

NOT FOR PUBLICATION UNTIL RELEASED BY  
THE HOUSE COMMITTEE ON APPROPRIATIONS

**STATEMENT OF**

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**SURGEON GENERAL OF THE NAVY**

**BEFORE THE**

**SUBCOMMITTEE ON DEFENSE**

**OF THE**

**HOUSE COMMITTEE ON APPROPRIATIONS**

**SUBJECT:**

**DEFENSE HEALTH PROGRAM**

**March 22, 2016**

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Chairman Frelinghuysen, Ranking Member Visclosky, distinguished Members of the Subcommittee, it is my honor to represent the men and women of Navy Medicine – a team of 63,000 dedicated professionals, delivering world-class care, anytime, anywhere. We are grateful for your steadfast support and I can report to you that Navy Medicine is mission-ready and unified in our commitment to serve those entrusted to our care.

### **Strategic Alignment**

Readiness, the core mission of the Navy Medicine, is inextricably linked with those we serve, the United States Navy and United States Marine Corps. We are fully engaged with supporting our maritime strategy as articulated by the Secretary of the Navy, Chief of Naval Operations and Commandant of the Marine Corps. Our leaders expect us to keep their Sailors and Marines healthy, ready to deploy, to deploy with them, as well as to protect their health, and when necessary, restore their health. Most importantly, we support the Navy-Marine Corps mandate to be where it matters, when it matters and ready to respond in time of crisis.

Since becoming the Navy Surgeon General in December 2015, I have reaffirmed that our most important strategic imperative remains readiness: Keeping Sailors, Marines and their families healthy and ensuring that the Navy Medicine team is a ready medical force. The obligation to keep our nation's service members and their families healthy is both a privilege and sacred trust earned over years by providing care at sea, on the battlefield and around the world in our medical centers, hospitals and clinics. Today's Sailors and Marines are the most highly trained, specialized, and educated in our history. Because of this, every one of them is critical to the mission and the need to keep them and their families healthy has never been greater.

We must deliver ready capabilities to the operational commanders, maintain the clinical currency for our medical forces, and effectively integrate technology to improve the health and readiness of Sailors and Marines. We recognize that our collective efforts are strengthened given every uniformed member of Navy Medicine has a contingency assignment to an operational unit and, as such, has a distinct and important role in supporting our mission.

Navy Medicine, in conjunction with the Army and Air Force, is leveraging joint opportunities with the Defense Health Agency (DHA). The DHA provides support to the Services in the form of shared services including: facilities planning; medical logistics; health information technology; health plan; budget and resource management; contracting; pharmacy; research, development and acquisition; medical education and training; and, public health. Their efforts in delivering shared services support and common business practices across the Military Health System (MHS) are focused on efficiencies and savings. The work is important to the Services' missions as well as the Defense Health Program as we work to ensure optimal resource efficiency in our mission.

We are grateful to the Committee for supporting continued resource requirements and placing trust in us to provide outstanding care to our beneficiaries. Navy Medicine is committed to sound fiscal stewardship at all levels of our enterprise and this includes sustaining our active audit readiness posture to validate we are being good stewards of these resources. The President's FY2017 budget adequately funds Navy Medicine to meet its medical mission for the Navy and Marine Corps. The President's budget for FY2017 also contains key TRICARE proposals which are needed to modernize the Department's health care program. I support these reform proposals as they will continue to sustain military readiness, improve beneficiary choice, and improve access as well as help realize cost savings. In addition, these initiatives will

simplify TRICARE while encouraging the use of military treatment facilities (MTFs) – vital for medical readiness. These proposals will strengthen the Military Health System (MHS) and support sustainable health care benefits for all our beneficiaries.

The proposed legislative changes must be supplemented by important work within the MHS to create opportunities for even greater exceptional care to our patients. We must aggressively assess the transformative opportunities presented in today’s environment to provide value-based care and employ technologies that make good clinical and mission sense. These efforts must include improving standardization of clinical, non-clinical and business processes while reducing variation. Within Navy Medicine, we are committed to continuous performance improvement with keen focus on access, quality and safety throughout our enterprise. Our collective efforts in measuring key performance improvement metrics, as well as our strategic collaborative partnerships with leading civilian organizations such as the Joint Commission and the Institute for Healthcare Improvement (IHI), are necessary as we establish Navy Medicine and the MHS as a high reliability organization (HRO).

### **Our Mission is Readiness**

Navy Medicine is an agile integrated, rapidly deployable health system. We protect and restore the health of Sailors and Marines around the world, ashore and afloat, in all warfare domains. Our personnel, including those organic to the operational forces and those working in our MTFs, must be capable of providing life-saving and health sustaining specialized capabilities to the warfighters in all domains and locations. The spectrum is wide, but the mission is straightforward: Provide force health protection anytime, anywhere. This is what sets us apart from civilian medicine.

