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A Quarterly Newsmagazine Serving the Soldiers, Staff, and Beneficiaries of the U.S. Army Southern Regional Medical Command

# S R M C S T A R SENTINEL

## INSIDE THE ISSUE

### COMMANDER'S

#### CALL

Page 2

### AMEDD 2020

Page 3

### FURLOUGH

#### GUIDANCE

Page 4

### APLSS

Page 4

### NEW TRICARE TOBACCO CESSATION COVERAGE

Page 5

### SRMC SIX HIGHLIGHT- PCMH

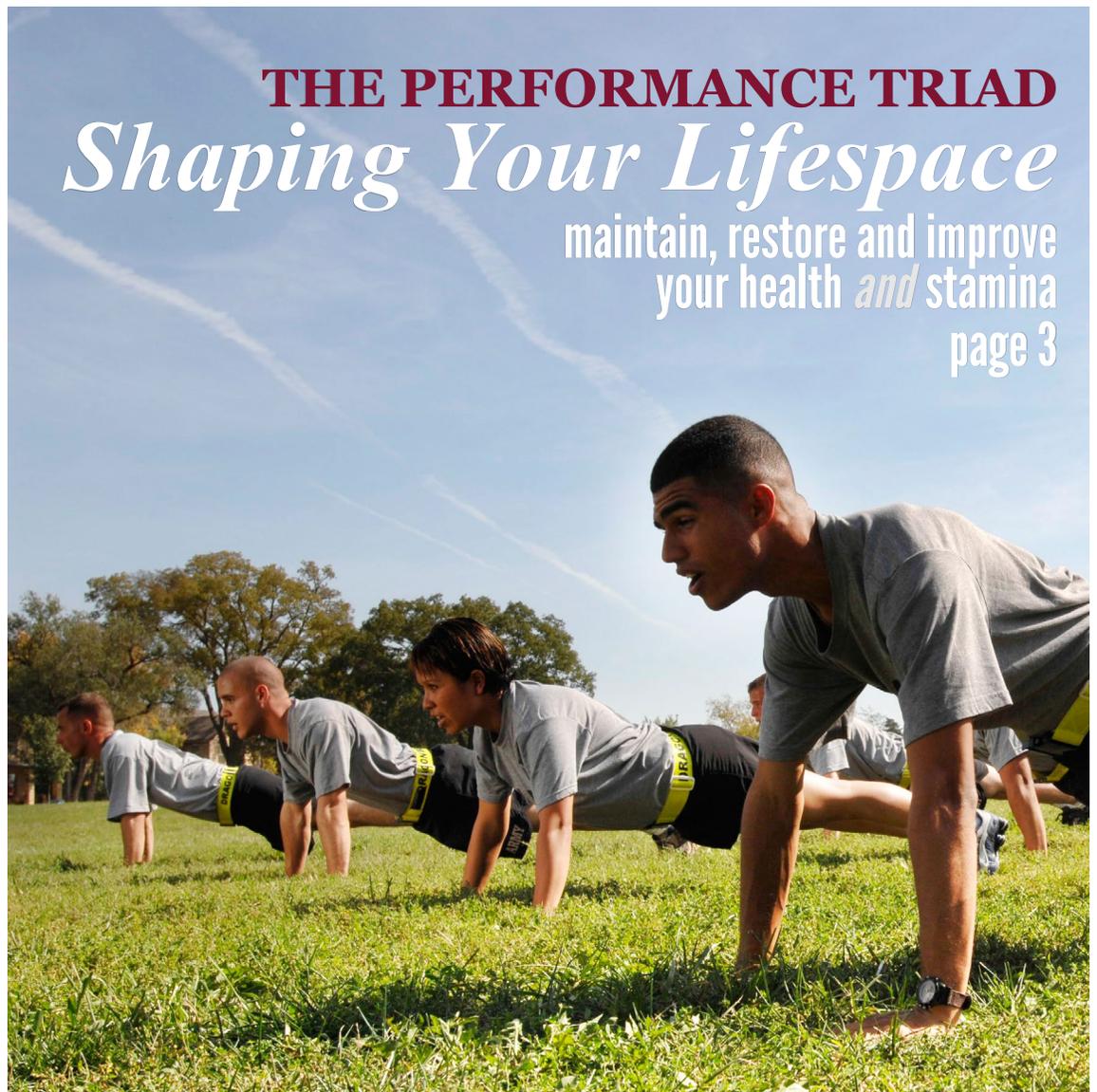
Page 5

### SECURE MESSAGING

Page 6

### AROUND THE REGION

Page 7





## COMMANDER'S CALL

Greetings, and a warm welcome to the first issue of the Southern Regional Medical Command's (SRMC) Star Sentinel news magazine. SRMC has a lot to share with our beneficiaries and the communities we serve; this quarterly newsmagazine is one forum to communicate medical highlights and the Army story. I also invite you to view our website at [www.srmc.amedd.army.mil](http://www.srmc.amedd.army.mil) and Like us on Facebook at [www.facebook.com/SouthernRMC](http://www.facebook.com/SouthernRMC).



