“Re-Energizing Medical Facility Excellence”

Information Briefing for
The 2005 Tri-Service Infrastructure Conference

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Commander, US Army Health Facility Planning Agency

3 August 2005

U.S. Army Health Facility Planning Agency
OUTLINE

- MEDCOM Facilities
- MEDCOM Facilities Management
- Where’s the Work?
- What’s the Problem?

“In preparing for battle I have always found that plans are useless, but planning is indispensable.”

GEN Eisenhower
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GEN Eisenhower
The AMEDD Does Increasingly More Each Day…

An average day’s work

- 54,876 Clinic visits
- 1,778 Beds Occupied
- 502 Patients Admitted
- 7,207 Immunizations
- 61 Births
- 5,577 Outpatient Visits
- 8190 Dental Procedures
- 69,191 Lab Procedures
- 115,941 Pharmacy Procedures
- 9,457 X-rays
- 54,876 Clinic visits
- 1,778 Beds Occupied
- 502 Patients Admitted
- 7,207 Immunizations
- 61 Births
- 5,577 Outpatient Visits
- 8190 Dental Procedures
- 69,191 Lab Procedures
- 115,941 Pharmacy Procedures
- 9,457 X-rays

Requires capital assets

- 1,882 buildings
- 33.4 million square feet of inventory
- $8.75 billion plant replacement value

8 Medical Centers
20/153 Hospitals/Clinics
179 Dental Clinics
184 Veterinary Clinics
23 Other
567 Fixed Facilities

U.S. Army Health Facility Planning Agency
Medical Facilities Supporting the Soldier on Point

Bassett Army Community Hosp Ft Wainwright, AK
Walter Reed Army Medical Center
Landstuhl Regional Medical Center
Balad, Iraq
Eagle Main, Bosnia
Camp Bondsteel, Kosovo
Bn Aid Station

Fixed Facilities ← Semi-Permanent ← DEPMEDS
Level I
Unit-Level Medical Care

Kandahar Airfield - Afghanistan

Level II
Advanced Trauma Management

Bagram Airfield - Afghanistan

Level III
Resuscitation/Initial Surgery

LSA Anaconda - Iraq

Udari Range - Kuwait

FOB Salerno - Afghanistan

Ibn Sina - Iraq
Dewitt Army Community Hospital

Charles C. Carson Center for Mortuary Affairs

**Level IV**
General/Specialized MEDSURG Care

**Level V**
Definitive Medical Care

**Special Facilities**

Bassett Army Community Hospital

Military Amputee Training Center

U.S. Army Health Facility Planning Agency
Force Health Protection

Modular Bio-Safety Level-3 Laboratory

National Interagency Biodefense Campus

Armed Forces Institute of Pathology
**ACTUAL** Service Life & Performance with full Sustainment and 50-Year Recap Rate

Hospital Performance

- **Aging and obsolescence**
- **Sustainment**
- **Restoration and modernization projects**

WRAMC only 25 Yrs Old 1978-2003

Time in Years

Source: DOD.

*U.S. Army Health Facility Planning Agency*
Health Facility Planning Challenge
Fast Changing, Complex, High Tech, Costly Strategic Assets

**ACTUAL** Service Life & Performance with full Sustainment Recap Rate

**WRAMC only 25 Yrs Old 1978-2003**

**Aging and obsolescence**

**HEALTHCARE CHANGES IN 25 YEARS SINCE WRAMC WAS BUILT**
- Minimally Invasive Surgery
- Preventive Care / Wellness
- 60% Decrease Length of Stay
- 33% Decrease in Beds
- 36% Increase Healthcare Workers
- 13.4% GDP (up 5%)
- JCAHO Accreditation
- Managed Care
- Personal Computers
- Cell phones
- Telemedicine
- The Internet
- Just in time logistics
- 1982 Artificial heart
- 1984 MRI approved
- 1984 AIDS isolated
- 1990 ADA becomes law
- 1995 Robotic Surgery
- 1997 Dolly Clone
- 2000 Human Genome Map

