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THE SENATE COMMITTEE ON APPROPRIATIONS

STATEMENT OF

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SURGEON GENERAL OF THE NAVY

BEFORE THE

SUBCOMMITTEE ON DEFENSE

OF THE

SENATE COMMITTEE ON APPROPRIATIONS

SUBJECT:

DEFENSE HEALTH PROGRAM

March 29, 2017

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Chairman Cochran, Vice Chairman Durbin, distinguished Members of the Subcommittee, thank you for the opportunity to update you on Navy Medicine. You have an important oversight role and we remain grateful for your support. Navy Medicine is a ready, agile and rapidly responsive medical force that directly supports the Navy and Marine Corps, America's premier expeditionary forces. I can assure you that the men and women of Navy Medicine – 63,000 strong – are working hard to support that force and provide world-class care, anytime, anywhere. We never waiver from our commitment to those entrusted to our care, wherever they serve.

Strategic Framework

In 2016, the Chief of Naval Operations (CNO) issued *A Design for Maintaining Maritime Superiority* which clearly articulates several key strategic imperatives and initiatives for the Navy. His message is clear: We must understand the character of the changing security environment and be ready to rapidly respond. Navy Medicine understands this mandate as we are the ready medical force that supports both the Navy and Marine Corps in all warfare domains.

In alignment with the CNO and the Commandant of the Marine Corps, I issued my Commander's Guidance which focuses on the need to recognize that, in these transformational times, providing the best readiness, operational support, and health to the force protecting our interests around the world, requires unmatched commitment by all in Navy Medicine. I also reiterated our important guiding principles: honor the trust to provide the best care possible to those who defend our freedom; honor the uniform we wear; and, honor the privilege of leadership. Our strategic priorities include:

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.

These goals are directly relevant to the men and women of Navy Medicine. We never waiver from our core *readiness* responsibilities: ensuring the medical capabilities of our operational units and platforms are ready and the readiness, training, clinical experience, and preparation of the medical force supporting them is unmatched. Our Navy and Marine Corps is more highly trained, specialized, and deployed than ever before. Every Sailor and Marine is critical to the mission. We protect, maintain and restore the *health* of our service members and, in doing so, we treat them and their families as "family" by integrating health care in their lives through enhanced access and convenience. We are working hard to ensure that our Sailors and Marines have the health care support when and where they need it (and want it), making them partners in health and improving readiness. Navy Medicine is also stronger as a result of our *partnerships* and collaborations. We will continue to leverage these opportunities with the other Services, Defense Health Agency (DHA), interagency partners, academia and industry to fulfill our responsibilities and advance common interests.

I recognize that sustained and measurable progress on these goals requires the contributions from the entire Navy Medicine team. I am encouraged as to how strongly these priorities are resonating throughout our commands and we will continue to build on the progress we have made. We will, however, be challenged as our operational tempo remains high, the health care landscape continues to evolve, and our beneficiary population demographics and expectations change. These are significant considerations that will continue to influence our planning as we move forward.

Navy Medicine is grateful for your efforts in supporting our resource requirements. Inherent in our business practices is sound fiscal stewardship of the resources provided to us. The FY2017 National Defense Authorization Act (NDAA) directs many significant changes to the Military Health System (MHS), including the administration of our military treatment facilities (MTFs). I want to assure you that we are working closely with the DHA, the Joint Staff, the Army and Air Force to develop implementation plans to realize the very real benefits intended. These provide a great opportunity to us, but given our high operational tempo and the transformational impact on the Services and Combatant Commands, it is important that we proceed to affect these reforms with the requisite due diligence, rigorous analyses and careful planning. This is necessary to meet congressional intent while continuing to support a highly deployed expeditionary force with global commitments in a rapidly evolving and challenging world.

Sustaining Readiness: Now and in the Future

Navy Medicine provides ready, agile, and rapidly responsive force medical projection to a highly mobile expeditionary Navy and Marine Corps team. On any given day, Navy Medicine personnel are forward deployed with the Fleet, Fleet Marine Forces, special warfare units and at overseas commands, all while continuing to support a high operational tempo and demand to support overseas contingency operations and numerous joint taskings in multiple areas. Just as importantly, our shipmates are supporting the Fleet and Fleet Marine Force in a variety of ways, including delivering care in our state-side and overseas MTFs, continuously honing their clinical and operational skills and training to provide life-saving and health sustaining capabilities when deployed to the operational platforms to which they are assigned. As the Navy and Marine Corps' ready medical force, Navy Medicine has full-spectrum responsibilities to man, train and equip – to ensure individual clinical and operational readiness, deployable unit/platform

readiness and force readiness.

These responsibilities set us apart from the civilian health care sector. We remain one of the few nations that maintain a sizable, ready-to-immediately-surge standing medical force to both support operational contingencies and rapid disaster response, helping to preserve America's strategic influence in key regions of the world and strengthening relationships with our partners and allies. We are ready to get out the door and save lives tonight and this is the foundation of our commitment to those who serve and their families: We will be with them whenever and wherever they go, from day one forward.