In this Spring Issue, SRMC encourages beneficiaries to sign up for TRICARE Online and take advantage of a new way to dialogue with your healthcare provider through Secure Messaging, an email system. Do you know that your feedback on the Army Provider Level Satisfaction Survey is important information for us to improve our healthcare delivery and services?

This issue also features the SRMC Six and Patient Centered Medical Homes; an ECMO machine that saves babies' lives; the new leadership at Brooke Army Medical Center; winners of the MG Keith L. Ware Public Affairs Communication Competition; and the Army Medicine 2020 Campaign Plan and Performance Triad.

Our 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. We support units, Soldiers, and Families through the entire Army Force Generation process with high-quality, flexible, and tailored health services.

Thank you to those who contributed articles and information for this first issue – and to our readers, for honoring and respecting those who serve our Nation.

Serving to Heal ...Honored to Serve

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

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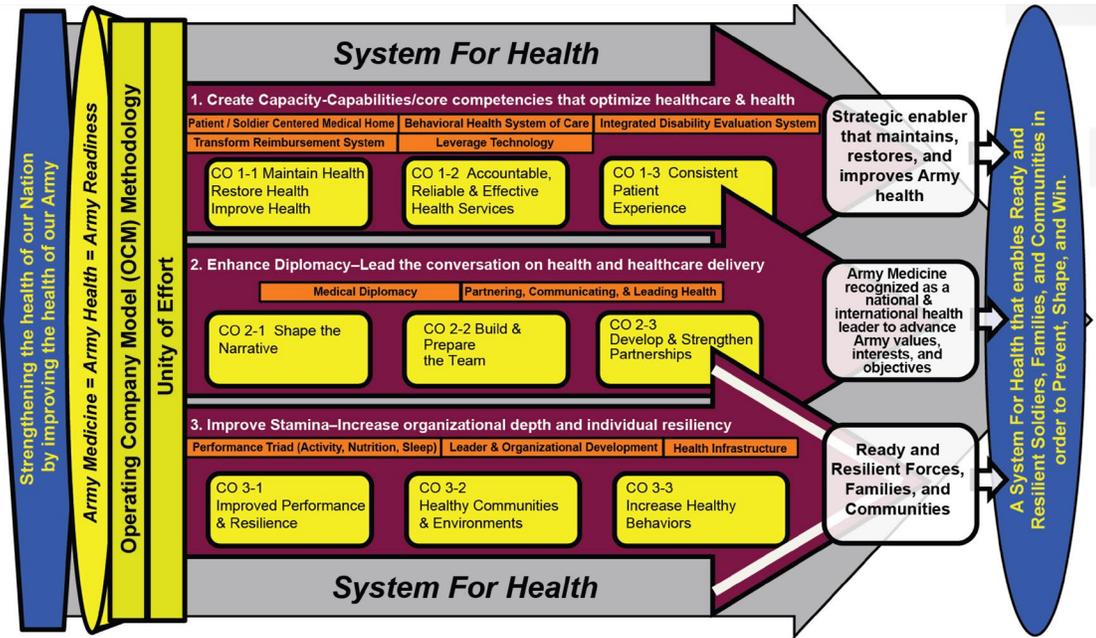
Unless otherwise indicated, all photos are U.S. Army Photos.