**Source:** DOD.
The Average Army Hospital is Over 54 Years Old

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital</th>
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<tbody>
<tr>
<td>1930</td>
<td>Heidelberg</td>
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<tr>
<td>1940</td>
<td>Tripler</td>
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<tr>
<td>1950</td>
<td>Landstuhl</td>
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<td>1960</td>
<td>Wainwright</td>
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<td>1970</td>
<td>Knox</td>
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<td>1980</td>
<td>Benning</td>
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<td>1990</td>
<td>Yongsan</td>
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<tr>
<td>2000</td>
<td>Riley</td>
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<tr>
<td>2010</td>
<td>Bragg</td>
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- **Replacement Window**
- **Modernization Window**

> A third of Army hospitals need replacement

> A third of Army hospitals need major modernization
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GEN Eisenhower
AMEDD
Life Cycle Facility Management

USAHFPA

- DoD(HA) and TMA Staffing Actions
- DA ACSIM Liaisons
- Congressional Actions
- Medical Facility Planning & Programming
- AMEDD Capital Investment Program Management
  - Medical MILCON Program Management
  - BRAC
  - Labs
  - Modularity (permanent)
- SMART-HS
- Contingency Facility Program

ACSIE&FM

- Medical Facilities Division
  - Facilities Management
  - Modularity (interim)
- MACOM Engineer, C, DPW OPNS
  - Installation Management
  - Environmental Program
  - Fisher House Program
  - Energy Management

Policy/$

OTSG One Staff
In Support of AMEDD Mission

Our Vision: The integrated and responsive system of choice for providing consistent quality health services on the battlefield and at home for Our Soldiers and Our Military Family.

ENDS
- Project and Sustain a Healthy and Medically Protected Force
- Deploy a Trained and Equipped Medical Force that Supports Army and DoD Future Forces Worldwide
- Manage The Health and Care of Our Soldiers and Our Military Family

WAYS
- Optimize Medical Readiness
- Provide Outcome Focused Care and Services
- Leverage Science and Technology
- Foster Alliances
- Support Army Physical & Mental Well-Being

MEANS
- Forecast and Program Required Resources
- Recruit & Retain Quality AMEDD Personnel
- Train & Develop AMEDD Personnel
- Effective Financial Stewardship
- Allocate Resources Strategically

An AMEDD at War

Strategy Map
June 2005

U.S. Army Medical Department (AMEDD)
Major Product Lines

- Integrated Facility Master Planning
- Capital Investment Planning and Programming
  - Program and Acquisition Strategy development
  - Project Development and Validation
- Life Cycle Project Management
- Construction Management
- Expertise Development and Deployment
Value Proposition

**Inputs**

- Information
- Analysis
- Program Mgmt.
- Project Mgmt.

**Results**

Improved Facility Solutions

**Value**

The right facility in the right place at the right time and an environment that maximizes professional effectiveness and patient healing.

USAHFPA manages *inputs* in order to achieve *results* that produce *value*.

*U.S. Army Health Facility Planning Agency*
Value Proposition

- **Protect** AMEDD Interest in Medical Construction
  - COE, Architects, Installations
- **Reduce** impact on MTF during design and construction
- **Deliver** Consistency - Corporate Gold Standard
- **Optimize** Scarce Facility Resources
  - Seeking “right solution” for AMEDD
    - Understanding and responding to the geopolitical, health system, and physical context
    - Cost of “getting it wrong”: each 120 NSF Exam room = $85,000
  - Functional effectiveness and avoided unwarranted costs and variances
    - Initial and long term – personnel/operational sustainability
  - Control construction cost, time and quality
    - Once projects are in construction – little cost growth
- **Function** as AMEDD Change Agent
- **Deploy** expertise across the continuum of Military Operations
Facility Solutions

- HFPA products do not go “into pockets and on chests”, but become the enabling environment of our medics, and tangible evidence of commitment to our Soldiers and their families
  - Recruiting
  - Retention

