



Army Col. Van Coots, commander of the Walter Reed Health Care System, presents the National Naval Medical Center/Walter Reed Army Medical Center Outstanding Intern Award to Navy Lt. Joseph Lopriato during the joint graduation for Graduate Medical Education programs at Walter Reed Army Medical Center, National Naval Medical Center, National Capital Consortium and Uniformed Services University of the Health Sciences, June 17 at WRAMC. (Photo by Bernard S. Little)



## Walter Reed and National Naval Medical Center graduates 287 medical students

Army Col. Gregory Argyros, director, research and training division, JTF CapMed

Walter Reed Army Medical Center hosted its last joint graduation June 17 on the parade grounds in front of the Heaton Pavilion.

Nearly 300 interns, residents and fellows from various health care concentrations and specialties who taught, practiced and trained at WRAMC, National Naval Medical Center, the National Capital Consortium and Uniformed Services University of the Health Care Sciences were honored during the graduation.

Surgeon General and Commander of the U.S. Army Medical Command Army Lt. Gen.

Eric B. Schoomaker gave the graduation address. Schoomaker said it is humbling to be the last speaker for the joint graduation hosted by WRAMC at one of "the most iconic and revered institutions of military medicine."

"The best doctors in America are in the uniformed Services. Each graduate here today will join the best trained, highest quality and most respected medical, dental, nursing and allied health professional in the United States and the world," added Schoomaker.

In the National Capital Region, there are currently 63 Graduate Medical Education programs with more than

700 GME trainees. The NCC was established in 1995 to provide administrative oversight for all the GME programs in the region and when the WRAMC and NNMC Internal Medicine Residency programs integrate on July 1, all training programs in the NCR will be fully integrated.

Today, the NCC educates a significant number of the military's physicians, dentists and other health care professionals who care for Soldiers, Sailors, Airmen and Marines of all ages and their families. Forty-six percent of all Army GME programs and 34 percent of all Navy GME programs are

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**Did you know?**

**800K**

approximate number of phone calls the IRMAC call center will process per year

**500K**

approximate number of referrals the IRMAC call center will process per year

**500K**

approximate number of beneficiaries who will be served by the IRMAC call center per year

**New!**

Transition toolkits for employees moving from WRAMC to WRNMMC are now available at [capmed.mil/toolkits](http://capmed.mil/toolkits)

# The NCR's new centralized appointing and referral management service

James Michel, health care operations, JTF CapMed

Patient-centered service and provider-friendly convenience are the driving principles behind establishing the Integrated Referral Management and Appointing Center, the National Capital Region's new centralized appointing and referral management service for patients and providers. As the first of its kind in military health care, the IRMAC will consolidate and collocate many of the business functions that previously were segregated amongst the facilities to promote more consistent and cohesive processes. While the system plans to realize various efficiencies by adopting a centralized model, patients and providers should not expect to see many differences in the way they currently make appointments or access specialty care.

"What they will notice is a notable increase in the level of service and ease of access in making appointments," says Army Col. Arthur de Lorimier, Joint Task Force National Capital Region Medical's action officer charged with standing up the IRMAC who will eventually become the center's director.

"By utilizing health care services throughout the region, patients and providers will have even more options than before to make an appointment or access a referral to specialty care," added de Lorimier.

One option is proactive booking, a service where call agents make outgoing calls to referred patients to book appointments, rather than relying on the patient to call. A common complaint among patients is that they often have to wait on hold or dial through confusing call options in order to reach an agent and make an appointment. Not only will proactive booking decrease these inconveniences, it also allows those patients to avoid calling into the center, reducing hold times for those that do call the center directly. To augment the proactive booking process, the IRMAC plans to offer appointment requests through a centralized, public-facing website.

"Patients will be able to submit a request for an appointment online that will include a preferred time and phone number to be called, and our agents will call them back,"

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## Civilian Personnel – CHR Council Live!

Debra J. Edmond, special assistant for civilian human resources, JTF CapMed

If you have not been attending Joint Task Force National Capital Region Medical's monthly "CHR Council Live!" sessions, June is a great time to start. The June presentations feature a briefing by Stephanie Rainey, the Director of the future JTF CapMed Civilian Human Resources Center, on a number of the automated tools that will be available for managers and employees after the transition. Staff

who are heading to Fort Belvoir in August may also want to attend the noon session at Walter Reed Army Medical Center's Joel Auditorium on June 28. This session will include a "return by popular demand" presentation by the Fort Belvoir leadership team and installation representatives. For WRAMC personnel heading to Bethesda in August, the Council will be scheduling

a return engagement by future Walter Reed National Military Medical Center leadership and detailed information on transportation and installation amenities by the Naval Support Activity team.

