

Joint Task Force National Capital Region Medical: Integration of Education, Training, and Research

Col John S. Murray, USAF NC

ABSTRACT In 2005, the U.S. Department of Defense announced that two of the Department's largest medical centers (the Army's Walter Reed Army Medical Center and the Navy's National Naval Medical Center) would integrate. This integration, which also includes the Air Force's Malcolm Grow Medical Center, Fort Belvoir Community Hospital, and the Uniformed Services University, will establish a model for future military health care, education, training, and research. This article describes an evolving transformation of health services in the National Capital Region through the establishment of the Joint Task Force National Capital Region Medical.

The Military Health System needs a world class regional health care system focused on leading and advancing military health care, research and education.

—Vice Admiral John Mateczun, Medical Corps, United States Navy, Commander,
Joint Task Force National Capital Region Medical

INTRODUCTION

In response to a major reorganization of military health services, the Department of Defense established the Joint Task Force National Capital Region Medical (JTF CapMed) on the National Naval Medical Center campus in Bethesda, Maryland in September 2007 (Fig. 1). This new joint medical command reports directly to the Secretary of Defense through the Deputy Secretary of Defense and is responsible for leading the consolidation and realignment of military health care in the National Capital Region.¹ This article describes the evolving transformation of military health services in the National Capital Area including education, training, and research activities.

JTF CAPMED BACKGROUND

JTF CapMed was established to lead the integration of military health care in the National Capital Region. The Command is charged with overseeing the creation of a world-class medical center as the hub of the area's military health system. It is also responsible for ensuring readiness and executing the base realignment and closure (BRAC) business plans. The foremost goal is serving the United States military and the nation.¹ The medical branches of each of the military services in the nation's capital, in collaboration with the Uniformed Services University of the Health Sciences, are working jointly to ensure all resources are appropriately utilized to attain this vision. Emphasis has simultaneously been placed on ensuring that redundancies are removed, health care services improved, health professions education and joint training advanced, and research opportunities expanded. The Secretary of Defense recommended that JTF CapMed establish partnerships across

the Department of Defense (DoD) and with government, private, and community agencies to achieve these goals.

Establishment and Command

On September 14, 2007 the Deputy Secretary of Defense established JTF CapMed under the command of then Rear Admiral John Mateczun who was directed to set up minimum capability no later than October 01, 2007. When the new command was fully developed with personnel and resources, full operating capability was declared on September 30, 2008. JTF CapMed is the military's first fully functional medical Joint Task Force (established with a specified enduring mission) reporting directly to the Secretary of Defense (SECDEF) through the Secretary's deputy with command authority over assigned service component commands (Air Force, Army, and Navy medical commands) (Fig. 2). The service component commands consist of the respective commanders and all those forces (personnel, units, and organizations) under their command.

A three-star Flag/General Officer has command of this Joint Task Force per section 601 of Title 10, U.S. Code. Furthermore, senior military leaders determined that this billet would be a medical department position. This senior medical officer in the joint operating area has responsibility for world-class military health care in the National Capital Region (NCR).² The three military services have historically functioned independently. Placing this joint entity, and three-star leadership position, above the military service level promotes greater integration and coordination of medical assets. It is expected this will improve effectiveness and efficiency in accomplishing the mission.

Mission and Authorities

JTF CapMed is charged with overseeing, managing, and directing integrated health care delivery by military medical

J7—Director of Education, Training, and Research, Joint Task Force National Capital Region Medical, 8901 Wisconsin Avenue, Bethesda, MD 20889.

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units within the joint operating area and ensuring the military medical readiness of assigned personnel.^{1,2} The area of responsibility consists of 37 medical units: 3 Air Force, 18 Army, and 16 Navy (Fig. 3). JTF CapMed also directs, manages, and distributes requisite resources such as people, infrastructure, and inventory to all military health care assets within the area. Other responsibilities include the establishment of a joint transition plan and oversight of the implementation of BRAC business plan 169: formation of Walter Reed National Military Medical Center (Fig. 4) and construction of

the new Fort Belvoir Community Hospital (Fig. 5) and related military construction projects. JTF CapMed will develop and maintain interagency (two or more government agencies such as DoD, United States Department of Health and Human Services, and/or Department of Veterans Affairs) and private partnerships (collaboration of government agencies with one or more private sector companies such as civilian hospitals) as needed for carrying out the mission of providing coordinated medical support for contingency response to disasters and/or threats.¹



FIGURE 1. JTF CapMed Headquarters, Bethesda, Maryland.

