Military Medicine in 2012
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As we enter 2012, our mission and our priorities are one – to ensure the medical readiness of our service members, and to provide a ready medical force able to deliver the best medical services anywhere in the world under any conditions to all of our beneficiaries.

Despite the completion of our military mission in Iraq, we remain a military engaged in combat operations in Afghanistan. Our duties in other locations in the region, and around the world, continue to require our unwavering attention to this readiness mission. As our wounded warriors return to the United States, our ongoing obligations to them and their families remain paramount. We will do everything within our ability to return them to active service, or ensure their carefully coordinated transition to ongoing care through the VA or the private sector.

Here at home, the operating platforms from which we develop our ready medical forces have been transformed. We've opened new, jointly staffed medical facilities in the National Capital Region – at the new Walter Reed National Military Medical Center, and the Fort Belvoir Community Hospital, a new tower at the San Antonio Military Medical Center, a new campus for the Medical Education and Training Center in San Antonio, and implemented a number of other physical changes to our infrastructure. These changes are driving an increased level of collaboration and jointness in operations, logistics, education and training, information technology and a host of other areas.

Partly related to this growing collaboration in the medical arena, the Deputy Secretary of Defense established a Task Force on the Governance of the Military Health System in June of last year, with the responsibility for evaluating how the MHS should be organized for the long term. Dr. Peach Taylor, of the Health Affairs staff, and Major General Doug Robb, the Joint Staff Surgeon, led the Task Force through a number of organizational alternatives. The Department is now working with the Comptroller General of the United States—the GAO—to provide an external assessment of The Task Force's review and findings, in accordance with the 2012 National Defense Authorization Act. While this review is underway, however, we will move aggressively move forward on a number of other fronts.

Readiness. In order to sustain our commitment to ready service members, ready medical forces, and ready families, our military medical facilities need to operate at optimum capacity. They must sustain sufficient clinical activity to maintain clinical competencies for medical readiness. This optimization is central to quality of care, provider skill currency, and ensuring our medical personnel can practice to the levels for which they were trained.

Patient Centered Medical Home. We have introduced the Patient Centered Medical Home for a number of good reasons. Its successful implementation has positively affected the health and health care delivery to our patients. It also supports our graduate medical education programs, and most importantly, continues to incentivize our patients to return to MTFs. Early evidence suggests we have demonstrated superior outcomes in preventive medicine and health

screening in our Patient Centered Medical Home model. We will expand this model of care this year and set the pace for the civilian sector to follow. In so doing we intend to recapture some of the primary and specialty care that has migrated to the private sector and make our patients more satisfied with the clinical experience.

Healthcare to Health. We are justifiably proud of the performance of our medical personnel on the field of battle. We have developed a superb healthcare system for those who are sick and injured in war and in peace. But, our mission is to promote and sustain health, not just respond competently when our people fall ill. There are a large number of measures that can indicate how well we are sustaining health. For the coming year, the MHS will focus on two major measures of health – tobacco use and obesity rates. In the case of tobacco, we exceed the national averages for tobacco use in our youngest service members (age 18-25). We have to take action with the entire military community united in our objective. Similarly, we must promote healthy living and reduce rates of obesity in our population. Our patients are our partners in these specific endeavors, and we will give them greater tools and the capability to manage their own health.

Patient Safety. The MHS is committed to patient safety. There are processes and best practices that work – and that save lives. Our people in the DoD Patient Safety Center are coordinating a new initiative that will be unveiled in February 2012. We have the tools to succeed and to lead the nation -- we are one of the most integrated delivery systems in the country; we have the benefit of a global electronic health record; we have accountable organizations who know how to implement and disseminate these processes. Patient safety and quality health care is a top priority.

A Culture of Innovation. Underlying all of our efforts is our need to continue to focus on innovations – both disruptive and continuous – that can allow us to better deliver health and customer services in more imaginative and efficient ways. We are entering a period of significant re-assessment of what government can afford, and not afford. In this climate, innovation is more important than ever. While we sometimes may look to the private sector for ideas or contributions, I know that most innovation comes from within our system. We will be engaging our military medical leaders in a concerted effort to identify and promulgate those innovations that present the most promise.

The initiatives I have outlined do not touch on every element of the vital work in which we are engaged. There are hundreds of programs not mentioned here that require a steadfast commitment to quality work and oversight.

Our TRICARE program continues to offer the most comprehensive benefits of any health plan in the country at exceptionally low out of pocket costs for our beneficiary population. We are studying alternative approaches to TRICARE contracting strategy that assist with our larger goals for the MHS – optimizing our military medical treatment facilities, moving from health care to health, and ensuring our focus on patient safety is shared by our private sector partners.

The MHS has shown – on the battlefield and here at home – that it is perhaps the most unique, indispensable, and successful health delivery systems in the world. In 2012, we are building on that legacy.

It is customary at the start of a new year to make a resolution. Let each of us resolve to do what we can, in any way we can as individuals to make the MHS even better in 2012. That is all I can ask/expect of you.

Best wishes for health and happiness in the New Year to you and your families.
Jon