- Transformational Environment
  - Force Projection
  - Force Protection
  - Force Sustainment
    - MTFs
    - Research Base

Total investment over last 30 years:
$3.6 Billion
Project Complexities

- CURRENT MIX
  - 52% MED MILCON
    - DHP Funding
  - 37% Renewal
    - OMD Funding
    - 2-3 Year Planning Cycle
  - 11% Contingency
    - OMA Funding
    - 1 Year Planning Cycle

- THE NEXT WAVE
  - Next year forward: less Renewal, but increased non-DHP (?) MILCON (AMF/IGPBS/BRAC)
  - AMEDD Lab Recapitalization

- Layers of stakeholders and planning factors to consider.

- Variety of funding sources to tap, planning cycles to schedule within, and project types to plan and execute.

- Permutations of health care solution sets to assess.

U.S. Army Health Facility Planning Agency
Medical MILCON Typical Timeline

(FY 07 MILCON $47M)

No Standard Plans
- Site adapt possible
6-7 years from “good idea” to doors open
Plan, project, and execute innovative facility capital investment solutions to enhance quality healthcare for the military family and for service members across the continuum of military operations.
Current Staffing

15 Military
   20 Authorized
18 Government Civilian
   25 Authorized
38 Contractors
71 Total
# Proposed Staffing
*(Projection to 1 Oct 05)*

<table>
<thead>
<tr>
<th>Management</th>
<th>Admin / Support</th>
<th>Planning / Programming</th>
<th>Project Management</th>
<th>Clinical / Technical</th>
<th>Construction Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commander</td>
<td>D, Business Ops</td>
<td>D, PPD</td>
<td>D, LCPM Div PM</td>
<td>C, Clin/ Tech Br</td>
<td>D, CM Div Team manager</td>
</tr>
<tr>
<td>Deputy</td>
<td>Budget analyst</td>
<td>C, PAE Programmer</td>
<td>PM (3)</td>
<td>Clinical planner (2)</td>
<td>Acquisition spec IO manager</td>
</tr>
<tr>
<td>XO/Ops</td>
<td>Travel coordinator</td>
<td>Planner Planner (1.25)</td>
<td>IM Systems Medical equipment Mechanical Architect Medical equipment Architect Mechanical</td>
<td>IO manager</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Network Mgr (2)</td>
<td>Planner</td>
<td></td>
<td></td>
<td>HFPOs (see next)</td>
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<tr>
<td></td>
<td>Receptionist</td>
<td>Lab Program</td>
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<td></td>
<td><em>Manpower analyst</em></td>
<td>Lab equip mgr**</td>
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|                |                                           |                       |                     |                      |                         |
|                | (Planner (2))                             | (PM)                  | (IM)               |                      |                         |
| (Ops NCO)      | (Budget analyst (.5))                     | (Lab analyst**)       | (Lab planner**)    |                      |                         |

*Corps of Engineers employee assigned to HFPA, currently funded from FSB.*

**USAMRIID Program funded.**

*Military, Civilian, Contractor (37.5 at Falls Church, 13.25 remote)*
The Corps of Engineers
OUTLINE

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GEN Eisenhower
Facility Acquisition Pipeline

- **Planning**
  - 18 initiatives, $1.68M total cost

- **Projects in Design**
  - 17 Projects, $252M total placement value
    - Planning and Design Funds - $32M (13%)

- **Projects in Construction**
  - 7 Projects, $300M total placement value
    - Initial Outfitting/Equipment - $45M (15%)
Medical MILCON Projects

- USAHFPA HQ
- ACSIE&FM
- Contingency HFPO

- Bassett Army Hospital Replacement
- 121 General Hospital Addition/Alteration
- Walter Reed Army Medical Center
- Ft Benning Troop Medical Clinic
- Grafenwoehr Health/Dental Clinic

Theater
- Afghanistan -- CPT Leveridge
- Iraq -- CPT Manning

U.S. Army Health Facility Planning Agency
Contingency Facilities
(from TSG Ops Update 14 July)

- $58M in Construction, $86M in Design
- 23 Projects in Pipeline
- HFPA Contributions:
  - Generate criteria and scopes of work
  - Acquisition strategy development and analysis
  - Manage design and construction (HFPO)
- Increasing volume
- Increasing variety
- Intensive management
- Intensive travel demands
- Impact on Active Component workforce

U.S. Army Contingency Hospital, Kosovo.