We must recognize that the direct care system – our CONUS military treatment facilities

(MTFs) – are our most important readiness training platforms. These facilities are critical to sustaining the vital skills and clinical competencies for our medical personnel who are saving lives on the battlefield. As a former commander of a deployed expeditionary combat medical facility, I cannot overstate the importance of robust clinical experience to having a fully trained and ready medical force capable of sustaining unprecedented survival on the battlefield. Fifteen years of combat with the highest combat survival in recorded history by medical personnel who got their training and preparation in these MTFs proves their value and critical role in combat survival. From physicians to nurses to corpsmen, our personnel want to deliver health care and need that strong clinical experience to sustain and enhance their skills in preparation for the next deployment. Our CONUS MTFs provide important surge capabilities, while our OCONUS facilities support our forces operating forward much like our expeditionary medical capabilities onboard ships.

As a ready medical force, we have a responsibility to ensure we are as ready for the next mission or conflict. The improved battlefield survival rates we realized over the last 15 years of war were the result of highly trained, properly equipped medical personnel from our MTFs who had the capabilities to rapidly implement combat casualty care best practices and lessons learned. These outcomes were achieved and then sustained by the collective hard work of the men and women of military medicine and the critical support provided to us by Congress. Our challenge remains holding these important gains moving forward.

We are leaning forward to improve the effectiveness and efficiency of our CONUS MTFs to provide that robust clinical experience to preserve skills and competencies by moving more workload in-house, growing our patient enrollment, rebalancing staff and investing in our graduate training programs. This also has a side benefit of reducing overall private sector care

expenditures. An example of our efforts is the Navy CONUS Hospital Optimization Plan which we executed over the last two years to better sustain the operational readiness skills of our providers and optimize primary and specialty care. These efforts resulted in changes in services at nine MTFs and realigned our graduate medical education (GME) pipeline.

I believe an erosion of our direct care system would have significant adverse consequences on our ability to sustain medical force skills and competencies. This will have direct negative impact on our medical readiness capabilities and also potentially degrade our ability to recruit and retain our medical professionals who seek a professionally rewarding clinical experience. We also need to recognize that comprehensive beneficiary care in our MTFs is directly linked to skills sustainment of our medical force and, from that, survival on the battlefield. Our beneficiaries, by agreeing to get their care in our MTFs, are helping to ensure we save lives on the battlefield in the next conflict.

Navy Medicine continues to sustain unparalleled levels of mission success, competency and professionalism while providing world-class trauma care and expeditionary force health protection to U.S. and coalition forces in southern Afghanistan in support of Operations RESOLUTE SUPPORT and FREEDOM'S SENTINEL. As troop levels in Afghanistan remain constant, the forward deployed NATO Role 3 Multinational Medical Unit continues to provide high-level evaluation, resuscitation, surgical intervention, post-operative care, physical therapy, behavioral health, and patient movement services expected of Navy Medicine by our combatant commanders. The Role 3 maintains 12 trauma bays, four operating rooms, six intensive care beds and six intermediate care beds, with a staff of 87 personnel.

Global Health Engagement (GHE) is an important component of sustaining readiness since Navy Medicine is uniquely positioned to support Humanitarian Assistance / Disaster Relief

(HA/DR) missions. Our hospital ships, USNS MERCY (T-AH 19) and USNS COMFORT (T-AH 20) are capable of getting underway quickly to support HA/DR efforts here and around the world as evidenced by relief efforts along the Gulf Coast following Hurricane Katrina, Indonesia in the aftermath of the tsunami and in Haiti following the devastating earthquake. We provide the full range of medical skills including primary and trauma care, public health, and disease management.

Our participation in humanitarian civic action (HCA) missions and military-to-military exercises provides unmatched training opportunities for our personnel and builds important joint, interagency and international relationships. These missions support training for crisis conditions and focus on enhancing clinical expertise and preventive medicine and improving disaster preparedness in collaboration with host nation, partner nation, non-governmental organizations (NGOs) and interagency partners. In FY2015, both MERCY and COMFORT were underway and participated in HCAs. MERCY was part of Pacific Partnership 2015, the largest HCA in the Pacific Command area of responsibility. The medical team provided medical and dental care ashore to patients in seven countries in the Pacific Rim/East Asia and performed nearly 700 surgeries aboard MERCY. COMFORT, operating as part of Continuing Promise 2015 in South America/Caribbean, delivered care in 11 countries and conducted over 1,200 surgeries onboard.

Our MTFs are also filling a vital role in preparing Navy Medicine to respond to both naturally occurring public health emergencies. Our larger MTFs regularly rehearse their pandemic response plans, and response when needed, to include the dispensing of vital pharmaceutical countermeasures and antivirals from both the Navy stockpile and state level Strategic National Stockpile supplies to DoD installation populations at Closed Points of Dispensing (CPODs).