# AMEDDD 2020-moving the Army to a System For Health

Healthcare in the U.S. 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 Army Medicine's to mend and heal, they look 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 (AMEDDD) 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
- 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 by focusing on Activity, Nutrition and Sleep. The Performance Triad Action Plan will enable the Army to better help Soldiers, Families and Department of the Army Civilians shape their Lifespace that 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
- Improve Stamina.

Create Capacity is the collective ability to develop 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, national and international communities in order to build federal, national and international

enduring 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 AMEDDD and the Southern Regional Medical Command are accomplishing their objectives, the 2020 Campaign Plan has an integrated approach to performance and results tracking. The Campaign Plan 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 21<sup>st</sup> century. They will consistently deliver evidence-based services to beneficiaries, improve existing healthcare programs and service, and develop new processes and initiatives to improve the health of the populations entrusted to Army Medicine's care.



## Tell SRMC how we're doing with APLSS!

If you've received an Army Patient Satisfaction Survey, filled it out and mailed it to the AMEDD Survey Center, have you wondered what happens with your information? Or, have you received the survey and tossed it in the recycle bin? If the answer to these questions is yes, here's why your feedback is important to the Southern Regional Medical Command (SRMC).

The Army Provider Level Satisfaction Survey (APLSS) provides SRMC's military treatment facilities (MTFs) with valuable information on how to improve healthcare services. Randomly selected patients are sent a letter asking them to complete a 27-question survey soon after a visit. APLSS asks beneficiaries about certain aspects of their visit, and most importantly, their level of overall satisfaction with the entire visit.

### What are the APLSS' questions?

Survey questions ask about your provider, overall satisfaction, phone service, scheduling an appointment, wait times, facility cleanliness, and pharmacy visit. Provider experience questions include:

- Did the provider spend the

time that your medical problem required?

- Did the provider listen carefully about your concerns and questions?
- Did the provider treat you with courtesy and respect?
- Did the provider explain what was being done and why?

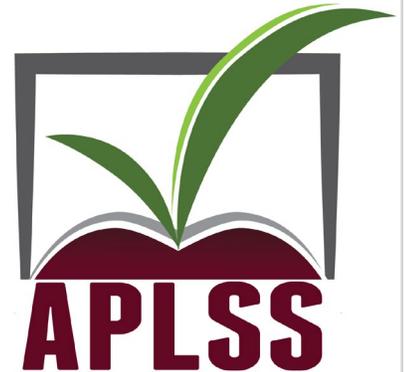
Overall staff and facility questions include:

- How was the overall phone service you received in scheduling an appointment?
- How much time did you wait at the clinic to see the healthcare provider?
- How was the courtesy and helpfulness of the staff during the visit?
- How was the cleanliness of the facility you visited?
- Overall, how would you rate your visit to the Pharmacy?

### How can I respond to APLSS?

There are several ways the survey can be answered:

- Log on to the website with the provided username and password;



Army Provider Level Satisfaction Survey

- Call the toll-free phone number; or
- Mail the survey back in the pre-addressed envelope.

Survey responses are reviewed and analyzed to determine what is important to beneficiaries. Results of the survey are confidential and provide immediate feedback to MTF leadership. Returned surveys also provide funding for the MTF to improve problem areas, upgrade amenities and equipment, and expand services.

SRMC continuously strives to provide beneficiaries the best healthcare and services. The next time you receive a survey, please consider telling the MTF how they're doing. Responses help all patients receive the best healthcare possible.

## Army Furlough Guidance

By Lily Chavis, JB Fort Sam  
Houston CPAC

Sequestration and preparation for furloughs began March 1 for Federal Government employees because Congress has not come to an agreement on budget cuts. A furlough is the placing of an employee in a temporary non-pay status because of lack of work or funds, or other non-disciplinary reasons.

An administrative furlough is a planned event by an agency which is designed to absorb reductions necessitated by downsizing, reduced funding, lack of work, or any other budget situation other than a lapse in appropriations.

Once Congress passed an appropriations bill for Department of Defense, it was announced that the number of Civilian Furlough Days

will be no more than 14 discontinuous days (112 hours), down from the 22 discontinuous days as originally planned, to begin in mid-to-late June. Employers are expected to give their employees furlough notices in mid-to-late May.

