brigade oversees housing, synchronization of outpatient appointments and the complex discharge process for wounded warriors in outpatient status. There are 39 Case Managers on the Brigade staff, each one a registered nurse helping assigned soldiers create and follow treatment plans.
- Volunteer opportunities are now centralized under Army Community Service. People who want to help patients may either call 202-782-3412/14 or apply on the Web site www.wramc.army.mil.
- Soldier and Family Assistance has expanded into a one-stop area in the hospital to meet patient and family needs, and assist with donations to soldiers.

DoD and VA Pass Another Information Sharing Milestone

The Department of Defense (DoD) and the Department of Veterans Affairs (VA), two recognized leaders in the national effort to share electronic health information, have reached another milestone.

DoD has announced that the departments have successfully tested and deployed an interface that was developed to extend the reach and capabilities of the Bidirectional Health Information Exchange (BHIE) which is the mechanism that allows the two departments to share electronic health information on patients treated by both departments. Following the completion of the system acceptance test at Madigan Army Medical Center,

the military services received the first release of the interface and use began on July 30, 2007. It allows providers at all military treatment facilities to access BHIE directly from AHLTA (the military's electronic health record), eliminating the requirement for login to a separate system to view data from the VA. This new interface also allows VA providers to access information from all DoD health-care facilities.

Currently, medication and allergy profiles, laboratory results including surgical pathology reports, and radiology reports are shared and viewed.

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DoD and VA (continued)

The types of data that will be shared through BHIE and this interface will be expanded in future releases to include patient problem lists, encounter notes, procedures, vital signs, family history, images, questionnaires and other documents. Extending the reach of BHIE represents a major step toward making healthcare data on shared beneficiaries immediately and easily accessible to both DoD and VA healthcare providers.

Dr. S. Ward Casscells, assistant secretary of defense for health affairs called this accomplishment, "a superb example of the commitment our Departments have made to work hand in hand to provide quality and continuity of care for our beneficiaries."

DoD and VA have made tremendous progress in their ability to share electronic health information. This initiative does not replace the longer-term continuing development of the CHDR interface which allows the exchange of computable data between the DoD's Clinical Data Repository (CDR) and the VA's Health Data repository (HDR). Rather, it provides the means to accelerate and enlarge the scope and scale of data sharing capabilities between agencies in the near term. As the standards for information sharing continue to develop and mature, the ability to exchange computable clinical information will attain corresponding levels of sophistication. Expanded use of BHIE coupled with the progress made in real-time bidirectional exchanges of computable clinical information between DoD's CDR and the VA's HDR brings the DoD and VA closer to the ultimate goal of complete electronic interoperability. The success of their collaboration has placed them firmly at the forefront of the national effort to share electronic health information.