Our force health protection mission is also evident in response to the Zika virus. In support of these efforts, our Navy Liaison Officers assigned to the Centers for Disease Control and Prevention (CDC), United States Agency for International Development (USAID), Department of Health and Human Services (HHS) and the World Health Organization (WHO) are actively engaged to ensure DoD is coordinated with the whole of United States Government (USG) response. We are continuously educating our Sailors, Marines and family members along with Fleet and USMC commanders about the Zika virus and the importance of prevention and taking appropriate precautions. Our providers are following CDC clinical guidance and collaborating with public health partners to protect our patients and staff. The Navy Marine Corps Public Health Center (NMCPHC) continues to provide updated guidance to Navy and USMC installation commanders regarding the most effective methods to reduce virus-spreading mosquito populations. In addition, Navy Medicine now has in-house testing capabilities for Zika virus infection in humans at the Naval Medical Research Command (NMRC) and at our laboratory in Lima, Peru, the Naval Medical Research Unit Six.

### **Optimizing Care to Impact Health and Readiness**

There is a transformation underway in health care. We are witnessing rapid changes in clinical care brought about by innovations in disease diagnosis and treatment. Advances in areas such as digital imaging, genetics, precision medicine, pharmaceuticals and therapeutics are all having significant impact on the delivery and cost of patient care.

In addition, we know that our patients want convenience and, where possible, use of virtual technology to support their health care needs. This is the impact of the millennials on health care and it is not unique to the military although we are more impacted by it because of our patient demographics: Based on our most recent available data, 72 percent of enlisted Sailors and 85

percent of enlisted Marines are 30 years old or younger. They and their families are very comfortable with digital technology and expect to incorporate their smart phones and tablets into their daily health care transactions whenever possible. Moving forward, traditional portals of care within our direct care system and the supporting TRICARE networks must be complemented with innovative and interconnected technological approaches to provide virtual outreach and care, including handheld device applications, telehealth and other venues of virtual care.

Ready access to safe, high quality care is foundational to our primary care delivery model. Within Navy Medicine, our focus areas include promoting additional options for accessing care, streamlined by standardized appointing processes. Nearly all of Navy Medicine's 790,000 MTF enrollees are receiving care in a National Committee for Quality Assurance (NCQA)-accredited Medical Home Port (MHP). These patients have seen an improvement in same-day health care access with their MHP team, augmented by virtual access via e-mail communications with providers and access to a 24/7 Nurse Advise Line (NAL). We have increased our same-day appointments by 20 percent and 91 percent of our patients indicated satisfaction with getting care when needed. There has been a 40 percent increase in the number of beneficiaries utilizing secure messaging over last year and survey respondents indicated 97 percent overall satisfaction with this capability. As a result of this enhanced access, providing nearly five million outpatient visits each year, readiness, continuity, health outcomes and patient satisfaction have improved while unnecessary emergency room usage has decreased. We are also expanding our Marine-Centered Medical Homes (MCMHs) and Fleet-Centered Medical Homes (FCMHs) to enhance access and care for our operational forces. We currently have 23 MCMHs and five FCMHs with efforts under way to expand to additional locations in 2016.

We have an unwavering commitment to patient safety and eliminating iatrogenic harm and while fostering an ethos of trust, reporting and improvement. Our MTF commanding officers know my expectations: Navy Medicine leaders must be directly engaged in creating and sustaining a culture of patient safety at their commands, including conducting weekly leadership rounds, providing formal recognition for speaking up and promoting the ongoing use of TeamSTEPPS™ (Team Strategies and Tools to Enhance Performance and Patient Safety). We continue to see progress in our patient safety efforts and I am pleased that three of our MTFs were recognized by DoD Patient Safety Awards in 2015.

Navy Medicine supports Operational Stress Control (OSC) initiatives and post-traumatic stress disorder (PTSD) prevention and education efforts for both medical and line-led educational and assessment programs. A comprehensive and inclusive approach to building and preserving resilience is fundamental to developing the capacity to cope with challenges and stressors associated with military service. We continue to provide timely and evidenced-based mental health care for our Sailors, Marines and their families. Our psychological health programs support the prevention, diagnosis, mitigation, treatment and rehabilitation of the full spectrum of mental health conditions utilizing the most current DoD and the Department of Veterans Affairs (VA) Clinical Practice Guidelines.

Improving access and reducing stigma associated with reaching out for help remain important priorities. The Behavioral Health Integration Program (BHIP) integrates mental health providers into our primary care settings to identify and manage issues not requiring specialty care as well as facilitate referrals (and smooth handoffs) for more serious conditions. Within operational settings, we continue to embed mental health providers to provide support where and when they are most needed. The Operational Stress Control and Readiness (OSCAR) program provides

mental health expertise directly in USMC units. Similar programs exist on Navy's large afloat platforms as well as Navy and Marine Special Operations units. Embedded mental health providers reduce stigma, increase access to care and help detect operational stress reactions and injuries early before they lead to decreased mission capabilities. These embedded mental health providers are making a real difference where and when it matters and we are working with Fleet Forces Command and USMC to expand this important capability.

