



# Regional Newsletter

*Dedicated to enhancing the exchange of information within the region*

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## TRICARE PROGRAM FOR GRAY AREA RESERVISTS ON ITS WAY

A new program will offer “gray area” reservists the opportunity to purchase TRICARE health care coverage. While qualified members of the Selected Reserve may purchase premium-based coverage under TRICARE Reserve Select (TRS), retired National Guard and Reserve personnel did not have TRICARE health coverage options until they reached age 60.

Under a provision of the National Defense Authorization Act for 2010, that’s all changed. The new provision will allow certain members of the Retired Reserve who are not yet age 60 (“gray-area” retirees), to purchase TRICARE Standard (and Extra) coverage. TRICARE Extra simply means beneficiaries have lower out of pocket costs if they use a network provider.

“We’re working hard to coordinate all the details of eligibility, coverage and costs, and expedite implementation of this important program,” said Rear Adm. Christine Hunter, deputy director of the TRICARE Management Activity. “This is a major benefit program with implementation on the same magnitude as TRS. It will require detailed design, development and testing, but qualified retired reservists should be able to purchase coverage by late summer or early fall of 2010.”

While the health care benefit provided for gray-area retirees will be TRICARE Standard and Extra – similar to TRS – the new program will differ from TRS in its qualifications, premiums, copayment rates and catastrophic cap requirements. The program is tentatively called TRICARE Retired Reserve.

The new statute requires premium rates to equal the full cost of the coverage. That is the major difference contrasted with TRS, where the statute provides That Selected Reserve members pay only 28 percent of the cost of the coverage. Premiums for the new gray area retiree program will be announced after program rules are published in the Federal Register.

This new program offers an important health coverage option for Reserve and National Guard members who served their country honorably before hanging up their uniforms at retirement, said Hunter. For more information about TRICARE benefits go to <http://www.tricare.mil>.

### THOUGHT FOR THE DAY

*"One day in retrospect the years of struggle will strike you as the most beautiful."*

