

# SERVING TO HEAL...HONORED TO SERVE

Southern Regional Medical Command Annual Report 2012



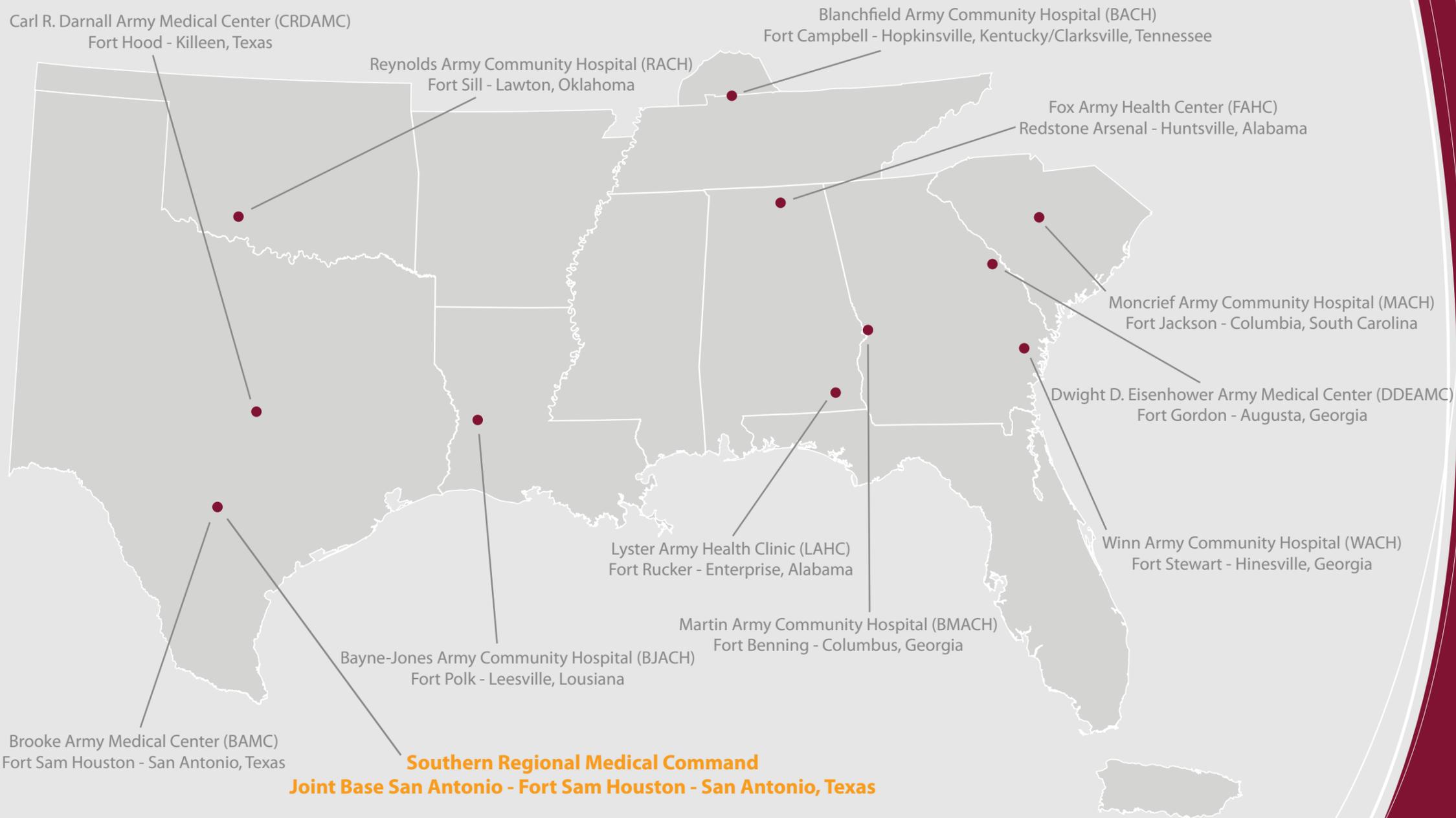
**2013** | Southern Regional Medical Command  
Distinguished Unit Insignia established.

4070 Stanley Road, Suite 121  
Joint Base San Antonio - Fort Sam Houston, Texas 78234-2715  
Telephone: 210.295-2355  
DSN: 421.2355  
[www.srmc.amedd.army.mil](http://www.srmc.amedd.army.mil)  
[www.facebook.com/SouthernRMC](http://www.facebook.com/SouthernRMC)



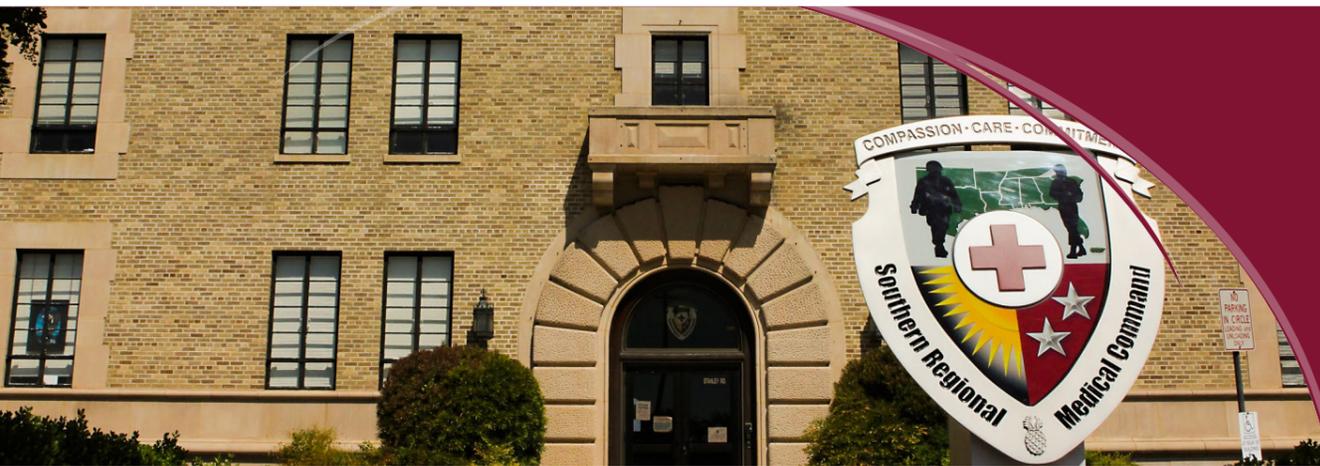
**The Southern Regional Medical Command (SRMC),** is headquartered in San Antonio, Texas, at the historic Fort Sam Houston, known as the “Home of Army Medicine.”

**The Army’s largest medical region,** SRMC has 11 military treatment facilities (MTFs) across 11 states plus the Commonwealth of Puerto Rico and the Virgin Islands.



## Content

Region Map	01
Command Letter	03
Lineage and Overview	05
Facts and Figures	09
Strategic Successes	11
Military Treatment Facilities	15
Telling the Army Story	29
The Way Ahead	33
Glossary	35



The Southern Regional Medical Command's **MISSION** is to provide command and control of medical treatment facilities and other assigned units to promote, sustain and enhance the health of our beneficiaries with an emphasis on Soldier Readiness, Warriors in Transition, and our Military Families. SRMC supports units, Soldiers and Families throughout the entire Army Force Generation process with high-quality, flexible and tailored health services.

**Dear Stakeholders,**

Welcome to the Southern Regional Medical Command (SRMC)! We had an exciting and productive year in 2012 with numerous clinical and fiscal accomplishments, implementation of new programs and construction progress. You will read about our many innovations and successes within the pages of our first annual report.