JTF CapMed Staff Organization

The organizational structure of JTF CapMed consists of a three-star Flag/General Officer Commander, a one-star Flag/General Officer Deputy Commander, an Air Force or Army Colonel/Navy Captain Chief of Staff, and a Senior Enlisted leader (Command Chief Master Sergeant [Air Force], Command Sergeant Major [Army], or Command Master Chief [Navy]) in addition to six Air Force or Army Colonel/Navy Captain Directors and one civilian Director (Fig. 6).¹ Each of these positions (except for the civilian billet) is a nominative position. Personnel from all three services may compete. Having each of the military services equally represented on the senior staff at all times is the goal of this process.

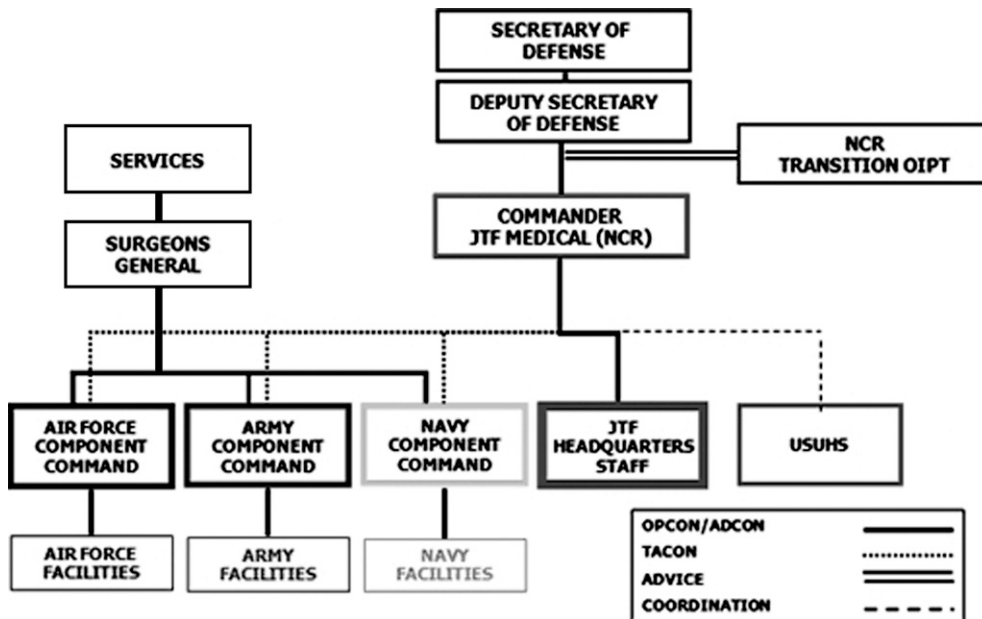


FIGURE 2. JTF CapMed relationship to Office of the Secretary of Defense and Service Component Commands. NCR (National Capital Region) Transition OIPT (Overarching Integrated Product Team) – Serves as advisor to JTF Commander on matters brought before Deputy Secretary of Defense. Operational Command (OPCON) – Responsibility for daily activities of forces belonging to JTF CapMed. Administrative Control (ADCON) – Exercise of authority over administrative support including control of resources and equipment, personnel management & unit logistics. Tactical Control (TACON) – Authority to use forces belonging to JTF CapMed or military capabilities to meet specific missions or tasks. Advice – provide an opinion/recommendation on a course of action. Coordination – work together with JTF CapMed on items of shared interest.