The highest combat survival rate in recorded history during the last conflict was the direct result of three factors: (1) advanced training, preparation, and improved equipment of our corpsmen and medics to provide life-saving intervention at the point of injury; (2) forward deployment and rapid access to forward resuscitative surgery to provide timely damage control surgery; and (3) rapid and effective medical evacuation and enroute care to higher echelons of care within and outside of theater. We also had several advantages in a network of robust operating bases, rapid casualty recovery, a commitment by leadership to provide on-demand aeromedical evacuation, enabled by relatively unchallenged ground and air superiority. In sustaining our readiness capabilities for the next conflict, likely in a denied environment and a distributed force, we must recognize that the training, preparation, equipment and support required by our operational and deployed medical personnel will need to change in order to sustain high combat survival under those different circumstances. Survivability in the future warfighting environment requires medical capabilities which are immediately deployable, designed, sustained and integrated into the operating forces to meet Navy and Marine Corps unique requirements. These considerations are important as we move forward with our expeditionary health service systems modernization efforts.

As a former commander/commanding officer of a medical center, hospital and deployed commander in theater of an expeditionary medical facility, I know the importance and operational effectiveness of having a fully trained and ready medical force capable of sustaining unprecedented battlefield survival.

In my previous testimonies, I have articulated the important role that our MTFs have in ensuring that our personnel have the vital skills and clinical competencies to save lives on the battlefield. These military commands are our training and surge platforms where we prepare and then rapidly surge medical forces when needed. They provide peacetime health care as one of several ways to preserve clinical skills, but that is not their primary purpose. They are readiness and force projection platforms. Combined and integrated within Navy Medicine's readiness commands and structure, our personnel gain both clinical competencies and develop required military skills in these commands.

Clinical experience sustained within these MTFs is important to operational readiness and I believe that our collective efforts within the MHS to better codify the knowledge, skills and abilities required will be important moving forward. This is critical as we implement required reforms to ensure we operate those training and surge platforms in ways that enhance readiness, rapid deployment of forces, and ultimately combat survival. As a subset of those platforms, we must also recognize that our overseas MTFs have an additional role – that of medical support to the forward deployed Naval and Marine force. They are the "ship's sick bay" for those overseas forces and are critical to our ability to keep that force on point, on station, and ready to respond. We must also recognize that our overseas MTFs directly support our forces operating forward in their area of responsibility and have unique requirements, including disaster response. All Navy Medicine commands – MTFs, education and training, research and development, public health, logistics – are focused on preparing for our next conflict.

Within Navy Medicine, we recognize the value of private and academic partnerships in areas such as trauma training. Our Navy Trauma Training Center (NTTC) operates at Los Angeles County + University of Southern California (LAC+USC) and provides our personnel first-hand clinical experience at this Level 1 trauma center. To date, we have trained over 3,100 personnel through this partnership and have added a four-day short course for our interested international partners. We are also continuing to use our agreement with the Cook County Health and Hospital Systems (CCHHS) Trauma and Burn Experience for our Navy medical personnel assigned to the Federal Health Care Center (FHCC) in North Chicago to have one to two month rotations in their trauma and burn units. Our military providers work hand-in-hand with the attending surgeons, residents and nurses to gain a multi-faceted experience aimed at management of the acutely injured patient. We are working to expand these types of partnerships, both domestically as well as in creating innovative collaboration exchanges with foreign partners in countries where the trauma injury mix and acuity is much greater in order to sustain our combat casualty skills for our trauma teams and improve the MHS Joint Trauma System.

I also want to reiterate the important role that graduate medical education (GME) has in maintaining an agile, ready, and proficient medical force. The training our trainees receive and the care they provide in our teaching facilities directly support readiness – including combat casualty care, humanitarian assistance/disaster response (HA/DR) and global health engagement (GHE). Our Navy-sponsored full time in-service training (FTIS) GME is the most tailorable tool for generating physicians to meet operational readiness requirements. We can shape the operationally-relevant content of training, mentor junior physicians with deployment-seasoned senior physicians, and inculcate military culture and ethos. Our programs also allow for maximum agility and responsiveness in medical specialist force generation in support of Combatant Command requirements. These programs are also some of the best in the country,

civilian or military: Our leadership can look with confidence into the eyes of American families and tell them the men and women caring for their loved ones are among the best trained in the nation. When available and appropriate, we actively partner with civilian training institutions to help maintain our specialty requirements. But we recognize civilian GME cannot absorb the number of Navy's traditional specialty training requirements due to a national shortfall in residency positions, especially in some of our critical wartime specialties.

As required by the FY2017 NDAA, we, in conjunction with the DHA, Army and Air Force, are jointly working on the required oversight process to ensure that GME program investments fully support the readiness of our personnel, service members for whom we care, and our Services' unique and joint missions. In a dynamic environment, we continue to pay careful attention to our GME portfolio to ensure we can adjust and meet changing demands.

One of the primary reasons for the high combat survivability rate we have realized is due to the heroic work by our hospital corpsmen, the Navy's largest enlisted rating. Corpsmen are responsible for delivering initial care on the battlefield or in an isolated assignment aboard a ship or submarine far from any MTF. This will continue to be true and relevant in future conflicts as well. Well trained and experienced corpsmen are critical to combat survival in all domains where the Navy and Marine Corps operate. Our ability to provide top quality training and a robust follow-on clinical experience for our hospital corpsmen will most certainly drive the survivability of combat casualties in any future conflicts. To this end, we are changing and improving the training of our corpsmen at HM "A" school at the Medical Education and Training Campus (METC) in San Antonio, Texas. Our curriculum changes are focused on providing ready and relevant training that will prepare these personnel to manage the continuum of care in high threat complex environments most likely to be encountered by our sea-based expeditionary Navy and Marine Corps forces. In parallel with improving our foundational and follow-on

clinical training, we are working closely with the DHA to ensure our other advanced medical specialist training programs conducted at METC achieve or maintain civilian equivalent academic accreditation and credentialing opportunities. I am committed to helping ensure that our corpsmen get the industry equivalent certifications and licensure they have earned. These credentials will further elevate the quality of care provided as part of our commitment to American families and will help our corpsmen when they transition back to the civilian sector with industry-recognized and valued skills.