For in-depth information on administrative furloughs, go to: <http://cpol.army.mil/library/general/2013sequestration/>

# TRICARE allows new prescription coverage to help tobacco cessation

TRICARE beneficiaries living in the U.S. have a new weapon in their fight to kick the tobacco habit. Tobacco cessation medications are now covered through the TRICARE Pharmacy Home Delivery program. The medications are available to beneficiaries with a prescription who are 18 years or older, but not eligible for Medicare.

Though a limited number of cessation medications have previously been available in military hospitals and clinics, beneficiaries trying to kick the habit can now get a wide range of gums, pills, lozenges, patches or nasal sprays delivered free through safe, convenient TRICARE Pharmacy Home Delivery. For more on using home delivery, go to [www.tricare.mil/homedelivery](http://www.tricare.mil/homedelivery).

**“This is an important step in moving from health care to health through a comprehensive TRICARE tobacco cessation program.”**

Those same medications should also be available soon, also at no cost, through most military clinics and hospitals. As always, patients with a prescription should check ahead for availability of medications and to see if their military facility requires participation in a cessation program or class.

“This is an important step in moving from health care to health through a comprehensive TRICARE tobacco cessation program,” said Dr. Jonathan Woodson, assistant secretary of defense for health affairs and director of TRICARE Management Activity. “When troops smoke, it diminishes their ability to participate in physical activity and, of course, increases the chance of respiratory disease.”

Tobacco cessation is one of the primary targets for the new Operation Live Well campaign, which also addresses weight management and other substance abuse issues. “We must dedicate time and effort to building a fit and ready force and making sure that our beneficiaries, even after they retire, live long and

healthy lives,” said Woodson.

TRICARE already offers face-to-face counseling benefits and live “coaching” assistance through toll free numbers in all three U.S. TRICARE Regions. An award-winning DoD quit tobacco web site at

[www.Ucanquit2.org](http://www.Ucanquit2.org) offers a multitude of quit resources including a 24/7 live chat feature. The site is also available to veterans through collaboration with the Department of Veterans Affairs. There is an annual limit of two quit attempts under the new program. A third quit attempt may be covered per year with physician justification and preauthorization. For more on covered medications and the TRICARE cessation program, go to [www.tricare.mil/quittobacco](http://www.tricare.mil/quittobacco). For more on Operation Live Well, go to [www.militaryonesource.mil/olw](http://www.militaryonesource.mil/olw).



## Patient Centered Medical Home is #1 in SRMC Six

The “SRMC Six” are the top six focus areas for excellence within the Southern Regional Medical Command, and Maj. Gen. M. Ted Wong, commanding general, implemented the SRMC Six to assist in prioritizing efforts and establishing on-going standardization actions.

The status of each of the SRMC Six is reviewed monthly, with each military treatment facility briefing their updates. Wong’s intent is to, “focus the majority of our efforts on these priority areas to align our collective

### *The SRMC Six*

- 1. Patient Centered Medical Home*
- 2. Integrated Disability Evaluation System*
- 3. Soldier Medical Readiness Processing Campaign Plan*
- 4. Comprehensive Behavioral Health System Of Care*
- 5. Comprehensive Pain Management Plan*
- 6. Core Business Operations Metrics*

efforts on the most important missions to improve our delivery of care and advance our corporate goals.”

While all of the SRMC Six are important to the region, number one is the Patient Centered Medical Home. The PCMH is a model of

care that strengthens the physician-patient relationship by replacing episodic care with coordinated care and a long-term healthcare relationship. Each patient works with a team of healthcare providers to develop a comprehensive, personal healthcare plan.

PCMH also helps to advance the Army Surgeon General’s Lifespace initiative by focusing on the time when beneficiaries make decisions

Continued on pg. 6



## Secure Messaging brings convenience to providers, patients

By Erin Perez and Kirk Frady, MEDCOM Directorate of Communications

Beneficiaries of Army Medicine will soon be able to communicate online with their primary care provider through secure messaging. This capability will, for the first time, provide patients the ability to communicate directly with their provider and care teams and allow care teams a two-way flow of communication with individual patients or groups of patients. The U.S. Army Medical Command is implementing the use of Army Medicine Secure Messaging Service (AMSMS) by offering it to 100 percent of beneficiaries who receive care in the “direct care” system by the end of 2014.