In 2013, Army Medicine begins transitioning from a Healthcare System to a System For Health, which is a partnership among Soldiers, Families, Leaders, Health Teams, and Communities to promote Readiness, Resilience and Responsibility. To guide us through the transition is Army Medicine's 2020 Campaign Plan, which has three strategic requirements: 1. Create Capacity, 2. Enhance Diplomacy and 3. Increase Stamina. SRMC will also maintain and improve our SRMC Six:

1. Patient Centered Medical Home;
2. Integrated Disability Evaluation System;
3. Comprehensive Behavioral Health System of Care;
4. Soldier Medical Readiness

5. Campaign Plan;
6. Comprehensive Pain Management Campaign Plan; and
7. Core Business Operations Metrics.

As Army Medicine transforms, we will broaden our ability for performance planning to not only focus on key health delivery and access measures, but also in the engagement of Lifespace through wellness initiatives and the Performance Triad – Activity, Nutrition and Sleep.

The way forward is deliberate performance planning, the delivery of high quality health services, and administrative accountability in order to increase efficiency and maximize value. The performance planning process and critical initiatives and measures should focus on the basics of our business:

- increasing enrollment, access and continuity of healthcare;
- improving the quality of healthcare;
- documenting and coding the healthcare provided;
- effectively utilizing human resources; and

- controlling and/or reducing per capita cost by recapturing purchased care.

The Army end strength and the Department of Defense budget will continually be reduced. The mitigating strategies will require our military treatment facilities to review local enrollment policies and recapture beneficiaries that are enrolled to the network in order to sustain current enrollment and workload levels.

Serving to Heal...Honored to Serve.

**M. TED WONG**  
Major General, Dental Corps  
Commanding General, Southern  
Regional Medical Command

**MARSHALL L. HUFFMAN**  
Command Sergeant Major, U.S. Army  
Command Sergeant Major, Southern  
Regional Medical Command

## SOUTHERN REGIONAL MEDICAL COMMAND HISTORY

The Southern Regional Medical Command (SRMC) has a proud lineage dating back to the San Antonio Joint Military Medical Command (JMMC) on February 17, 1987. On December 1, 1993, the South Central Health Service Support Area was established which included the former JMMC and other units. Further reorganization in 1995, 1996, 1997 and 2005 established the Great Plains Regional Medical Command (GPRMC). On October 1, 2010, the Surgeon General initiated a realignment of the U.S. Army Medical Command (MEDCOM) regional medical commands.

SRMC was formed by merging four former GPRMC military treatment facilities (MTFs) along with seven MTFs from the Southeast Regional Medical Command. SRMC consists of 11 main MTFs and other clinics in 11 continental states plus the Commonwealth of Puerto Rico and the Virgin Islands.

### CREST SYMBOLISM

The red cross is the traditional emblem for military and civilian medical organizations. Its central location on the shield indicates healthcare as SRMC's primary mission. The map refers to SRMC's breadth across 11 states and the Commonwealth of Puerto Rico and the Virgin Islands. It is depicted in green, the traditional color of medicine. The silhouette of two Soldiers reflects SRMC's commitment to medical readiness, for both its medical Soldiers and for the warfighters they serve.

The sun represents the light of knowledge and understanding breaking through the darkness, with each ray representing a primary military treatment facility within SRMC. The stars depict the two Regional Medical Commands, Southeast and Great Plains, that combined to create SRMC. The pineapple at the base of the shield is a traditional symbol for southern hospitality and the compassionate care SRMC provides its Soldiers and other beneficiaries. Maroon is the color of the Army Medical Department.



2010

Southern Regional Medical Command is formed.



### MEDICAL FACILITIES

Army Medical Centers	3
Army Community Hospitals	6
Army Health Centers	2
Army Health Clinics	33
Geographically Separate Clinics	3

### MEDICAL READINESS SUPPORT

Corps	1
Divisions	4
Brigade Level Commands	60
Combat Support Hospitals	4
Army Reserve Hospitals	11

### FACTS AND FIGURES

Tricare Prime Enrolled Beneficiaries	503,166
Staffing - Region Total	23,284
• Military	6,592
• Civilian	13,336
• Contractor	3,356
Defense Health Program Obligations	\$2.35 Billion
• Overseas Contingency Operations	\$122 Million
• Traumatic Brain Injury/Psychological Health	\$68 Million
Capital Investment Purchase	\$99 Million
Facility Projects Budget	\$153 Million
Facility Projects	201
Medical Buildings	182
Medical, Dental and Veterinary Square Footage	7.97 Million

### SRMC "SIX"

- Support to U.S. Army Medical Command Initiatives:
1. Patient Centered Medical Home (PCMH)
  2. Integrated Disability Evaluation System (IDES)
  3. Comprehensive Behavioral Health System of Care (BHSOC)
  4. Soldier Medical Readiness Campaign Plan (SMRCP)
  5. Comprehensive Pain Management Campaign Plan (CPMCP)
  6. Core Business Operations Metrics (CBOM)

# Leading Military Medicine

Army Medicine delivers 55 percent of all Military Health System healthcare, and 10 Army military treatment facilities deliver 80 percent of all Army healthcare - including SRMC's Brooke Army Medical Center (AMC), Carl R. Darnall AMC, Dwight D. Eisenhower AMC, Blanchfield Army Community Hospital (ACH), and Martin ACH.



## An Average Day in SRMC Direct Care



15,502

Clinic Visits



24

Live Births



514

Beds Occupied



23,005

Laboratory Procedures



134

Patients Admitted



26,468

Prescriptions Filled



55

GME\* Programs



6,493

Radiology Procedures



1,054

Emergency Room Visits



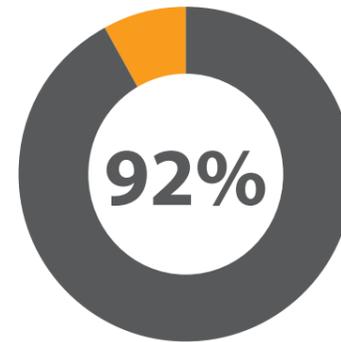
625

Immunizations

\*GME - Graduate Medical Education

## Achievements by the Numbers

Percentage of PCMH practices with NCQA recognition



19 of 21 Patient Centered Medical Home (PCMH) practices gained National Committee for Quality Assurance (NCQA) recognition in 2012 for a total of 24 of 26, 40% of the U.S. Army Medical Command's (MEDCOM's) total PCMH practices and the largest RMC impact in MEDCOM.

15.4 million to 16.3 million

Relative Value Units (RVUs) increased 6% from 2011 to 2012.



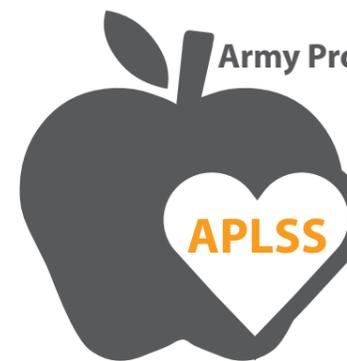
First Regional Medical Command (RMC) to stand up the **Army Pain Management Tele-Health Program**. Lauded by The Surgeon General as "performance improvement at its finest."



Number of new Embedded Behavioral Health hires

1,000

Number of cases SRMC has sent to the Physical Evaluation Board per month since July 2012, more than double the number sent in January 2012.



Army Provider Level Satisfaction Survey

89.9% to 92.9% Patient Satisfaction with Primary Care Manager - the best RMC in MEDCOM.