Another important component of readiness comes from our commitment to GHE. These efforts support the Navy's global reach and forward presence by fostering and sustaining cooperative relationships with allies and international partners. GHE activities have become valued and integral assets supporting Combatant Commanders' priorities, including participation in humanitarian civic action (HCA) missions. USNS MERCY (T-AH 19) deployed in support of Pacific Partnership 2016, the largest annual multilateral, multi-service disaster relief preparedness mission conducted in the Indo-Asia Pacific area of operation. Medical, dental, veterinary, and public health services, along with engineering and disaster response training and medical education were provided in Timor Leste, Philippines, Vietnam, Palau, Malaysia and Indonesia, all strong partners in the Pacific and critical to our efforts to ensure peace and economic stability in that part of the world. The medical team provided direct medical and dental care to over 9,500 patients and performed 343 surgeries aboard MERCY. I was aboard MERCY in Malaysia and had the opportunity to see firsthand the multilateral cooperation, training and subject matter expert exchanges.

Continuing Promise 2017, a HCA mission currently underway in the Caribbean, Central and South America, is being conducted with USNS SPEARHEAD (T-EPF 1), an expeditionary fast transport vessel used to transport personnel and equipment. Embarked are medical personnel

who are working with host nation counterparts and health professionals in Guatemala, Honduras and Colombia. This mission employs an expeditionary approach with our teams being transported ashore to provide care. An estimated 15,000 people will be provided a variety of medical services.

GHE missions are often referred to as "soft power" and in many cases the exact impacts are hard to quantify. While it is difficult to measure good will, in almost every theater and country where we execute these missions, we see increased access, increased transparency and interoperability, along with increased opportunities for those partner nations to contribute to regional security and stability.

Our personnel must also be prepared to support efforts associated with public health emergencies and augment whole of government efforts as the largest federal medical force. Navy Medicine actively supported the Department of Defense interagency efforts to address the Zika virus outbreak to include adapting the Centers for Disease Control and Prevention's Zika Action Plan for use at Navy and Marine Corps installations. As part of this plan, the Navy Entomology Center of Excellence (NECE) conducted installation technical assistance visits to assess the comprehensive mosquito vector controls necessary to reduce the risk of disease transmission. The Navy and Marine Corps Public Health Center (NMCPHC) developed timely educational material for beneficiaries, with emphasis on pregnant women and women of childbearing age to help decrease the risk of microcephaly. Commanders quickly promulgated force health protection guidance to best protect operational Sailors and Marines as concerted efforts actively monitored for and tracked confirmed cases.

Navy Medicine continues to collaborate and coordinate with the Services and interagency partners to mitigate the threat of Zika virus to beneficiaries through policy, prevention, and response. Our teams made significant contributions toward Zika virus and blood screening

diagnostics. The Naval Medical Research Center (NMRC) developed a confirmatory Plaque Reduction Neutralization Test which is currently the only DoD diagnostic laboratory facility to utilize this advanced capability and that has helped decrease the burden of tests sent to other already burdened federal and state reference laboratories. The test is necessary to confirm positive serology for the Zika virus and also provides rapid, in-house results to support our personnel engaged in sustained expeditionary operations in support of a high operational tempo. Furthermore, to diminish the risk of a tainted DoD blood supply, the Navy Blood Program established Zika testing at designated blood donor sites.

Improving Health, Optimizing Care and Driving Change

Our Sailors and Marines are the most highly trained, educated and specialized force in our nation's history – and each is essential to the mission. The demand to keep them healthy and on the job has never been greater. At the same time, they must be confident that their family members will be well cared for when are they deployed. In addition, the health care industry and practice of medicine are rapidly changing and this evolution continues to impact military medicine. Our patients have more choice than ever, with very different expectations. Their health care choices are driven by convenience, experience of care, and technology. These realities are fundamentally changing the way health care is delivered. For us, to remain engaged, relevant, and maintain visibility of the health of the force, we continue to partner with our beneficiaries to meet their needs. We are making progress, but more work is needed and we are committed to making those improvements. I continue to assert that the direct care system is the epicenter of these efforts. We can best support our beneficiaries and maintain visibility of their health and readiness when they come to us for their care. The MHS leadership understands this imperative and we will be leveraging the economies associated with greater standardization consistent with provisions in the FY2017 NDAA.