Please take time to visit [capmed.mil](http://capmed.mil) under Civilian Personnel briefings section for details on past and future presentations.





**JTF CapMed**

The Joint Task Force National Capital Region Medical is a fully functional Standing Joint Task Force reporting directly to the Secretary of Defense through the Deputy Secretary of Defense. The JTF CapMed was charged with leading the way for the effective and efficient realignment and enhancement of military health care in the National Capital Region.

**Navy Vice Adm. John Mateczun, M.D.**  
commander

**Army Brig. Gen. Steve Jones, M.D.**  
deputy commander

**Army Command Sgt. Maj. Donna Brock**  
senior enlisted leader

**Christine Bruzek-Kohler, Ed.D.**  
executive director,  
health care operations

**Scott Wardell**  
executive director,  
administrative operations

**Nancy Popejoy**  
director, communications

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**Be Ready Now: Strengthening the civil-military relationship in the NCR**

Breanna Hockenbury, strategic communications, JTF CapMed

One of the five missions assigned to Joint Task Force National Capital Region Medical by the Deputy Secretary of Defense is to “develop and maintain interagency and private partnerships.” Since 2007, JTF CapMed has planned and executed over 200 interagency activities with federal, state, local and private industry partners. “JTF CapMed’s main mission focus is the BRAC transition – pure and simple,” says Army Col. Paul Duray, director of current operations. “But our mission authorities have allowed us to do some of the things expected of a Joint Task Force headquarters. Civilian partners see the advantage of a single point of contact in the NCR for Department of Defense health service support and have responded accordingly.”

The JTF CapMed has relationships and communicates regularly with many interagency and private partners including the departments of Veterans Affairs and Health and Human Services, U.S. Capitol Police, Md. Institute of Emergency Medical Services System, Northern Va. Hospital Alliance, DC Department of

Health and various fire and EMS departments. Engaging in interagency and private partnerships in the NCR helps JTF CapMed coordinate activities that complement the JTF CapMed’s transition, integration, transformation and sustainment goals. Partnering activities have ranged from large-scale national events like the U.S. Presidential Inauguration and Nuclear Security Summit to CAPITAL SHIELD, the mass casualty response exercise that involved the ground, air and water-borne evacuations of 686 patients to 27 civilian hospitals.

Through partnerships and interagency activities, JTF CapMed has strengthened the relationship between military and civilian entities, developing a unified medical operating picture in the region. For many years Md., DC and Northern Va. have worked towards a single, real-time situational awareness platform – an effort unique to this region and “JTF CapMed arrived in the middle of that effort,” says Duray. “We’re now on the cusp of acquiring this capability ourselves to help unite the civil-military effort.”

Army Col. Paul Duray and Gene Smallwood, JTF CapMed, contributed to this article.

**Be Ready Now:**

A scene from CAPITAL SHIELD, a Defense Support of Civil Authorities exercise where “wounded” soldiers are transported to a nearby Medical Treatment Facility. (Photo courtesy of Combat Camera)



**IRMAC con't from page 2**

added de Lorimier.

Providers will also see improved service from the integration of referral management functions. Clear and Legible Reports, clinical reports in the patient's medical record that are received from civilian providers, will be managed and tracked centrally from within the IRMAC. "We have a dedicated team whose sole responsibility is to track down these reports, put them into the medical record, and notify physicians that they are ready," explained de Lorimier.

The CLR team, in the first step to standing up the IRMAC, became functional on April 7 of this year, and actively tracks and posts more than 1,000 reports per week.

**Commander's Corner by Navy Vice Adm. John Mateczun, M.D.**



Navy Vice Adm. John Mateczun, M.D., commander, JTF CapMed

On July 2, 1776, Virginia's Second Continental Congress delegate Richard Henry Lee's resolution declaring the 13 colonies' independence was adopted by Congress. After the vote, John Adams wrote to his wife, Abigail, "The second day of July 1776 will be the most memorable epoch in the history of America. I am apt to believe that it will be celebrated, by succeeding generations, as the great anniversary festival. It ought to be solemnized with pomp and parade, with shows, games, sports, guns, bells, bonfires and illuminations from one end of this continent to the other, from this time forward forever more." Adams was off by two days in his prediction of the celebrated day. Congress approved the concept of independence on July 2, but the actual Declaration of Independence as composed by Thomas Jefferson was approved by the Congress and published on July 4, establishing this as the celebrated date. Presidents Adams and Jefferson both died on July 4, 1826, the 50th anniversary of the adoption of the Declaration of Independence.