Navy Medicine remains committed to supporting the psychological health needs of Navy and Marine Corps reservists and their families. The Navy and Marine Corps Reserve Psychological Health Outreach Program (P-HOP) provided 11,973 outreach contacts to demobilized service members and provided behavioral health screenings to 10,700 reservists in FY2015. The program also provided 440 visits to reserve units and made 702 presentations to 40,648 reservists, family members and commands. Over 1,700 service members and family members participated in 15 Returning Warrior Workshops (RWWs) in FY2015. RWWs assist demobilized service members and families in identifying issues that often arise during post-deployment reintegration.

Navy Medicine has made significant progress in recruiting mental health providers to meet the demand for services. At the end of FY2015, active component (AC) social worker and mental health nurse practitioner communities are fully manned; while the percentages for psychiatrists and clinical psychologists are 94 and 89, respectively.

Suicide is a tragedy that destroys families and impacts our commands. The goal is to reduce suicide risk by equipping Sailors with information, training, tools, practices and policies to be psychologically healthy, resilient and mission ready. We support the Navy's Suicide Prevention Program on multiple fronts, including the in-depth review of Navy suicides. These reviews are

helping to identify those who may be at increased risk of suicide and emphasize the importance of engaged and proactive leadership, particularly when individuals are undergoing personal or professional transitions. We are also working with the Defense Suicide Prevention Office (DSPO) to advance prevention efforts. Throughout Navy Medicine, we recognize the importance of supporting our shipmates and ensuring we focus on every Sailor, every day.

We are continuing our strong focus on management of traumatic brain injuries (TBI) throughout Navy Medicine including standardizing a system of care in our MTFs that includes prevention, education, treatment and tracking of these injuries. These efforts help ensure that care provided at our MTFs is consistent, incorporates best clinical practices and leverages advances realized over the last several years in the treatment of TBI in the deployed setting. We know that 84 percent of TBIs in the military occur in non-deployed settings, highlighting the need for the care and treatment of these injuries in our facilities. In FY2015, we executed \$10.6 million in DHP funding for the care and management of TBI.

Our Intrepid Spirit Concussion Recovery Center is operational onboard Marine Corps Base, Camp Lejeune. Intrepid Spirit is part of the consortium with the National Intrepid Center of Excellence (NICoE) and provides advanced evaluation and care for service members with acute and persistent clinical symptoms following a TBI. The center averages 50 monthly referrals with 12 - 18 new service members in the program per week. Approximately 90 percent of patients are ready to return to full duty after treatment. Another Spirit Center is planned for Naval Hospital Camp Pendleton.

I am pleased with the continued progress of our Navy Medicine's Reintegrate, Educate and Advance Combatants in Healthcare (REACH) Program in helping our recovering service members. REACH provides an opportunity for our wounded warriors to learn and engage in

various health care fields through hands on training at Navy Medicine activities and develop skills and qualifications for health care careers. REACH is currently active at Naval Hospital Jacksonville, Naval Medical Center Portsmouth, Naval Medical Center San Diego, Naval Hospital Camp Lejeune, Naval Hospital Camp Pendleton, Walter Reed National Military Medical Center and Naval Health Clinic Annapolis. To date, there have been over 200 program graduates, with more than half obtaining federal employment in health care or pursuing college education. As the program continues to produce successful outcomes for our recovering service members, we will look to additional expansion opportunities.

DoD, in conjunction with the Services and Uniformed Services University of the Health Sciences, continues to pursue robust research efforts in support of innovative treatment solutions. Our collaborative efforts with leading academic and research centers are vital to these efforts to advance our understanding of TBI and define best practices. Navy Medicine recently established research collaborations with the University of Pittsburgh's world-renowned Sports Concussion program.

The Navy Comprehensive Pain Management Program (NCPMP) is also integrated with MHP in an interdisciplinary approach focusing on prevention, clinic practice guideline compliance, telehealth, and provider and patient education. In FY2015, NCPMP began implementation of the Stepped Care approach to pain management providing a framework to standardize pain patient classification, increase access to subspecialty care, and improve coordination between primary and specialty providers. NCPMP also completed the first year of Project ECHO™, a telemedicine program that uses a secure, internet-based audio-visual network to connect MHP providers with a team of specialists in an educational, mentoring-based model.

Complementary and Alternative Medicine (CAM) modalities are provided throughout the Navy at various MTFs, dependent upon provider training, background, and clinic capacity. The most commonly available therapies to our active duty personnel include acupuncture and chiropractic services. Acupuncture is currently provided in ten MTF-associated clinics and is used to treat chronic pain, migraine headaches, back and neck pain, anxiety, depression, insomnia, auricular pain and a wide variety of other conditions. In FY2016, the NCPMP is scheduled to expand to include full-time licensed acupuncturist positions at four of our MTFs.