Transformation to a high reliability organization (HRO) remains a major priority. Reflective of the variability that is inherent in American health care, we also have variability in health care and that impacts readiness. Our journey toward high reliability is our response. As a HRO, we have centered our work on improving clinical outcomes and coordination of care, enhancing access, leveraging technology and achieving the highest level of patient safety. To support these enterprise-wide efforts, I have assigned a flag officer to serve as Navy Medicine's chief quality officer to directly oversee and streamline our patient safety, quality and high reliability efforts. In addition, we have also assigned chief medical officers (CMOs) at our regional commands and MTFs to help drive change needed for HRO transformation at the deckplate. Navy Medicine is organizing several clinical communities – multidisciplinary teams comprised of stakeholders from each level of our organization – each organized around a specific clinical community (i.e. women's health, surgical services, dental) to improve innovation, foster collaboration, eliminate unnecessary variability, and reduce redundancy. In addition, we are fully engaged with the MHS to measure and monitor performance using the Partnership for Improvement (P4I) dashboard and continue to work with leading civilian health care organizations in our HRO journey.

Convenient, accessible care is fundamental to our system. We recognize that if our patients confront challenges in making an appointment, contacting their provider or refilling a medication, they will seek their care elsewhere. My goal is to provide "frictionless care" focusing on: (1) promoting additional options for accessing care without requiring a visit to the MTF; (2) when a visit is needed, standardizing appointing processes; and (3) measuring our performance in meeting the needs and expectations of our patients. Navy Medicine should be their provider of choice and, when needed, our MTFs should be the place where our beneficiaries want and choose to obtain their care.

The reality is that a "visit" is no longer limited to a face-to-face interaction with a primary care provider and many needs don't require a visit to the provider. Our beneficiaries, over 815,000 of whom are enrolled to our Medical Home Port (MHP) clinics, now have the option of receiving care through multiple means conveniently, on their schedule and at the appropriate place of care for their needs. Our patients have busy lives and we know they have options for receiving their care. We are increasing access and options for them through in-person visits, telephone consults, securing messaging with their PCM or triage and self-care advice with the nurse advice line. We have expanded the capabilities of MHP to include appointments with a growing number of embedded specialists such as behavioral health providers, clinical pharmacists, pain management experts and health educators.

All of the Services are utilizing a "First Call Resolution" policy which addresses warm hand-offs between appointing and clinic personnel any time an appointment is not available that meets the patient's preferences. When our enrollees call for primary care appointments, their requests will be addressed on the first call. We provide an appointment or offer prompt phone consultation with a nurse or other team member to assist in arranging needed care. Our patients will not be asked to call back at another time. Secondly, our "Simplified Appointing" policy enhances appointment availability and makes obtaining and booking appointments easier. While the MHS goal for same-day/next-day access is within 24 hours, Navy sets an internal stretch goal of 0.5 days in order to provide same day care as much as possible throughout our enterprise. We monitor the success of these initiatives, like many high-performing civilian health systems, through beneficiary experience of care survey results, and adding specific questions to the new Joint Outpatient Experience Survey (JOES) which examine the ease of making appointments, satisfaction with wait times, and whether our patients were asked to call back for an appointment.

At a time when our patients have more choice than ever for care alternatives, they are choosing us and that allows us to maintain visibility and relevance over the health of the force. Approximately 97 percent of primary care and urgent care is done in the MTFs, and I am encouraged by the progress we are making as evidenced by some of our key performance metrics. In FY2016, Navy Medicine increased enrollment in our MTFs by three percent and concurrently cut the appointment wait times – both for 24 hour and future appointments – realizing 17.4 percent and 23 percent improvements, respectively. We are seeing better utilization of emergency department (ED) care among our enrolled beneficiaries with the average number of ED visits for primary care reasons decreasing 8.2 percent in the purchased care system. Furthermore, over 425,000 of our enrolled beneficiaries are now connected to secure messaging and they are sending, on average, over 30,000 messages monthly to their providers.

Recognizing that we have no higher priority than keeping our service members medically ready, Navy Medicine has tailored our MHP model for the operational community so more Sailors and Marines receive the same convenient access to care including integrated behavioral and psychological health resources. We currently have 28 Marine-Centered Medical Homes and five Fleet-Centered Medical Homes, a combined increase of ten from last year.

In October 2016, Navy Medicine launched a Value-Based Care pilot at Naval Hospital Jacksonville. In selecting Jacksonville, we conducted a population and system needs analysis of direct care and purchased care data. Diagnosis codes were used to target high volume conditions, with active duty impact, high cost (either per encounter or by volume), patient satisfaction, and readiness (both medically ready and ready medical force). Purchased sector care volume and cost were also factored into selecting the conditions for this phased pilot. Low back pain, osteoarthritis, diabetes, and pregnancy were selected as the four medical conditions.

The command formed integrated practice units (IPUs) comprised of physicians, nurses, ancillary support staff, behavioral health providers and other specialties that established evidence-based, standardized care pathways for each of these conditions. In an IPU model, care is administered along a continuum that simultaneously mobilizes all providers and other health care professionals associated with a patient's care, resulting in an impactful level of coordination. In this model, the patient is a key part of the treatment team. The improved coordination between the patient and a multidisciplinary health care team has led to improved outcomes, patient satisfaction, and a quicker return to duty for our active duty. I am encouraged by the commitment from our staff and the enthusiastic response from our patients. As the pilot progresses through FY2017, we will be carefully assessing how the Value-Based Care model impacts the experience and convenience of care for our patients, the use of technology to support their needs, and our ability to control the cost of care. This approach to health care delivery is unique such that we have begun collaborating with Harvard Business School's Institute for Strategy and Competitiveness, at their request, to document our pilot a case study as a best practice in health care.