91.6% to 93.8%

Overall Patient Satisfaction - the best continental U.S. RMC in MEDCOM.

Practice Management Revenue Model

↑7% Primary Care - increased from \$330K to \$345K per provider

↑3% Orthopedic Surgery - increased from \$427K to \$440K per provider



Tricare Prime enrollment increased 3% from 485,936 to 503,166, the largest RMC enrollment in MEDCOM.

See glossary for explanation of terms.

## CREATE CAPACITY

- Newly Opened and Renovated Facilities:
  - Soldier Readiness Processing Center for Behavioral Health Screening - Fort Hood (New)
  - Dahlongega Health Clinic - Fort Benning (Renovated)
  - Monroe Health Clinic - Fort Hood (Renovated)
  - Troop Medical Clinic #12 - Fort Hood (Renovated)
  - Automated Neuropsychological Assessment Metrics (ANAM) Centers - Fort Sill and Fort Stewart (New)
- The Warrior Resiliency Program (WRP) reduced wait times for Medical Evaluation Board (MEB) Behavioral Health Narrative Summaries among SRMC military treatment facilities (MTFs). Utilizing tele-behavioral health, WRP providers completed 837 MEB Behavioral Health (BH) Narrative Summaries at five different MTFs. Each BH Narrative Summary represented an average of six hours of provider time for a total of 5,022 man-hours.
- The SRMC General Fund Enterprise Business System reduced non-stock fund items by 67 percent (\$473 million) and reduced unmatched receivables by \$23 million.



## ENHANCE DIPLOMACY

- The SRMC Chief Medical Information Office's MEDCOM Armed Forces Health Longitudinal Technology Application (AHLTA) Provider Satisfaction (MAPS) staff hosted the first regional specific Clinical Champions Conference.
- Resource Management trained and mentored the next generation of 70C (Comptrollers), leading six through the 70C (Comptrollers) Oral Board and preparation for their first resource management position in MEDCOM.

## IMPROVE STAMINA

- Operations coordinated and executed the SRMC Expert Field Medical Badge competition and hosted both the MEDCOM Best Warrior and SRMC Noncommissioned Officer and Soldier of the Year competitions.
- Resource Management successfully executed the largest Defense Health Program budget (\$2.3 billion) in the U.S. Army Medical Command (MEDCOM), funding all SRMC validated Capitol Equipment Expense Program requirements, leading MEDCOM in facility project funding and executing funding for the SRMC Six, Overseas Contingency Operations and Army Medical Action Plan missions.
- Information Management established a MAPS 2.0 tracking tool using U.S. Army Medical Department Personnel Education and Quality System (APEQS) to monitor MAPS progress and training completion across the region. SRMC is the only region with this capability.





# Serving Soldiers, Families and Retirees

The Southern Regional Medical Command's **VISION** is to serve as the premier, patient-oriented and fully integrated healthcare system in the U.S. Army Medical Command.

# BAMC



## MILITARY TREATMENT FACILITIES

SRMC providers are leading development of technologies and practices in continually evolving facilities that rival the top medical centers in the world.



### BROOKE ARMY MEDICAL CENTER

BAMC, located at historic Joint Base San Antonio - Fort Sam Houston, Texas is comprised of the San Antonio Military Medical Center (SAMMC), Center for the Intrepid, Fort Sam Houston Primary Care Clinic, McWethy Troop Medical Clinic, Taylor Burk Clinic at Camp Bullis, and the Schertz Medical Home.

The 2005 Defense Base Closure and Realignment Commission law created a premier regional healthcare system for the military population in the San Antonio, Texas, area with the creation of the SAMMC and Wilford Hall Ambulatory Surgical Center. SAMMC, a world-class medical center, offers the highest quality medical care for Wounded Soldiers, Service Members, Family Members, Civilians, Retirees, and Veterans. It plays a critical role in patient care, graduate medical education and research.

As a certified Level I Trauma Center and Level 3 Emergency Department, SAMMC receives more than 5,700 emergency room visits each month and is one of 15 U.S. hospitals that holds both Level I trauma certification and accreditation from the American Burn Association.

SAMMC is responsible for research, professional and community education, prevention, consultative community outreach services, and programs state-wide. Forty beds are devoted to the Army Institute of Surgical Research, which operates the only burn center in the Department of Defense.

The uniqueness of the medical center is its ability and capacity to take care

of patients from a resuscitative state through reconstructive care and then carry them through a full rehabilitation, all in the same location. The fully integrated collaboration of physicians, nurses, therapists, scientists, and support staff within SAMMC brings the cutting edge of medical care and is a catalyst to lead the way for advanced care.

Services and facilities include:

- 32 Operating Rooms for Inpatient and Ambulatory Surgery
- Medical, Pediatric and Surgical Subspecialty Clinics
- Primary Care
- Labor, Delivery and Recovery Unit
- Neonatal Intensive Care Unit with ECMO (Extracorporeal Membrane Oxygenation)
- Pediatric Intensive Care Unit
- Level I Bone Marrow Transplant Unit\*
- Inpatient Psychiatry Unit
- More than 200 Cardiac Monitoring Inpatient Beds
- Cardiac Catheterization Lab
- Rooftop Helipad\*

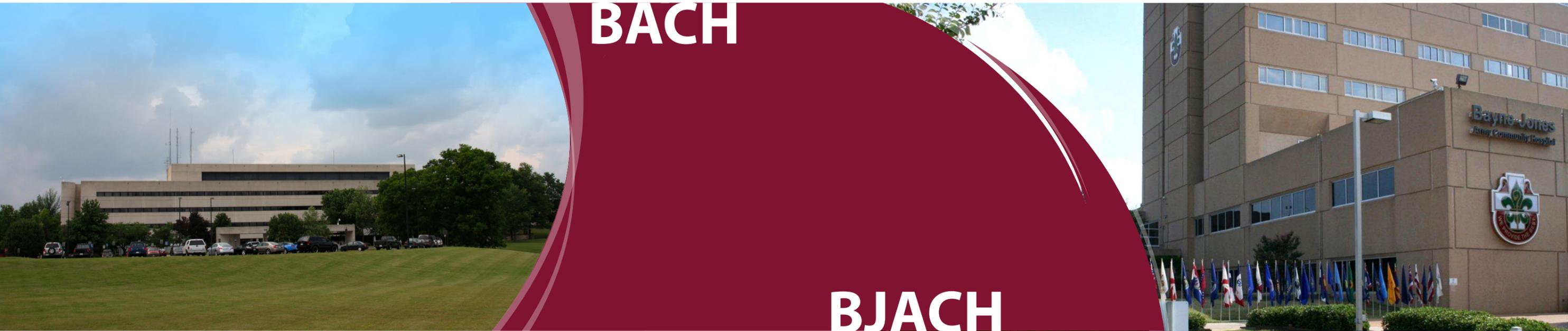
\*Only one in the Department of Defense

### BAMC NUMBERS 2012

DAILY AVERAGE	
Outpatient Clinic Visits	5,194
Admissions	67
Inpatient Census	239
Bed Capacity	524
Births	5
ER Visits	191
Radiology Procedures	1,538
Laboratory Procedures	3,199
Prescriptions	5,275
STAFFING	
Military	1,646
Civilian	2,765
Contract	2,170
<b>TOTAL</b>	<b>6,581</b>

TRICARE PRIME ENROLLMENT 58,241





**BLANCHFIELD ARMY COMMUNITY HOSPITAL**

BACH offers primary care services at Fort Campbell, Kentucky to Soldiers, Family Members and Retirees in the Blue Clinic, Young Eagle Clinic, Well Baby Clinic, Byrd Family Care Clinic, and Gold Medical Home. The Community Based Medical Home, known as the Screaming Eagle Medical Home, offers primary care to Service Member Families in Clarksville, Tennessee. Soldier Health Services offers primary care to approximately 31,800 Soldiers in LaPointe Health Clinic, Byrd Health Clinic, and Aviation Health Clinic.

