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days to a new era in
Military Regional
Health Care

MARCH 2011

Beneficiaries Will Receive a Second Reassignment Letter

Lt. Cdr Wendy George, J3B Health Care Business Operations

In December 2010, the JTF CapMed sent its beneficiaries postage-paid postcards so they could respond to their projected Military Treatment Facility assignments. Based on the responses to December's mailing, a second mailing will take place this spring.

Beneficiaries who will receive letters are those who: reported to the area after December 2, 2010, did not reply to the December mailing, accepted their projected assignment, did not accept with comments and did not accept without comments. Beneficiaries who receive a letter requesting a change are encouraged to answer using the enclosed MTF Preference Request

Sheet to ensure prompt processing of their reassignment requests. JTF CapMed would like to remind beneficiaries to send responses to their reassignments within 30 days of receiving their letters.

Beneficiary reassignment locations pertain only to primary care services provided by a Primary Care Manager. Specialty care will be available throughout the National Capital Region, including WRNMMC, FBCH and the 779th Medical Group, currently known as Malcolm Grow Medical Center, depending on patients' needs. All specialty care currently available within the NCR will also be available after September. Primary care services provide health promotion, disease prevention, health maintenance, *(Continued on page 6)*

"CHR Council Live!" is Chapter One of the Supervisor's Survival Guide For Transformation in the NCR

Debra Edmond, Special Assistant for Civilian Human Resources

If you are a supervisor at Walter Reed Army Medical Center, National Naval Medical Center or DeWitt Army Community Hospital, you probably feel a sense of kinship with Franklin Roosevelt who once observed, "It is a terrible thing to look over your shoulder when you are trying to lead and find no one there." The reality of transformational change is that our ability to share and absorb new information often falls behind. Supervisors can feel that change more acutely than everyone else because they are expected to share and translate new information for their teams. Supervisors across the region want to receive the same civilian personnel information at the same time as their counterparts in the other hospitals so that they can reassure and guide their teams in the months ahead.

The Civilian Human Resources Council got the message. Consistent, timely information for supervisors and their teams across the NCR is the

key to surviving and thriving during the remarkable changes that will occur over the next several months. That is why the March sessions of "CHR Council Live!," a planned series of presentations on civilian personnel issues at WRAMC, NNMC and DACH, are designed to close the information gap for all Military Treatment Facility supervisors with a program that balances the "technical" side of Human Resources with invaluable information from an expert on understanding and mastering cultural integration.

The working title for the "CHR Council Live!" March sessions is "The Supervisors' Toolkit on How to Succeed and Thrive through Cultural Integration." The March sessions kicked off with two sessions at WRAMC's Joel auditorium on March 8 followed by two additional sessions at NNMC's Clark Auditorium on March 11. The Council will take the show to DACH on March 23.

Leslie McGlothlin, one of the CHR Consultants *(Continued on page 4)*



COMMAND SENIOR ENLISTED LEADER'S PERSPECTIVE

Do You Recognize the Ranks of the Other Services? Part 2

CSM Donna Brock

This month, we display the Officers rank and proper way to address. Please do not take for granted that you 'know' and recognize all ranks. The safest thing for enlisted personnel to do is 'When in doubt, salute', and for junior officers-

cer. We want to keep embarrassing situations down to a minimum! It will take practice and trial and error but once we truly get used to seeing the each other's sister service on a daily basis, it will be a piece of cake! Good

Luck and keep training 'Cultural Integration 101'!



RANK INSIGNIA OF THE U.S. ARMED FORCES

OFFICERS

0-1	0-2	0-3	0-4	0-5	0-6	0-7	0-8	0-9	0-10	SPECIAL														
ARMY - AIR FORCE - MARINES																								
NAVY - COAST GUARD																								
W-1					W-2					W-3					W-4					W-5				
ARMY																								
NAVY - COAST GUARD																								
Warrant Officer 1 W-1 * The grade of Warrant Officer W-1 is no longer in use.				NO Chief Warrant Officer (CW05)																				
MARINES																								
				Chief Warrant Officer (CW05)																				
AIR FORCE																								
NO WARRANT					NO WARRANT					NO WARRANT														

www.army.mil/symbols



Senior Leaders Briefed on Future of WII Warrior Care

Damara C. Cockfield, J3B, Warrior Transition Division

Senior military leadership briefed the Army Gen. Peter W. Chiarelli, Vice Chief of Staff of the Army, at the BRAC Rehearsal of Concept Drill held Feb. 26. on various topics related to current and future Wounded, Ill and Injured Warrior and Family Care.