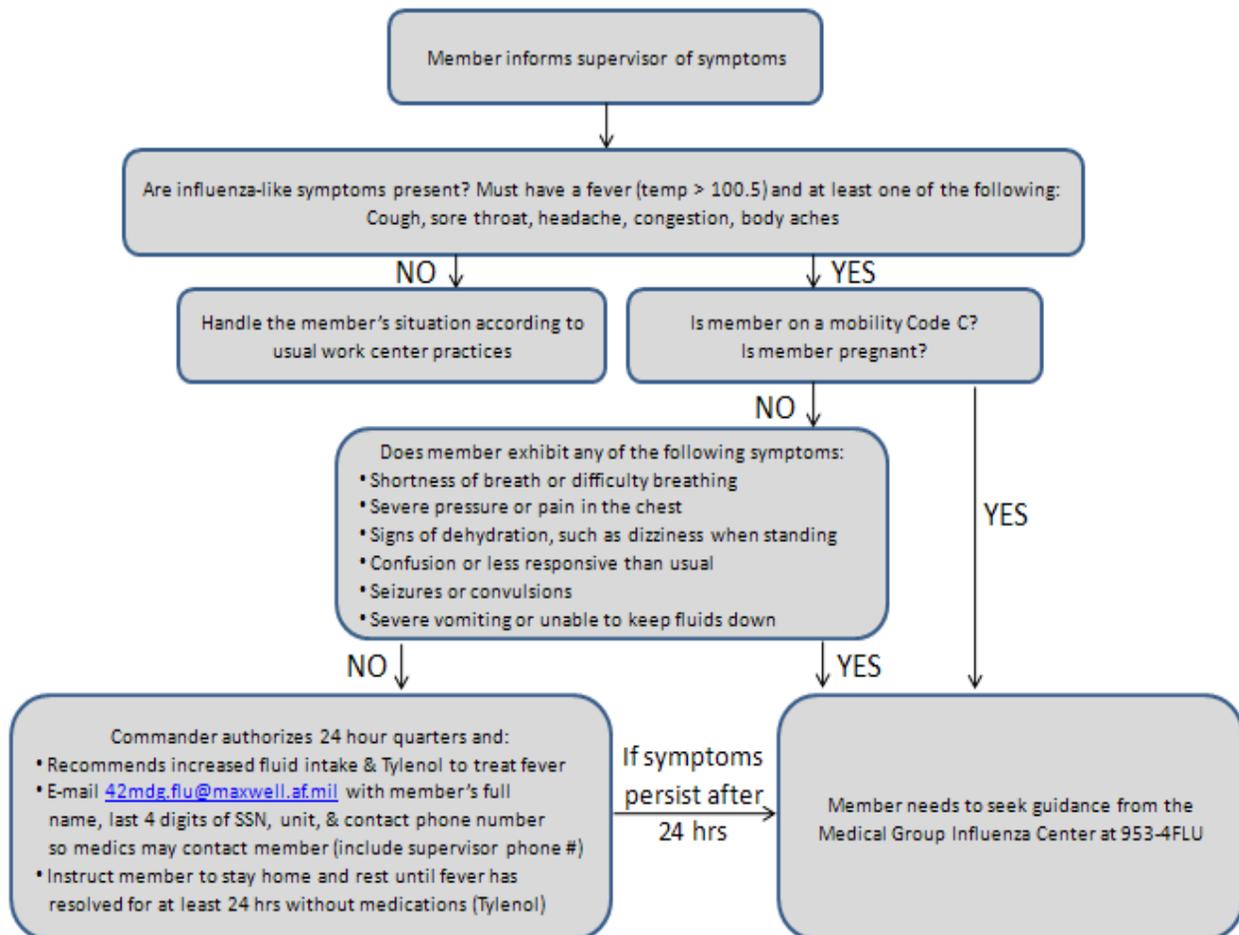
*– Sigmund Freud*

## A SALUTE TO: MAXWELL AFB INFLUENZA SUPERVISOR DECISION TREE

This season, influenza has already impacted Alabama at epidemic levels and media reports frequently warn of overwhelmed medical systems. The majority of individuals affected with influenza will recover uneventfully with time, rest, and over the counter medications. Unfortunately for some individuals, influenza can be deadly. The difficulty lies with determining who needs to be seen and who can be safely treated with home care instructions. Early this influenza season at Maxwell AFB, there was a great deal of uncertainty in many units regarding the proper way to respond when members reported to work feeling ill. Often the answer was simply, "Go to the clinic to be seen." It was clear early on that a decision guide was needed for first level supervisors in order to decrease confusion within work centers, ease clinic appointment demand, and minimize disruption to the installation's mission.

The CDC has done an exceptional job of providing education to individuals about influenza care. The 42d Medical Group at Maxwell AFB used several CDC resources to make an easy to follow Supervisor Decision Tree (see below). Response to the guide has been overwhelmingly positive. Supervisors and commanders report satisfaction in knowing members at home with flu like symptoms have been identified and will be monitored by the Medical Group. Additionally, patients state the ease in obtaining quarters authorization to allow home care, as well as telephone follow up, has enhanced their comfort. Our Medical Group benefitted as well by decreasing the number of active duty members with influenza-like illness seeking care in the clinic, thus decreasing the spread of the virus and allowing our efforts to be sustainable in providing care to all our beneficiaries.

### Maxwell-Gunter Supervisor's Guide to the Influenza Season (Military Personnel)



## **PRE-ACTIVATION TRICARE COVERAGE FOR CERTAIN RESERVE COMPONENT (RC) PERSONNEL**

Certain Reserve Component (Reserve and National Guard) personnel, receiving delayed effective date deployment orders, could be eligible for medical and dental coverage up to 90 days prior to mobilization. The orders must be for more than 30 days supporting a contingency operation.