Construction projects underway include:

- Emergency Department Addition/Alteration
- Behavioral Health Addition with Administrative Addition
- Mother/Baby Unit Addition
- New Parking
- Relocation of Helipad

BACH implemented a Medical Management Center to manage medically non-ready/deployable personnel assigned to operational units and integrates with the Division Surgeon, Brigade commands and medical teams. BACH's Department of Behavioral Health established two Embedded Behavioral Health Teams (EBHT) - the 4th Brigade Combat Team and the 1st Brigade Combat Team.

Services and facilities include:

- Elite Tactical Athlete Program – University of Pittsburgh Study
- Chest Pain Center of Excellence
- Women's Health Department Evidenced-Based Practice Projects
- Medication Management for Inpatient Services
- Pain Management Center

BACH was awarded the 2012 Best Military Treatment Facility (MTF) title in the Army Medicine's Business Operations Bowl, or Biz Bowl, beating out 32 Army MTFs. The award includes \$1 million for the hospital to improve services and facilities for patients.

Modernization, Restoration and Renovation construction for fiscal years 2012-2013 included the Obstetrics and Gynecology \$9 million renovation of 21,000 square feet.

**BACH NUMBERS 2012**

<b>DAILY AVERAGE</b>	
Outpatient Clinic Visits	4,184
Admissions	17
Inpatient Census	34
Bed Capacity	69
Births	6
ER Visits	213
Radiology Procedures	927
Laboratory Procedures	1,721
Prescriptions	3,548

<b>STAFFING</b>	
Military	550
Civilian	1,466
Contract	102
<b>TOTAL</b>	<b>2,118</b>

**TRICARE PRIME ENROLLMENT 72,303**



**BAYNE-JONES ARMY COMMUNITY HOSPITAL**

BJACH is located at the Joint Readiness Training Center, Fort Polk, Louisiana, and serves more than 9,500 Soldiers, 18,700 Family Members, and 74,449 Retirees and their Family Members residing in Central Louisiana; plus approximately 6,500 rotational Soldiers during 10 rotations per year. BJACH is fully accredited by The Joint Commission and is the only military hospital to be named as a Top Performer in Key Quality Measures two years in a row by The Joint Commission.

Services and facilities include:

- Five Operating Suites
- Scope Room
- Recovery Pavilion
- Patient Centered Medical Home
- Pediatrics
- Internal Medicine
- Orthopedics
- Ear, Nose and Throat
- Podiatry
- Labor, Delivery, Recovery and Postpartum Wing

The 32-bed hospital has two inpatient wards – Labor and Delivery, with eight birthing suites and 12 bassinets; and the Progressive Care Unit, a multi-functional ward, with seven telemetry (cardio monitoring) inpatient beds, two pediatric rooms, plus 12 other rooms.

BJACH's newly renovated Physical and Occupational Therapy Departments provide equipment to include an anti-gravity machine, enabling patients to regain leg and foot mobility by adjusting the patient's bodyweight as they workout and heal.

The Radiology Department features a 64-slice computed tomography scan and magnetic resonance imaging capability. The Behavioral Health Department offers mental health care to Soldiers and their Family Members. The Patient Centered Medical Home received the highest level of recognition, Level 3, from the National Committee for Quality Assurance, a not-for-profit organization dedicated to improving healthcare quality.

**BJACH NUMBERS 2012**

<b>DAILY AVERAGE</b>	
Outpatient Clinic Visits	1,224
Admissions	5
Inpatient Census	9
Bed Capacity	25
Births	2
ER Visits	61
Radiology Procedures	256
Laboratory Procedures	412
Prescriptions	1,192

<b>STAFFING</b>	
Military	254
Civilian	615
Contract	1
<b>TOTAL</b>	<b>870</b>

**TRICARE PRIME ENROLLMENT 23,406**





# BMACH

# CRDAMC



## MARTIN ARMY COMMUNITY HOSPITAL

BMACH is the primary military treatment facility of the Fort Benning, Georgia Medical Department Activity (MEDDAC). It is one of the largest and most comprehensive community hospitals in the Army and is named in honor of the late Major General Joseph I. Martin, Medical Corps. The hospital is recognized as one of the best in the nation for quality care as certified by The Joint Commission with full Accreditation with Commendation.

BMACH operates five Troop Medical Clinics (TMCs) on Fort Benning, a Consolidated TMC, a critical Occupation Health Clinic at Anniston Army Depot, and two satellite TMCs in support of Ranger School training in Georgia and Florida. The Warrior Transition Battalion is under the command and control of the MEDDAC in support of Wounded Soldiers healthcare needs.

The Emergency Room contains the latest technology available to preserve life, and provides these services efficiently and compassionately. Within the hospital are four patient wards: an extensive surgical suite with same-day capabilities, a labor, delivery, and recovery suite, and more than 36 ambulatory care clinics.

Recognizing the need for a new hospital, the U.S. Army Medical Command authorized a \$333 million replacement hospital with approximately 750,000 square feet and expected completion in 2014.

Services and facilities include:

- Diagnostic Radiology Service
- Magnetic Resonance Imaging/Computed Tomography
- Nuclear Medicine
- Community Mental Health
- Social Work
- Preventive Medicine
- Community Health Nursing
- Occupational Health
- Preventive Medicine Clinic
- Health Screening Center
- Alcohol and Drug Abuse Program Center

## BMACH NUMBERS 2012

### DAILY AVERAGE

Outpatient Clinic Visits	3,303
Admissions	12
Inpatient Census	27
Bed Capacity	82
Births	3
ER Visits	100
Radiology Procedures	780
Laboratory Procedures	1,166
Prescriptions	3,341

### STAFFING

Military	669
Civilian	1,249
Contract	141
<b>TOTAL</b>	<b>2,059</b>

**TRICARE PRIME ENROLLMENT** 55,719



## CARL R. DARNALL ARMY MEDICAL CENTER

CRDAMC, located at Fort Hood, Texas, also has six outlying primary care health clinics on the installation and three medical home clinics in the local communities of Copperas Cove, Harker Heights and Killeen. The CRDAMC System of Health mission is to provide evidenced-based, patient and family centered care to Soldiers, Veterans, and Family Members. CRDAMC sustains a resilient community capable of supporting the Army Force Generation Cycle and Wounded Soldiers as they transition to Veteran status.

CRDAMC provides primary, specialty, emergency, and inpatient health services to more than 100,000 enrolled beneficiaries including a full-time military population of 50,230 Soldiers. The TRICARE network supports 42,200 active-duty Family Members and Retirees.

CRDAMC maintains a collaborative partnership with the community and strives to lead the healthcare industry in patient satisfaction, quality, innovative research, and Graduate Medical Education to train the next generation of healthcare leaders. CRDAMC is affiliated with Texas A&M University Health Science Center's College of Medicine Graduate Medical Education programs.

A new \$927 million military construction for a hospital began in fiscal year 2012 and completion is expected in May 2015.