The Joint Task Force National Capital Region Medical briefs primarily focused on three areas: (1) strategic medical regulation into the National Capital Region from theatre, (2) WII Warrior migration to Walter Reed National Military Medical Center and Fort Belvoir Community Hospital, and (3) the JTF CapMed Strategic Communication Plan.

Army Col. Julia Adams, chief, Warrior Transition Division, briefed on the current inpatient and outpatient WII Warrior population in the NCR and projected where these Warriors will receive medical treatment and where they, with their associated families and non-medical attendants, will be lodged post-BRAC.

She further noted that this BRAC will result in an integrated system of care for WII Warriors comprised of Service and Military Treatment Facility (MTF) programs with base, installation, Veterans Affairs, and volunteer organization support. There will be one standard of clinical care, rehabilitation, and recovery that is patient-centered, holistic, and builds interdependence and resiliency.

Highlighting key responsibilities delineated in the WII Warrior Care Concept of Operations, Army Col. Adams noted that the Services will retain Command and Control over their respective Warriors, that the MTF is responsible for providing one standard of clinical and rehabilitative care, and that the base / installation will be responsible for providing base operation support. Lastly, she noted that a multi-disciplinary team that includes, but is not limited to Case Managers, Providers, Occupational Therapists, and Physical Therapists will assign patients to the MTF based on medical needs and Service C2 input. What will drive clinical assignments will be the medical needs of the WII Warrior and the unique capabilities at WRNMMC and FBCH. In the table below, there is a list of the new capabilities that will be available to Warriors, Families, and all beneficiaries post-BRAC.

Other ROC Drill presentations focused on the inpatient and outpatient WII Warrior move to the WRNMMC, as well as the behavior health outpatient move to FBCH. "The overarching objective is patient and family centered care," Adams said. The drill concluded with a terrain walk of the Bethesda campus led by Navy Capt. Michael P. Malanoski, Commanding Officer, Naval Support Activity Bethesda, and Army Col. Charles Callahan, National Naval Medical Center's Chief of Staff.

NEW CAPABILITIES	
WRNMMC	FBCH (con't)
Consolidated Cancer Center <ul style="list-style-type: none"> - Gynecological Oncology - Prostate Oncology - Breast Cancer - Medical Oncology - Surgical Oncology 	Infectious Disease Clinic
Comprehensive Warrior Transition Support Services	Inpatient Behavioral Health
Level 1 Trauma Care	Inpatient Pediatric
Military Advanced Treatment Center (MATC)	Intensive Care Unit
National Intrepid Center of Excellence	Interventional Radiology
Vision Centers of Excellence	Laser Eye Center
FBCH	Multidisciplinary Interventional Services
Adult Oncology Services	Neurology
Breast Center	Nuclear Medicine
Cardiac Catheter Lab	Oral Surgery
Chiropractic Services	Pain Clinic
Comprehensive Warrior Transition Support Services	Patient Resource Library
Endocrinology	Pulmonary Clinic
Executive Medicine Clinic	Radiation Oncology
	Rheumatology
	Residential Substance Abuse Treatment
	VA Health Clinic
	Vascular

ICC OPENS IN MONTGOMERY COUNTY

The first phase of the Intercounty Connector (ICC) opened in Montgomery County on February 23, 2011 connecting I-370 to MD 97.

The construction will operate in phases with the second and third phase set to be completed by early 2012. These two phases will lengthen the roadway and will stretch from I-270 in Montgomery County to I-95 in Northern Prince George's County.

The new roadway, MD 200, was designed to aid commuters who need to travel from I-95 to I-270 and points in between. This will save time for motorists and ease congestion for those who travel on Maryland roadways to include I-495 and I-270.

This roadway is a toll road. The toll is higher during peak rush hour periods and will be lower during nights and weekends. The toll is collected by only using E-Z Pass — no cash is accepted.

The first two ICC commuter busses will start running in March — MTA Commuter Bus 201 and 202, and will run from Gaithersburg to BWI Airport and NSA/Fort Meade respectively.

Once operational, these bus services will have monthly passes and transit link card capabilities to link you from the bus to the Metro. The NCR Transit Benefit could be used to defray costs for these passes.