This early eligibility program is totally dependent on the Reserve Component and the service member's personnel units updating the Defense Enrollment Eligibility Reporting System (DEERS) with this delayed effective date order information. Early TRICARE coverage would begin on the later of the date of orders being issued or 90 days prior to reporting for active duty. Members can check if this early eligibility pertains to them by asking their unit personnel office or accessing the Guard/Reserve Portal <https://www.dmdc.osd.mil/appj/trs/service.jsp>.

Family members of RC member's eligible for early coverage, as indicated in DEERS, are also qualified for this program. Family members have the option to enroll in TRICARE Prime during this period. The RC member will not enroll in TRICARE until they reach their final duty location.

In this early eligibility period, the RC member's medical care will be provided by a Military Treatment Facility (MTF), if the member resides within 50 miles of a military installation. If the member resides more than one hour from a MTF, care must be sought from TRICARE Network Providers (if available). To find a list of Network Providers in your area contact your regional Managed Care Support Contractor: South 1-800-444-5445, North 1-877-874-2273, West 1-888-874-9378.

Service members identified as eligible for the early benefit are not eligible for the Reserve Dental Program, managed by United Concordia. In this early eligibility period RC service members' dental care is managed the same as active duty dental care. If the member resides less than 50 miles from a Dental Treatment Facility the service member must contact that Dental Treatment Facility. If the service member resides more than 50 miles from a Dental Treatment Facility the service member must contact United Concordia (phone # 866-984-2337) for authorization prior to visiting the dentist to ensure there are no out-of-pocket costs.

For questions concerning this benefit, contact the TRO-South RC points of contact at 228-377-9642, DSN 597-9642 or 210-292-3216.

## **NEW MHSSI GUIDANCE FOR FY 10**

New guidance for the Military Health System Support Initiative (MHSSI) program for fiscal year (FY) 2010, was recently signed by RADM Hunter, Deputy Director, TRICARE Management Activity. Please see a copy of the guidance at [www.tricare.mil/trosouth](http://www.tricare.mil/trosouth) in the article on the front page.

While there are few substantive changes and the submission, approval, funding and monitoring and termination process essentially remains the same, it is important to note more robust specificity throughout the document. The Regional Director remains the final approval authority and TMA Chief, Financial Officer remains the final funding distribution authority through the use of the FAD, once yearly for two years. There remains no funding cap for staff and provider hiring. There remains a \$250,000.00 cap on equipment purchase.

The MHSSI Program continues in design to identify and capitalize on opportunities through joint collaboration among the TROs, MCSC, the Multiservice Market Managers, and Department of Defense MTFs. It continues to allow for a 24-month return on investment, which if positive, does not require self-sustainment through PPS until the 1<sup>st</sup> day of the 25<sup>th</sup> month.

The purpose of the initiatives is to improve access to MTF care, reduce the overall cost of health care for the MHS and its beneficiaries, to reduce Private Sector Care cost, and may not be used to replace deployed personnel.

Increased direct care market share, improved operational efficiency of the MHS, monitored initiatives to ensure resources aligned to the most effective projects, more efficient direct care service provision, and appropriate transfer of network care back into the direct care system remain the basic elements of the MHSSI Program. The MHSSI Tool remains the same.

### **New TRICARE Counseling Resources for Service Members and Family Members**

- TRICARE Telemental Health (<http://tricare.mil/mybenefit/home/MentalHealthAndBehavior>)
- TRICARE Assistance Program (<http://www.tricare.mil/TRIAP>)

### **Resources for Veterans**

- Veterans Health Administration, Office of Mental Health Services (<http://www.mentalhealth.va.gov/>)
- My HealtheVet (<http://www.myhealth.va.gov/>)

### **Suicide Study Grant**

- National Institute of Mental Health (<http://www.nimh.nih.gov>)
- Center for the Study of Traumatic Stress (<http://www.centerforthestudyoftraumaticstress.org/>)

## PHARMACY EXPLANATION OF BENEFITS NOW BEING MAILED

Under the new TPharm contract, Express Scripts (ESI) is required to mail, on a monthly basis, an Explanation of Benefits (EOB) which provides TRICARE beneficiaries information on all pharmacy claims filled through either the retail or mail order program in the previous month. (The EOB will not include any prescription information for items filled at Military Treatment Facilities.) The first distribution of the monthly EOB's began December 10, 2009.