The evolution in health care, coupled with the expectations of our tech savvy Sailors, Marines and their families, make it imperative that we leverage the most appropriate technology acceptable and useful to them. Virtual Health (VH) enhances readiness and health, and improves the patient experience by facilitating how and when care is provided. Importantly, VH helps to mitigate the tyranny of time, distance and location – improving access to care for those in isolated sites. For Navy Medicine, as an expeditionary medical force, these capabilities are particularly important as Navy and Marine forces deploy around the world. By leveraging VH, we are now providing enhanced care that would not have been available just five years ago to our Sailors and Marines operating forward.

Our HELP (Health Experts On-line Portal) at the Naval Medical Center Portsmouth continues to provide specialty and subspecialty consultations to Navy's afloat commands as well as our MTFs in the U.S. and overseas. HELP is being expanded to the Navy Medicine West area of responsibility this year. We are also leveraging current capabilities including tele-radiology and tele-dermatology support to MTFs and operational platforms in Europe and Bahrain, as well as tele-radiology support to providers in Djibouti. Our tele-critical care (TCC) at Naval Medical Center San Diego supports Naval Hospitals Camp Lejeune and Camp Pendleton with plans underway to provide capability this year to Naval Hospital Guam and our Role 3 Multinational Medical Unit in Kandahar, Afghanistan. There are tremendous opportunities associated with bringing care to our patients as part of our pursuit to improve the convenience of care. Earlier this year, we launched our Navy Medicine mobile application to better support our beneficiaries. Moving forward, we will continue to build on this platform throughout Navy Medicine to ensure our patients have access to a convenient, patient-centered mobile capability.

Military medicine deployed a new electronic health record (EHR), MHS GENESIS, at its first site early this year. A project of this scope and magnitude is ambitious; however, the opportunity to substantially enhance the delivery of care is significant. The Services, DHA and Defense Healthcare Management Systems Program Executive Office are working closely to finalize configuration for initial operating capability (IOC). Naval Hospitals Bremerton and Oak Harbor are scheduled for IOC deployment later this year. MHS GENESIS will be used in our MTFs, onboard our afloat commands, and in the field with Marine forces, to drive standardization while providing one platform to access accurate health care data worldwide. In addition, this new EHR will maintain and further enhance interoperability with Veterans Administration (VA) and private sector systems, ensuring compatibility with the standardized health care data framework

and exchange standards so that service members' and beneficiaries' medical records are readily accessible by all of their providers.

Navy Medicine delivers worldwide, evidence-based mental health care for Sailors, Marines, and their families across the continuum of care. Evaluation and treatment services are available in multiple platforms and locations, with ongoing efforts to further improve access to services for our beneficiaries. The Behavioral Health Integration Program (BHIP), embedded within our Medical Home Port clinics, provides a pathway to access mental health services and has continued to see an increase in demand enterprise-wide. Placement of psychological health providers in MTF ED settings has streamlined referrals to specialty mental health care and reduced wait times. In addition, we are completing our roll-out of the Tri-Service Behavioral Health Data Portal (BHDP) at all our MTFs. BHDP is a software-based clinical evaluation tool that provides improved patient tracking with and across mental health clinics, real-time information regarding Sailors and Marines' psychological health readiness and helps ensure optimal, coordinated mental health care.

We are continuing direct mental health support to Navy and Marine Corps operational units through a redistribution of existing personnel to high demand units. We have expanded our Embedded Mental Health (EMH) program to additional Fleet units. EMH providers deliver support and subject matter expertise directly to the operational forces by reducing barriers in accessing timely mental health evaluation and treatment. We know that psychological health impacts can be mitigated by the presence of these providers offering early evaluation, resilience training, counseling, and treatment to limit personnel losses, and in many cases result in service members returning to full duty.

There are multiple settings in which operational/embedded psychological health providers have been functioning for many years including Marine infantry, aircraft carriers, amphibious

assault ships and special forces. This forward footing has been highly regarded by Navy and Marine Corps commanding officers who appreciate and have come to expect the embedded mental health care and ready access to counsel on psychological health matters. This directly supports our Fleet and Fleet Marine Force readiness and operational tempo. Building on our commitment to the operational forces, we have bolstered our capabilities by increasing the number of EMH personnel assigned within Fleet Forces Command, Pacific Fleet Command, Special Warfare Command, and Coastal Riverine Groups. Correspondingly, our Operational Stress Control and Readiness (OSCAR) providers assigned to Marine Corps forces continue to provide mental health support at the Regimental, Division, Squadron, Group, and Marine Expeditionary Unit levels.

These efforts also complement important work within the Navy, Marine Corps and Defense Suicide Prevention Office (DSPO) to advance suicide prevention programs, including identifying those most at risk. We know the devastating impact that suicide has on our families and commands and our priority continues to be improving resilience and breaking down barriers in seeking mental health care. In an attempt to standardize clinical suicide risk assessments across all primary care and specialty mental health clinics, Navy Medicine is implementing and training providers in a single screening tool in 2017. In addition, Navy Medicine consults as a subject matter expert to the Sailor Assistance and Intercept for Life (SAIL) program which targets patients recently discharged from the hospital with suicidal ideations to ensure continuity and coordination of mental health care. The post-psychiatric hospital time period is particularly high risk for patients.

