

DEPARTMENT OF THE AIR FORCE
PRESENTATION TO THE SUBCOMMITTEE ON PERSONNEL
COMMITTEE ON ARMED SERVICES
UNITED STATES SENATE

SUBJECT: DEFENSE HEALTHCARE REFORM

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UNITED STATES SENATE

Chairman Graham, Ranking Member Gillibrand, and distinguished members of the Committee, thank you for the opportunity to come before you today, to discuss the future of the Military Health System.

We look forward to supporting the committee's work to enhance the delivery of the health benefit that is so vitally important to those who serve and have served our nation. Initiatives to structure health care delivery around provision of value hold great promise for those we serve. We fully support the pursuit of streamlining measures to improve access and the experience of care. For the Military Health System, value in provision of care equates to better health and performance for those we serve, as well as readiness of the medical force for mission support. I will focus my comments today on our strategies to meet the future needs of the Air Force and Joint Team. I will describe linkages to our readiness and our support to military operations that we believe to be important considerations as options are assessed for delivery of the health benefit. The Military Health System is unique in that its mission couples direct medical support to military operations around the globe

with delivery of health care. Our care is provided to a very special population whom we are honored to serve. Today we have 683 medical Airmen deployed around the world providing medical support, even as we provide care and operational support from our 76 military treatment facilities at Air Force installations. Additionally, Air Force medical personnel conducted 61 global health projects in 2015, including a significant role in the U.S. response to the Ebola crisis in West Africa. Our history has clearly demonstrated that our success in support of deployed operations is inextricably linked to the care we provide in our hospitals and clinics. As we embark on change, we recommend careful assessment of the options that enhance our readiness and our support to active duty families.

With a focus on the future, the Air Force has published the Strategic Master Plan and Future Operating Concept for the U.S. Air Force. These documents reflect a dramatic transformation in capabilities already in progress. Also, the Joint Staff has published the Joint Concept for Health Service Support. These documents shape our

strategies in Air Force Medicine to enable a force capable of the following:

- Stabilization of casualties in austere forward locations with the agility to stabilize during patient movement
- Integration of human performance enhancement as part of the development of Airmen
- State of the art, highly reliable specialty care with particular focus on operational health
- Precision prevention-focused health services to members and their families
- Continuous linkage of health data across all domains of medical support during and beyond active service
- Global health response in support of national strategies

In 2015, we saw indications these forecasted requirements are valid as the scope of counter-terrorism operations shifted medical requirements in the combatant commands.

Our strategic actions to evolve to these capabilities are mapped and include four major initiatives currently in progress:

1. Full spectrum readiness in the medical force--incorporating clinical readiness standards into management of readiness for the medical force
2. Integrated operational medical support--extending medical support into the operational environment for missions with special performance requirements and/or operational health issues. This includes operations conducted from Air Force installations such as Integrated Strategic Reconnaissance
3. Trusted Care--application of high reliability principles in Air Force Medicine focused on the safest, highest quality care
4. Air Force Medical Home--progressive primary care leveraging new knowledge for precise, timely prevention and teammate-based care for Airmen and their families

There are two key points I wish to make in regard to our readiness. Both points are relevant when considering potential changes to the Military Health System. The first point relates to our hospitals and second relates to our support to active duty families.

To sustain a deployable medical force in support of combatant command requirements, the Air Force uses a variety of tools that include

partnerships with numerous trauma centers and academic medical institutions. These partnerships have proven valuable and will continue to move forward, but the bedrock of our readiness is the military hospital. Of the 76 Air Force military treatment facilities, only 13 are hospitals. This represents a dramatic transformation from the early 1990s, when most Air Force military treatment facilities were hospitals. This means our capability to meet combatant command requirements with deployable medical teams hinges on our remaining hospitals, primarily our eight largest hospitals. Those hospitals are the primary source for expeditionary Air Force hospitals and critical care transport teams. Furthermore, these Air Force hospitals are essential to our disaster response and humanitarian assistance capability.

Research and innovations in deployed trauma stabilization surgery and movement of critical care patients originated in military hospitals and those innovations have advanced standard practices internationally. In order to keep our medical professionals at these hospitals current in clinical skills needed to support combat operations and global health

missions, they must provide care in our hospitals to patients from beyond our active duty population.

The readiness of our medical force is significantly dependent on the care we provide to retired military members, their families and veterans. The Air Force has a large and growing number of agreements with the VA under which we provide specialty care to veterans. We have more readiness-based capacity in specialty care to make available to retirees and veterans at our hospitals. As we consider changes to the Military Health System, we believe it is very important to facilitate retiree access to specialty care in military hospitals and provide tools to enable more agreements with the VA and other federal health systems.

My second key point in regard to readiness pertains to primary care support for active duty families. Air Force leadership is committed to excellent primary care medical support to active duty families. Experience has shown that primary medical support to active duty families from our military treatment facilities enhances commanders' efforts to support families under stress, and strengthens their resilience.

This is particularly important when the active duty member is deployed. The Air Force Medical Home is our strategic initiative to provide the best primary care support, and prepare for future opportunities presented by advancing science in identification and mitigation of health risk. As changes are considered, we strongly recommend sustaining care for active duty families in military treatment facilities.

We also know timely access to primary care services for our population is a priority for the committee. It is a priority we share and has been a focal point over the past year for coordinated improvement across the Military Health System. In collaboration with the Army and Navy, we have implemented policy changes to improve appointing processes, and implemented a common performance management dashboard.

In the Air Force, we have implemented changes that have increased the fill rates for primary care provider positions. We give top priority to operational health requirements, which requires a significant portion of dedicated primary care bandwidth. A recent example is the

addition of separation health examinations to support disability applications by separating Airmen at a rate approaching 3,000 per month. The Air Force performs 80% of these examinations on Airmen while the VA conducts 20%. We remain committed to managing our primary care resources to provide good access to care while meeting operational health requirements for Airmen. We are also committed to streamlining referral management processes to speed the provision of specialty appointments to our patients.

We appreciate this opportunity to describe our initiatives for meeting the requirements of the rapidly evolving U.S. military capabilities. We are particularly grateful to discuss the many facets of our readiness and relevant linkages connected to delivery of the health benefit. As the committee considers revisions to the Military Health System, we stand ready to provide information or assist. I thank the committee for its steadfast support and dedication to the welfare of the Airmen, Soldiers, Sailors and Marines we serve.