For more information on the project and bus service visit this site: www.mtaiccbus.com

For more commuter news visit: <https://nncmcintra/SiteDirectory/Facilities/commuter/default.aspx>



TED GARBER PLAYS FOR PATIENTS AND STAFF AT NNMC

On Feb. 28, musician Ted Garber played at NNMC to boost patients' and staff morale.

Garber is a 2010-2011 Strathmore Artist in Residence, and received the 2010 Pop Rock Album of the Year award from the Washington Area Music Association (WAMA).
Tedgarber.com



FOR MORE INFORMATION ON TRICARE SERVICES CONTACT:

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301-295-4523

CHR

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who has been with the Council team since its charter in September 2008, began the session with selected technical issues that top the list of concerns for supervisors. "There is no question that classification planning and the conversion of term and temporary employees and how HR services will be provided in the future are significant to the people we are hearing from," said McGlothlin, "so we are starting there." McGlothlin explained how immediate classification issues are being resolved as positions and personnel are "mapped" to into the new Walter Reed National Military Medical Center and Fort Belvoir Community Hospital as well as long term planning for ensuring consistency when the WRAMC, NNMC and DeWitt workforces are merged in the new hospitals. McGlothlin, a career classifier and former HR Director with Army, has a real sense of excitement about the future. "We will have a civilian human resources office that is dedicated exclusively to the JTF CapMed and these two fantastic hospitals," she said. "This is an incredible opportunity."

The second half of the program, presented by members of the Careerstone cultural integration team, covered what all supervisors need to know about cultural integration and the biggest challenges for leaders during times of rapid change. "Without a doubt, one of the biggest challenges for supervisors is that they don't always have the information they need themselves and they are expected to keep their teams informed. At the same time, they have to pay attention to the human side of change and the very personal impact it creates for the people they supervise." Many of the "tips and tools" seem intuitively obvious but that doesn't mean they are easy.

The best approach is to keep this checklist handy and refer to it often and encourage your team to do the same – the one thing you can be sure of is that you will have opportunities to use these tips on a daily, if not hourly, basis.

- Notice the transition cycle
- Use the circle of influence
- Be open and curious
- Empathize, respect and acknowledge
- Share information
- Be patient
- Look for creative solutions
- Assume positive intentions
- Take baby steps

Just remember that information will be your best friend in the months ahead. If you are unable to attend one of the "CHR Council Live!" sessions, all of the material and presentations are posted at <http://capmed.mil>. Click on Civilian Personnel and scroll to the Briefings section. The Council will also be listing the full schedule of "CHR Council Live!" sessions for the next six months so mark your calendars. Sessions at WRAMC will be scheduled on the second and fourth Tuesday of each month, NNMC the second Friday, and DeWitt on the fourth Wednesday. We look forward to seeing you there.



Photo by Louise Cooper

Nory Hagerty, JTF CapMed CHR Council Consultant, led discussions at the CHR meeting.



Photo by Katrina Skinner

Joint Services Working Together. Above is a recent photo of some of the enlisted JTF CapMed leaders representing all the Services.

Senior Leaders Brief Staff at Three Military Hospitals

Louise Cooper, PAO

Senior leaders from JTF CapMed, Walter Reed Army Medical Center, National Naval Medical Center and DeWitt Army Community Hospital recently held a series of Town Hall meetings and spoke with staff members about the latest updates to the new military hospitals at Bethesda and Fort Belvoir.

JTF CapMed Commander John Mateczun and Army Brig. Gen. Steve L. Jones, Deputy Commander, updated staff members on the latest progress of the integration and transition of Walter Reed to the new hospitals. They provided audiences with a consolidated timeline showing significant milestones throughout the spring and summer, as well as a condensed 27-day relocation sequence so that staff members would know the pace and scope of upcoming milestones and when they would be moving.

Joining the JTF leaders were Army Col. Charles Callahan, deputy commander-chief of staff, and Navy Capt. Bitonti David Bitonti, chief of staff for Integration and Transition, NNMC, who spoke in detail on the current state of construction and transition at NNMC.

Bob Knapp, a marketing executive from NeuBrand, contracted by JTF CapMed to develop a branding strategy and health care logo for the National Capital Region, attended the Town Hall meetings held at the three hospitals.