Everyday brave men and women of our Armed Forces from every State in the Union preserve and protect the liberty and freedom that our founding fathers foresaw. Being part of history can be risky, challenging and rewarding. This September our National Capital Region Medical team will make history when we close Walter Reed Army Medical Center and establish Walter Reed National Military Medical Center and Fort Belvoir Community Hospital. These two new Joint medical facilities will provide care for our Nation's Warriors and their Families for the rest of this century. As your Commander, I am proud of all that you are doing to prepare for this epochal event and know you will do everything possible to make the transition a success. I wish you and your families a happy and safe Fourth of July.

**Walter Reed and National Naval Medical Center graduation con't from page 1**

based in the NCR. These programs include 28 percent of all Army and 23 percent of all Navy GME trainees. There are many GME programs in the NCR that do not exist anywhere else in the Department of Defense.

The GME is the center of gravity for the military treatment facilities in the NCR and, based on metrics such as accreditation status and first time board certification examination pass rate, these programs are among the nation's finest for decades. The majority of these training programs are accredited by the Accreditation Council for Graduate Medical Education's Residency Review Committees. Maximum accreditation of programs is typically for five years and the average accreditation cycle length for NCC programs is 4.4 years. First time board certification examination pass rate for graduates of the NCC GME programs approaches 95 percent which is well above the national average.

Having high quality GME programs is dependent on three factors: sufficient number of patients with variety/mix of diseases; sufficient number and quality of GME trainees; and sufficient number of GME faculty with the proper skill

set for teaching and preparing future providers and leaders of military health care. A dedicated cadre of GME leaders and program directors tirelessly work to address challenges that impact each of these factors.

In the future, GME programs will utilize platforms at the WRNMMC, FBCH and at multiple civilian sites to meet their training needs and maintain their tradition of excellence.

Bernard Little, WRAMC, contributed to this article.

Army Surgeon General and Commander of the U.S. Army Medical Command Lt. Gen. Eric B. Schoomaker speaks at the joint graduation for Graduate Medical Education programs at Walter Reed Army Medical Center, National Naval Medical Center, National Capital Consortium and Uniform Services University of the Health Sciences, June 17 at WRAMC. (Photo by Bernard S. Little)



# The future of Wounded, Ill and Injured Warrior and Family care in the National Capital Region

Damara Cockfield, wounded warrior division, JTF CapMed

Since 2010, Service Wounded, Ill and Injured Warrior Program Leadership, Military Treatment Facility Commanders and Joint Task Force National Capital Region Medical have met extensively to develop the strategic and tactical plans for future Warrior and Family care and support services in the National Capital Region. The underlying goal driving various wargames and meetings is developing an integrated health care delivery system within the NCR that will meet the holistic needs – physical, mental and spiritual – of Warriors and Families.

Army Brig. Gen. Stephen L. Jones, deputy commander, JTF CapMed, distributed the *Integrated Wounded, Ill and Injured Warrior Care Strategic/Tactical Plan*, one product of the wargames and meetings, to Service, MTF, and Installation/Base leadership and key stakeholders on June 3. This living document provides high-level guidance for integrated Warrior and Family care and support services, specifically focusing on what must occur in order for the NCR medical Base Realignment and Closure, or BRAC, transition to succeed.

The plan outlines the mission of the premier integrated health care delivery system of Warrior care and coordinated support services in the NCR and includes:

- Delivering comprehensive casualty care to WII Airmen, Coast Guardsmen, Marines, Sailors and Soldiers within a framework of patient/family-centered care
- Providing patient/family-centered clinical care, rehabilitation and recovery
- Returning the Warrior to the force or to transition to civilian life

