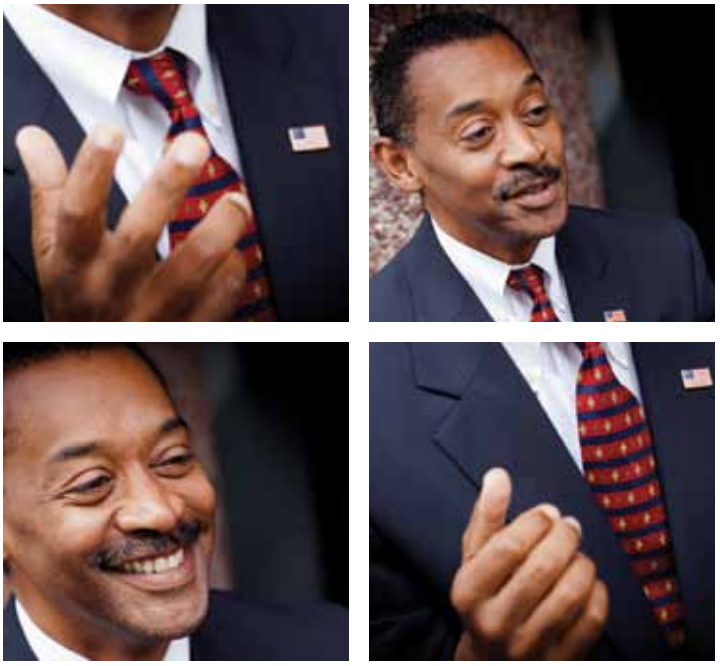
A Conversation with Jonathan Woodson, M.D. Assistant Secretary of Defense for Health Affairs U.S. Department of Defense

The medical mission of the U.S. Department of Defense is to enhance DoD's and the country's security by providing health support for a full range of military operations, as well as sustaining the health of all service members and their families. DoD's military health system works to ensure that the total military force is medically ready to deploy and that the medical force is ready to deliver health care anytime, anywhere. What is the Military Health System's Quadruple Aim? How is DoD ensuring that it has a healthy and fit force? What does the future hold for the Military Health System? Jonathan Woodson, M.D., Assistant Secretary of Defense for Health Affairs, joined me on The Business of Government Hour *to discuss these questions and so much more.—MJK*



On the History of the Military Health System

The Military Health System has a long and honored tradition. It really goes back to the days of the Revolutionary War when provisions were made for the medical care of soldiers. It's interesting; during the early part of the history of our country, the medical forces, if you will, were always retired at the end of the conflict, and no permanent provision was really made for a medical system until later in our history. Obviously, there was an expansion of the medical system to support the military operations. This was the first time that perhaps medical records and an evacuation system were used. There were even publications about the medical care that was delivered. We can't really talk about a system of care until we get into World War I; then we saw an expansion of the medical system to support the large number of casualties. Through World War II, the system became refined—specialties came about, the advancement of field labs and surgical units. With the advent of helicopter transport, we were clearing the battlefield much more efficiently; it allowed for the development of specific surgical techniques. My background is as a vascular surgeon. It was during the Korean War [when] many of these techniques began. The casualties were coming from the battlefield much sooner, with cleaner wounds that were not infected, so you could do surgical repairs.

We fast-forward to today's conflicts and 10 years of war. One of the signature advancements in the Military Health System has been the rapid evacuation of casualties within 24 to 48 hours, reuniting them with their families, getting them to definitive care centers in either Germany—Landstuhl—or back here in the continental United States. We advanced not only the clearing of casualties in the battlefield, but the quality of the care given to them. Our survival rates are the highest in recorded history, the died-of-wounds rates the lowest in history. We try and bring every bit of technology and know-how to make sure that soldiers, sailors, airmen, and Marines survive when they go in harm's way.