Services and facilities include:

- Telemedicine/Teleradiology/Telepathology
- Magnetic Resonance Imaging/Computed Tomography Scanner
- 12-Bed Level II Neonatal Intensive Care Unit
- Composite Healthcare System - Automated Appointment and Information System
- Robertson Blood Center\*
- Offices for the Red Cross, Inspector General and Patient Advocates
- Automated Medical Material Distribution System
- Pharmacy Robotics

\*Largest in the Department of Defense

## CRDAMC NUMBERS 2012

### DAILY AVERAGE

Outpatient Clinic Visits	5,771
Admissions	25
Inpatient Census	62
Bed Capacity	102
Births	7
ER Visits	207
Radiology Procedures	1,284
Laboratory Procedures	3,000
Prescriptions	5,177

### STAFFING

Military	955
Civilian	2,365
Contract	384
<b>TOTAL</b>	<b>3,704</b>

**TRICARE PRIME ENROLLMENT** 103,725





# DDEAMC

# FAHC



## DWIGHT D. EISENHOWER ARMY MEDICAL CENTER

DDEAMC, located at Fort Gordon, Georgia, includes command and control of the Kendrick Blood Center, Connelly Clinic, Troop Medical Clinic #4, Fort Gordon Warrior Transition Battalion, the outlying clinics of Rodriguez Army Health Clinic, Fort Buchanan, Puerto Rico; Army Health Clinic U.S. Southern Command, Doral, Florida; and Camp Shelby Clinic, Mississippi.

DDEAMC is a world-class medical center that offers the highest quality of medical care for Wounded Soldiers, Service Members, Family Members, Civilians, and Retirees. DDEAMC plays a critical role in patient care, graduate medical education, and research, and is a test site for the Army's first collaboration of the Fortitude Center Concept. The Fortitude Center Concept provides interdisciplinary, holistic, and Soldier-centric treatment, and education and research for coexisting conditions of chronic pain, post concussive disorders and substance disorders. The vision of the Fortitude Center concept is to lead the Nation in the restoration of function for Soldiers with the most challenging combinations of injury and disease.

The Kendrick Blood Center provides 22 percent of the Army's blood supply. DDEAMC is engaged in public and private partnerships with the Department of Veterans Affairs Medical Center and the Trinity Hospital of Augusta for labor and delivery services.

Beneficiaries give DDEAMC a 96 percent rating for patient satisfaction, and DDEAMC ranked fifth in Army Medicine's

BizBowl. The BizBowl competition tests all 33 Army MTFs in the areas of readiness, quality, access to care and financial management.

DDEAMC was selected as the first U.S. Army Medical Department (AMEDD) site for the Pain Management Intensive Outpatient Program Demonstration Project and the first AMEDD site for implementation of Extension for Community Healthcare Outcomes (ECHO).

Services and facilities include:

- Seven Operating Rooms for Inpatient and Ambulatory Surgery
- Active Duty Rehabilitation Unit Partnered with Charlie Norwood VA Medical Center
- Heart Program\*
- Inpatient Psychiatry Unit
- Neuroscience Rehabilitation Center
- Integrated Pain Management Center
- Hyperbaric Chamber
- Helipad On-Site

\*Largest in the Department of Defense

## DDEAMC NUMBERS 2012

### DAILY AVERAGE

Outpatient Clinic Visits	3,279
Admissions	16
Inpatient Census	69
Bed Capacity	107
Births	2
ER Visits	111
Radiology Procedures	761
Laboratory Procedures	232
Prescriptions	3,610

### STAFFING

Military	1,098
Civilian	1,672
Contract	223
<b>TOTAL</b>	<b>2,993</b>

**TRICARE PRIME ENROLLMENT 45,425**



## FOX ARMY HEALTH CENTER

FAHC, located at Redstone Arsenal, Alabama, provides access to quality and cost-effective primary care for patients while maintaining a state of readiness for mobilization. FAHC is accredited by The Joint Commission and is one of several military treatment facilities in TRICARE Region IV. FAHC works with Humana Military Health System, the Department of Veterans Affairs (VA), and other organizations to develop a fully integrated health system within the region.

FAHC serves active-duty Soldiers, Family Members, Retirees, and Civilians. Beneficiaries rely on FAHC for direct healthcare, public health and education, occupational medicine, and industrial hygiene.

The Patient Centered Medical Home (PCMH) is a new approach to healthcare delivery based on the concept that the patient is always at the center of every decision made regarding their healthcare. FAHC's PCMH is comprised of three teams, Blue Team, Red Team and White Team. The Blue Team provides physical exams, medical readiness and deployment screenings in support of the military's wartime mission. The Red and White Teams provide comprehensive medical care to FAHC beneficiaries.

The clinic offers a range of services including adult and family medicine, pediatrics, minor outpatient procedures, outpatient pharmacy, laboratory, and radiology. The Wellness Center provides patient and community health education and promotions, environmental

health activities, and surveillance of communicable diseases.

Services include:

- Optometry
- Behavioral Health
- Physical Therapy
- Neuropsychology/Traumatic Brain Injury
- Immunizations
- Preventive Medicine
- Occupational Health and Industrial Hygiene
- Aviation Medicine and Aeromedical Consultation

## FAHC NUMBERS 2012

### DAILY AVERAGE

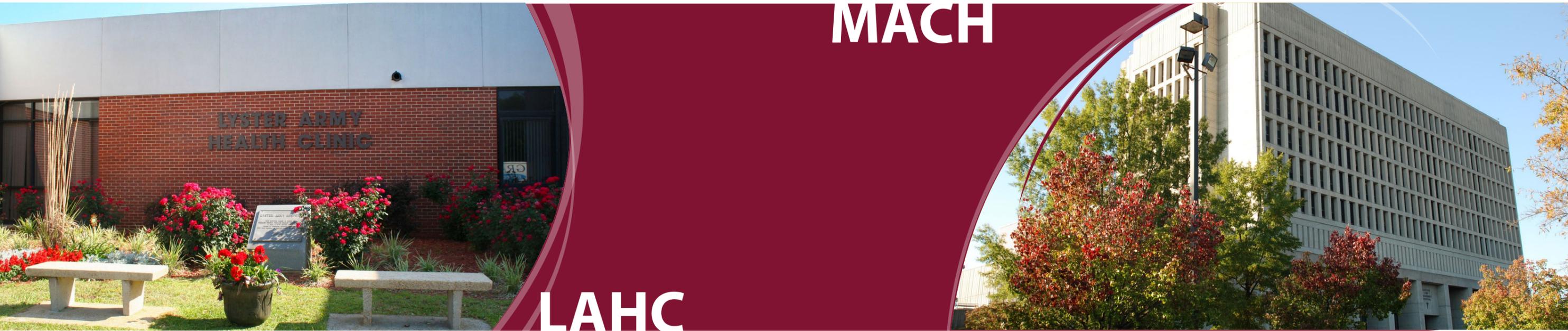
Outpatient Clinic Visits	360
Admissions	0
Inpatient Census	0
Bed Capacity	0
Births	0
ER Visits	0
Radiology Procedures	28
Laboratory Procedures	218
Prescriptions	1,148

### STAFFING

Military	19
Civilian	190
Contract	24
<b>TOTAL</b>	<b>233</b>

**TRICARE PRIME ENROLLMENT 11,378**





**LYSTER ARMY HEALTH CLINIC**

LAHC is located at the home of Army Aviation, Fort Rucker, Alabama, and serves more than 17,500 patients, including permanent-party Soldiers, Soldiers attending short-term schools, foreign Soldiers, Family Members, and Retirees.

LAHC is implementing the Patient Centered Medical Home model and consolidated its active duty flight status Soldiers into one clinic for improved continuity of care. LAHC has 14 clinics, including four primary care teams, plus the Veterans Affairs Wiregrass Clinic. Patients needing specialty care, such as surgery, or consultations not provided within the clinics, receive care in the surrounding network. Providers work closely with network specialists to ensure their patients receive the best care possible.

