



FORWARD

ENGAGED

READY





“Our main focus is keeping the Navy and Marine Corps force and their families healthy, ready and on the job. We must also build on the unprecedented combat survival rate we attained during recent conflicts and preserve our ability to save lives at a moment’s notice no matter what setting – on, above, below the sea and on the battlefield.”

**- Vice Adm. C Forrest Faison III
U. S. Navy Surgeon General**





Global Health Care Network

- 2 Medical Centers
- 16 Hospitals
- 9 Naval Health Clinics
- 3 Dental Battalions
- Over 100 Branch Medical/Dental Clinics
- Forward Deployed:
 - Medical units on all afloat platforms
 - Marine operational unit
- 63K personnel for the Navy Medicine mission
 - 11K medical personnel supporting operational forces
- 1.175M beneficiaries
- 8 research centers around the globe
- 62 Operational training programs
- 70 GME Programs
 - Across 17 training facilities
 - Exceeds national benchmarks
 - Earns top national scores
- 8.8M outpatient visits
- 53K inpatient admissions
- 10.7M prescriptions filled





NAVY MEDICINE AROUND THE GLOBE

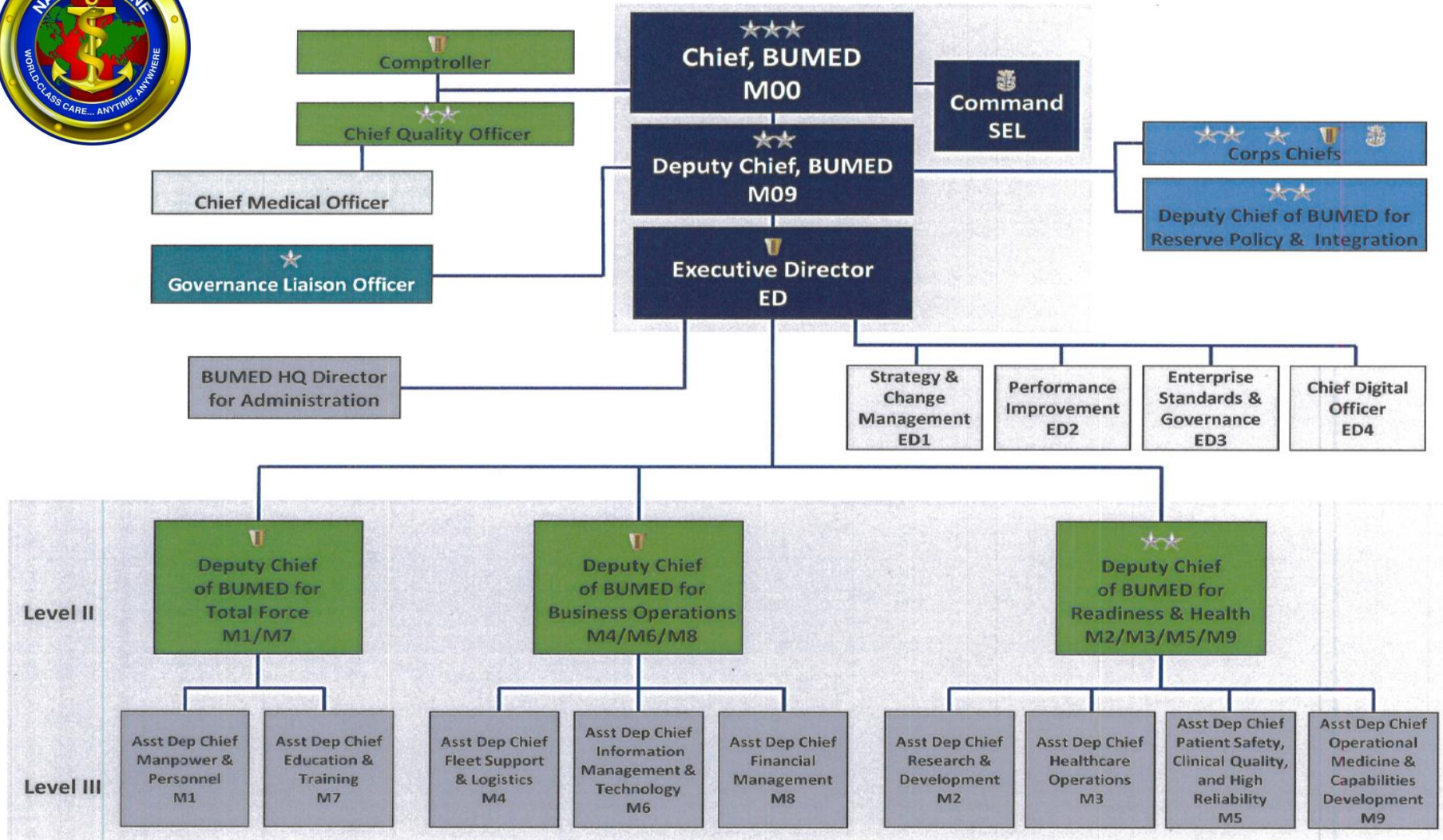


- | | | | | |
|---|--|--|--|---|