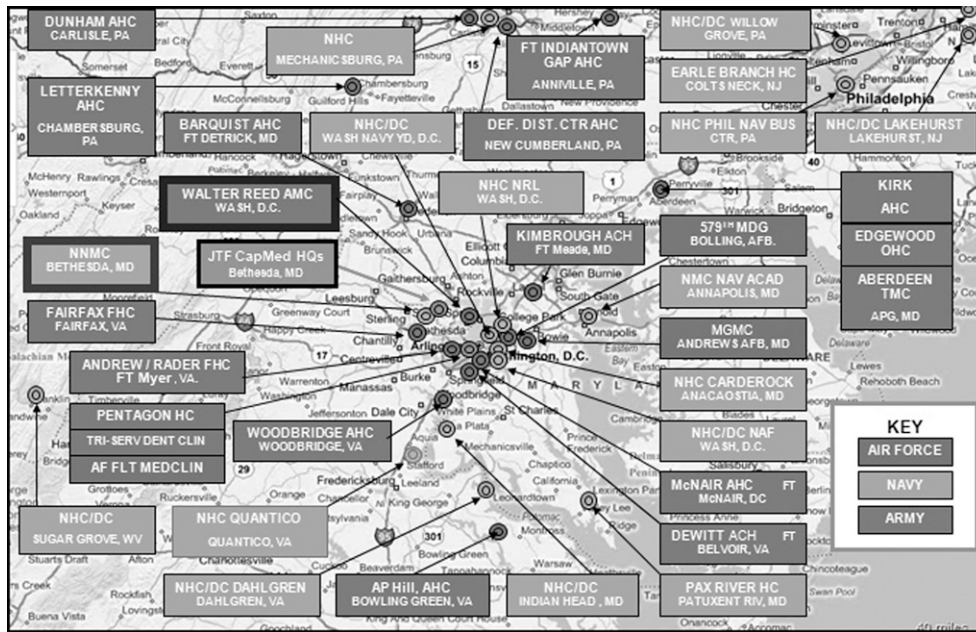


FIGURE 3. JTF CapMed integrated regional health care delivery system.



FIGURE 4. Artist's rendering of the renovation and construction of the new Walter Reed National Military Medical Center, Bethesda, Maryland.



FIGURE 5. Artist's rendering of the new community hospital at Fort Belvoir, Virginia.

VISION AND PRIORITIES

The JTF CapMed vision is to create a world-class medical center, Walter Reed National Military Medical Center (WRNMMC), at the hub of the nation's premier regional health care system serving the United States military and the nation. Inherent in this vision are five overarching priorities: casualty care, caring for caregivers, be ready now, regional health care delivery, and common standards and processes. As the nation's principal reception site for casualties returning from Iraq and Afghanistan, the number one priority of JTF CapMed is care of these Operation Enduring Freedom and Operation Iraqi Freedom casualties and their families.

Wounded military personnel are surviving in greater numbers than in previous conflicts. Caregivers are faced with providing long-term complex health care services for these patients. This care requires significant time, compassion, and dedication and can be emotionally difficult for caregivers.

JTF CapMed is dedicated to ensuring that all health care personnel providing this care are provided with the support they need to provide this care.¹ In collaboration with the U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas, JTF CapMed launched an educational program aimed at caring for the caregiver. Caregivers learn to identify, manage, and alleviate stress that develops as a result of working with patients recovering from traumatic events such as war-related injuries. Experts in this field provide seminars on recognizing and treating caregiver stress and have compiled an extensive list of web-based caregiver resources for reference (<http://www.jtfcapmed.mil/EducationalResources.asp>). Prevention training stresses risk factor identification, protective factors/prevention strategies, and self care approaches. Future courses and resources will focus on stress-management techniques.