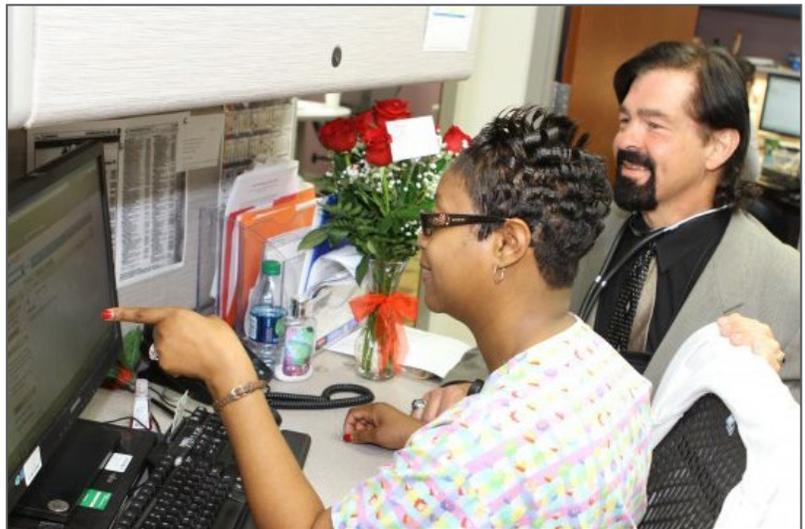
AMSMS is a web-based, secure-messaging application that provides a comprehensive set of services designed to allow patients and their healthcare team to communicate securely and conveniently. The application works like an on-line secure banking web site, so beneficiaries can be assured of

the integrity of their personal healthcare information.

With online services from AMSMS, patients will be able to book appointments, request and review lab/test results, request medication refills, request a referral, email their physician a question, and schedule web visits with their provider. Additionally, patients

will have access to a fully integrated electronic personal health record and an extensive collection of multi-media educational content.

To register for online services, beneficiaries should visit with their healthcare team administrator or call their primary care clinic.



*Kimberly Gray, LPN, talks with Dr. David Anderson, family practice physician about the secure messaging system recently implemented at Reynolds Army Community Hospital, Fort Sill, Okla. The system sets up a secure link on the patient's computer which enables doctors and nurses to communicate with their patients. U.S. Army photo by Ben Sherman, Fort Sill.*

### SRMC Six

continued from pg. 5

on activity, nutrition and sleep. Under PCMH each patient has a healthcare relationship with a personal physician who leads a team at a single location that takes collective responsibility for patient care, providing for the patient's healthcare needs and arranging for appropriate care with other qualified clinicians. The medical home's goals are more

personalized, coordinated, effective and efficient care. A medical home achieves these goals through a high level of accessibility, providing excellent communication among patients, physicians and staff, and taking full advantage of the latest information technology to prescribe, communicate, track test results, obtain clinical support information, and monitor performance. Since SRMC opened its first

Medical Home at Fort Campbell, other clinics began striving to exceed patient expectations. To date, 24 Patient Centered and Community Based Medical Home clinics within SRMC have received recognition from the National Committee for Quality Assurance. NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations.



## ECMO enables cutting edge patient transfer

By Elaine Sanchez  
Brooke Army Medical Center Public Affairs

Marking a first for military medical care in the United States, an Army and Air Force team successfully transported a critically ill woman on a form of heart-lung bypass from San Antonio Military Medical Center (SAMMC) to New York City.

The mission marked the military's first stateside transport of an adult patient on extracorporeal membrane oxygenation, or ECMO, noted Air Force Lt. Col. (Dr.) Jeremy Cannon, Brooke Army Medical Center's trauma chief. ECMO is a heart-lung bypass system that offers a lifesaving capability for patients who aren't doing well on a ventilator, he explained.

While the technology has been used to aid ill infants and pediatric patients for about 30 years, it's only recently been shown to have lifesaving capabilities for adults, Cannon noted.