| <p>North America</p> <ul style="list-style-type: none"> ▪ Alaska, U.S. ▪ Arizona, U.S. ▪ California, U.S. ▪ Connecticut, U.S. ▪ Florida, U.S. ▪ Georgia, U.S. ▪ Hawaii, U.S. ▪ Illinois, U.S. ▪ Louisiana, U.S. ▪ Maryland, U.S. ▪ Mississippi, U.S. ▪ New Hampshire, U.S. ▪ New Jersey, U.S. ▪ New York, U.S. ▪ North Carolina, U.S. ▪ Ohio, U.S. ▪ Pennsylvania, U.S. ▪ Rhode Island, U.S. ▪ South Carolina, U.S. ▪ Texas, U.S. ▪ Virginia, U.S. ▪ Washington, U.S. ▪ Washington D.C., U.S. ▪ Guantanamo Bay, Cuba | <p>South America</p> <ul style="list-style-type: none"> ▪ Peru | <p>Europe and Africa</p> <ul style="list-style-type: none"> ▪ Belgium ▪ Crete ▪ Djibouti ▪ Egypt ▪ Germany ▪ Ghana ▪ Hungary ▪ Italy ▪ Spain | <p>Middle East</p> <ul style="list-style-type: none"> ▪ Afghanistan ▪ Bahrain | <p>Asia-Pacific</p> <ul style="list-style-type: none"> ▪ Cambodia ▪ Diego Garcia ▪ Guam ▪ Korea ▪ Japan ▪ Papua New Guinea ▪ Singapore ▪ Vietnam |
|---|--|--|--|---|

*NOTE: Map is not drawn to scale



BUMED Organization



Levels IV, V, & VI

Clint Faison
 Approved: VADM C. Forrest Faison, MC, USN
 Chief, Bureau of Medicine and Surgery

Updated: 9 NOV 2016



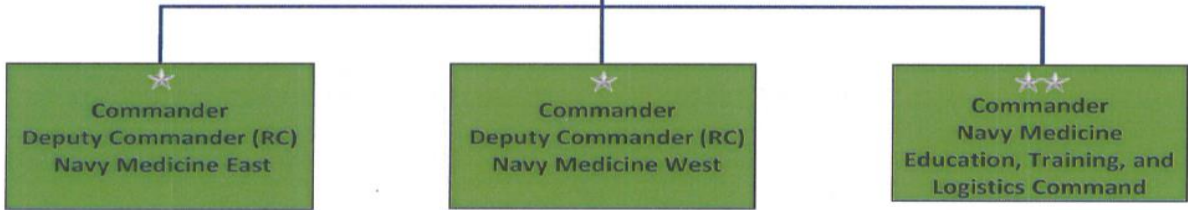
Echelon II

BSO-18

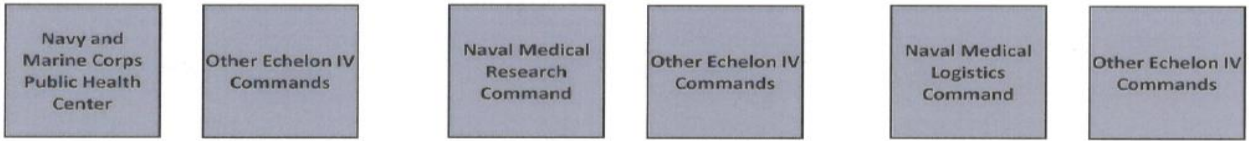
Chief, BUMED
M00

**
Deputy Chief, BUMED
M09

Echelon III



Echelon IV



Echelons V & VI

Approved: VADM C. Forrest Faison, MC, USN
Chief, Bureau of Medicine and Surgery

Updated: 9 NOV 2016



Multi-Service Markets

eMSM Markets and Service/Department Leads

National Capital Region
(Defense Health Agency)

