Navy Medicine
Missions and Capabilities
Pacific Northwest

Defense Health Board
November 4, 2019
OUR MISSION

• READINESS: Prepare and deploy to support our Nation when called

• QUALITY: Provide safe, high-quality patient-centered medical care

• HEALTH: Keep our warfighters and their families ready, healthy and on the job
WHO WE ARE

• Serving the 3rd Largest Fleet Concentration in World

• Naval Hospital Bremerton
  - STAFF: 1,300 military and civilian professionals across 4 sites
  - Eligible Beneficiaries: 82,000
  - Enrolled Population: 38,000

• Naval Health Clinic Oak Harbor
  - STAFF: 475 military and civilian professionals
  - Enrolled Population: 21,697
Naval Hospital Bremerton
- Branch Health Clinic Bangor
- Branch Health Clinic Everett
- Branch Health Clinic Puget Sound Naval Shipyard

Naval Health Clinic Oak Harbor
SCOPE OF SERVICES
Naval Hospital Bremerton

• **23 Bed Inpatient Community Hospital**
  - 8 Labor, Delivery, Recovery, Postpartum rooms (Northwest Beginnings)
  - 15 bed multi-service inpatient unit
  - 4 ORs (staffed for 3)/1 dedicated C-Section room/1 Endoscopy Suite

• **Urgent Care Clinic** (24/7)

• **Primary Care** (Family Medicine, Internal Medicine, Pediatrics)

• **Specialty Care** (General Surgery, Orthopedic Surgery & Podiatry, OB/GYN, ENT, Ophthalmology, Oral Surgery, Anesthesia/Pain, Urology, Cardiology, Neurology, Dermatology, Gastroenterology, Physical and Occupational Therapy, Nutrition)

• **Mental Health** (Substance Abuse Rehab Program, Integrated Behavioral Health Consultants)

• **Ancillary Services** (Pathology, Diagnostic Radiology, Nuclear Medicine, MRI, CT, 3D Mammography)
SCOPE OF SERVICES
Branch Health Clinics (BHC)

• **BHC Bangor** – Family Medicine with Integrated Behavioral Health Consultant, Physical Therapy with Chiropractor, Optometry, General and Specialty Dentistry, and Occupational Health.
  - *Fleet Centered Medical Home Port*
  - *Triton Toughness Training* – Submariner Resiliency Program
  - *Personnel Reliability Program* – Marine Security Forces Battalion

• **BHC Everett** – Family Medicine, Pediatrics, Mental Health, Psychology, General Dentistry, Occupational Health, Physical Therapy, Optometry, Industrial Hygiene, Preventive Medicine.
  - Circuit Riders: Psychiatry, Ortho, Specialty Dental – includes Video Teleconferencing

• **BHC Puget Sound Naval Shipyard** – Occupational Health, Radiation Health, Limited Acute and Primary Care Services, Industrial Hygiene, Physical Therapy, General Dentistry.
Puget Sound Naval Shipyard

- Largest Occupational Health Clinic in the Department of Navy serving 18,000 DoD shipyard workers
- Critical work surges (1,200 new-hires projected annually through FY21)
- Largest Radiation Health Program in the DoD, cited as “gold standard” by Naval Sea Systems Command and BUMED audits
SCOPE OF SERVICES
Naval Health Clinic Oak Harbor

• Primary Care (Family Medicine, Internal Medicine, Pediatrics)
• Specialty Care (Orthopedics, Obstetrics/Gynecology, Physical Therapy, Nutrition)
• Birthing Center (4 Labor and Delivery Suites)
• 2 Operating Rooms
• Flight Medicine
• Mental Health and Substance Abuse Treatment Programing
• Dental Services (General, Endodontics, Periodontics, Oral Surgery, Prosthodontics and Lab)
• Ancillary Services (Laboratory, Blood Bank, Pharmacy, Diagnostic Imaging)
• Deployment Health
• Preventive Services (Occupational Health, Preventive Medicine, Industrial Hygiene)
• Radiation Safety
Navy Medicine Readiness and Training Commands