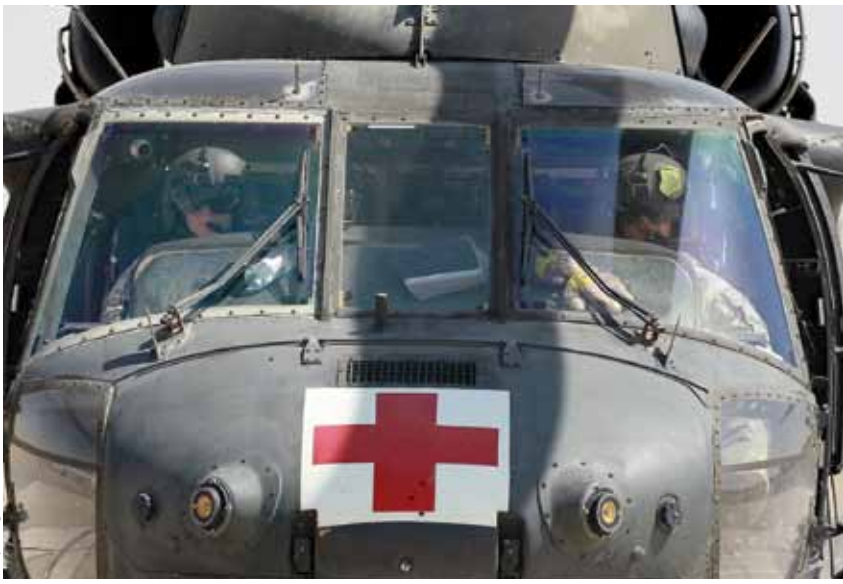
On the Mission of the Military Health System

The Military Health System is a worldwide enterprise. We have about 140,000 folks who work within the MHS. We have a network of over 350,000 to 380,000 practitioners who provide care to our people through established integrated

networks including hospitals, clinics, combat casualty care, research, and academics. It's a full-service health enterprise. This year we're looking at a budget of about $52.5 billion. We are also responsible for what we call garrison care. This is the routine care similar to that in the civilian sector. We also have the Uniformed Services University, which has a medical school, graduate nursing programs, graduate psychology programs, programs in public health, and, of course, a robust research effort. We also have a much larger medical research effort, the largest of which is the U.S. Army Medical Research and Material Command. We also have a series of labs around the world that do infectious disease surveillance.

As the assistant secretary of defense for health affairs, I am the principal advisor to the secretary of defense on all matters related to military health. I'm basically the chief executive officer of all of the things outlined above. I am responsible for not only setting policy, but also responsible for managing the Defense Health Program that totals $52.5 billion. We set the priorities of MHS in partnership with the uniformed military services. It's a great partnership. The services train, man, and equip the force, and deliver the care within the direct system. We have TRICARE—the insurance program that provides an integrated set of networks with the civilian partners to deliver care to all of our retirees, beneficiaries, and members of the service.

My top challenge is to provide superior, high-quality, and safe care to wounded warriors that clearly aims to restore every service member to the highest functioning level after injury or illness. There can be no higher mission. I see the MHS as a learning organization. As good as the statistics [are] about survival rates and died-of-wounds rates, we need to constantly improve. We always need to look at what we don't do as well and improve. We have really got to push the envelope and establish the models for care. We have a responsibility for improving medical care. This is part of our long and honored history.



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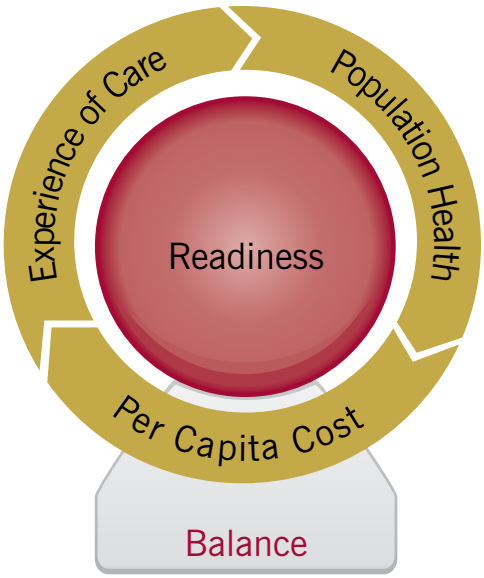
Quadruple Aim



On Achieving the Quadruple Aim

The Quadruple Aim refers to our strategic goals for improving the patient care experience, population health, and managing cost. All of this is wrapped around our core mission of readiness. We have to be prepared to deploy, engage, and support the troops in harm's way in any part of the world at any time. Our job is to keep the force healthy and prepared. This comprehensive strategy assures that our system of care is aligned, balanced, and patient-centered. Clearly, the issue of readiness is very important. It's all tied together, because if you don't improve and maintain population health, you can't have readiness.