Navy Medicine supports an integrated substance abuse strategy, providing access to high quality services for active duty service members and their families across the diagnostic spectrum, including individuals with complex or comorbid conditions. Navy Medicine's Substance Abuse Rehabilitation Program (SARP), with 53 sites, supports the prevention, diagnosis, mitigation, treatment and rehabilitation of substance use disorders and other mental health conditions, using evidence-based care in accordance with DoD/VA Clinical Practice Guidelines. We incorporate the most current, evidence-based treatments and use innovative information technology approaches to continue supporting those in recovery, even after completion of the acute phase of treatment. The Navy MORE (My Ongoing Recovery Experience) program is an online and telephone-based recovery and support program for patients recovering from moderate to severe substance disorder. MORE offers individually tailored patient education and support over a secure web-based system with world-wide access, 24 hours a day, seven days a week. Access is available to all individuals who complete a SARP program. To date, over 14,000 patients have taken advantage of Navy MORE content and support services.

Navy Medicine, along with the Army and Air Force, has a strong commitment to expanding our telehealth capabilities in order to provide care beyond traditional care settings and eliminate treatment barriers of time and distance, maximizing the availability of finite resources.

Telehealth is particularly important to us because our Navy and Marine Corps forces are forward-deployed around the world, aboard ship and ashore. We support the recent ASD (HA) policy change aimed at enabling health care at the patient's location (virtual visits), as well as other priority objectives of remote health monitoring and global expansion of the asynchronous teleconsultation system. These expanded capabilities also support our efforts to recapture workload into our MTFs. Naval Medical Center Portsmouth (NMCP) initiated the Health Experts on-Line Portsmouth (HELP) program, a secure asynchronous service providing a 24-hour subspecialty consultation for providers at CONUS and OCONUS MTFs and afloat commands within the Navy Medicine East area of responsibility. The program connects NMCP specialists and subspecialists with geographically-dispersed providers and supports important clinical consultations. HELP is also providing higher levels of clinical evidence to support decision-making regarding the medevac of patients from both ships and submarines. During its first year, HELP provided support to 585 cases and prevented 39 medevacs – efforts that improved patient care and readiness. Pilot studies are also underway to evaluate use of the system to reduce wait time for specialty consults, increasing availability of rapid intervention.

We are also expanding the successful Telecritical Care Unit (TCCU) program operated by Naval Medical Center San Diego. TCCU now supports critical care consultations at both Naval Hospitals Camp Pendleton and Camp Lejeune. This capability allows Navy high-demand intensive care physicians to consult directly with providers at these facilities to ensure the right

care at the right place at the right time. Split second decisions can be made in caring for our critically ill patients, avoiding transport or exacerbation of deteriorating conditions.

The Department of the Navy (DON) does not tolerate sexual assault and has implemented comprehensive programs that reinforce a culture of prevention, response, and accountability for the safety, dignity, and well-being of Sailors and Marines. Navy Medicine is committed to the success of the sexual assault prevention and response program and to ensuring the availability of sexual assault medical forensic exams at shore and afloat settings. Consistent with the requirements contained in the FY2015 National Defense Authorization Act, section 539, the Services' Medical Departments adopted the Sexual Assault Medicine Forensic Examiner (SAMFE) course as the framework for uniform training and certification for providers of sexual assault patient care. As of December 2015, Navy Medicine has trained 331 providers under this new standard. SAMFE providers are trained and available to ensure timely and appropriate medical care for sexual assault victims at all appropriate military platforms served by Navy Medicine.

We appreciate your continued support of our military construction requirements as we ensure that our patients have access to outstanding facilities in which to seek their care. In September 2015, we opened the new Clinic Annex at Naval Hospital Camp Lejeune. This new 45,000 square foot clinic leverages the latest advances in health care and evidenced-based design to provide a world-class environment. The new clinic delivers pediatrics, dermatology, educational and developmental intervention services and optical fabrication. The pediatric spaces house MHP teams, with 29 exam rooms, two treatments rooms as well as support spaces. The dermatology clinic provides care in six exam rooms, two laser treatment rooms, an ultraviolet

booth treatment room and clinic support spaces. The clinic also includes spaces for a four bed sleep study suite.

Navy Medicine continues to participate in a wide variety of unique collaborations, sharing agreements and partnerships with the VA. This relationship is important as we continue to assess innovative ways to efficiently and cost effectively share services and work together to meet the needs of both beneficiary groups. Our efforts are evident at the Captain James A. Lovell Federal Health Care Center (FHCC) Great Lakes, a joint use facility with the VA and DoD staff working together to support a single, combined mission. Navy Medicine and the VA continue to support this demonstration project and a thorough evaluation is underway by both agencies with the Report to Congress required by the FY2010 National Defense Authorization Act (NDAA) to be submitted later this year.

