STATEMENT BY

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WALTER REED NATIONAL MILITARY MEDICAL CENTER

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HOUSE COMMITTEE ON APPROPRIATIONS

Chairman Heck, Ranking Member Davis, and distinguished members of the committee, thank you for the opportunity to discuss what we at the Walter Reed National Military Medical Center (WRNMMC) do to ensure sustainment of the trauma, critical care, and rehabilitation capabilities developed over the past 14 years, while maintaining the commitment of timely access to the best healthcare our Nation offers to our service members, retirees, their families and eligible veterans.

I am the current Chief of Staff at WRNMMC and, until this past Monday, I also served as the Interim Director. Our joint team, composed of Army, Navy, Air Force, Public Health Service, civilian and contractor healthcare professionals, is committed to providing an extraordinary patient experience, and ensuring that our staff are ready to support our combatant commanders anywhere and anytime.

Walter Reed is unique within the Military Health System. It is where our Nation heals its heroes. While the medical evacuation rate from theaters around the world to Walter Reed is currently equivalent to that experienced from 2001-2003, prior to Operation Iraqi Freedom, the number of wounded, iIl, and injured service members on our campus has remained steady for the past 3 years. Two years ago, 68% of these patients had combat related injuries compared to 42% today. Because of our recognized expertise in a number of areas, we are seeing increasing numbers of service members with cancer, injuries from motor vehicle and motorcycle accidents, and traumatic brain injury from training accidents. This allows us to apply what we have learned from these last 14 years of combat and to improve treatment with ongoing innovative approaches.

Like the other facilities represented here today, Walter Reed's first mission is to ensure our providers, nurses, allied health professionals, medics and corpsmen are trained and ready to provide world-class healthcare to Soldiers, Sailors, Marines, and Airmen on the battlefield or in garrison. Our military medical staff deploy around the world in support of a wide-variety of contingency missions – from combat missions in Afghanistan to Ebola relief in West Africa to Global Health Engagement aboard the USNS Comfort. In these environments, they use the experience and skills they have perfected caring for service members, families, retirees, and veterans back in Bethesda.

Maintaining a ready medical force requires a system of care that allows the entire team – physicians, nursing, anesthesia, respiratory therapy, laboratory, and radiology – to exercise skills in caring for critically ill and injured patients. While there is no substitute for the extreme, penetrating trauma seen in combat, treating critically ill patients with time-sensitive diagnoses such as stroke, heart attacks, and motor vehicle accidents allows the entire care team to hone their skills.

Within the National Capital Region Medical Directorate, we believe we owe the Army, Navy, and Air Force trained and proficient medical professionals who leave us better prepared for their next assignment. Accordingly, we are working with the Services, Uniformed Services University of Health Services (USUHS), and professional societies like the American College of Surgeons to develop core competencies required for our entire healthcare teams. The Air Force has recognized the skill development and sustainment value by committing more than 40 critical care nurses to staff our Intensive Care Units. These nurses develop and advance the skills they need to care for patients as members of Critical Care Aeromedical Evacuation Teams.

In addition, our educational mission is another important aspect of what we do at Walter Reed to grow the military medical team of the future. Walter Reed and the National Capital Consortium operate more than 68 training programs with over 700 students across the National Capitol Region. Nearly one-third of physicians in the Military Health System train at Walter Reed. The core strength of these training programs is the experience of the faculty and the diverse, complex patient base provided by our families, retirees, and veterans. Further enhancing our training experience is the strong partnership we have with the USUHS, the National Cancer Institute (NCI) and the National Institutes of Health (NIH) which I will discuss later in this statement. The outcome of these educational efforts is reflected in the overall first-time board certification pass rate of 95% for our residency program graduates compared to 87% nationally.

PARTNERSHIPS TO ENHANCE READINESS

Walter Reed is truly a national asset and home to several centers that are recognized nationally and internationally for their innovations and advances in their field. The Military Advanced Training Center (MATC) is our Nation's premier rehabilitation center for amputees. The MATC continues to advance the development of prosthetics and rehabilitation techniques by treating patients wounded in combat, stricken with cancer, injured in accidents, and even victims of the Boston Marathon bombing. We share the advances and improvements collaboratively with the Center for the Intrepid in San Antonio along with NIH, VA, and industry.

The John P. Murtha Cancer Center continues to enhance its national reputation through an innovative partnership – the Tri-Federal Cancer Initiative – with the NCI and

USUHS. This initiative allows Walter Reed and the NCI to exchange patients to provide care not available at the treating hospital. As part of this initiative, the Secretary of Defense has delegated Secretarial Designee authority for up to 100 NCI patients a year to the Walter Reed Commander.

The first patient to benefit from this partnership was a 17-year old who had a hip disarticulation to treat his bone cancer. That patient received his rehabilitative care at the MATC. Another patient was a 16-year old girl at risk of losing her eyesight from a tumor. Walter Reed surgeons performed sight-saving surgery and returned the patient to NCI for her cancer care. Our patients also benefit from this partnership, for example they can more easily access the clinical trials conducted at NIH. Recently, an Active Duty patient was diagnosed with a rare blood cancer at Walter Reed. Within 24 hours of diagnosis, the patient was moved to NIH and enrolled in the only clinical trial in the country for his type of cancer.