The events of September 11, 2001 demonstrated the importance of being ready for threats with the appropriate resources

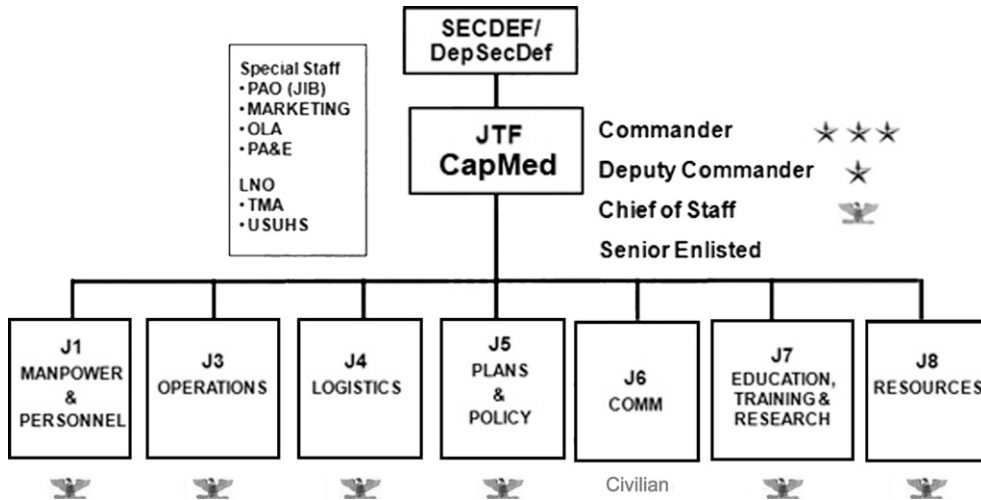


FIGURE 6. JTF CapMed staff organization.

Public Affairs Office (PAO)/Joint Information Bureau (JIB) – ensure public and press are informed about JTF CapMed activities.

Office of Legislative Affairs (OLA) – serves as primary liaison to members of Congress and their staffs.

Program Analysis and Evaluation (PA&E) – analyzes and evaluates plans, programs, and budgets.

Liaison Officer (LNO) - Serve as liaison between JTF CapMed and other federal agencies (e.g. Uniformed Services University (USU), TRICARE Management Activity (TMA)).

and trained personnel to respond on short notice. JTF CapMed is ensuring that personnel have the right disaster response and medical equipment, and have planned and trained with both federal and civilian agencies for emergency response situations. Military personnel are prepared should they be called upon to respond to disasters ranging from hurricanes and flooding to biological attacks and terrorist activities.¹

Joint planning for the effective and efficient delivery of health care services on a regional basis is the key to quality and to JTF CapMed mission success. It is vital that clinical services are optimized across the entire NCR, not just in individual military treatment facilities. For example, JTF CapMed has directed that the military services examine and address primary care shortfalls across the joint operating area. Clinical operations work groups have been tasked to explore regional resource sharing contracts to sustain access to primary care and capitalize on adjacencies across military services. Primary care services will be aligned where the care is most needed.

Achieving common business and clinical processes will be essential to maximize regional potential to ensure the delivery of only the highest quality of care, ensuring patient safety and superior outcomes for those served throughout the NCR.¹ Case in point, JTF CapMed leadership has directed that appointment processes for patients be standardized. Guidelines were developed and implemented in July 2008 that emphasize how patient appointments will be managed.

J7—EDUCATION, TRAINING, AND RESEARCH ORGANIZATIONAL DESIGN AND STAFFING

The J7 directorate is responsible for education, training, and research activities in the joint operating area. The department is led by an Air Force/Army Colonel or Navy Captain Director; a civilian Deputy Director; and a Chief of Health

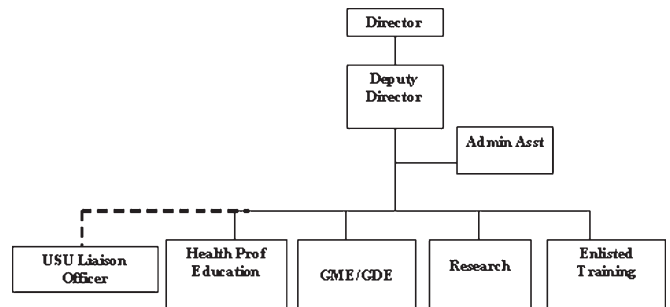


FIGURE 7. J7 organizational structure.