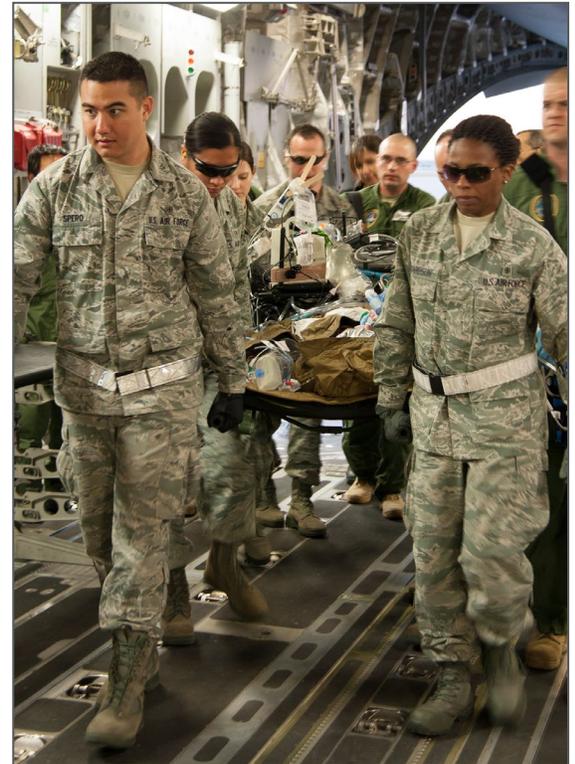
This case involved a woman in her early 30s with cystic fibrosis. She developed viral and bacterial pneumonia that made her "incredibly ill to the point

where she could no longer be safely managed on a ventilator," the doctor recalled.

After stabilizing the young mother of two and wife of an active-duty Army recruiter on ECMO, the trauma chief called on the Institute of Surgical Research Burn Flight Team and the hospital's ECMO team, as well as the 59<sup>th</sup> Medical Wing's Critical Care Air Transport Team to evacuate her to a center with expertise in using ECMO as a bridge to a lung transplant. The mission creatively brought together a group of Army and Air Force physicians, nurses and respiratory specialists for this critical patient, Cannon said.

Joined by a transplant surgeon and a perfusionist from Columbia University, the team transported the patient via ambulance from the Burn Center to the Kelly Field flight line, where they boarded a C-17 en route to the John F. Kennedy International Airport. Once in New York, an ambulance transported the patient to the New York-Presbyterian Hospital.

Cannon said he has high hopes for



Members of the 59th Medical Wing Aeromedical Staging Facility transfer a patient being treated with an extracorporeal membrane oxygenation system into a C-17 Globemaster III, Jan. 16 at Joint Base San Antonio-Lackland, Texas. U.S. Air Force photo by Staff Sgt. Kevin Inuma.

BAMC's ECMO program, particularly for wounded warriors critically injured in theater. He'd like to see ECMO patients transported directly from the battlefield to SAMMC where they can receive state-of-the-art trauma and ECMO care. "The idea would be to rendezvous in Germany and bring patients back to SAMMC for ongoing care even while on ECMO," he said.

## BACH wins 2nd place in Keith L. Ware Journalism award

Congratulations to Blanchfield Army Community Hospital's Public Affairs Office for receiving second place, Broadcast Category: Command Information Campaign, in the 2012 Major General Keith L. Ware Public Affairs Competition.

Blanchfield's video, 'Suicide Prevention, 101<sup>st</sup> Airborne Division,' was a joint creation between Laura Boyd, public affairs officer, Stacy Rzepka, public affairs specialist, Fred Holly, audiovisual specialist, and the 101<sup>st</sup> Airborne Division public affairs team. To view the video, please go to <http://ow.ly/knz7A>

Honorable Mentions went to the following candidates:

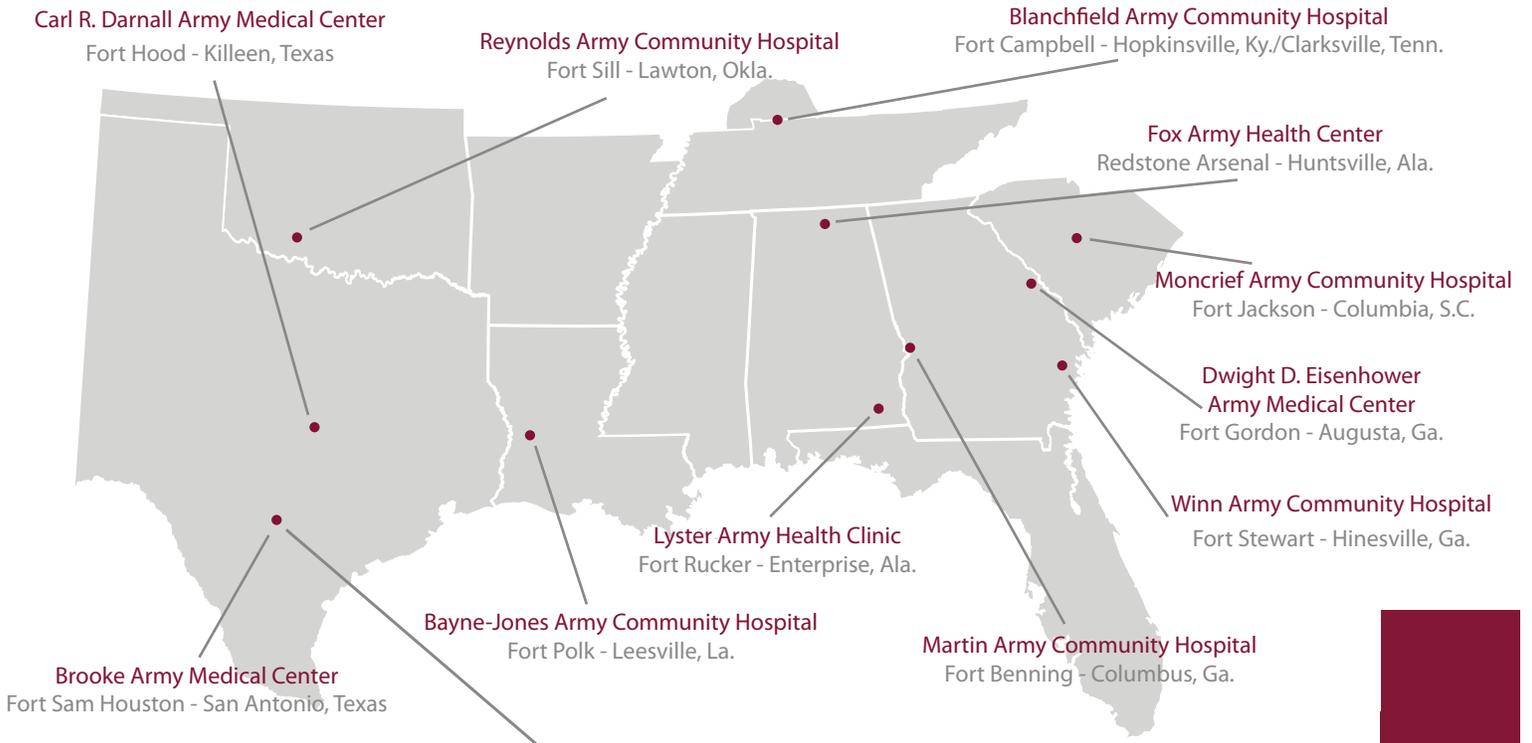
- Winn Army Community Hospital for Print Category: Personality Feature Article, Michelle Gordon, public affairs officer
- Carl R. Darnall Army Medical Center's Warrior Transition Battalion (WTB) for Print Category: Human Interest Feature Article and Sports Article, Gloria Montgomery, public affairs officer, Fort Hood WTB

Major General Keith L. Ware was awarded the Medal of Honor on June 18, 1945. An excerpt from the citation

states, "On December 26, 1944, while serving as battalion commander of 1st Battalion, 15th Infantry, near Sigolsheim, France, on December 26, 1944, he went forward of the front line elements of his command and for two hours reconnoitered a strongly held enemy position. He then led a small patrol forward and destroyed or captured four machine-gun positions and killed numerous enemy riflemen. Half of the patrol including himself were wounded, but he refused medical attention until the position was captured by his men."



*Col. Kyle Campbell, incoming Brooke Army Medical Center Commander, accepts the guidon from presiding officer Maj. Gen. Richard W. Thomas, Commander of the Western Regional Medical Command, during the BAMC Change of Command Ceremony held January 24, 2013, as incoming BAMC Command Sgt. Maj. Mark K. Pumphrey looks on. Col. Kyle Campbell assumed command from Maj. Gen. M. Ted Wong, outgoing BAMC Commander and Commander of the Southern Regional Medical Command. U.S. Army photo by Erin Perez.*



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