National Capital Region Medical Update Brief
to
The Defense Health Board
by
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Commander, Joint Task Force National Capital Region Medical
November 14, 2011
Agenda

• Background
• NCR Medical BRAC Summary
• NCR Medical BRAC Hospital Projects
• Comprehensive Master Plan
• Integrated Delivery System
Background

• 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. The combined projects for the Walter Reed National Military Medical Center and Fort Belvoir Community Hospital - $2.8 billion in construction and outfitting of over three million square feet of new and renovated medical and administrative space and relocation of over 4,200 personnel and 224 Wounded Warriors and their families.

• Joint Task Force National Capital Region Medical (JTF CapMed)
  – In September 2007, JTF CapMed was established to oversee the NCR Medical BRAC Mission as well as the establishment of an integrated healthcare system anchored by two world-class treatment facilities - Walter Reed National Military Medical Center and Fort Belvoir Community Hospital.
    ✓ Execute Medical BRAC Actions
    ✓ Execute Guaranteed Placement Program
    ✓ Establish Single Civilian Personnel Workforce
NCR Medical BRAC Summary (slide 1 of 2)

<table>
<thead>
<tr>
<th>INFRASTRUCTURE CAPABILITY/CAPACITY</th>
<th>FBCH</th>
<th>WRNMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total New Square Feet</td>
<td>1,515,000</td>
<td>1,103,000</td>
</tr>
<tr>
<td>Total Renovated Square Feet</td>
<td>0</td>
<td>472,000</td>
</tr>
<tr>
<td>Increased Parking Spaces</td>
<td>3,500</td>
<td>2,693</td>
</tr>
<tr>
<td>Increased Wounded Warriors Lodging</td>
<td>288</td>
<td>306</td>
</tr>
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</table>

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 Dynamic Initial Outfitting & Transition Contract
- Re-used 10,781 equipment items resulting in cost of 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

Patient Reassignment and Appointing

- Reassigned 34,206 enrollees from WRAMC to NCR MTFs - accommodated all patient preference to date
- Established single appointing number for Integrated Referral Management and Appointing Center serving 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 material 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

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 Workforce Mapping migration for 9,618 employees
• Created 4,446 movement orders for personnel in transition

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.
Before and After

Walter Reed National Military Medical Center

BEFORE

AFTER

Fort Belvoir Community Hospital

BEFORE

AFTER
WRNMMC Construction and Outfitting
BRAC Renovations – Single Patient Rooms

CONSTRUCTION: Complete
EQUIPMENT: 17,539 items outfitted
SPACE: 450,000 SQFT
NOTES: 66 single patient rooms
WRNMMC Construction and Outfitting
Warrior Transition/Lodging
Intermediate Rehabilitation Capability

CONSTRUCTION: Complete
EQUIPMENT: Fully outfitted Dining, Admin & Lodging Complex
SPACE: 295,000 SQFT
LODGING: 306 Americans with Disabilities Act Compliant Rooms (153 Suites)
LEED STANDARD: Silver
NOTES: Dedicated galley, warrior support services on-site (center building), close proximity to Warrior Clinic and Fitness Center
## WRNMMC Comprehensive Master Plan Components

### MILCON (in $M)

<table>
<thead>
<tr>
<th>Component</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRNMMC Central Clinical Expansion</td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td>$56</td>
</tr>
<tr>
<td>Temporary Facilities and Parking Garage</td>
<td>$69</td>
</tr>
<tr>
<td>New Construction/Replacement/Demolition</td>
<td>$492</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$617</td>
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</table>

| 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)

<table>
<thead>
<tr>
<th>Component</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Medical Technology Upgrade</td>
<td></td>
</tr>
<tr>
<td>SMART Suites/Beds *Funded in FY10</td>
<td>$10</td>
</tr>
<tr>
<td>Real Time Location System *Funded in FY10</td>
<td>$3</td>
</tr>
<tr>
<td>Equipment Relocation and Acquisition</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$23</td>
</tr>
</tbody>
</table>

| 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 2011.
- Special Project for Bulk Transport/Central Sterilization Phase 1: On-going will complete Jan 2012 and Phase 2 designed and awarded.
WRNMMC Comprehensive Master Plan
Clinical Infrastructure

- Renovates 120,000 sq ft of existing space
- Demolishes 325,000 sq ft of existing space
- Builds 563,000 sq ft new construction
NCR Medical Integrated Delivery System
Anchored by Joint Hospitals

New WRNMMC Capabilities
- Vision Centers of Excellence
- National Intrepid Center of Excellence
- Level 2B Nursery
- Level I 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

WRNNMC
Staff: ~6000
Total Beds: 345
ICU Beds: 50
Operating Rooms: 20
Projected Wounded Warriors: 350

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
- And more…..