On Treating Traumatic Brain Injury

Traumatic brain injury (TBI), the signature injury of the current wars, is a range of conditions that generally result from the ubiquitous IED blast. It's a range of conditions from very mild disordering of brain function that is temporary to more serious types of brain injury, such as might occur with a penetrating gunshot wound to the head. We have taken a structured approach to managing this problem from the time of the blast. We have a directive that spells out very clearly what is to happen with service members who have been

exposed to blasts. They are given an assessment almost on the spot if they're within 50 meters of the blast. Those that show signs of having a concussion go on to the next level of medical review. Those who have evidence of significant concussion go to the in-theater restoration centers where they can rest and receive proper care.

Most of what we call mild TBI or MTBI will resolve on its own. A few will go on to have some chronic symptoms. We have a robust set of clinical and research programs to find out how best to manage chronic concussive syndromes. These therapeutic strategies include medicines as well as alternative therapy, acupuncture, and other types of therapies that have resulted in very, very good outcomes. Moving to the far end of traumatic brain injury, the severe traumatic brain injury where there may be damage to the skull and brain from penetrating trauma, there has been remarkable improvement in both the neurosurgical approaches and the neuroscience understanding of traumatic brain injury. One such approach is inducing coma and removing the skull cap to allow the brain to swell. Using medications has produced an amazing improvement rate with serious head injury. Another story that fits into that same context is Congresswoman Gifford's story. She was actually cared for by former active duty surgeons who were battle-tested and learned these techniques. She went through some of those same procedures and, it appears, [has experienced] an amazing recovery.

With research, we are trying to identify biomarkers for traumatic brain injury and then delivering programs that are looking at neuroprotective agents—medicines that will protect against further damage after a traumatic brain injury. I think greater society is going to benefit from what we learn.

We also have the Defense Center of Excellence dedicated to the issue of advancing our knowledge and understanding of how to manage traumatic brain injury and psychological health disorders. They represent both intramural and, most importantly, extramural programs so that we can cull the best information that is around, transform it into usable knowledge, and then disseminate it into the field for rapid improvement in care. In collaboration with the U.S. Department of Veterans Affairs, we really are extending this improved care [to] our veteran population as well.

On the Psychological Health of a Ready and Fit Force

Think about this. We draw into the military from the general population. Only about one in 10 individuals really are

Soldier Mitchell Raymond Comer sits quietly aboard a medical transport helicopter after his unit was hit by a makeshift bomb. Any soldier who comes in contact with a blast is taken to the hospital for treatment.

suitable for military life, either because of their own personal preferences or prior legal issues, substance abuse issues, mental health issues, et cetera. We need to invest in strategies that allow more individuals to come on active duty if they so choose. What am I talking about? I'm talking about what we call building resilience in individuals. It's the ability to give folks who may not have had proper nurturing the skills to cope with problems of life, to live through difficult times. To make them understand the issue of how you nurture mind, body, and spirit relationships. Our job is not only just to take people as they are when they come in, but try and make them better. Enhance them, enhance their innate coping abilities. This is part of building healthy populations and it gets back to our strategic aim.

It's about teaching coping skills. Most importantly, it's about creating the culture and conditions where people can ask for help when they need it. We have launched the *Real Warriors Campaign* designed to combat the stigma associated with seeking psychological health care and to encourage service members, veterans, and their families to use the psychological health resources available to them. Through the campaign, we are seeking to promote resilience, recovery, and reintegration.

We've added 20,000 new mental health providers to our network. We have created staffing models within the Military Health System to ensure that we have adequate numbers of mental health providers. We've embedded mental health providers in units and deployed these providers on the battlefield to assess the condition and stresses on our force.