Professions Education (HPE), Graduate Medical/Dental Education (GME/GDE), Research, and Enlisted Training (Fig. 7). In addition, the Uniformed Services University (USU) has a liaison officer who also works closely with the directorate. Currently this liaison is an associate professor in the USU School of Medicine.

J7 Roles and Responsibilities

J7 personnel serve as principal staff to the Joint Task Force Commander on health professions education, training, and research issues and functions that evolve in the joint operating area during transformation. Incumbent on this directorate is the primary responsibility and oversight of increasing military education, training, and research capacity by providing opportunities for personnel to engage in programs needed to meet mission requirements. Ensuring that military medical education programs appropriately prepare future health care providers and leaders is essential to mission success.³ The J7 is also responsible for developing partnerships for collaborative education, training, and research among the military ser-

vices, among other federal institutions such as the Department of Veterans Affairs and the Department of Health and Human Services, across health care professions such as nursing and medicine, and with civilian agencies such as local hospitals and academic institutions. De Lorenzo (2006) noted that these collaborative efforts are critical to moving military health professions education in a positive direction.³

JOINT EDUCATION, TRAINING, AND RESEARCH ACTIVITIES

The SECDEF's justification for the establishment of WRNMMC was, in part, to transform legacy military medical centers into a world-class joint operational platform.⁴ Creating a joint education, training, and research platform in the NCR is optimal because of colocation with other institutions such as the National Institutes of Health, the National Cancer Institute, the National Intrepid Center of Excellence for Traumatic Brain Injury and Psychological Health (Fig. 8), USU, the National Library of Medicine, Armed Forces Radiobiology Research Institute, and Suburban Hospital.

Since October 2007, the J7 has executed joint initiatives to prepare for the future state of education, training, and research in the NCR. Examples of these initiatives as they relate to GME/GDE, HPE, enlisted training, and research are given.

GME/GDE Initiatives

The construction of a new medical center caused some to be concerned about educational programs. Specifically, there was concern that USU might need to shift students away from construction and transition sites (Walter Reed Army Medical Center/National Naval Medical Center) to other more distant teaching locations due to construction, clinic displacements, and difficulties with installation access and parking. In response, the JTF in collaboration with USU wrote a plan for monitoring education during this transition period. The Assistant Dean of Clinical Sciences at the university Office



FIGURE 8. Artist's rendering of the National Intrepid Center of Excellence for Psychological Health and Traumatic Brain Injury, Bethesda, Maryland.

of Student Affairs meets with all Clerkship Directors on a regular basis. Education concerns related to construction and transition are a standard agenda item for this group to discuss. Concerns from the university are raised to the J7. Directors have shared concerns regarding a shortage of ample parking and the temporary relocation of the National Naval Medical Center education office. Concerns were immediately addressed by seeking ways to increase shuttle bus service between medical centers. Education directors created a satellite office to address concerns regarding the temporary relocation of their office space. To date, there has been no disruption to educational programs.

Education experts have also developed a plan for the future state of the National Capital Consortium. Residency programs accredited by the Accreditation Council for Graduate Medical Education must operate under the control and authority of one sponsoring institution. JTF CapMed recommended not making any changes to the sponsoring institution until 2011 when WRNMMC is established and consortium administrative documents need to be rewritten and signed with the dissolution of the Army medical center. Consistency of the consortium as the sponsoring institution until 2011 has likely assured the accreditation council of educational program stability despite transformation efforts between the major medical centers.

HPE Initiatives

The health professions education working group has focused efforts on a number of initiatives to meet mission requirements. Members have created dashboards to monitor education and training needs across the NCR. This will mitigate the risk of skill shortages in the future or lack of alignment with mission requirements.

Education experts have also examined the medical library infrastructures across the region and explored the possibility of an integrated medical library that would be maintained by USU. Although there will always be a need for some library space in medical facilities sponsoring education and training programs, the proliferation and ease of electronic resources also means that contemporary libraries do not require the expansive space requirements they have in the past. Ever-changing library technologies are increasingly making sprawling libraries obsolete. Efforts continue to determine what the exact library needs are for the NCR. Working group members partnered with the U.S. National Library of Medicine, the Johns Hopkins University, and the Johns Hopkins Hospital and Health System to explore possibilities for an integrated medical library system that meets mission requirements.