In order to communicate better with patients, LAHC participates in Secure Messaging, similar to email. Secure Messaging is a secure, convenient service that allows providers and patients to keep in touch with each other and improve beneficiaries' access to their personal health information and educational materials, and has the potential to reduce the need for in-person primary care visits.

To enhance patient care, LAHC is undergoing construction, which includes expanding the Behavioral Health Clinic and renovating the Pharmacy and Laboratory areas.

Services and facilities include:

- Primary Care
- Chiropractic Clinic
- Physical Therapy
- Preventative Medicine
- Radiology
- Audiology
- Optometry
- Two Helipads, utilized by Flatiron, U.S. Army Air Ambulance Detachment

**LAHC NUMBERS 2012**

<b>DAILY AVERAGE</b>	
Outpatient Clinic Visits	609
Admissions	0
Inpatient Census	0
Bed Capacity	0
Births	0
ER Visits	0
Radiology Procedures	72
Laboratory Procedures	2,602
Prescriptions	1,254

<b>STAFFING</b>	
Military	56
Civilian	264
Contract	6
<b>TOTAL</b>	<b>326</b>

**TRICARE PRIME ENROLLMENT 17,778**



**MACH**

**MONCRIEF ARMY COMMUNITY HOSPITAL**

MACH, located at Fort Jackson, South Carolina, is comprised of the Integrated Health Clinic Medical Home, Moncrief Medical Home, the Reception Medical Clinic, the Soldier Readiness Processing Clinic, and the Troop Medical Clinic. MACH fully supports Fort Jackson, Shaw Air Force Base and the training of Soldiers through maximization of access to safe, quality healthcare and maintains contingency preparedness.

MACH is a premier military community hospital offering high quality medical care for Wounded Soldiers, Service Members, Family Members, Civilians, and Veterans. MACH has 30 beds (15 Medical/Surgical, 15 Behavioral Health), three operating rooms and a recovery room. More than 45,000 initial entry Soldiers, the highest number of basic trainees per installation in the Army, are supported by MACH annually.

Exceptional patient and family centered care delivered by exceptional people to every patient every day governs how MACH operates daily. MACH staff is committed to providing outstanding customer service, and patient satisfaction scores reflect the commitment. MACH's Army Interactive Customer Evaluation satisfaction score consistently averages 95 percent, and MACH is ranked among the highest in the Southern Regional Medical Command for overall patient satisfaction and continuity with primary care management.

MACH logistics leads the Enterprise (Army, Air Force and Navy) for Materiel Standardization Compliance at 96 percent

- well above the MEDCOM goal of 80 percent.

Services include:

- Audiology
- Optometry
- Orthopedics
- Dermatology
- Pathology
- Ear, Nose and Throat
- Endocrinology
- Pediatrics
- General Surgery
- Physical Therapy
- Gastroenterology Clinic
- Podiatry
- Gynecology/Mammography
- Radiology/Magnetic Resonance Imaging/Nuclear Medicine
- Behavioral Health
- Respiratory Therapy
- Occupational Health
- Oncology

**MACH NUMBERS 2012**

<b>DAILY AVERAGE</b>	
Outpatient Clinic Visits	1,827
Admissions	3
Inpatient Census	13
Bed Capacity	35
Births	0
ER Visits	0
Radiology Procedures	502
Laboratory Procedures	1,210
Prescriptions	2,194

<b>STAFFING</b>	
Military	360
Civilian	684
Contract	104
<b>TOTAL</b>	<b>1,148</b>

**TRICARE PRIME ENROLLMENT 23,479**





**REYNOLDS ARMY COMMUNITY HOSPITAL**

RACH is the primary treatment facility of the Fort Sill, Oklahoma, Medical Department Activity (MEDDAC). The Fort Sill MEDDAC is comprised of RACH, Frontier Medical Home, two Troop Medical Clinics, and occupational health clinics located at McAlester Army Ammunition Plant and Pine Bluff Arsenal. RACH is a 24-bed hospital that houses a number of outpatient clinics and services for more than 30,000 beneficiaries.

The Primary Care Department underwent a complete upgrade, reconfigured to allow for the newly established Patient Centered Medical Home (PCMH) model. The PCMH at the main RACH facility and the PCMH at the Community Based Medical Home facility earned the National Committee for Quality Assurance Level 3 Certification. The achievement is for successfully using evidence-based, patient-centered processes that focus on highly coordinated care and participative relationships.

RACH has a Warrior Transition Unit mission, and in 2012 a complex was completed that consists of a headquarters, barracks, and family assistance center. The complex provides full services for returning Soldiers who require significant and/or long-term healthcare.

The Optometry Department performs lens implant surgery, a part of the realm of refractive eye surgery. The procedure eliminates the need for glasses, increases safety and improves overall quality of life.

Services and facilities include:

- Primary Care
- Surgical Care
- 24-hour Emergency Services
- Medical/Surgical Ward
- Labor, Delivery and Recovery Unit
- Sleep Lab
- Behavioral Health
- Pain Management
- Rehabilitation
- Integrated Disability Evaluation System

**RACH NUMBERS 2012**

**DAILY AVERAGE**

Outpatient Clinic Visits	2,254
Admissions	7
Inpatient Census	16
Bed Capacity	24
Births	2
ER Visits	76
Radiology Procedures	474
Laboratory Procedures	1,018
Prescriptions	2,283

**STAFFING**

Military	347
Civilian	847
Contract	95
<b>TOTAL</b>	<b>1,289</b>

**TRICARE PRIME ENROLLMENT 30,857**



**WACH**

**WINN ARMY COMMUNITY HOSPITAL**

WACH is the primary military treatment facility of the Fort Stewart, Georgia, Medical Department Activity (MEDDAC). The Fort Stewart MEDDAC is comprised of WACH, Tuttle Army Health Clinic, Lloyd C. Hawks Troop Medical Clinic, North Troop Medical Clinic, the Fort Stewart Warrior Transition Battalion, and the Richmond Hill Medical Home.

Fort Stewart MEDDAC implemented a tobacco-free initiative that banned the use of tobacco products at all medical facilities. It is the first Army installation to successfully implement the program. More than 60,000 Soldiers, Family Members, and Retirees receive healthcare services from Fort Stewart MEDDAC facilities.

Staff members are dedicated and committed to delivering evidence-based, compassionate, healthcare experiences by optimizing a system of wellness, training and readiness in support of our Soldiers and their Families; past, present and future.

Military construction for additions and alterations to WACH is \$107 million.

Services and facilities include:

- Primary Care
- Progressive Care
- Labor, Delivery and Recovery Unit
- Special Care Nursery
- Inpatient Psychiatry Unit

- Dermatology
- Chiropractic Care
- Aviation Medicine
- Optometry
- Ophthalmology/Refractive Surgery
- Otolaryngology
- Occupational and Physical Therapy
- Neurology
- Obstetrics/Gynecology
- Urology
- General Surgery
- Orthopedic Surgery

**WACH NUMBERS 2012**

**DAILY AVERAGE**

Outpatient Clinic Visits	3,028
Admissions	12
Inpatient Census	29
Bed Capacity	56
Births	4
ER Visits	94
Radiology Procedures	724
Laboratory Procedures	2,070
Prescriptions	2,968

**STAFFING**

Military	447
Civilian	1,087
Contract	72
<b>TOTAL</b>	<b>1,606</b>

**TRICARE PRIME ENROLLMENT 60,855**



# People Are the Army

The Army is the strength of the Nation.  
Soldiers are the strength of Army.  
Families are the strength of our Soldiers.