Some of the topics he discussed were identity design, creative development, and brand strategy before unveiling the new logo. He captured the audience's attention when he shared what he learned from his market research after speaking with military officers and enlisted personnel, as well as civilians for their observations and feedback on how the logo should look. He addressed the sense of loss people felt about Walter Reed hospital, and he found "that people were especially proud to be part of this mission of helping Wounded Ill and Injured warriors and this was the

unifying factor," Knapp said. He described the creative process of designing a logo representing world class medical care regardless of the uniform.

Dr. Rick Repetta, director for integration at Fort Belvoir, was present at the Town Hall held at NNMC and he described the new hospital at Fort Belvoir as a patient-focused facility with an abundant use of natural lighting and space.

Army Col. Susan Annicelli, commander of the DeWitt Army Community Hospital, called the new Fort Belvoir Community Hospital the "flagship of the future of the community hospitals for the Department of Defense."



Photo by Alexandra Snow

At the NNMC Town Hall Meeting JTF CapMed Deputy Commander Steve Jones informed audience members about the 27-day relocation sequence for the Walter Reed transition.



Photo by Marc Barnes

At the DeWitt Army Community Hospital Town Hall meeting, JTF CapMed Commander John Mateczun received a warm welcome as he updated staff members on recent progress of the integration and transition of Walter Reed to the new hospitals.

PROPER DISPOSAL OF PRESCRIPTION DRUGS

FROM THE OFFICE OF NATIONAL DRUG CONTROL POLICY

Do not flush prescription drugs down the toilet or drain unless the label or accompanying patient information specifically instructs you to do so.

For information on drugs that should be flushed visit the FDA's website.

To dispose of prescription drugs not labeled to be flushed, you may be able to take advantage of community drug take-back programs or other programs, such as household hazardous waste collection events, that collect drugs at a central location for proper disposal. Call your city or county government's household trash and recycling service and ask if a drug take-back program is available in your community.

If a drug take-back or collection program is not available:

1. Take your prescription drugs out of their original containers.
2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
3. Put this mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
4. Conceal or remove any personal information, including Rx number, on the empty containers by covering it with black permanent marker or duct tape, or by scratching it off.
5. Place the sealed container with the mixture, and the empty drug containers, in the trash.

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Note from the Editor

Our copy deadline is the 5th of the month. Please remove all copy editing symbols before emailing; also if you are providing photos, please provide captions.

Email your submissions to:
louise.cooper@med.navy.mil, 301-412-2557.

Graphic design by Ann Brandstadter;
ann.brandstadter@med.navy.mil, 301-602-5874.



JTF CapMed was established in September of 2007 as a fully functional Standing Joint Task Force reporting directly to the Secretary of Defense through the Deputy Secretary of Defense. The JTF is charged with leading the way for the effective and efficient realignment and enhancement of military healthcare in the NCR.

“A healthcare task force in the NCR capitalizes on the unique multi-Service military health care market in the region and provides the DoD with the opportunity to create a system that improves patient care through an integrated delivery system that promises world-class healthcare for beneficiaries. America's Military Health System is a unique partnership of medical educators, researchers, healthcare providers, and their worldwide personnel support.”

~VADM Mateczun

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JTF CapMed Editorial Guidelines

Article Length

Articles should be 250-300 words or less. Please send articles in MS Word and do not put headlines in all capital letters. All articles should contain author's name, title, and organization.

Images

We welcome photographs, drawings, and other images. Please e-mail any images separate from the MS Word document. JPEG is the preferred file type and photos should be 72 dpi or greater. E-mail photo captions in a separate Word file and include the photographer's name and organization.

Clearance

All articles must be cleared by the author's security/OPSEC office and Public Affairs Office prior to submission. When emailing the article, the author must state that these clearances have been obtained and that the article has command approval for open publication.

The Editor 

Letters

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counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. Specialty care includes specialized medical services provided by a physician specialist, such as cardiology or general surgery.

It is imperative that beneficiaries update their personal information in the Defense Enrollment Eligibility Reporting System or access DEERS through TRICARE. If there is an address change, it will be used to determine the best MTF location to serve the beneficiary's primary care needs.

JTF CapMed will send beneficiaries their final reassignment notifications this summer.

Any questions, comments or concerns should be addressed to:

JTFCapmedQuestions@med.navy.mil. Every effort will be made to accommodate requests.