While information is contained within the EOB providing contact information for questions beneficiaries might have, the same information is being provided here to help answer questions which might be directed to you and your teams.

The EOB is designed to be a key tool in identifying potential fraudulent activity in the TRICARE pharmacy benefit. The following language is included in the EOB cover page specifically regarding this purpose:

**- Please review the services/supplies shown on the following pages. If you find that TRICARE has paid for any services that you did not receive or you were charged by a healthcare professional you did not see, please call the Express Scripts Fraud and Abuse Hotline at 1-866-759-6139.**

### **Additional Facts:**

If there are general questions regarding the information contained in this document, beneficiaries should contact Express Scripts at 1-877-363-1303. This number should NOT be used if fraud or abuse is suspected (see bolded information above).

All medications might not be included in the document. Per the TRICARE policy, medications used to treat certain conditions may not be included in the Explanation of Benefits (EOB). For additional information about these exclusions, beneficiaries should contact Express Scripts at 1-877-363-1303.

If beneficiaries would like to receive EOBs via the web (in place of paper), they should be directed to go to [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE).

## CHANGES TO APO/FPO SERVICES FOR RETIREES/DOD CONTRACTORS

The Department of Defense provides limited postal services (APO/FPO) to military retirees and employees of DoD contractors. Effective December 31, 2009, military retirees and employees of DoD contractors will no longer receive mail services at Embassies or Consulates. This includes mailing of prescriptions using the TRICARE Mail Order Pharmacy (TMOP). This service will no longer be available to retirees and their family members living or traveling overseas who are not serving in an official capacity for the Department of State. This will not affect Active Duty Service members/family members or retirees/family members serving overseas in an official status or those located near a DoD installation.

Mail services will end on December 31, 2009 by the Department of State. TMOP will continue to process prescriptions through December 1, 2009 to allow delivery prior to December 31, 2009, as it may take up to four weeks to receive medications through the APO/FPO service. The TRICARE Overseas Program Standard provides reimbursement for many medical costs, including prescriptions from host nation pharmacies. Members should be prepared to pay the entire cost of the medications and then file a claim with the TRICARE overseas claims processor for reimbursement after deductibles are met.

Questions or additional information about using host nation pharmacies or filing claims, please call WPS at 011-608-301-2310 or 011-608-301-2311. Web information can be viewed at [www.tricare4u.com](http://www.tricare4u.com).

## **AIR FORCE DOCTORS PERFORM FIRST STEM CELL TRANSPLANT IN DOD**

**Submitted by 59th Medical Wing Public Affairs**

**LACKLAND AIR FORCE BASE, Texas** -- On Sept. 10, Maj. (Dr.) Dustin Stevenson, medical director for bone marrow transplants at Wilford Hall Medical Center here, was the first physician to perform a stem cell transplant involving a matching unrelated donor in a Department of Defense hospital.

Stem cell transplants from a donor's bone marrow are a relatively common practice when the donor is related to the patient, like brother and sister or other close relations. It is rare for a perfect match to come up when the donor is unrelated to the patient. And, for this procedure to happen in a DoD hospital was unheard of ... until now.

Christine Jackson was the first patient to receive this type of transplant at a military treatment facility. She was diagnosed with Acute Lymphoblastic Lymphoma, or ALL, in 2007 and began chemotherapy. The cancer causes white blood cells to stop defending against bacteria.

"She was diagnosed with Lymphoma that relapsed after her initial therapy," Dr. Stevenson explained. "This situation is 100 percent fatal without a transplant."

More than 6,000 people search for a donor daily, and thousands die without one every year.

Any DoD beneficiary having bone marrow failure, lymphoma or any other situation where a stem cell transplant would cure them is eligible for this procedure.