FBCH
Staff: ~3000
Total Beds: 120
ICU Beds: 10
Operating Rooms: 10
Projected Wounded Warriors: 400
Objectives of NCR Medical Integrated Delivery System

• Joint Hospitals provide the foundation for the NCR Medical Integrated Delivery System…the military’s first network under a single authority

• Objectives of the Integrated Delivery System
  – Quality Improvement and Cost Reduction:
    ▪ 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
  – 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

• Standardized systems and common processes/practices will allow for smooth movement of staff between the hospitals
NCR Medical Integrated Delivery System

• Operational and Fiscal Control of NCR Hospitals
  – Walter Reed National Military Medical Center
  – Fort Belvoir Community Hospital
  – Hospital Staff - 9,497 (Milpers - 3,783, Civpers - 4,204, Contractors - 1,510)
  – ~$1.35B Operating Budget, ~ 9% of MHS Direct Care System Budget
  – FY 10 Workload as % of MHS: RVUs - 15%, RWPs - 11%, Non-MH BDs - 12%, MH BDs - 13%

• TACON Medical Clinics #: 32, FY10 RVUs 1,076, 531, 3.6% of MHS RVUs
• 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

<table>
<thead>
<tr>
<th>Category</th>
<th>AD</th>
<th>ADD</th>
<th>RET</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiaries</td>
<td>79,059</td>
<td>134,671</td>
<td>121,544</td>
<td>184,758</td>
</tr>
<tr>
<td>Enrollees</td>
<td>82,879</td>
<td>92,748</td>
<td>44,304</td>
<td>59,447</td>
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</tbody>
</table>
NCR Integrated Referral Management and Appointing Center (IRMAC)

- Cornerstone of Regional IDS
- Consolidated call center personnel from WRAMC, NNMC and FBCH to create NCR Integrated Referral Management and Appointing Center
  - Sixty-six call agents support NCR Integrated Delivery System
- IRMAC will control leakage to private sector

<table>
<thead>
<tr>
<th>Central Appointing Center</th>
<th>Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Daily Call Volume</td>
<td>3,339</td>
</tr>
<tr>
<td>Highest Daily Call Volume</td>
<td>3,831</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral Management</th>
<th>Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals to IRMAC</td>
<td>4,068</td>
</tr>
<tr>
<td>Appointed to MTF</td>
<td>3,015</td>
</tr>
</tbody>
</table>
FY12 WRNMMC Projected Average Daily Patient Load (ADPL) and Occupancy Rate

WRNMMC
Total Beds: 345
North Eligible Beneficiaries: 196,000

1. Based on FY10 Actual workload at NNMC + WRAMC, and BRAC Beneficiary Reassignment Projections of Workload
2. American Hospital Association (AHA) Annual Surveys of Hospitals, 2008 Hospital Occupancy Rates
3. Eligible beneficiaries within Catchment of NNMC or WRAMC
**FY12 FBCH Projected Average Daily Patient Load (ADPL) and Occupancy Rate**

**Primary and Specialty Care**

- **Federal Hospital Occupancy Rate Avg:** 67.9%

<table>
<thead>
<tr>
<th>Section</th>
<th>Beds</th>
<th>ADPL</th>
<th>FBCH Occupancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Beds</td>
<td>120</td>
<td>52.5</td>
<td>44%</td>
</tr>
<tr>
<td>Med/Surg</td>
<td>64</td>
<td>33.2</td>
<td>52%</td>
</tr>
<tr>
<td>Adult ICU</td>
<td>10</td>
<td>2.7</td>
<td>27%</td>
</tr>
<tr>
<td>MH</td>
<td>12</td>
<td>3.1</td>
<td>26%</td>
</tr>
<tr>
<td>OB</td>
<td>18</td>
<td>10.3</td>
<td>57%</td>
</tr>
<tr>
<td>NICU</td>
<td>6</td>
<td>0.8</td>
<td>14%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>10</td>
<td>2.4</td>
<td>24%</td>
</tr>
</tbody>
</table>

1. Based on FY10 Actual workload and BRAC Beneficiary Reassignment Projections of Workload
2. American Hospital Association (AHA) Annual Surveys of Hospitals, 2008 Hospital Occupancy Rates
3. Eligible beneficiaries within Catchment of FBCH or Andrews

FBCH
- Total Beds: 120
- South Eligible Beneficiaries: 258,000
Patient Centered Medical Home

• Organizing Integrated Delivery System Medical Home Operations
  – Communication, Education and Training of MTF Staff
  – Communication and Education Outreach to Stakeholder Groups
  – Communication and Education Outreach to Patients

• Metrics
  – Timely Care
  – Primary Care Manager Continuity
  – Enrollee Satisfaction
  – Emergency Department Utilization
  – Improvement in HEDIS Measures
  – Staff Satisfaction
Shared Services

- Integrated Referral Management and Appointing Center
- Civilian Human Resources
- Information Management and Information Technology
  - Joint Medical Network will increase system stability/reliability, enable IDS access to all systems, increase speed of application response time, provide redundant data failover for multiple share applications, decrease cost of the IT lifecycle costs and speed insertion of new technology

- Supply Chain and Contracting
- Planning, Programming, Analysis & Evaluation
NCR Medical Integrated Delivery System
Unity of Command & Unity of Effort

Direct Care
Private Sector Care
Healthcare Delivery
Shared Services
Finances

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

Command & Control Model has inherent advantages for IDS
Questions?