

Executive Summary — USMI Roundtable Discussion



BRAC And The Future Of Health Care In The National Capital Region



Washington, D.C. October 21, 2005

The 2005 base closure and realignment process will change the delivery of health care in the Washington, D.C., area, as Walter Reed Army Medical Center and the National Naval Medical Center merge into the *joint* Walter Reed National Military Medical Center over the next six years. The concept of joint operation likely will be implemented in other areas of the country, and how it works out in the National Capital Region may hold lessons for the future. At the same time, the Washington area is unique in its blend of federal and local government operations, which poses special challenges for the restructuring mandated by the base-realignment process.

The need for better coordination between federal and local entities emerged as a major concern during a roundtable discussion convened by the **U.S. Medicine Institute for Health Studies**, in partnership with the assistant secretary of defense for health affairs, to assess how the base-realignment process in the National Capital Region might be used to build a better, more integrated federal and private-sector health care system.

Local hospital and government participants were especially concerned that planning for a biomedical emergency remains deficient, even though the Washington area likely is the “number one” terrorist target “in the world.”

The group agreed that a mechanism for continuing dialogue and networking is needed.

Summary of discussion

Noting that “all health care issues are local,” participants in the roundtable agreed that local plans exist for responding to a biomedical incident in the National Capital Region (NCR), as does a general regional/federal plan. However, they said there is a gap in translating the regional/federal plan into coordinated detail at the level where care actually would be delivered — local hospitals: “There is planning, but not grass-roots tasking.” There should be continuing integration of these plans, discussants urged. Further, the responsibilities of involved federal agencies remain blurry: “There is a lack of clarity as to who is in charge of what.” It was agreed that this would be sorted out via dialogue with the agency designated for medical oversight of bio-preparedness in the NCR, the Health and Human Services Department.

Some discussants expressed disappointment that the need for regional coordination was not part of the base-realignment (BRAC) decision process: “It is disturbing to see no consideration as to how the system works with local hospitals and public health.” Military officials said the BRAC discussions and decisions were kept closed because the BRAC recommendations represent a starting point, with much dialogue ahead as implementing particulars are worked out. They said creation of a joint military medical center represents a new opportunity to build a more integrated care delivery network in the National Capital Region — “to start with a clean sheet of paper.” For example, the new Walter Reed National Military Medical Center will work closely with the Uniformed Services University of the Health Sciences, the National Institute of Allergy and Infectious Diseases, the National Cancer Institute, a local trauma-center consortium and the Washington, D.C., VA Medical Center.

Here, in greater detail, are the major issues addressed during the roundtable:

- *BRAC changes in the NCR.* The current Walter Reed Army Medical Center in Washington, D.C., will close in 2011, as will the current National Naval Medical Center in Bethesda, Maryland — both will become the 345-bed Walter Reed National Military Medical Center, a state-of-the-art academic, tertiary-care, teaching and research facility to be located at Bethesda.

Retaining the Walter Reed name is meant to honor the 96-year history of Walter Reed as part of the fabric of the District of Columbia. However, some discussants expressed concern that retaining the name “distracts” from the new, tri-service nature of the entity that will replace it.

Twenty-eight “functional user groups” are fleshing out details as to how the facilities will be integrated. Some care likely will shift to the Walter Reed campus while the Bethesda facility undergoes construction. “There will be functional integration before physical integration.” Graduate medical education programs will not change their relationships with local private-sector facilities.

The Armed Forces Institute of Pathology, located on the grounds of Walter Reed, is being decentralized. A plea was made that AFIP’s repository — which helped identify avian flu — be kept intact.

- *Biomedical preparedness.* There was concern that closing Walter Reed would punch a hole in D.C.’s preparedness plan and that Walter Reed’s crucial location in D.C. cannot be “compensated for” by moving those beds into the new joint medical center in Maryland, even though the two are just six-and-a-half miles apart. While it remains to be determined what will happen to the Walter Reed facility, one possibility might be “cold storage” of its beds for an emergency, roundtable participants were told.
- *The need for continuous networking.* There will be no “pullback” in the relationships that currently exist between Walter Reed, the NNMC in Bethesda, and local private-sector facilities. In fact, these relationships will increase. However, there is need for coordination and regular dialogue, and discussants pledged to make sure this happens.

By 2011, VA and DoD together will spend about \$100 billion on health care. If opportunities for integration and collaboration are not pursued as agency goals, they will be legislated from above. Creation of the Walter Reed National Military Medical Center offers an opportunity to determine how more integration can be accomplished across both federal and private-sector lines.

Participants in this roundtable: Donald Arthur of the Navy, Kenneth Farmer of the Army, Thomas Fitzpatrick of the Army, Renata Greenspan of AFIP, Mark Hamilton of the Air Force, Donald S. Karcher of George Washington University, Michael Kussman of VA, C. Mark Loper of VA, Steve Mirick of AMSUS, Janis Orlowski of the Washington Hospital Center, Gregg Pane of the District of Columbia, John Pierce of VA, Charles Rice of USUHS, Adam Robinson of the Navy, Donald Shell of Prince George’s County (Md.), Christine Stevens of Fairfax County (Va.), Peach Taylor of the Air Force, Mike Thompson of Provident Hospital, Charlotte Tsoucalas of Defense Health Advisors, Reuben Varghese of Arlington, Va., David Wade of the Army, Pat Walters of Inova Health System, Leonard Wartofsky of the Washington Hospital Center, and William Winkenwerder of DoD. The discussion was moderated by Ed Wyatt of EWatt Consulting.

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