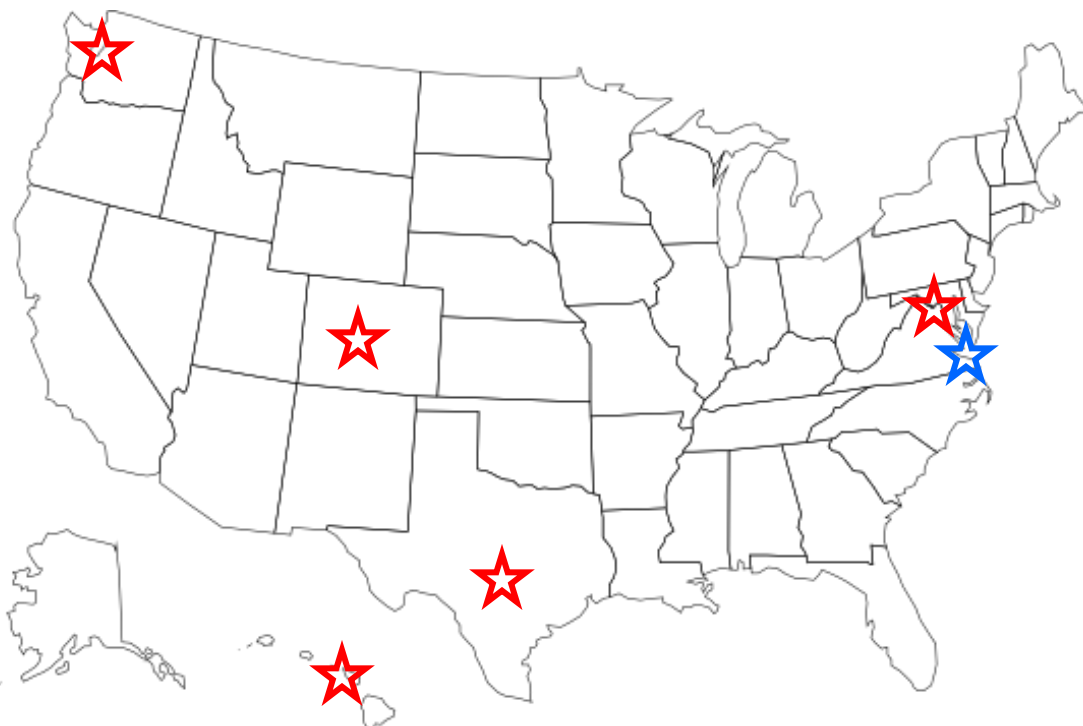
Colorado Springs, Colorado
(rotate Air Force/Army)

**Tidewater, Virginia
(Navy)**

San Antonio, Texas
(rotate Air Force/Army)