Navy Medicine continues to support our injured Sailors and Marines through the Integrated Disability Evaluation System (IDES). IDES is a combined DoD/VA program where DoD determines the fitness for continued service, VA provides a proposed disability rating for use by DoD and a VA letter containing a proposed estimate of the amount of VA benefits to which the member may be due. In many cases, VA's decision on a veteran's claim, which is issued after receipt of the veteran's DD-214, reflects the proposed rating. As a result, the service members transition to civilian life with minimal gaps in benefits or health care. Navy Medicine has primary responsibility to oversee and implement the Navy Medical Evaluation Board (MEB) phase which encompasses the first 100 days of the IDES process. In collaboration with our VA counterparts, Navy Medicine has met the 100-day MEB phase goal consecutively the last four years for Navy service members and three years for Marine Corps service members.

In an effort to improve the treatment of Sailors and Marines on limited duty, we conducted a pilot project at Naval Health Clinic Cherry Point. Initiated in June 2015, the pilot provides for a multi-disciplinary team evaluation for every limited duty case each month. This quality assurance review confirms we have the correct diagnosis, an appropriate treatment plan, an aggressive and timely decision regarding return to duty, or referral to the Disability Evaluation System. Preliminary results during this period are promising. With an average of 300 service members on limited duty, 57 service members were either returned to duty or referred to IDES prior to six months, avoiding a potential additional 147 cumulative months on limited duty. The pilot project will be expanded to additional sites in FY2016 to include Naval Hospital Twenty-nine Palms, Naval Hospital Oak Harbor, Naval Health Clinic Quantico, and Naval Health Clinic Patuxent River.

The contract for the modernization of the electronic health record (EHR) was awarded by DoD in July 2015 and it will have a transformational impact on military medicine. This new EHR will be used in our MTFs and operational environments, onboard our vessels and in the field with Marine forces. It will reduce variation while providing a single platform to access accurate health care data worldwide. The Services, in conjunction with DHA, are fully engaged in the joint implementation efforts to assure the needs of the functional community are well defined and met in this acquisition led by the Program Executive Office (PEO) within Under Secretary of Defense (Acquisition, Technology and Logistics). Navy Medicine Initial Operating Capability (IOC) sites include: Naval Hospitals Bremerton and Oak Harbor and Naval Branch Health Clinics Bangor and Everett. Deployment to these facilities will begin by the end of calendar year 2016.

The health of the force, their families, and all those we serve remains our priority. This

commitment is not volume-based or supply-driven. It's a patient-centered and readiness-focused strategy to help ensure that our service members and their families get the care they need, when they need it, and in the venue most appropriate and convenient to get and keep them healthy. I continue to reinforce this point within Navy Medicine: In order to be the provider of choice for our beneficiaries and provide that strong clinical experience to prepare our staff for the next deployment, we must use every opportunity to enhance patient experience and breakdown any barriers to convenient, patient-centered care. We do that best when they are enrolled to us and we have both the visibility and responsibility for their care in our facilities.

### **A Mission-Ready Team**

I am proud of our Navy Medicine team – our active and reserve personnel, our Navy civilians and their families – whose work is vital to our mission. Whether serving with the operating forces, delivering care in our CONUS or OCONUS MTFs, conducting research, providing training or supporting important mission-specific activities, Navy Medicine personnel are serving with pride and demonstrating Navy Core Values of honor, courage and commitment around the world. We are committed to recruiting, training and retaining a talented and diverse workforce.

Active component (AC) and reserve component (RC) recruiting and retention remains a top priority. It is our pipeline to ensure we are mission-ready. In FY2015, Navy Recruiting attained 100 percent of AC medical department officer goal. Through concerted recruiting and retention initiatives, we reached 100 percent overall AC officer manning. However, we are continuing to monitor some specialty shortfalls including general surgery, oral maxillofacial surgery and critical care nursing.

At end of FY2015 our overall RC officer manning is 95 percent, with Navy Recruiting

attaining 78 percent of the officer recruiting goal. RC Medical Corps recruiting consistently continues to be a challenge, with manning at 83 percent and persistent shortfalls in the specialties of anesthesiology, orthopedic surgery and general surgery. The Nurse Corps is manned at 97 percent while the Dental Corps and Medical Service Corps are fully manned. Higher AC retention has resulted in a smaller pool of medical professionals leaving active duty, thereby contributing to the need for greater reliance on the Direct Commission Officer pathway as a means to increase RC medical personnel assets. We continue to work hand in hand with Navy Recruiting Command and the Navy Reserve Force to implement important recruiting and retention incentives, as well as exploring other opportunities to recruit RC medical personnel.