Throughout Navy Medicine, our commitment to preventing, identifying, educating, training and treating traumatic brain injuries (TBI) remains strong. Over 80 percent of TBIs are mild TBI, or concussion, and of these, over 80 percent are not deployment-related. We are continuing

to collaborate with the other Services, DHA, and the Defense and Veterans Brain Injury Center (DVBIC) on several important components including training resources, data collection platforms and treatment methodologies. These efforts are complemented by research efforts with academic institutions directly related to improving TBI diagnosis and treatment. Our Intrepid Spirit Center at Naval Hospital Camp Lejeune recently designed and implemented a five-week "Return To Forces" intensive TBI treatment program, tailored to the needs of Special Forces groups. Participants enter as a cohort and undergo a week-long comprehensive assessment, followed by four weeks of intensive, holistic, interdisciplinary treatment. Success rates have been good and demand has steadily been increasing. In an effort to share best clinical practices, our TBI clinic at Naval Hospital Camp Pendleton is developing a similar program and this model of care is being shared with the other Services.

The Navy Comprehensive Pain Management Program (NCPMP), as an integrated component of our Medical Home Port clinics, provides a patient-centered, interdisciplinary approach focusing on comprehensive and coordinated treatment of pain while also targeting opioid abuse and addiction. Our strategy, in the treatment of acute and chronic pain, continues to emphasize compliance with clinical practice guidelines, as well as prevention and education, for both providers and patients. We are also continuing to utilize tele-mentoring programs to include, Project ECHO™ (Extension of Community Healthcare Outcomes) which expands the access to pain management specialists for our primary care providers. An analysis of ECHO clinics' effect on opioid prescribing habits indicates substantial reductions in opioid prescription prevalence for patients presented in the clinics. Analyzing patients' opioid prescriptions received six months before and six months after presentation of their case at ECHO reveals the average day-supply of prescriptions fell by 10 percent after being presented and total prescriptions written to patients following their ECHO fell by 30 percent. Taken together, these

observations indicate a more judicial use of opioid pharmacotherapy and more engaged management of patients receiving opioid prescriptions.

We have also expanded our focus on long-term opioid therapy safety (LOTS) by: (1) increasing the education of our providers using the Joint Pain Education Program (JPEP) modules specifically targeted to the non-pharmacological approach to pain management; (2) developing policy for our MTFs that details the requirements consistent with evidence-based procedures to improve clinical outcomes and patient safety for those receiving long-term opioid therapy; and (3) expanding our clinical capabilities to provide comprehensive, multidisciplinary pain management modalities as alternatives to opioid therapy. Our requirements align with those of the Centers for Disease Control (2016 Guideline for Prescribing Opioids for Chronic Pain, 2016) and DoD/VA clinical practice guidelines. As NCPMP is fully stood up at seven MTFs in 2017, we will monitor restoration of function, patient safety through the percentage of patients on long term opioids, pain complexity, and continuity of care for the chronic pain population. Additionally, we will assess the utilization of services within the ED, outpatient and inpatient settings.

Complementary and integrative medicine (CIM) modalities are provided by Navy Medicine at various MTFs, with access to a variety of specific therapies depending on provider training and availability. Our NCPMP incorporates CIM strategies as part of a multidisciplinary approach to treating pain including education on acupuncture, spinal manipulation, massage, meditation and movement therapies. Our successful programs like the Naval Medical Center San Diego's (NMCSD) "Mind Body" Medicine (MBM) integrates CIM approaches and targets beneficiaries with chronic health conditions to gain control over their stress, improve their resilience and optimize their mind and body to best aid in their own recovery. To date, over 372 military personnel have been trained in the MBM curriculum with many bringing the training with them

to operational platforms. Program evaluation data show that participants in the various MBM programs at NMCSD greatly value the experience, have created new healthy habits and made significant improvements in psychological health. NCPMP and MBM leaders are actively developing integration of MBM within all levels of the NCPMP stepped-care model.

Navy Medicine implemented a pilot to actively manage Sailors and Marines on medical restricted duty. The Temporary Limited Duty Operations Program (TEMPO) started as a four month pilot at Naval Health Clinic (NHC) Cherry Point in June 2015 and resulted in an average reduction of 2.5 months on limited duty per service member. The program is currently being implemented across Navy Medicine with our focus on improved quality of care and earlier decisions on outcomes. All of us have a vested interest in ensuring all ill or injured service members are evaluated and treated in an expeditious nature, so they can return to duty at the earliest possible date. As a result, TEMPO is designed to provide the member time to heal, but with a multidisciplinary team approach overseen by both the member's command and the medical system, fostering Navy Medicine's mission to deliver a fit and effective fighting force.

Since last year, we have also fully deployed LIMDU SMART (Limited Duty Sailor and Marine Readiness Tracker) at all our Navy MTFs. This IT solution provides improved visibility on temporary limited duty personnel and enables more active management of these service members.

In support of the Navy's Sexual Assault Prevention and Response (SAPR) program, we initiated inter-Service training for our Sexual Assault Medical Forensic Examiners (SAMFE); an 80-hour SAMFE-A training course for health care providers. Our SAMFE providers require specialized training and clinical experience in medical-forensic evidence collection and treatment of sexual assault victims and suspects. This multidisciplinary and collaborative effort was undertaken to provide a tool to ensure our military providers conducting the Sexual Assault

Medical Forensic Exam are uniformly trained, competent, and informed to the current standards of practice and state of the science.