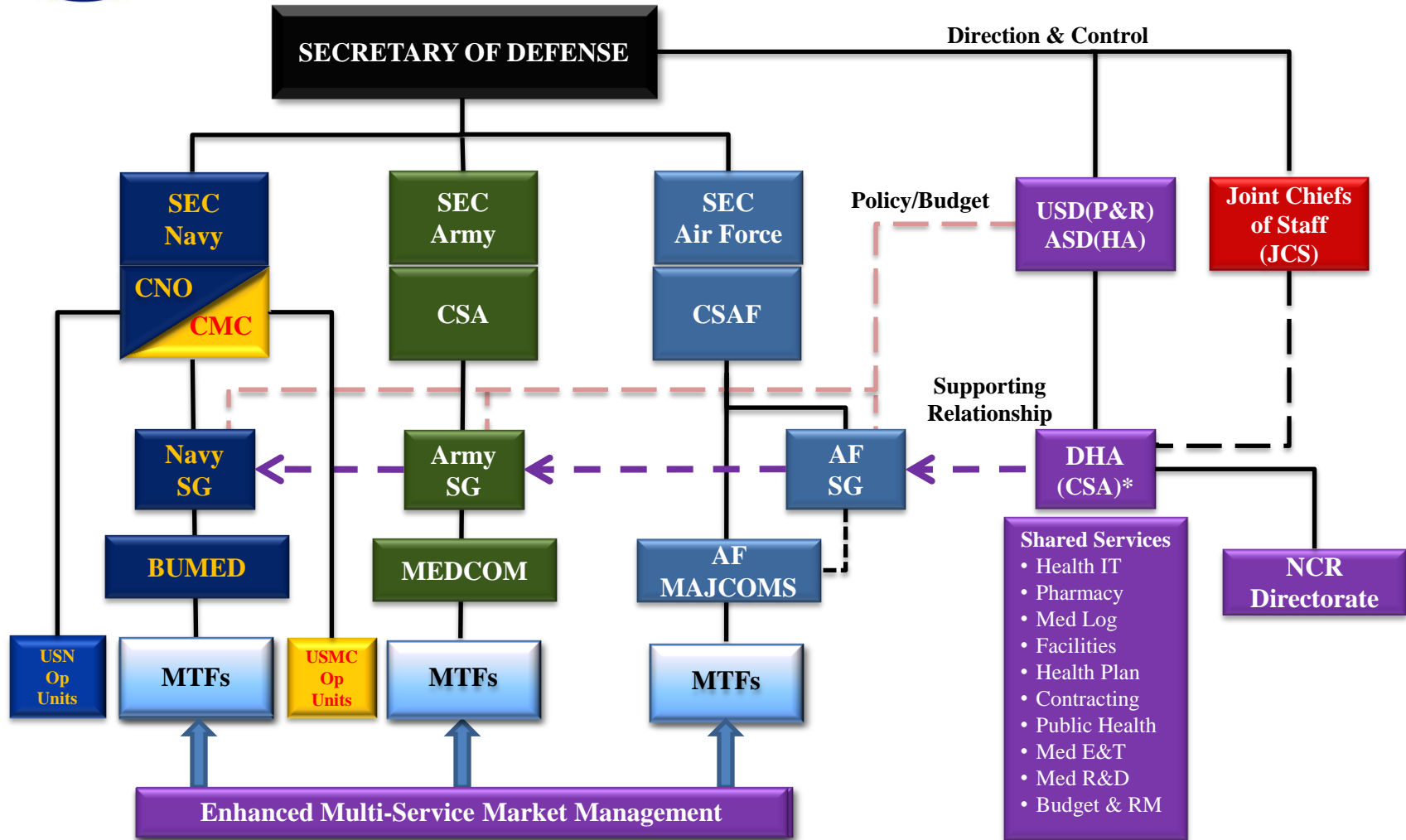
Puget Sound, Washington
(Army)

Oahu, Hawaii
(Army)





