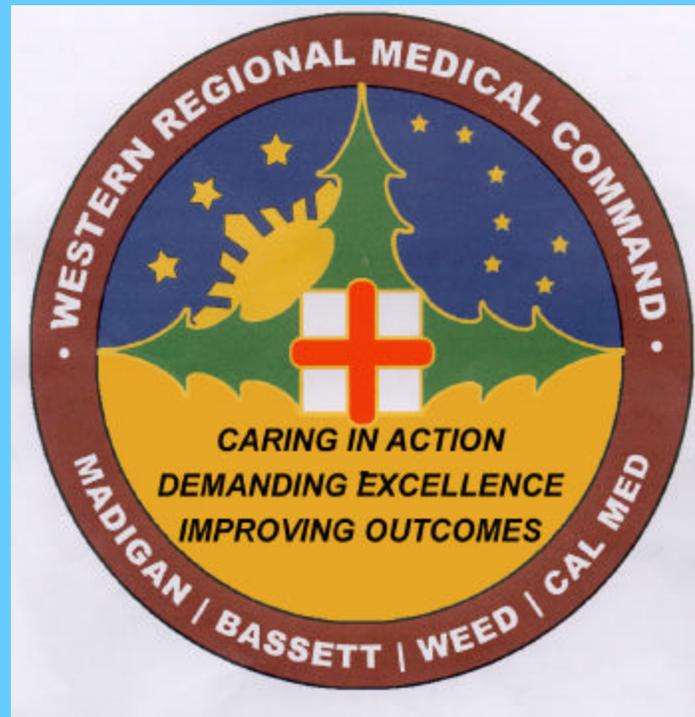


WESTERN REGIONAL MEDICAL COMMAND

COMMANDING GENERAL'S VISION



24 JUNE 2002

BG MICHAEL DUNN

WESTERN REGIONAL MEDICAL COMMAND VISION

Caring In Action

Demanding Excellence

Improving Outcomes

WESTERN REGIONAL MEDICAL COMMAND VISION

**Caring In Action, Demanding Excellence,
Improving Outcomes**

Core competencies and processes are already outstanding and will not change. Organization, command relationships and missions will not change.

A commander's vision is a lens to see relationships and help communicate expectations and results.

WESTERN REGIONAL MEDICAL COMMAND VISION

Caring In Action

***Caring is a constant from the logos of all Western
RMC units:***

Madigan: Caring with Compassion

Bassett: Above All We Care

Weed: An Oasis of Caring

WESTERN REGIONAL MEDICAL COMMAND VISION

Caring In Action

The reality: caring is tough.

Our mission is caring for patients in combat and peace. We do our combat mission in peacetime every day.

Caring is rewarding, but has no limits and is a stressful calling:

***Tanks, trucks can be parked to save resources.
Health care can never be parked.***

WESTERN REGIONAL MEDICAL COMMAND VISION

Caring In Action

The best adaptive response in dealing with the stress of patient care is to care for one another.

Mutual support, loyalty upward and especially loyalty downward are key priorities.

WESTERN REGIONAL MEDICAL COMMAND VISION

Caring In Action

An organization that cares for its staff listens to it.

Caring organizations are noisy. Noisy is good.

Leaders at all levels have the confidence to encourage subordinates to float new ideas to senior leaders and all across the organization.

Decisions, accountability and execution work best within clear lines of authority.

Ideas mature best with free discussion outside authority constraints.

WESTERN REGIONAL MEDICAL COMMAND VISION

Caring In Action

Caring for staff:

Support form interview for goal-setting.

Publish leaders' support forms, have consistent performance objectives, set high goals.

No late performance reports. 6% now, zero better.

PCS and ETS awards before departure. 100%.

Quality of reports and support of subordinates counts big.

Know your subordinates' life goals and help them.

Retention starts with knowledge and caring.

WESTERN REGIONAL MEDICAL COMMAND VISION

Caring In Action

Caring for self:

Health care can be stressful but needs to be fun.

Keep a balance in life--you're constantly being watched by others who are deciding whether they want to live like you.

Check your own affinity for predictability versus serendipity--serendipity is an Army constant--serendipity is wasted on the unprepared.

WESTERN REGIONAL MEDICAL COMMAND VISION

Demanding Excellence

Army senior leaders, soldiers and families are not interested in the cheapest health care.

They just want the best.

We have to prove it every day.

WESTERN REGIONAL MEDICAL COMMAND VISION

Demanding Excellence

Patient Care:

Quality and access are outstanding.

Big issue now is quantity.

Case volume and complexity to support graduate education, research and readiness.

External threats such as future obstetrics NAS authority loss, competition for cardiac surgery.

WESTERN REGIONAL MEDICAL COMMAND VISION

Demanding Excellence

Key Priorities:

Increase case volume and complexity—sharing agreement re American Lake VA

Collaboration with Alaska Indian Health Service

Selective recruitment of TRICARE Plus increment

Support Readiness and Interaction with Warfighters

IBCT Army Transformation has key medical aspects and close linkage to I Corps and NTC.

Increase volume and funding for clinical research.

WESTERN REGIONAL MEDICAL COMMAND VISION

Demanding Excellence

Key Priorities, continued:

Resources:

Doing more with less is not normally a good plan.

Doing more with more is better.

***I will campaign for increased resources that
promise a measurable strong return on
investment—be prepared to keep the promise.***

WESTERN REGIONAL MEDICAL COMMAND VISION

Improving Outcomes

Health Care Reform 101:

National reform program in early 1990s focused on paying for care, failed.

Current focus in military health care is on productivity—better, but limited impact.

Recent Institute of Medicine study:

Crossing the Quality Chasm

The best health care reform focuses on improving the results, or outcomes of care.

WESTERN REGIONAL MEDICAL COMMAND VISION

Improving Outcomes

Improving outcomes focuses on defining high risk diseases or conditions, e.g. diabetes, cardiac risk factors, childhood asthma, hepatitis C—in order to front-load care to prevent or minimize later problems and morbidity. Success is more and better quality in patient's daily lives, as well as lower costs. Lower costs are not lifelong.

Outcomes applies the principles of population health to specific high risk subpopulations.

Outcomes is patient focused. Puts patients at the center of key care decisions by giving them information. Military patients and military health care are ideally suited.

WESTERN REGIONAL MEDICAL COMMAND VISION

Improving Outcomes

Improving outcomes requires measuring outcomes.

ICDB is a useful platform for measurement and for sharing key facts among patients, primary providers and specialists.

The heart of outcomes improvement is an individual scorecard that shows patients how they are doing, what care they need, and how to improve their daily lives.

WESTERN REGIONAL MEDICAL COMMAND VISION

Improving Outcomes

Near term goals for Western Region and TRICARE Northwest Region over summer 2002:

- 1. Define appropriate outcomes projects, name and support clinical champions at MTFs, provide command support for initiatives.***
- 2. Exploit synergy with Walter Reed's effort—take products for free rather than paying twice; ensure compatibility while respecting clinical autonomy—great potential for future development across MHS.***
- 3. All MTFs except Madigan have PC capability at point of care. Define and support optimal point of care IM/IT solution for Madigan to go live in October 2002.***