Federal Health Matters

DoD Progress on New Walter Reed Facility Disputed

A joint hearing of the House Armed Services Committee's readiness and personnel subcommittees on December 2, 2009 provided a forum for widely differing views about the status of the new Walter Reed National Military Medical Center (WRNMMC).

The hearing focused on the DoD's progress toward its goal of completing the WRNMMC and the new Fort Belvoir Community Hospital (FBCH) as world-class medical facilities by September 15, 2011. The WRNMMC, which is being constructed on the ground of the National Naval Medical Center (NNMC) in Bethesda, MD, and the FBCH, which is being constructed in Fort Belvoir, VA, are slated to replace the Walter Reed Army Medical Center in Washington, DC. At the hearing, Congressional representatives and a member of the Defense Health Board (DHB) criticized the DoD's progress on the WRNMMC project, while DoD officials offered more positive views.

Much of the discussion focused on findings of a May 2009 report by the DHB's National Capital Region Base Realignment and Closure Health Systems Advisory Subcommittee (NCR BRAC HSAS). In this report, the NCR BRAC HSAS concluded that the current plans for the WRNMMC would not make it a world-class facility. The report offered an operations definition of such a facility, which was codified into law in October 2009, and provided 10 recommendations for revising the WRNMMC plans to meet this definition. The DoD responded in October that "development of a world-class medical facility is not a destination but rather a journey of continuous improvement." In a memorandum issued the next month, the DHB said that the DoD still had not incorporated several critical recommendations—such as locating surgical pathology units at sites that are not adjacent to operating rooms and designing operating rooms of acceptable sizes—into its plans for the facility.

Rep. Susan Davis (D-CA), chair of the personnel subcommittee, opened the hearing by criticizing the DoD's response to the NCR BRAC HSAS report. "World-class is most decidedly a destination—one that Congress expects [the] new facility to arrive at before the new center opens its doors," she said. Rep. Solomon P. Oritz (D-TX), chair of the readiness subcommittee, agreed that the lack of planning for a world-class facility was "unacceptable." Allen W. Middleton, the DoD's acting principal deputy assistant secretary for health affairs, said the DoD is "incorporating the world-class attributes identified in the DHB report in our DoD design and construction criteria where appropriate."

The report's recommendation that the DoD consolidate funding and oversight authority for the WRNMMC and FBCH projects in a single individual also was discussed at the hearing. Kenneth W. Kizer, MD, MPH, chair of the NCR BRAC HSAS and former VA under secretary for health, testified that many of the DoD's planning deficiencies "cannot be adequately addressed until the needed consolidation of authority occurs." Vice Admiral John Mateczun, MC, USN, commander of the Joint Task Force for the DoD's National Capital Region Medical, testified that the department is still "reviewing the appropriate delegation of organizational and budget authorities" for the two projects. Dr. Dorothy Robyn, the DoD's deputy under secretary for installations and environment, said the NCR BRAC HSAS' concerns about funding reflect "some misunderstanding of how this congressionally authorized process works."

Robyn also offered an explanation as to why the DoD has spent $2.4 billion already on the projects, despite an original estimate that they would cost a total of $1 billion. The increase is due partly to inflation in the construction industry and partly to "our efforts to enhance and accelerate construction," she said. Mateczun said that the original estimate did not include adequate funding for such nonmedical activities as research and support of other locations and that a DoD analysis, performed in 2005 and 2006, resulted in "almost doubling the required floor space."

The WRNMMC and the FBCH are intended to constitute key components of the Miltary Health System's first jointly-operated and staffed health care delivery system. Mateczun testified that the completed facilities "will be staffed with over 9,000 individuals, [include] more than 3 million square feet of clinical and administrative space, and provide 465 beds of inpatient capability (345 at WRNMMC and 120 at FBCH)."

Senate Hearing Looks at Underfunding of IHS Contract Services

The IHS's contract health services (CHS) program is in dire need of better funding, according to two tribal heath directors who testified at

a December 3, 2009 hearing of the Senate Committee on Indian Affairs.