## THE HUMAN CONNECTION

Staff and beneficiaries from the Southern Regional Medical Command inspire, enlighten, and simply bring a smile.



### A Soldier and Staff Member's Story

**61 year old joins the Army and hopes to follow in father's footsteps**

After retiring from a radiology private practice, Richard Theodore "Ted" Mull began yet another career. The 61-year-old rejoined the Army and graduated from the Basic Officer Leadership Course (BOLC) at Fort Sam Houston, Texas.

"I caught a bad case of 'gung ho' from the local young Soldiers and volunteered to join them on active duty with the U.S. Army Medical Corps last year. I was finally accepted as a Lt. Col. in the U.S. Army Reserves," said Mull.

**One might ask how a 61-year old can join the Army today.** It seems a bit complicated. Mull graduated from BOLC and his first duty assignment is in Korea. Mull was allowed to join because he already had nearly five years of prior service in the Army

After he completed medical school, Mull felt the best residency available was Walter Reed but had to join the Army to get the residency of his choosing. Following his residency at Walter



Reed, Mull returned to Augusta, Georgia where he served about two more years as a staff radiologist

*Radiologist Dr. Richard Mull puts a patient at ease at Blanchfield Army Community Hospital, Fort Campbell, Kentucky.*

at Dwight D. Eisenhower Army Medical Center at Fort Gordon.

"Now after practicing in the civilian sector for 23 years in private practice, I'm rejoining now to pay back the career I got out from the Army."

Chief of Blanchfield Army Community Hospital's Radiology Department Maj. Paul Shogan said, "It is with amazing courage that Dr. Richard T. Mull, M.D. has decided to re-join the U.S. Army Medical Corps as a Diagnostic Radiologist at his current age. Dr. Mull completed his Diagnostic Radiology Residency at Walter Reed Army Medical Center in the late 1980s and in the interim has practiced in various clinical settings. The Soldiers under Dr. Mull's care will benefit from his wealth of knowledge, dedication and desire to serve."

### A Family Member's Story

**The machine that saves babies' lives**

The Extracorporeal Membrane Oxygenation (ECMO) machine continues to save lives after its integration in December 2011 from Wilford Hall Ambulatory Surgical Center to San Antonio Military Medical Center (SAMMC).

ECMO, a life-saving device, is very similar to a heart-lung bypass machine used for an open-heart surgery. It mimics the natural function of the heart and lungs, allowing an infant or child to rest while natural healing of the affected organ takes place. It is commonly used for newborns and children suffering from respiratory and/or cardiac failure as a result of birth defects, trauma or severe infection.

SAMMC is the only Department of Defense facility that provides this type of medical procedure for infants. So far, one patient has been treated at SAMMC. "No question about it, she would have died without it (ECMO)," said Air Force Lt. Col. Michael Shoemaker, SAMMC neonatologist and ECMO

director.

"Brianna was born on January 13 in a Honduras hospital. Her mother is Honduran and her father is active duty stationed in Fort Lewis, Washington. She was born with undiagnosed ruptured omphalocele versus gastroschisis" he continued.

"She had some surgical repairs in Honduras but developed a bloodstream infection. She was scheduled to be transferred to Seattle Children's Hospital, however en route to Seattle, she developed a collapsed lung and hemothorax (collection of blood between the chest wall and the lungs), which caused the flight to divert to SAMMC on February 8," he said. Without the use of the ECMO machine, Brianna had no chance of survival. On February 11, Brianna was placed on ECMO and was taken off the machine on February 18," he said.



By March 21, her health improved and was transferred to Madigan Army Medical Center. "Since then she has had definitive surgery on her bowel and is doing very well," he concluded.

*Brianna Sackreiter was the first ECMO patient treated at San Antonio Military Medical Center, February 11, 2012.*

*Col. James A. Laterza, U.S. Army Aeromedical Center Commander, recognizes volunteer veterans in a ceremony at Lyster, October 17, 2012.*



Read the full stories at <http://www.srmc.amedd.army.mil/publications>

### A Retiree's Story

**Veterans receive recognition for helping out**

Many people see the older gentlemen shuttling elderly and disabled patients around the Lyster Army Health Clinic parking lot in a golf cart, but few recognize the honorable deed they complete each day. Col. James A. Laterza, U.S. Army Aeromedical Center Commander, recognized the seven veteran volunteers who operate the golf cart shuttle.

The veterans are Jack Caldwell Jr., who entered the Army in June 1969 and retired from the Alabama National Guard in 2001; Oliver Copeland, who served in the Army from August 1968 to September 1988; Danny Doss, who entered the Air Force in February 1963 and retired after 22 years; Bobby Enfinger, who was drafted into the Army in 1969 and was selected as the Vietnam Veteran of the Year for 2012; Moses Fryer, who was drafted into the Army in 1966 and retired after 25 years of service; Jack Harper, who served in the Army from 1963 to 1967 on the East and West German and Russian borders; and Edward Sanders, who served in the Navy from 1963 to 1967 and was based in Subic Bay, Philippines.

"This is a pleasure to come out and work at Lyster; it is for all of us. We are dedicated, older men who enjoy what we do to help others. I couldn't ask for a better place to come and serve the men of our country the way that we do," said Enfinger.



# Leading the Nation in Health

Army Medicine is transforming from a Healthcare System to a System For Health. The new Performance Triad Action Plan assists beneficiaries in shaping their Lifespace - resulting in healthy and resilient Soldiers, Families and Veterans with life skills and habits that promote health, life-fitness and readiness.



## ARMY MEDICINE 2020 CAMPAIGN PLAN

The plan allows SRMC to create the capacity required to promote individual, unit and organizational health, as well as continue their core mission: to enhance diplomacy by building new partnerships and strengthening old ones; to promote unity of effort at all levels; and improve individual and organizational stamina to enable unit effectiveness.



### Army Medicine 2020 Campaign Plan

Healthcare in the United States is at a turning point, and Army Medicine has an opportunity to lead the nation in improved patient outcomes and Army readiness. While the wounds of war have been and will continue to be theirs to mend and heal, Army Medicine looks forward to transforming from a Healthcare System to a System For Health.

The Army Medicine 2020 Campaign Plan establishes the framework through which the Army Medical Department (AMEDD) will achieve its 2020 goals and ensure its forces remain ready to meet current and emerging medical support requirements. The key tasks are:

- Create a System for Health;
- Influence the Lifespace;
- Promote Healthy Lifestyles and Behaviors;
- Provide a Consistent Patient Experience;
- Strengthen Partnerships and Relationships;
- Establish Operating Company Methodology;
- Establish Metrics for Health;
- Model Healthy Lifestyles;
- Transform Reimbursement System;
- Change the Conversation from Healthcare to Health; and
- Enable Active Communities.

### Lifespace

About one-third of life is spent working, another third with family and friends, and another third sleeping. Providers see patients on average about 100 minutes out of one year or 525,600 minutes. Health occurs in the Lifespace or the 525,500 minutes spent away from a provider's office. A person's Lifespace can be shaped by making wise choices. A key priority area that supports Lifespace is the Performance Triad.

The Performance Triad helps to maintain, restore and improve one's health and stamina. The Performance Triad focuses on Activity, Nutrition and Sleep. In collaboration with military and civilian activity and nutrition and sleep experts, the Performance Triad Action Plan was developed and incorporates components of Army Medicine's health programs, including Soldier Centered Medical Home, Patient Centered Medical Home and Warrior Transition Units.