I want our Sailors, Marines and families to know that we are partnering with them in improving their health and wellness. Adopting a lifestyle of fitness, healthy eating, responsible use of alcohol and tobacco free living (to include electronic nicotine delivery systems such as e-cigarettes) can help reduce the incidence of disease and injury – and keep our personnel ready and on the job. Our efforts to reduce tobacco use include screening for tobacco use during every medical and dental visit, encouraging and assisting our active duty and beneficiaries to quit using FDA-approved medications and with counseling and promoting tobacco free living and work sites. Led by our Navy and Marine Corps Public Health Center, we also developed a robust tobacco free living website and produced new videos to encourage tobacco cessation free living. Simply put: Readiness, fitness and health are inextricably linked.

Building, Sustaining and Valuing the Navy Medicine Workforce

Navy Medicine is comprised of talented, dedicated and diverse health care professionals who serve around the world, in all environments, to support our Navy and Marine Corps forces. Our active duty and reserve military personnel – both officers and enlisted – and our Navy civilian colleagues are mission-ready and fully engaged in supporting our Navy and Marine Corps, regardless of location or assignment. They are fulfilling the promise we make to American families to provide the best care and support possible to those who serve. To this end, our human capital strategy must continue to emphasize the importance of recruiting, retaining, and rewarding our personnel.

We are grateful to Congress for the sustained funding of both active component (AC) and reserve component (RC) recruiting and retention incentives for Medical Department officers. These resources continue to be crucial to our efforts to attract and retain high quality personnel.

In FY2016, Navy Recruiting was successful in reaching 100 percent of the overall AC goal for Medical Corps, Dental Corps, Nurse Corps, Medical Service Corps and Hospital Corps. Correspondingly, overall AC manning in each Corps is good; however, we continue to focus on several challenging specialties within each Corps including: Medical Corps (general surgery, family medicine and psychiatry); Dental Corps (oral and maxillofacial surgery); Nurse Corps (critical care); Medical Service Corps (medical technology); and, Hospital Corps (submarine and dive independent duty corpsman, and Fleet Marine Force Reconnaissance). Careful assessment of these and other specialties is important as our support requirements to the Marine Corps increase and we expand programs such as embedded mental health in Fleet units.

While overall RC recruiting efforts attained 78 percent of the FY2016 Medical Department goal, accessing RC Medical Corps officers, largely through the direct commission market, remains a challenge. Overall RC Medical Corps manning is 85 percent; however, specialty shortfalls exist for orthopedic surgery and general surgery. To address these needs, Navy Recruiting Command will focus on residents in these specialties for the Training in Medical Specialties (TMS) program, which is offered to trainees who are now in or categorically matched to a residency program in a critical wartime specialty needed by the Navy Reserves. As an enhanced incentive, the TMS program increased student loan repayment to $210,000 from $50,000 (while the stipend amount remains the same at $2,239/month). The Navy Recruiting Command's goal is to reach a younger physician audience by targeted recruiting efforts with the TMS program. For the RC Nurse Corps, the stipend program as well as retention and recruiting bonuses have had a significant impact in improving manning in the perioperative nurse, certified registered nurse anesthetist and mental health nurse practitioner communities. Navy Recruiting Command, in conjunction with the Navy Reserve, continues to emphasize enhanced incentives

and targeted new programs to attract these medical professionals, recognizing the challenges inherent in an improving health care labor market.

A healthy and diverse student accession pipeline is vital to Navy Medicine. In FY2016, a total of 48 Medical Corps officers graduated from Uniformed Services University of the Health Sciences (USUHS), 193 entered active duty from the Health Professions Scholarship Program (HPSP), 18 from the Health Services Collegiate Program (HSCP), 30 from the Navy Active Duty Delay for Specialist program, and 13 from the Financial Assistance Program. Additionally, 82 Dental Corps officers entered active duty from HPSP and 26 from HSCP while eight Medical Service Corps officers entered from HPSP and 47 from HSCP. Seventy-two Nurse Corps officers entered active duty from the Nurse Candidate Program.

Within Navy Medicine, vibrant education and training programs are essential to providing confident and well-trained health care providers in any operating environment. Our leaders and the American public expect nothing less. We also recognize that training and credentialing opportunities serve as an important retention tool for retaining our best and brightest. Our officer programs are reviewed annually, and executed to ensure the requisite provider expertise to support the Navy and Marine Corps operational mission. Enlisted medical education and training complement the team approach to health care. In this regard, we continually review and adjust initial and advanced skills curricula to best meet current and future requirements. The CNO has clearly articulated his priority that all of us in the Navy must "achieve high velocity learning at every level." For us, this imperative includes leveraging cost-effective technologies, including medical modeling and simulation capabilities, to accelerate learning and reduce re-work.

Our Navy civilians have important responsibilities – providing care, conducting research, maintaining our clinical and business operations – but one of the most important jobs is the

training and professional mentorship they provide to our military staff. Our civilians represent the expertise and continuity in our MTFs, labs and supporting commands as the military staff regularly rotate to other assignments and locations.