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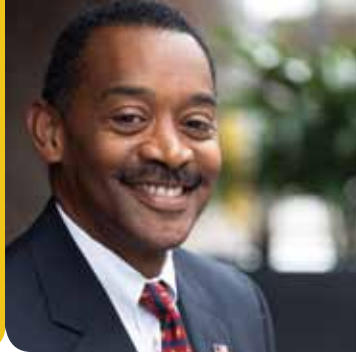
— *Jonathan Woodson, M.D.*



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We've embedded mental health professionals in our patient centered medical homes. We have routine surveys and questions we pose to service members to measure their level of stress and make sure they receive the care they need.

With the Department of Veterans Affairs, we have established a robust telemental health program. Using the Internet, individuals can have a face-to-face counseling session. We've also established the *TRICARE Assistance Program* (TRIAP), a 24/7 web-based counseling program that uses audiovisual features to provide online access to behavioral health care counseling for short-term, non-medical issues. We've taken a broad strategy to supporting the mental health needs of the force.

On Advancing Medical Care and Research

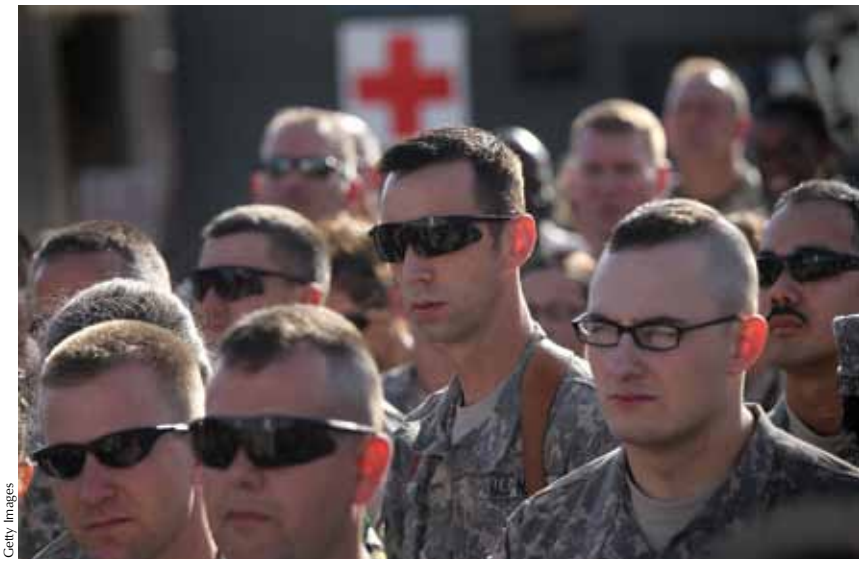
The issue is not only one of saving the servicemen and women on the battlefield, but the aim really is to ensure that we restore them to the highest functioning capability possible when injured. This means providing occupational therapy and counseling. It involves fitting certain wounded with advanced prosthetics. It means longitudinal care and researching new ways of regenerating human tissue. We've pursued projects exploring hand transplants, soft tissue regeneration, scar modification, new skin development, and burn therapies.

It's about a commitment, a long-term commitment to improving the strategy for care and rehabilitation. We have counselors who prepare our wounded warriors for the next stage in their life if they choose to leave the service. Here's an interesting statistic: one in five amputees stay on active duty. Twenty-seven have returned to their combat zone. This is a testament to the medical care that is delivered, but it's also a testament to the character of these young men and women who have signed up to serve this nation. They're committed to building lives and continuing with their lives. They're committed to serving.

On Managing Costs

This is not a simple issue and it requires a menu of solutions. The factors that are increasing the costs of care in the private sector also affect us. Seventy percent of our retirees, for example, receive their care in the private sector. Whatever is happening in the private sector is going to influence our costs. The contributors to the increase in costs are the expanding use of technology, increased utilization of services, and increased pharmacy costs.

One way we are managing cost involves strategies that incentivize patients to move from retail pharmacy to mail-order pharmacy. This shift has many benefits. For instance, having a three-month supply of medicines delivered directly to patients via the mail reduces the potential of patients possibly missing a dosage. It also costs our beneficiaries less to get home delivery.