The Performance Triad Action Plan also will enable the Army to better help Soldiers, Families and Department of the Army Civilians shape their Lifespace, which results in healthy and resilient Soldiers, Families and Veterans with life skills and habits that promote health, life-fitness and readiness.

### Lines of Effort

There are three lines of effort that are critical factors in achieving the goals of the Army Medicine's 2020 Campaign Plan: Create Capacity, Enhance Diplomacy and Improve Stamina.

Create Capacity is developing the capabilities and core competencies necessary to deliver services and programs, which improve healthcare, influence overall health and make Army Medicine a strategic enabler for the Army in the future environment. This includes optimization, innovation and organizational learning.

Enhance Diplomacy is participating and shaping dialogue on healthcare delivery and individual health in the Army, Department of Defense and national and international communities in order to build enduring federal, national and international relationships that use medical diplomacy to advance Army values, interests and objectives.

Improve Stamina is increasing organizational depth, resiliency and endurance in order to withstand periods of intense change and unexpected challenges, and ensure that the Army Medicine System for Health is sustainable over the long term.

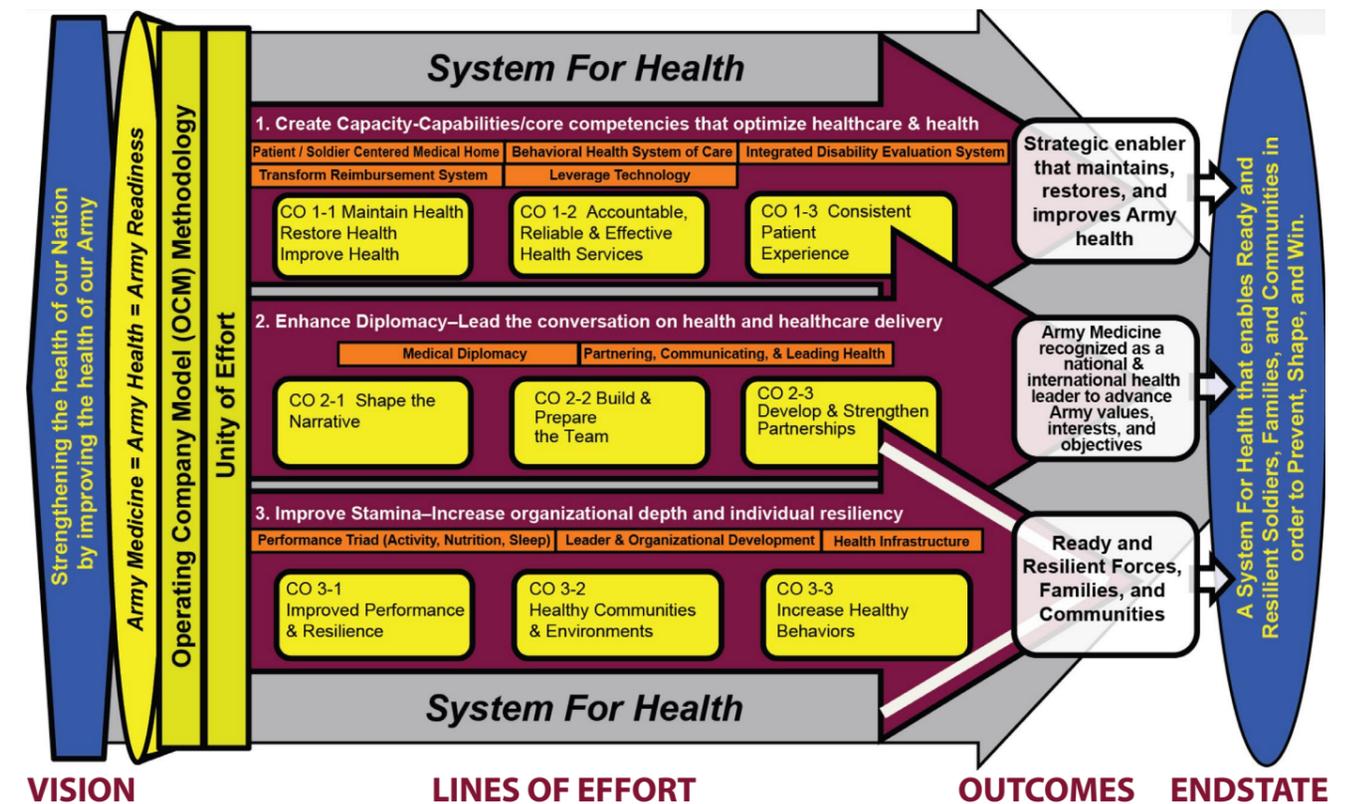
### Performance Management

To determine if AMEDD and SRMC are accomplishing their objectives, the 2020 Campaign Plan has an integrated approach to performance and results tracking. The Campaign Plan metrics are used to assess changes in system behavior, capability or operational environment related to achievement of goals and outcomes. The metrics

will capture performance efficiency, effectiveness, the voice of the customer, and compliance with Army standards. Assessing metrics is a continuous improvement process that coincides with the decision-making process.

Army Medicine will redesign to meet the demands and challenges of the

21st century. They will consistently deliver evidence-based value added services to their beneficiaries, improve existing healthcare programs and service, and develop new processes and initiatives to improve the health of the populations entrusted to their care.



**Army Provider Level Satisfaction Survey (APLSS)**

A survey that is administered by the Office of the U.S. Army Surgeon General. The survey focuses on issues ranging from how the provider communicated with the patient during the visit to questions regarding access to care, cleanliness of the facility, and courtesy of the staff. Patients are randomly mailed a letter asking them to complete a brief questionnaire regarding their care.

**Extension for Community Healthcare Outcomes (ECHO)**

How specialty healthcare providers educate primary care doctors and nurses so they can deliver the same level of care in their communities.

**Healthcare Effectiveness Data and Information Set (HEDIS)**

A tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.

**Integrated Disability Evaluation System (IDES)**

A process for the Department of Defense (DoD) to determine whether wounded, ill or injured Service Members are able to continue to serve. For those who are not able to return to duty, the IDES process determines disability ratings they receive from DoD and the Department of Veterans Affairs (VA).

**Intensive Outpatient Program (IOP)**

A program for active duty military patients who require more intensive treatment but do not meet criteria for inpatient psychiatric hospitalization. IOP patients who simultaneously struggle with post-traumatic stress, anxiety, depression disorders and alcohol or substance abuse problems require a comprehensive, multi-disciplinary, multi-modal course of treatment. The treatment includes routine observation/supervision and behavioral intervention to maximize functioning and minimize risks to self, others and property.

**The Joint Commission**

An independent, not-for-profit organization that accredits and certifies more than 20,000 healthcare organizations and programs in the U.S. Joint Commission accreditation and certification is recognized as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

**National Committee for Quality Assurance (NCQA)**

A private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. The NCQA seal is a widely recognized symbol of quality.

**Patient-Centered Medical Home (PCMH)**

Members include doctors, consultants, nurses, and other professional staff who oversee a given patient's care. The medical home model holds promise as a way to improve healthcare in America by transforming how primary care is organized and delivered.

**Practice Management Revenue Model (PMRM)**

A clinical business tool that uses provider workload and labor data to determine the revenue generation of each provider and practice within MEDCOM.

**Program Budget Adjustment Model (PBAM)**

A financial and budgeting model designed to assist the U.S. Army Medical Command in putting its strategic vision into action by linking budgets with outputs and outcomes.

**Relative Value Unit (RVU)**

A nationally standardized scale to measure provider productivity utilizing relative value units (RVUs). The work RVU is intended to reflect the time to perform a service, technical skill and mental effort of a provider.