The health care occupations employed by Navy Medicine are in high demand in the private sector; therefore, we utilize an aggressive enterprise and command-level retention and recruitment strategy for these positions. We continue to leverage authorized flexibilities by utilizing several special hiring authorities including Expedited Hiring Authority (EHA) for Certain Health Care positions, and Direct Hire Authority (DHA) for hard-to-fill health care positions. In FY2016, 378 positions were filled at Navy Medicine commands using EHA and DHA authorities. We recognize, however, that like other Department of Navy activities, our most significant demographic concern is an aging workforce with 30 percent of our civilians eligible for early or voluntary retirement. Navy Medicine uses the flexibilities and authorities given to us to mitigate losses due to retirement including Physician/Dentist Pay Plan Special Salary Rates and recruitment incentives.

In support of the CNO's Navy Civilian Workforce Framework, I directed the establishment of a Navy Medicine Civilian Corps Chief, similar to the leadership model in place for our other Medical Department Corps, to strengthen the role of leading and managing our 11,400 civilians, particularly in areas of recruiting, training and workforce development.

Advancing Cutting-Edge Research and Development

Navy Medicine Research and Development (R&D) is essential to our force health protection mission and a key component to advancing global health engagement priorities. The facilities in the United States and overseas, staffed with talented researchers and clinicians, are vital to Navy Medicine as we keep pace with new and precision-based therapies for our patients. The Naval Medical Research Center (NMRC) and its subordinate laboratories have continued to make

strong progress in addressing our military relevant research priorities in all areas of the globe so that we can better protect our deployed service members. These areas include, but are not limited to, warfighter performance, combat casualty care, aerospace medicine, infectious diseases, biological defense, and undersea medicine. During my site visits throughout Navy Medicine I have had the opportunity to see firsthand the innovative work being performed by our researchers.

I cannot overstate the importance of collaborations and partnerships. They are fundamental to our work, both domestically and internationally. Our labs work extensively with outside partners, both academic and corporate, bringing in external researchers to contribute toward shared goals. Mechanisms such as Cooperative Research and Development Agreements (CRADAs), Material Transfer Agreements, Memoranda of Agreement, and Memoranda of Understanding now number in the hundreds and also provide a mechanism to support and accelerate Navy research – all focused on protecting, treating, and enhancing the health and performance of Sailors and Marines.

A common mission for our OCONUS labs is to provide direct surveillance and subject matter expertise to host nation governments, enhancing regional security and stability through health engagements. Our commands work closely with their host nations' Ministries of Health and Ministries of National Defense to identify and prioritize regional disease threats of relevance to them and especially to our forces. Research efforts leverage these relationships to both strengthen host nation medical capacity and economize the efforts of DoD researchers.

Our Navy Malaria Program continues to make progress in the development of a malaria vaccine. Our researchers focus on safety, tolerability, and efficacy results from clinical trials. We are partnering with Walter Reed Army Institute of Research (WRAIR), DoD OCONUS medical research laboratories, as well as government, academia, private foundations and

biotechnology partners to develop a malaria vaccine to prevent malaria morbidity and mortality in military personnel and in vulnerable populations world-wide. In addition, NMRC-Asia, headquartered in Singapore, is conducting anti-malarial drug efficacy and resistance studies in Thailand, Cambodia and Vietnam designed to evaluate optimal anti-malarial regimens.

We are also actively engaged in initiatives to develop therapeutic antibodies to militarily relevant diseases caused by viruses such Zika, Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV), Chikungunya and others. This research supports the development of effective therapeutic antibodies for human use that can be prepared in as little as three months.

We are partnering on two new initiatives to identify and counter emerging disease threats, such as Ebola, in West Africa. These programs, the Joint West Africa Research Group (JWARG) and the Joint Mobile Emerging Disease Intervention Clinical Capability (JMEDICC), seek to develop clinical and diagnostic capacities to both identify and respond to emerging disease threats. A key mission of both programs is the development of the in-country medical infrastructure to provide critical support toward the FDA licensure of therapeutics and vaccines against emergent diseases, including Ebola.

Our researchers are also engaged in partnerships in the emerging area of precision medicine. Of particular note is work underway at NMRC with Weill Cornell Medical College of Cornell University and University of California, Davis to identify risk and optimize interventions for the treatment of post-traumatic stress disorder (PTSD) and mild TBI, as well as other, more chronic or progressive medical disorders. Their work in developing predictive and customized models derived from population data can help build resilience and target interventions specific to individuals at risk as well as those who have previously suffered a traumatic event.

Way Forward

As the Navy Surgeon General, I have the privilege of meeting with Navy Medicine shipmates serving in the Fleet, with the Marines and in our MTFs, research labs and training commands. It's inspiring to see the outstanding work being done to support Sailors, Marines and their families. I always, however, reiterate that the demands on Navy Medicine will continue to increase. The operational tempo of our Navy-Marine Corps remains high, with naval forces operating forward around the world. We have no greater calling than to ensure we are doing all we can to provide the best care our nation can offer and do all in our power to return home alive, safe, and well those who have volunteered to defend our freedom. Whether on day one of combat, alongside them around the world, or ensuring they are healthy and ready here at home, we have no greater priority. This is what sets us apart from all others. I take seriously our commitment to ensure that the men and women of Navy Medicine have what they need and are able to do what they must to honor that trust placed in our hands to safeguard the health and wellbeing of those in uniform, one day and if at all humanly possible, returning them home safely to those they love with the gratitude and admiration of a thankful nation for their sacrifice.