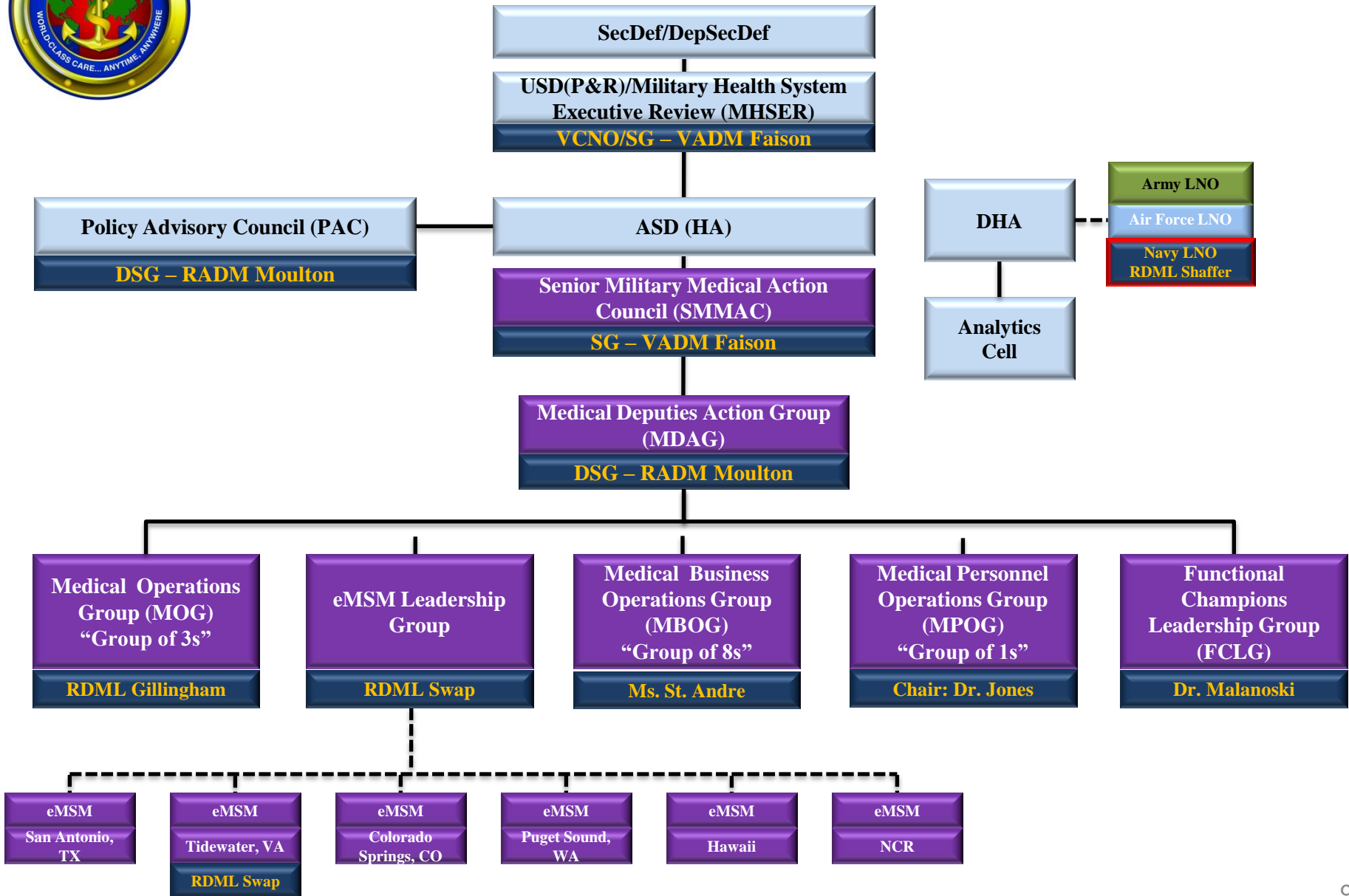
MHS with DHA



* Combat Support Agency



MHS Governance



Strategic Environment

America's pivot to the Pacific demands a new focus on naval battle casualty treatment and evacuation

Convenience, the experience of care, and technology are what drive healthcare choices

Changing attitudes about the health care experience demand innovations in technology and new models of treatment while requiring a unique synergy of in-garrison and operational force health care delivery models

Navy Medicine FY17 Strategy Map



Looking Ahead

Advances in medical science and signature injury emergence, require health care practitioners to have cutting edge clinical experience

Decreasing resources demand strategic partnerships to bridge increasing capability gaps

Maintaining extraordinary survival rates dictates new standards of training and clinical competence through high reliability and high-velocity organizational principles

Mission

Keep the Navy and Marine Corps family ready, healthy and on the job

Vision

The Navy and Marine Corps family has the best readiness and health in the world

Guiding Principles

Honor the trust to care for America's sons and daughters

Honor the "uniform" we wear

Honor the privilege of leadership

Strategic Goals

Readiness

We save lives wherever our forces operate – at and from the sea

Health

We will provide the best care our nation can offer to Sailors, Marines, and their families to keep them healthy, ready, and on the job

Partnerships

We will expand and strengthen our partnerships to maximize readiness and health



Readiness

"We save lives wherever our forces operate – at and from the sea"

Learning from 15 Years of Conflict

- Hospital Corpsman - First Responder – 97% survivability rates "Golden Hour"
- How to we defeat the "tyranny of distance" in Air/Sea conflicts and maintain high survivability of our fighting force?