"We'd like more people to be potential donors," he said. "All that is needed is a swab in the mouth to see if you are eligible."

There are two ways to donate. The first is having it harvested in the operating room. The second is a much more common method using an apheresis machine, which separates out one specific part of the blood and puts the rest back into the donor. This method doesn't involve an operating room or even anesthesia; it is similar to donating platelets.

"It gives me a very good feeling to have the opportunity to provide this procedure," Dr. Stevenson said. "As a physician it is very rewarding. I hope to expand our services and perform more of these types of transplants."

## **MEDICAL CENTER MODERNIZATION PROJECT BEGINS**

**Submitted by 81st Medical Group Public Affairs**

**KEESLER AIR FORCE BASE, Miss.** -- A \$32.32-million infrastructure repair and energy management project began Sept. 10 to modernize Keesler Medical Center's facility systems. The project is scheduled to be completed in February 2011.

According to Capt. Matt Clugston, Air Force Medical Support Agency's project health facilities officer, the project was designed towards Silver LEED (Leadership in Environmental and Energy Design) goals for the medical center. The project also addresses the remaining building damage caused by Hurricane Katrina in August 2005.

The captain continued, "This undertaking consists of replacing and upgrading the medical center heating, ventilation and air conditioning system, electrical breaker panel upgrades, installation of a more energy-efficient and hurricane-resistant roofing and installing metered utilities for the facility. In addition, the work includes upgrading two banks of elevators which will make it easier to transport patients throughout the medical center by maximizing cab space for larger beds."

Captain Clugston noted some of the components being replaced have reached or exceeded their useful life requiring excessive maintenance, while other upgrades are projected to reduce operating costs. "This project will bring these systems up to current codes and enhance Keesler Medical Center's ability to continue its mission well into the future," he said.

Medical group personnel can expect disruptions in their ventilation systems, electrical systems, along with general noise associated with this type of construction. Within the scope of this project everyone in the facility will be impacted at one time or another, and should expect advanced notice and coordination on minimizing impacts.

Visitors will notice contractors working on the roof and hanging from scaffolding while giving the medical center a facelift. Meanwhile, the vast majority of the work inside the medical center will occur within equipment rooms, elevator shafts and generally out-of-site from the public.

According to Captain Clugston, "The team's primary goal is to limit construction impacts on patient care. The key element to this project's success will be the integration of the medical staff in planning each step of the way."

The Air Force Medical Support Agency is managing the IREM project which is contracted through the U.S. Army Corps of Engineers. Specpro Environmental Services, LLC, an Alaskan-owned 8(a) company out of Huntsville, Ala., is the prime contractor responsible for reroofing, building facade repairs and repainting, crawlspace restoration and electrical and mechanical system upgrades.

"Market research started in the first quarter of calendar year 2009. The project scope was refined over six months with multiple site investigations and engineering reviews," said Captain Clugston.

## **TRICARE ASSISTANCE PROGRAM REACHES OUT OVER THE WEB TO EASE POST-DEPLOYMENT STRESS**

**– TRICARE Management Activity Public Affairs**

What do you do when you think a loved one or friend may be having difficulty readjusting to life on the home front following an overseas deployment? For TRICARE beneficiaries the answer to this, and many other behavioral health questions, is just a few mouse clicks away.

The Web-based TRICARE Assistance Program (TRIAP) uses today's constantly evolving Web-based technologies to bring short-term professional counseling assistance closer to the people who often need it most: service members and veterans recently returned from overseas and their families who've persevered through the deployment.

The TRIAP demonstration program launched Aug. 1, 2009 and is available in the United States to active duty service members, those eligible for the Transition Assistance Management Program (TAMP) and members enrolled in TRICARE Reserve Select. It is also available to these beneficiaries' spouses, no matter their age, and other eligible family members 18 years of age or older.

From the security of their homes, or anywhere else for that matter, beneficiaries with a computer, Webcam and the associated software can speak "face-to-face" with a licensed counselor over the Internet at any time of the day or night. Eligible beneficiaries can link to their regional contractor's TRIAP site and get more information about the program at <http://www.tricare.mil/TRIAP>.