Navy attained 100 percent of the FY2015 recruiting goal for both the AC and RC Hospital Corps. While overall manning for both components is healthy, we continue to monitor AC Fleet Marine Force Reconnaissance Corpsman specialty shortages primarily due to billet growth driven by Special Operations requirements and training constraints.

I am grateful for your support of accession and retention incentives which have enabled us to realize manning improvements over the last several years. Continued funding has supported these gains and remain critical for the success of AC and RC recruiting and retention. Our efforts are also important as we work to meet our increased Navy Medicine manpower requirements in support of the Marine Corps.

Throughout our system, our federal civilian workforce provide patient care and deliver important services in our MTFs, research commands, and support activities as well as serve as experienced educators and mentors, particularly for our junior military personnel. They provide stability and continuity within our system, particularly as their uniformed colleagues deploy, change duty stations or transition from the military. We continue to emphasize the importance of

attracting and retaining talented civilian personnel within Navy Medicine and use the authorities available to us to meet our requirements.

### **Excellence in Medical Education**

The Naval Medicine Education and Training Command (NMETC) leads our important education and training efforts along with its subordinate commands: Navy Medical Operational Support Center (NMOTC); Navy Medical Professional Development Center (NMPDC); and Navy Medical Training Support Center (NMTSC). Their collective efforts support the full spectrum of relevant and responsive military training and medical education that directly support our readiness and professional development. Our goal is to apply cost-effective learning solutions, fully leveraging partnerships and joint initiatives.

We ask a lot of our hospital corpsmen and it is critical that their training prepare them for their demanding responsibilities. I recently traveled to the Medical Education Training Campus (METC) onboard Joint Base San Antonio-Fort Sam Houston to see firsthand our corpsmen training alongside their Army and Air Force counterparts. The METC is a state-of-the-art center delivering basic and advanced medical education and providing unmatched opportunities for collaboration in a joint training environment. In FY2015, we had over 3,500 Sailors train as hospital corpsmen with another 1,400 trained in advanced technician programs. I am also pleased that 29 Navy Medicine METC instructors obtained either their associate or bachelor degrees and 89 qualified as Master Training Specialists.

Navy is participating in the Uniformed Services University of the Health Sciences Enlisted to Medical Degree Program (EMPD2). The program provides an opportunity for our highly-motivated, academically promising service members to obtain a medical degree. EMPD2 consists of intensive coursework, preparation and mentoring to prepare students for application

to medical school. Upon completion of the 24 month advanced educational program, successful students will be competitive for acceptance to medical school. The first Marine cohort of two students is currently excelling in their first year of the program. Our first Navy cohort will begin their studies later this year.

The Navy Trauma Training Center (NTTC) is an important program to help our personnel hone and sustain their combat trauma skills. NTTC operates at the Los Angeles County + University of Southern California Medical Center (LAC+USC), a renowned Level 1 trauma center. Our medical personnel participate in 21-day course in operational combat casualty care using traditional didactics, team building, battlefield trauma resuscitation and hands-on patient care at LAC+USC. NTCC hosts 11 iterations per year with 24 rotators per course. Since the program's inception in 2002, we have trained approximately 2,900 medical department personnel.

Navy graduate medical education (GME) is critical to our mission of maintaining a tactically proficient and combat-ready medical force – a force of fully trained, clinically competent physicians who are ready to deploy wherever needed. Their training, and the care they provide in our teaching facilities, directly supports our readiness. Strong GME is the hallmark of Navy Medicine and our performance continues to demonstrate the quality of our programs. Our three year average first time board certification pass rate for Navy trainees is 93 percent, exceeding the national average of 88 percent. Our overall pass rates meet or exceed the national average in virtually all primary specialties and fellowships. Our Navy-trained Medical Corps officers are exceptionally well-prepared to provide care to all members of the military family, and in all operational settings and through all echelons of care – from the battlefield to the bedside at our MTFs.

Military GME is critical since we recognize that the civilian sector does not have the capacity to provide the residencies needed to maintain our medical specialty requirements. In addition, advanced training is essential to the recruitment and retention of medical specialists. Navy Medicine works to ensure that our GME training pipeline is adequate to meet our current and projected requirements, including having qualified candidates for all our programs. Specialties that we continue to monitor closely include: general surgery, family medicine, psychiatry and aerospace medicine. Our Dental Corps, Medical Service Corps and Nurse Corps officers also participate in their respective graduate dental and health education program designed to support specialty requirements.

#### **Navy Medicine Research and Development: Countering Threats of Tomorrow**

Navy Medicine maintains an important global research and development (R&D) program. Led by the Naval Medical Research Center (NMRC), this eight laboratory, four continent enterprise runs numerous joint Service initiatives and executes a well-established cooperative infrastructure working with universities, industry and, in countries around the world to improve health and advance science. The mission is focused on biomedical research supporting the warfighter and ongoing research and development ensures service members' health is better protected, operational tempo is more effectively maintained and rehabilitation of the ill and injured is continuously improved. NMRC and the seven subordinate laboratories collectively form a Navy Medical R&D enterprise that is the Navy's and Marine Corps' premier biomedical research, surveillance/response, and public health capacity-building organization.