- Commanders are dual hatted as Directors of the MTF

- Mission
  - Maximize warfighter performance through optimized medical readiness tailored to operational requirements
  - Enhance the readiness of the medical force to sustain expeditionary medical capability
  - Train and develop the Navy Medicine force

- Focus: NAVMED Six Equities
  1. Command and Control of Navy Military Personnel
  2. Preserve Good order and discipline
  3. Agility to RAPIDLY deploy
  4. Resource control and oversight of fleet, FMF, Operational support missions
  5. MTF flexibility to support Expeditionary forces
  6. Single Navy POC for each installation for all fleet, FMF, Line Commanders
Answering Our Nations Call

• Missions
  - Kandahar Role 3
  - JTF GTMO
  - CVN CRNA Support
  - Defense POW/MIA Accountability Agency

• Platforms
  - Expeditionary Medical Facility (EMF) Djibouti
  - Expeditionary Medical Facilities ALPHA/BRAVO/NOVEMBER
  - USNS MERCY
  - USNS COMFORT
  - Role 2 Light Maneuver
  - III MEF1st Medical Battalion
  - 1st and 3rd Medical Battalion
PARTNERSHIPS
Enhanced Multiservice Market

• Consortiums
  - Behavioral Health
  - Primary Care
  - Medicine
  - Pediatric
  - Surgery
  - OB/GYN

• Education, Training and Skills Sustainment (8 MOUs/MOAs)

• Regional Appointing Center

• Referral Management

• Multiple Subspecialty Circuit Riders

• Tele-Radiology MOU (includes Fairchild)

• Patient Shuttle Service

• Benefits
  - Fortify human capital integration
  - Promote standardization and gain efficiencies
  - Increase access to the Direct Care system and enhances coordination of care
  - Enrich knowledge, skills and abilities (KSA) opportunities and optimize case complexity
  - Share best practices
Partnerships For a Ready Medical Force

• **Partnerships help providers maintain KSAs**
  - Harrison Medical Center: Team based training, surgical and nursing skills
  - Providence: Trauma training for physicians
  - Emergency Management System: Community partnership
  - Olympic Ambulance Company: Corpsmen trauma training

• **External Resource Sharing**
  - VA Sharing Agreement: Open to inpatient admissions for Community Based Outpatient Clinic (CBOC) enrollees or any VA eligible Kitsap County residents
DoD MHS GENESIS

• First Two Navy Medicine Sites to Go Live
  - Lessons in Change Management

• Optimization and Sustainment – ISC & DHA Solution Owners
  - 4000+ Changes to the system
  - Battle rhythm established for submission of trouble tickets
  - Keeping the team solution focused

• Phase II Implementation
  - Now supporting each Wave of MHS GENESIS rollout with onsite SMEs

• Training
  - Training of trainers lags changes
  - Challenge to keep trainers up to date with new system changes
CHANGES/CHALLENGES

THREATS

• **NDAA 17 Section 703 – Workgroup Recommendations**
  - Convert NHB to an ambulatory surgical center and outpatient clinic
  - Local healthcare network’s ability to absorb additional workload, particularly the Obstetric workload is a concern.

• **Proposed POM 20/21 Military Medical Manpower Reductions**
  - Limited/no network capacity for AD/ADFM in critical specialties with Readiness impact
  - Threat to product lines with no network equivalent

• **FY 19 Budget Cuts and Projected FY 20 Budget Cuts**
  - Will significantly limit NHB’s ability to continue to deliver healthcare services to all our DoD beneficiaries

• **Hiring Of Civilian Personnel**
  - Geographically isolated area/insufficient manpower pool
  - Difficulty competing with salary rates offered by local medical facilities and the Veteran’s Administration
  - Slow OCHR process makes it difficult to keep prospective hires in the position they have been selected for.
QUESTIONS