"As joyful as homecomings are for our sailors, Marines, airmen, soldiers and their family members, these can also be times of great stress for everyone in the family," said Rear Adm. Christine Hunter, deputy director of the TRICARE Management Activity. "TRIAP counselors give our beneficiaries an opportunity to discuss matters such as relationship issues, sleep disturbances or readjustment difficulties from the comfort and security of their own homes."

Eligible service members and family members can log on to TRIAP an unlimited number of times for supportive counseling or advice when dealing with short-term personal problems impacting their work performance, health and well-being. Services include assessments, short-term counseling and, if the TRIAP counselor determines more specialized care is necessary, a referral to a more comprehensive level of care. A referral or prior authorization is not needed to use TRIAP services.

TRIAP "visits" are unlimited and include assessments, short-term counseling and, if the TRIAP counselor determines more specialized care is necessary, referral to a more comprehensive level of care. Get details and get linked up to the appropriate TRICARE region at <http://www.tricare.mil/TRIAP>.

Help is also available to military families through dozens of other options: online, phone and face-to-face. Click to <http://www.tricare.mil/mentalhealth> for additional TRICARE mental health benefits information, links, programs, assistance phone numbers and downloads, including the comprehensive "A TRICARE Guide: Understanding Behavioral Health Care."

Assistance with other behavioral health services and appointments is also available by phone. In the South Region, active duty service members and family members should call the Humana Military Behavioral Health Provider Locator and Appointment Assistance Line at 1-877-298-3514. All other South Region beneficiaries can call 1-800-700-8646.

## AIR FORCE STUDY USES VIRTUAL REALITY FOR PTSD

Submitted by 59th Medical Wing Public Affairs

LACKLAND AIR FORCE BASE, Texas -- A new virtual reality program to treat combat veterans returning from Iraq and Afghanistan and experiencing post traumatic stress disorder is a first at Wilford Hall Medical Center. PTSD has long been associated with war veterans. It was called "Shell Shock" in World War I, "Combat Neurosis" during WW II, and was eventually recognized as an anxiety disorder by the American Psychiatric Association, termed PTSD. The Virtual Reality Exposure Therapy is a computer-simulated Virtual Iraq and Virtual Afghanistan that allows Airmen to interact and recreate a traumatic scene and recall sights, sounds, smells, thoughts and feelings.

The VR exposure is part of the new PTSD Clinic here that opened in August. The technology will complement the clinic's evidence-based treatment programs to provide the maximum quality of care for returning deployers. Wilford Hall is one of eight sites Air Force-wide selected for the program. "I believe this is a unique opportunity to utilize technology to help our warriors," said Maj. Monty Baker, director of research, Warrior Resiliency Program. "Use of the VR and development of the PTSD clinic are just two examples of what is being done in San Antonio to provide the best PTSD treatment possible for military members," he added.

The software program is similar to a video game; it is three dimensional and activates a process in the brain that gives the patient a sense of presence. The service member wears headphones and a virtual reality visor similar to goggles, uses a mock M16 and stands on a vibrating platform. The devices are connected to a computer that allows the patient to engage in a more realistic traumatic scene, like the one they experienced. Individuals are monitored closely in a safe environment by mental health professionals, who guide and coach them along the way.

"The exposure to the event is a slow, gradual process and eventually increased. The more one engages in the experience, the more one is able to release emotions and subsequently get better," said Dr. Alan Maiers, psychologist and assistant chief, Warrior Resiliency Program. "We want to help them deal with avoidance. They are repeatedly exposed to a traumatic event at a level they find tolerable, but sufficient to reduce anxiety," Dr Maiers said.