The hearing featured testimony from Yvette Roubideaux, MD, MPH, director of the IHS; Connie Whidden, health director of the Seminole Tribe of Florida (STF); and Mickey Peercy, executive director of health services of the Choctaw Nation of Oklahoma. While Roubideaux provided a general overview of CHS and the program's funding issues, Whidden and Peercy described their tribes' experiences with the program.

Roubideaux explained that CHS funds are used to purchase health services that cannot be provided by a local IHS or tribal facility—either because there is no IHS or tribal direct care facility in the area, the local facility cannot provide the required services, or the patient must be taken to the nearest emergency facility. She said that the IHS and tribal facilities use a strict, four-tiered system to ensure that the most urgent cases receive CHS funding first: Tier one is for emergencies, tier two is for preventive care, tier three is for primary and secondary care, and tier four is for chronic tertiary and extended care. She added that CHS includes a Catastrophic Health Emergency Fund (CHEF), which can pay for cases that cost more than $25,000.

The CHS budget increased from $635 million in fiscal year (FY) 2009 to $779 million in FY 2010, Roubideaux said, and the CHEF increased from $18 million in FY 2007 to $48 million in FY 2010. She also testified, however, that "many facilities have CHS funds available only for more urgent and high priority cases" and that no CHS payments are authorized when funding is depleted. About $360 million in CHS services were denied and deferred in 2008, she said.

Both Peercy and Whidden called for CHS to receive more funding; Percy described a "desperate need" for additional funds and Whidden called current funding levels "woefully inadequate." The program's FY 2010 budget is "a positive first step and needs to be continued, with that type of increase for the next five years," according to Peercy. Whidden said that the STF and some other tribes supplement their federal CHS funds with their own funds; if STF had not provided $36 million in supplemental funding during FY 2009, she said, its CHS funding would have run out by the end of the FY's first quarter. She recommended that the CHS become an entitlement program.

Whidden also testified that, for the past 18 months, the Centers for Medicare and Medicaid Studies (CMS) have denied Medicare claims for STF members who are covered by the tribe's supplemental plan. "If existing law can be interpreted to allow CMS to deny Medicare benefits on this basis, then the law needs to be clarified to assure that this practice does not continue," she said.

DoD Releases Health Survey Results

Surveyed military personnel were more likely to self-report illicit drug use, suicide attempts, and possible symptoms of posttraumatic stress disorder (PTSD)—along with good exercise habits and weight management—in 2008 than in 2005, according to the results of a DoD health survey released on December 16, 2008.

The 2008 Survey of Health Related Behaviors Among Active Duty Military Personnel asked health-related questions of more than 28,500 randomly selected service members from the air force, army, coast guard, marine corps, and navy. It was the DoD's 10th survey of this kind and its first since 2005; the department uses its health survey results to monitor trends, detect emerging risks, and create and enhance training and education programs.

Although illicit drug use was reported by 12% of respondents on the 2008 survey, compared with 5% of respondents on the 2005 survey, the DoD said the apparent increase is primarily attributable to "the addition of questions that ask for usage of prescription medicine for nonmedical reasons." The department emphasized that a steady 2% of respondents have reported using nonprescription illicit drugs since its 2002 survey. Possible PTSD symptoms were reported by 11% of respondents in 2008, compared to 7% in 2005, and suicide attempts in the last year were reported by 2% of respondents in 2008, compared to 1% of respondents in 2005.

The new survey's positive findings included an increase in reports of moderate or vigorous exercise from 77% of respondents in 2005 to 83% of respondents in 2008. In addition, reports of 20 minutes or more of vigorous exercise at least three times per week increased from 58% of respondents in 2005 to 63% of respondents in 2008. And only 35% of respondents in 2008, compared to 46% of respondents in 2005, reported being overweight.

Jack Smith, MD, the DoD's acting deputy assistant secretary for clinical policy and program policy, said in a department press release that the new results show "the U.S. Armed Forces are generally strong, healthy, and ready to accomplish their mission."