MTFs are Readiness Platforms!
Tier One Readiness - EMF platforms



Develop Lesson Plans:
May 2017

Design Curriculum
Test Plan: Mar 17

Front End Analysis:
Oct 16 – Mar 17

Revision of Hospital Corps "A" School Curriculum
PQS at First Duty Station = 65 KSA's

Phase out BMTCP –
Pilot new HM Basic:
July – Oct 2017

Evaluate and
Course
Adjustments:
2018





Health

"We will provide the best care our nation can offer to Sailors, Marines, and their families to keep them healthy, ready, and on the job"

Access to Care

Virtual Health

High Reliability
Organization

Value Based Care

Limited Duty

Electronic Health Record





Partnerships

"We save lives wherever our forces operate – at and from the sea"

- 100% partnership inventory
- Assess barriers and mitigate
- Develop and implement partner framework
- Expand VA patient care
- Assess NAVMED R&D



Cleveland Clinic



Navy Medicine will expand and strengthen our **Partnerships** to maximize **Readiness** and **Health**



Opportunities

- National Defense Authorization Act
- European Hospitals
- Support the Warfighter
 - EMF Modernization
 - Damage Control Surgery
 - T-AH
- Clinical Currency/Competency
- Mental Health Laydown
- Value Based Care
- Military Health Care & Civilian Lens



Process Improvement Priorities – Target Achievement Date June 2017

| IMPROVEMENT PRIORITY | MEASURE | DATA AS OF | THRESHOLDS | | | | PERFORMANCE | | | | | |
|--|--|------------|-------------------------------------|-------------------------------------|-----------------------------|-------------------------|-------------|---------|---------|-----------|-----------|-------|
| | | | RED | YELLOW | GREEN | BLUE | MHS | ARMY | NAVY | AIR FORCE | DHA-NCRMD | MCSC |
| Reduce Patient Harm | <u>CLABSI</u> | 6/2016 | <2.5 | ≥2.5 | ≥3.5 | ≥4.5 | 3.30 | 3.00 | 3.40 | 3.40 | 3.30 | N/A |
| | <u>URFO*</u> | 6/2016 | Current quarter ≥ 3 quarter average | Current quarter < 3 quarter average | 0 events in current quarter | 0 events for 3 quarters | 4 | 4 | 0 | 0 | 0 | N/A |
| Improve Condition Based Quality Care | <u>HEDIS Diabetes Composite</u> | 9/2016 | <50% | ≥50 % | ≥70 % | ≥90 % | 56% | 71% | 84 % | 82 % | 78% | 20 % |
| | <u>MHS Acute Conditions Composite</u> | 9/2016 | <50% | ≥50 % | ≥70 % | ≥90 % | 53.33 % | 51.33% | 100% | 89.33% | 80.67% | 27.3% |
| Improve Access | <u>Avg No. of Days to Third Next Available Future Appt</u> | 10/2016 | >8 Days | ≤8 Days | ≤7 Days | ≤2 Days | 6.61 | 6.34 | 5.01 | 7.44 | 8.73 | N/A |
| | <u>Avg No. of Days to Third Next Available 24 Hour Appts</u> | 10/2016 | >1.5 Days | ≤1.50 Days | ≤1 Days | ≤0.80 Days | 1.50 | 1.31 | 0.92 | 2.11 | 0.93 | N/A |
| | <u>Percent of Direct Care Enrollees in Secure Messaging</u> | 10/2016 | <37% | ≥37% | ≥50% | ≥75% | 45.15 % | 37.85 % | 52.25 % | 47.70 % | 52.48 % | N/A |
| | <u>Satisfaction with Getting Care When Needed</u> | 9/2016 | Component Specific | | | | 82.44% | 81.47% | 83.26% | 89.43 % | 84.04% | N/A |
| Increase Direct Care Primary Care Capacity | <u>Total Empanelment</u> | 11/2016 | <0.0% | N/A** | ≥0.0 % | ≥5.0 % | -0.3 % | -0.4% | 0.0% | -0.3% | 0.0% | -0.9% |

*URFOs displayed as a total count of Non-Dental and Dental events

**Business Analytics measures do not have a yellow threshold, only red, green or blue.

Questions?