However, VR is not an independent therapy for PTSD. Dr. Maiers emphasized that the technology complements the prolonged exposure therapy, evidence-based treatment and other research-proven approaches to help deployers process traumatic events and increase their ability to cope with things that can trigger fear and panic. "We are excited about being able to give people who are serving our country their lives back by removing these symptoms," he said. Before patients are introduced to the virtual system, there are several visits with a therapist to talk about their wartime experiences in detail. This allows the experts to manipulate the software application and add sensory variables similar to the traumatic experience.

Over the next year, the Air Force will conduct a study to determine how effective the program is in conjunction with prolonged exposure therapy. Information and data will be gathered from patients and therapists to determine whether the Air Force continues with the treatment plan. "The opportunity to help Airmen by incorporating innovative ideas, such as the PTSD Clinic, virtual technology and working jointly with the Army, will lead to better evidence-based care in the future," said Maj. Baker, who also is a staff psychologist at Wilford Hall Medical Center.

Meantime, experts are seeking volunteers for a local study to determine whether the software is suitable for an Airmen's experience in Iraq or Afghanistan. To be eligible, individuals should have no symptoms of PTSD or any other major psychiatric disorder and must have deployed within the last year to Afghanistan or Iraq. If interested, contact Dr. Maiers at 210-478-8854.

## NHCC OFFERING LIFE CHANGING SERVICES

Submitted by Naval Hospital Charleston Public Affairs

**North Charleston, SC** – Nina Alexander had been overweight for most of her life but it still surprised her when in February of 2007 her doctor suggested gastric bypass surgery. It was then that Nina realized that: her weight was a serious problem that required urgent attention.

Josette Bell can't even remember a point in her life when she wasn't gaining weight. Although she'd spent much of her adult life dieting, shedding pounds was always a challenge. Josette had a life-changing moment when her oldest child, Jackson, was diagnosed with autism. It was then that she knew her life, starting with her own body, would have to change. Her desire to be mentally and physically able to care for her son and her family led her to make a firm commitment to losing weight.

Both Nina and Josette knew that the time had come for them to make life-changing decisions. How would they lose weight? Would weight loss improve their life? Would weight loss result in them becoming positive role models for their children? Neither woman liked the idea of surgery and, after careful contemplation of the options, each decided to take matters into their own hands.

Nina Alexander had seen a dietitian at Naval Hospital Lemoore in 2007 while she and her family were living in California. Nina's primary care manager (PCM), wanted to start her on a medication that would help her lose weight, but she had to work with the dietitian on a 6-week program before she could start the medication. Nina was inspired and confident that she could reach her weight-loss goal without medical intervention. Nina started exercising 50 minutes a day, five days a week working out to *Sweatin' to the Oldies* with Richard Simmons. When Nina's husband, Brian, was transferred to Charleston in July of 2007, her motivation could have easily waned in the face of the stress of moving and establishing life in a new environment, however, Nina was determined to continue her regimen and make further progress.

Nina began seeing Ms. Linda Washington, a Licensed Registered Dietitian (RD) at Naval Health Clinic Charleston (NHCC) in August of 2007. At her first appointment, Nina and Ms. Washington evaluated the program Nina had established while in Lemoore. Having lost only 15 pounds by this point, Nina knew that plenty of hard work lay ahead, but already having some success kept her motivated and focused. Together, Nina and Ms. Washington decided to continue the regimen with a few adjustments. Nina increased her activity levels and graduated from her "*Sweatin' to the Oldies*" video to walking for 60 minutes a day, five days a week. In addition, Nina started focusing on portion control, counting calories, and keeping a food journal - elements of her program that she now feels are crucial for her successful weight loss. "It was really trial and error," said Nina. "After I got started, I figured out what worked for me and what didn't. Seeing Ms. Washington monthly was extremely helpful." Now having lost nearly 150 pounds, Nina is always willing to share her success with others struggling with weight. Her best advice? "Keep a food journal and see a dietitian," she insists.