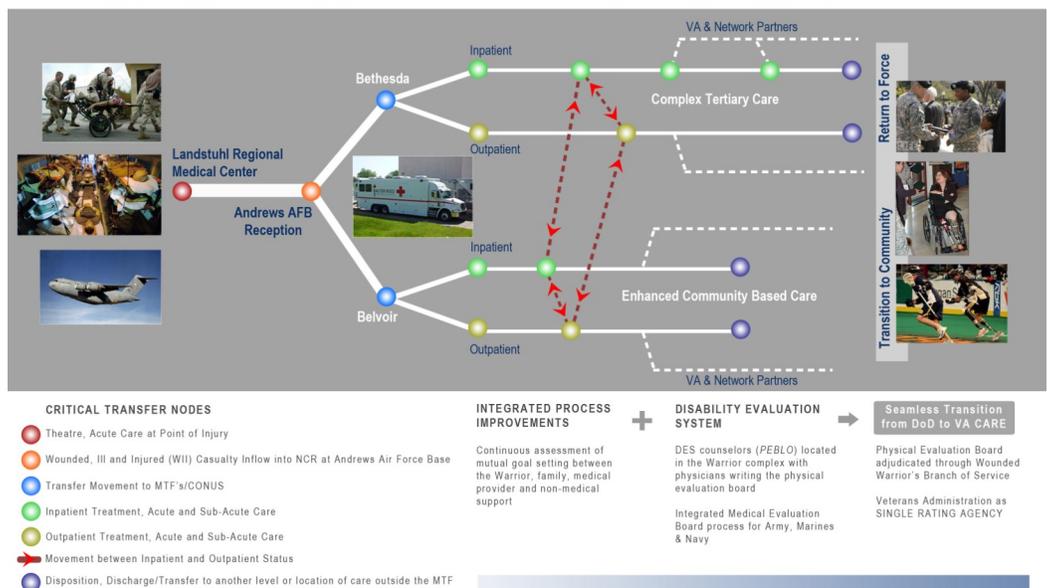
- Providing a framework to align and coordinate Service-specific functions in the NCR in order to achieve capabilities and levels of interoperability at Walter Reed National Military Medical Center and Fort Belvoir Community Hospital

Related to that, seven critical patient transfer nodes have been identified along the continuum of care, and the delineation of key support services to best support the Warrior and Family have been extensively vetted and detailed.

- Node 1: Departure from Landstuhl Regional Medical Center
- Node 2: Reception at Joint Base Andrews
- Node 3: Reception at MTFs
- Node 4: Inpatient
- Node 5: Inpatient to Outpatient
- Node 6: Outpatient
- Node 7: Transition from MTF

Ultimately, successful Warrior and Family care and support depends on close coordination and collaboration between the Naval Support Activity-Bethesda Base / Fort Belvoir Base Installation, Military Treatment Facilities (WRNMMC and FBCH), and the Services.

**Wounded Warrior Continuum of Care:** Critical patient transfer nodes for WII Warriors from point of injury to discharge



## Upcoming Events

### June 28

Civilian Human Resources Council Town Hall  
Walter Reed Army Medical Center 1200, Joel Auditorium

### June 28

Transitional Orientation, National Naval Medical Center 1000 and 1330

### July 8

CHRC Town Hall NMMC, 0630 and 1200, Clark Auditorium

### July 12

CHRC Town Hall WRAMC, 0700 and 1200, Joel Auditorium

### July 26

CHRC Town Hall WRAMC, 0700 and 1200, Joel Auditorium

### July 27

CHRC Town Hall Fort Belvoir, 0730 and 1200

### Sept. 15

Base Realignment and Closure Deadline

# Serving those who serve our Warriors: NCR service organization town halls

Tanya DelValle, executive services, Walter Reed Health Care System

From adaptive clothing to flying Family members home; whether founded on the premise of firsthand knowledge of the effects of the war or due to the overwhelming sense of patriotism, service organizations have played an essential role in the well being of not only Wounded, Ill or Injured Warriors but also on their caretakers.

“At Walter Reed we have been blessed to have been supported by more than 560 different charities and service organizations,” said Army Col. Norvell V. Coots, commander, Walter Reed Health Care System.

“Each one has brought something special to WRAMC by providing goods and services, trips and dinners, a listening ear, and something as simple as a warm and understanding hug, to our Wounded, Ill and Injured Warriors and their Family members. They have effectively become integral members of the health system and have been an important part of who we are as Walter Reed,” said Coots.

Though traditions, uniforms and rank may be vastly different between the Army, Navy, Air Force and Marines, the one effort that remains consistent is care for our Nation’s heroes. “The well-being of these spouses, parents and siblings depends upon periods of respite from the caregiver role, ultimately benefitting the Warriors who rely on them. It is our turn to serve those that have sacrificed so much, this is why we exist” explained one of the 500-plus organizations that gives generously to our WII Warriors.

Civilians, contractors and military personnel are currently attending meetings and town halls to gain as much knowledge as possible on the changes that are happening in

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**Army Col. Norvell V. Coots, Commander Walter Reed Health Care System**

the National Capital Region. An initial town hall meeting was arranged to disseminate as much information as possible to the service organizations on Feb. 9.

In a collaborative effort with the Oak Leaf Club, a second town hall was successfully held at National Naval Medical Center on May 2. “Transition into a new culture may have debatable times and moments, but the greatest satisfaction comes with embracing, learning and effectively working aside those organizations that serve our Warriors,” said Navy Capt. Constance Evans, director, Warrior Family Coordination Cell.



Army Col. Norvell V. Coots, commander, Walter Reed Health Care System. (Photo courtesy of THE STRIPE)