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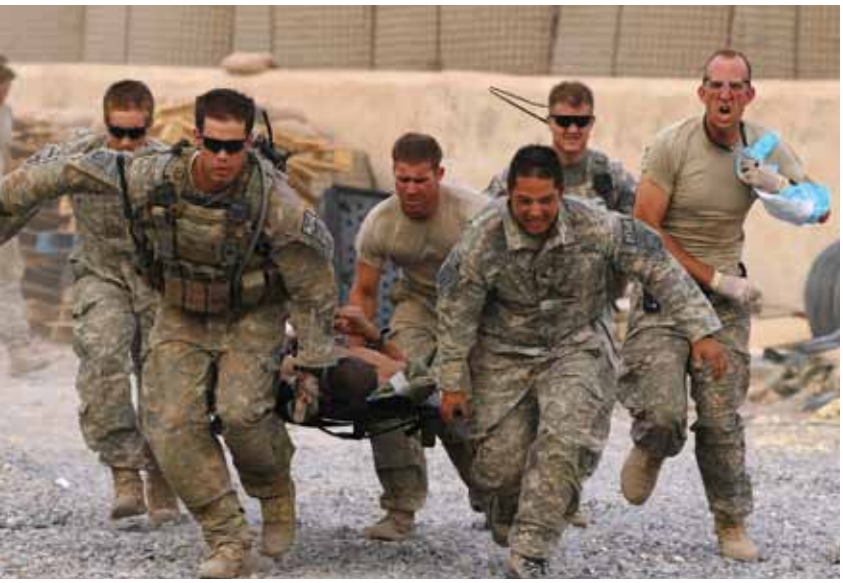
Medical staff listen as their commander asks for volunteers to extend their term of deployment at the hospital at Kandahar Air Field in southern Afghanistan.



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We have to recognize that more care is not necessarily better care. We need to focus on the proper use of technology and avoid an overuse of technology. We are using clinical effectiveness research to drive our strategies for care, looking at best practices in clinical guidelines, looking at communications strategies, so patients don't fall through the cracks. Managing health care costs involves a complex set of issues that requires ongoing attention. It involves research and development of new strategies to reduce the cost, which includes connecting with the private sector.

We also need to have models of care that give patients access to quality health care as well as making them active participants in their own care. The patient centered medical home (PCMH) is that model. It is better for chronic disease management as it results in fewer hospitalizations for diseases [such] as diabetes and asthma, thus lowering costs. Our patients prefer it as well, with satisfaction levels higher than traditional models of delivery. We have over 65,000 individuals involved in patient centered medical homes.

On the Future

Our aim is to build the best technical and professional workforce. We can produce surgeons who can cut and sew, but we want to build professionals that have the greater capacity to deliver care. I consider Uniformed Services University to be an extremely important component of the Military Health System. It provides that academic focus that constantly reminds us to study and improve. It has contributed immensely to our improvement in care on the battlefield and in the strategies for medical developments in theaters of operation.

We always need to build toward the future. We have a robust set of scholarship programs to attract students. I'm proud to say I'm the father of a medical student who is a commissioned officer in the Navy. She is looking forward to serving in the future as well. It's those kinds of folks that we want to recruit. We also have loan repayment programs that will attract fully trained specialists into the ranks. This is a constant effort. We want to recruit the right mix of specialists, so that we're ready to serve this nation anywhere at any time.

The fiscal environment we are in represents one of the major challenges facing us today. When resources are constrained, we have to look for ways to be very efficient and good stewards of public funds. We need to think seriously about how to transform ourselves into a more agile and responsive organization. Ten years of war have taught us, in fact, that we can operate with a relatively small medical footprint in these theaters of operation. We've developed strategies for clearing the battlefield very efficiently by having flying ICUs. We can leverage technology to do our jobs better. We need to transform into a medical force that is better positioned and stronger to meet whatever crises we may face in the future. It is critical that we do what we do better and constantly improve even in a fiscally constrained environment.

To learn more about the Military Health System, go to www.health.mil.

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