Our research remains operationally focused with important priorities including: traumatic brain injury and psychological health; medical systems support for maritime and expeditionary operations; wound management throughout the continuum of care; hearing restoration and

protection; undersea and aerospace medicine; and endemic, emerging and deliberate infectious diseases prevention, detection and response. These efforts fully support our readiness by developing R&D products that preserve, protect, treat, or enhance the health and performance of Navy and Marine Corps personnel.

The diverse capabilities and geographical distribution of the eight laboratories reflect the broad mission and vision of this enterprise. On any given day, researchers at the OCONUS labs may be working with host national government collaborators to assess the threat of emerging infectious diseases. CONUS laboratory researchers may be evaluating methods to mitigate the effects of stressful physiological or psychological environments on human health and performance. Other investigators may be conducting human or animal trials for experimental vaccines, molecular determinants of wound healing, or regenerative medicine procedures. The work is operationally focused and highly regarded throughout the US and international scientific community.

Navy Medicine R&D is actively engaged in global health security efforts including a focus on mitigating the spread of antimicrobial resistance and emerging and re-emerging infectious diseases. Our labs work with partners around the world to enhance detection of emerging disease threats and bio-surveillance capabilities, to improve reporting systems and to build host-country response capacity.

The Navy Malaria Program, headquartered at the NMRC, collaborates with the Walter Reed Army Institute of Research (WRAIR), the DoD OCONUS medical research laboratories, as well as government, academia, private foundations and biotechnology partners to develop a malaria vaccine to prevent malaria morbidity and mortality in military personnel and in vulnerable populations worldwide. NMRC is collaborating with a biotechnology partner and the WRAIR to

design and conduct FDA-regulated clinical trials of a highly promising malaria vaccine that consists of a weakened form of the *Plasmodium falciparum* malaria parasite. This vaccine is easily administered, well-tolerated, and shown to provide high protective efficacy against infection with the parent malaria strain from which the vaccine was derived. The vaccine also protected against infection with a genetically unrelated malaria strain. This year the NMRC will conduct a follow-on clinical trial with this vaccine to evaluate an improved dosing regimen designed to induce the high levels of long-lasting, broad protection that are required for a malaria vaccine to protect deployed military personnel.

The NMRC Malaria Department also maintains a state-of-the-art discovery research program focused on identifying unique proteins on the malaria parasite that can be used to develop next generation malaria vaccines. The Malaria Department's concept development program uses animal models and transgenic malaria parasites to evaluate new malaria vaccine candidates and improved vaccine formulations before moving them to human clinical trials. They recently completed the initial phase of a Bill and Melinda Gates Foundation-supported clinical trial designed to determine the specific human immune responses involved in generating protection against malaria infection. Analysis of the data generated by this clinical trial is due in the coming year and will help guide the development of more efficacious malaria vaccines.

Collaborative efforts are important to sustaining our research efforts. During FY2015, our labs executed 95 Cooperative Research and Development Agreements (CRADAs) and had a total of 215 active CRADAs delivering over \$15 million in research funding. In addition, we have 91 active formal agreements with other governmental agencies.

Navy Medicine also has active Clinical Investigations Programs (CIPs) in place at our teaching MTFs to support our post-graduate health care training programs. These investigations,

in addition to satisfying program accreditation requirements, also support the need to develop new knowledge and advanced interventions to better treat service members with combat injuries, to prevent training injuries and to provide better care beneficiaries. In FY2015, our programs received an additional \$4.72 million in external grants for clinical research, an increase of 18 percent over the prior year. Navy MTFs conducted a total of 510 clinical research projects resulting in 373 publications in high-impact, peer-reviewed medical and scientific journals and 907 presentations at both national and international scientific meetings.

### **Our Way Forward**

Our Sailors and Marines know that military service can be professionally rewarding, physically demanding, and potentially dangerous. They and their families expect us to protect their health, prevent injury and disease as best we can, and heal them when they're wounded or injured. Equally important, they want that same support for their families by having access to high quality health care when they are deployed and at home. In addition, our retirees and their families, through service and sacrifice, have earned a health care benefit that is both comprehensive and affordable. A strong and vibrant direct care system allows us to do those things while providing that exceptional clinical experience for our staff, from sickbay to medical center, augmented by vibrant R&D and top quality education and training so that we can ensure we will have done all we can to save lives on the battlefield and return home safely America's sons and daughters.

Moving forward, all of us recognize the formidable work ahead during these transformation times. We must sustain the gains we made over the last decade and a half in delivering unmatched combat casualty care, and redouble our efforts to provide high quality, accessible and

convenient care to our patients. I believe that the special fidelity we share with our patients makes us well positioned to meet these challenges.