Just as Nina Alexander was navigating her way through her weight loss journey, so was Josette Bell. Josette, her Coast Guardsman husband, Alex, and their three children came to the Charleston area in 2006. At the time, Josette was wearing a size 28, had been overweight since the first grade, and had not lost any of the weight she'd gained from her most recent pregnancy. A full-time mom and college student, Josette began her days by getting the kids up and on the bus, often skipping breakfast and doing school work until lunch time. When Alex came home from work, Josette would cook dinner, put the kids to bed and get back to the books. She could barely dedicate a moment to herself or to her health. Josette knew this had to change, especially after learning about her son's autism.

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## NHCC OFFERING LIFE CHANGING SERVICES— CONTINUED

When Josette decided she wanted to improve not only her weight but her health, she, too, started seeing Ms. Washington at NHCC in April of 2008. Together they created a new way of life for Josette. Still a devoted mother, Josette has learned to budget her food intake and live her life in a much more healthful manner. She still gets the kids up and off to school, but always eats a protein-filled breakfast within 30 minutes of waking up, works out nearly every day, and has a small snack every few hours. In addition, she attended a nutrition class and had weekly visits with Ms. Washington. These visits included reviewing Josette's food journals, evaluating her calorie intake, and offering solutions for any problems Josette encountered. Empowered by her progress, Josette knew it was vital that she thoroughly understand her body and what it needs to be healthy.

To date, a tribute to her dedication and hard work, Josette has lost nearly 150 lbs and her attitude towards life has been permanently altered. “I catch myself looking in the mirror and am surprised at what I see,” Josette happily asserts. She goes on to express the pride she feels that she’s able to teach her children good eating and exercise habits, both life lessons Josette had to learn herself. Josette’s hope is that her three children will carry this lesson with them throughout their own lives.

“I am so proud of Nina and Josette,” said Linda Washington. “They have both taken control of their lives and their bodies.” Washington, who has been an RD since 1978, has seen plenty of diet and nutrition fads come and go over the past 30 years. “There are a lot of ways to lose weight,” she says, “but there are fewer ways to get and stay healthy. Both Nina and Josette took their situation seriously and wanted to maximize their health in the process of losing weight.”

NHCC provides high quality nutrition services and weight management programs that produce excellent results. These services are currently available to eligible TRICARE beneficiaries without a referral. Individual counseling is by appointment. Patients interested should call the NHCC Central Appointments line at 843-743-3709.



Josette Bell — Before and After pictures



Nina Alexander— Before and After pictures

## **2010 TRAINING, MEETINGS & CONFERENCES**

### **2010 MHS CONFERENCE**

January 25-28, 2010  
National Harbor, Maryland

For additional information, go to:  
<http://www.health.mil/Pages/Page.aspx?ID=72>

### **TRICARE SOUTH FUNDAMENTALS COURSE DATES**

Atlanta, GA - Feb. 9-11, 2010  
Dallas, TX - May 11-13, 2010  
Memphis, TN - Jul. 20-22, 2010  
San Antonio, TX - Oct. 19-21, 2010

### **TRICARE INFORMATION PORTAL (TIP)**

#### **AD HOC TRAINING**

Feb. 24 - Biloxi MS 0830 - 1530  
May 26 - San Antonio TX 0830 - 1530  
Aug. 25 - Augusta GA 0830 - 1530  
Nov. 17 - San Antonio TX 0830 - 1530

*For more information and registration on south Region training opportunities,  
please visit our webpage  
at <http://www.tricare.mil/trosouth/Training.cfm>.*

### **ONGOING TRAINING AND COURSES**

TRICARE Data Quality Training Courses: For more information, go to:  
<http://www.tricare.mil/ocfo/mcfs/dqmcp/training.cfm>

TRICARE Financial Management Education Program (TFMEP) Courses: For more information, go to:  
<http://www.tricare.mil/ocfo/privatesector/tfmep/index.cfm>

TRICARE University, TMA Reporting Tools, and TRICARE Briefing Materials: For more information,  
go to: <http://www.tricare.mil/training/index.cfm>

Working Information Systems to Determine Optimal Management (WISDOM) Training Courses: For  
more information, go to: <http://www.tricare.mil/ocfo/bea/wisdom.cfm>