Transformation of education and training in the NCR has resulted in increased attention to simulation laboratory training as a vehicle to meet training needs especially as it relates to preparing military personnel to care for wounded troops both on the battlefield and at home. Studies of simulation

have expanded dramatically in number and scope in recent years and have reported the benefits associated with its use.⁵ Simulation and training laboratories are designed to provide students with the opportunity to learn critical skill sets through the use of virtual environment technology and in so doing address military training deficits. JTF CapMed has partnered with USU and community leaders in simulation training such as Washington Hospital Center's innovative Clinical Simulation Center to explore ways to provide this training for military medical personnel.

Training Initiatives for Enlisted Personnel

Each service has its own unique training requirements, culture, medical delivery systems, and enlisted medical scope of practice. It was evident from the start of the new joint partnership that collaboration, training, and medical enlisted competencies needed to be established and promulgated to facilitate interoperability and maximize cooperation between the three services. To begin this transformation with the enlisted medical community, a competency-based orientation program for enlisted medical personnel was developed and approved by JTF CapMed. Enlisted medical personnel require robust clinical skills for high performance in the military health care setting. Competency-based training is a method of job-related education and training that places emphasis on what enlisted medical personnel can do in the clinical setting as a result of completing a program of training. The joint competency-based orientation program for nonlicensed (not a licensed vocational, practical, or registered nurse) Army, Air Force, and Navy enlisted medical personnel is in alliance with similar efforts that have been developed and implemented at Landstuhl Regional Medical Center, Germany. The desired effect of this program is to standardize the scope of practice for this in a garrison environment at all medical facilities in the region with enlisted medical personnel from all three services and/or supporting joint rotations for enlisted personnel. Over the coming months the Education, Training, and Research Directorate and Enlisted Training Cell, in collaboration with nursing subject matter experts from each service, will coordinate implementation of this program with military treatment facility Education and Training Departments, establish a joint training plan, and create a joint training record for documentation of competencies.

The senior enlisted experts also developed a Joint Senior Enlisted Orientation Course with the explicit purpose of providing senior enlisted leaders with the knowledge needed to work in a joint environment such as cultural differences in the services, customs and courtesies, language/terminology, dress/appearance standards, discipline, and promotion requirements.

Research Initiatives

Military research in the National Capital Region is also being transformed. Partnerships with the USU, Department

of Veterans Affairs, National Institutes of Health, and United States Department of Health and Human Services are being explored and expanded upon as needed to meet mission essential requirements. Currently, initiatives are under way to create a joint electronic Institutional Review Board (IRB) process that meets the needs of the entire joint operating area. It is hoped in the near future that military researchers will be required to meet only one IRB when conducting research in more than one military treatment facility in the region, using an electronic IRB (eIRB) system.

eIRB is a paperless, electronic process to submit, track, and review scientific, regulatory, and compliance information required for the safe conduct of human subjects research. The system provides a platform for the IRB and other research compliance committees to share critical information regarding the submission and review of new research proposals, events, and continuing reviews. This system ensures redundancies are removed by streamlining submission and review processes, cutting administrative work, and facilitating coordinated communications.⁶ Pilot testing of an eIRB system is currently under way through pilot funding provided by the Telemedicine and Advanced Technologies Research Center at the U.S. Army Medical Research and Materiel Command.

Research experts are also working on a standard operating procedure for a scientific review process, standardizing an internet-accessible research web site and converting paper-based publication clearance to a digital system.

CONCLUSION

The Military Health System is evolving to meet new demands and changes in the environment. The establishment of the JTF CapMed is an example of the system's evolution. The transformation of military health care in the NCR will provide many opportunities for improved services. Transforming the military health system is not easy. However, it is critically important to change the system in ways that will make it more effective and efficient. An unprecedented historical opportunity exists to create the future of military health care for generations to come.

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