Last year, the National Intrepid Center of Excellence (NICoE) was integrated into Walter Reed. This allowed us to integrate three separate TBI-related programs, as well as our research and treatment programs while continuing to partner with the NICoE satellites located at selected military treatment facilities around the country. In addition, Walter Reed created an inpatient treatment unit for patients with moderate to severe TBI. These patients are either too severely injured to benefit from the NICoE's outpatient programs or have not responded to intensive outpatient care. Initially opened as a 6-bed unit, we will expand this capability to 10 beds this year.

Over the past 18 months, we have reached out to the Department of Veterans Affairs to improve access to care for our veterans across the National Capitol Region

and across the country. Since 2012, we have more than doubled the number of veterans admitted to our inpatient wards and increased outpatient encounters by 272%. Our vascular surgeons travel to the Martinsburg's VA hospital to operate and the Baltimore VA increasingly refers patients to our Transplant service. Our veterans are some of the most complex patients we care for and often require the same critical care as wounded service members evacuated from the battlefield.

In November, Walter Reed became the first federal facility on the East coast to performing transcutaneous aortic valve replacements. This procedure is reserved for the sickest of patients who are not candidates for a traditional, open heart procedure. These complex patients are another example of how we can expand our critical care services to sustain our skills while implementing life-saving procedures for patients who would otherwise have little hope of surviving their disease or injury.

Lastly, the Ebola outbreak in West Africa last year expanded our relationship with NIH. As a result of this outbreak, WRNMMC maintains an Enhanced Precautions Unit as a DOD infectious disease asset creating expansion capability for beneficiaries in case of an Ebola or other infectious disease outbreak in the United States. We patterned our unit, equipment, and procedures after those used at the NIH Clinical Center. We have continued to expand our relationship with NIH in this area to facilitate the sharing of staff, if necessary, in a future crisis.

IMPROVING THE PATIENT EXPERIENCE

Walter Reed is the tertiary care medical center within the National Capital Region Medical Directorate (NCRMD). Unlike the other enhanced multi-service markets, the NCRMD is subordinate to the Defense Health Agency, which exercises operational

control of both WRNMMC and the Fort Belvoir Community Hospital. Within the NCR market, we are improving the patient experience by increasing services, moving care closer to the patient, and more efficiently managing shared functions like appointing and referral management. In particular, we make specialty care more convenient and accessible for the patients in the NCRMD. For example, WRNMMC specialty providers routinely see patients and operate in the NCR's smaller facilities. We have placed full-time providers in gastroenterology and podiatry at Ft Meade, MD, and Ft Belvoir, VA. We have hired 11 physical therapists to improve access to those services across the region. Today, we defend staffing not by the workload performed at the Bethesda campus, but based on what the region requires.

We are consolidating appointing and referral management functions for the entire market at one Referral Management and Appointing Center. By the end of FY16, all patients will be able to call one number in the NCRMD for appointments at any facility. And no patient will experience delays in care waiting for an overworked physician to review a specialty consult. Using a trained team of nurses with referral guidelines, we are centrally reviewing consults for care and proactively appointing the patient. The key to these improvements is strong leadership in each of our product lines and a central focus on putting the patient at the center of all we do.

DEVELOPING AN ACADEMIC HEALTH SYSTEM

An emerging model in academic medicine today is the Academic Health System (AHS). An AHS is an integrated delivery system with a broad regional presence and clinical services that are aligned across the continuum of care. An AHS generally includes an integrated delivery system, a medical school, and at least one other health

professions school with a mission to improve the health and well-being in their communities by: (1) educating and training the next generation of health professionals; (2) conducting biomedical, translational, and clinical research; and (3) providing the highest quality comprehensive primary and advanced specialty care. Examples of such systems are Emory Healthcare, UCLA Health, University of Pittsburgh Medical Center, and Vanderbilt University Medical Center.

WRNMMC and USU are working together to create our own unique equivalent of an AHS that will ensure an extraordinary patient experience and a superb academic experience for our residents, medical and nursing students. We are integrating the clinical and academic department chairs when it makes sense to provide unified leadership. The goals are to increase the clinical productivity of USU faculty, engage all WRNMMC staff in teaching of students, and create synergy and efficiencies within our research programs. For example, WRNMMC oncologists are leveraging USU's genetic sequence research program to sequence the genetic make-up of cancer tumors of our patients in the same manner commonly done at cancer centers like Sloan-Kettering or M.D. Anderson.

We are also expanding our AHS model to include our relationship with NIH for both research opportunities and additional training. The addition of the NIH will encourage faculty and staff from each entity to conduct joint research initiatives. For example, we have begun offering research grants for proposals with principle investigators from each entity. We have also published a consolidated list of research proposals under way at each institution. These actions expand collaborative research opportunities among all three institutions. Lastly, we routinely host NIH Fellows at

WRNMMC to further expand their educational opportunities and to expose our own students, residents and staff to new ideas and clinical collaborations.

All of these activities and relationships are designed to enhance the readiness of our military medical force while ensuring timely access to the best healthcare our Nation has to offer. Our military treatment facilities, like WRNMMC, generate the ready medical forces needed to continue the phenomenal success we have realized over the past 14 years at the point of injury, through improved care by medics and corpsmen to far forward surgical care, advanced critical care aeromedical evacuation, to our unique health campus where the most severely ill and injured come for definitive care and rehabilitation. We are a fully integrated system committed to continuously improving our system of care and meeting our military mission.

Thank you for the opportunity to speak with you today. I look forward to answering your questions.