PROTOTYPE △

CURRENT OPERATIONS ▼
Contingency Facilities
(from TSG Ops Update 14 July)

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Contingency Facilities
(from TSG Ops Update 14 July)

U.S. Army Contingency Hospital, Kosovo.

Tigris R.  \[\text{R.}\]  Euphrates R.

Kuwait City

Hamadan

Ahvaz

Dezful

Tallil

Mosul

Irbil

An Najaf

Kirkuk

Al Kut

Tikrit

Ar Ramadi

Ar'ar

As Samawah

Umm Qasr

An Nasiriyah

Al Basrah

Baqubah

Ar Rutbah

Dayr az Zawr

Rafha

Karbala

Sulaymaniyah

Al Qaim

Bashur

Hadithah

Dam

Al Hillah

Samarra

Fallujah

Dahuk

Dahuk

Camp Speicher

Al Asad

Mudaysis

Kirkush

Hospital

Q West

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Q West

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Hosp
 Supporting the AMEDD’s Mission Through Deployable Life Cycle Management

- Average 4 per year
- Average 4 staff per tasker
- Intensive reach-back support
- Short lead time
- Fast turn around
- Intensive travel demands
- Annual training

Special Medical Augmentation Response Team (SMART-HS)

SMART Deployments over the last decade.

U.S. Army Health Facility Planning Agency
SMART-HS
Team Composition

• Multi-disciplinary solutions/teams
  ‣ Architects
  ‣ Engineers
  ‣ Nurses
  ‣ Biomedical Equipment Specialist
  ‣ Environmental Science Officers
  ‣ Logisticians
  ‣ Corps of Engineers
Medical BRAC Projects

- USAHFPA HQ
- ACSIE&FM
- Contingency HFPO

Projects:
- Bassett Army Hospital Replacement
- 121 General Hospital Addition/Alteration
- Darnall Hospital Emergency Room Addition
- Walter Reed Army Medical Center
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Camps:
- Afghanistan -- CPT Leveridge
- Iraq -- CPT Manning
Army “Medical BRAC” Projects

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Theaters:
- Afghanistan -- CPT Leveridge
- Iraq -- CPT Manning

Map of U.S. Army Health Facility Planning Agency
Transformation: “The Perfect Storm”

- 17 BRAC/AMF/IGBPS and 6 AMF/IGPBS sites
- 55 projects
- ROM Costs
  - Planning and Management $61M
    - Project Planning Packages
    - Project Management
  - Design $361M
  - Construction (bricks and mortar) $2,805M
    - BRAC Medical Scenarios $1,424M
    - BRAC/AMF/IGPBS $1,381M
Overseas Initiatives

- **European Transformation** $218M
  - Landstuhl
  - Stuttgart
  - Grafenwoehr
  - Wiesbaden
  - Vicenza

- **Korean Restationing** $214M
  - Camp Humphries
  - Camp Carroll
  - Camp Walker
  - Kunsan
  - Pusan
Bio Defense / Lab Initiatives

- USARIEM and USAMRICD – Completed Facility Master Plans
- USAARL, USAISR, and WRAIR – Proposed Facility Master Plans
- USAMRIIID – $725.4M Recapitalization

- USAMRICD – ~$202M Recapitalization
- CHPPM – $84M Replacement
- **BRAC Scenarios – $319M 4 Major ADD/ALT and one New Construction**
- All costs are Program Amount (Bricks and Mortar)
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GEN Eisenhower
Workload – FY 07-12 Cycle ($M)

- Transformation (BRAC/AMF/IGPBS), pure BRAC and Bio-Defense Lab workload impacts HFPA overhead, with no guarantee of funding for planning and management.

Total investment over next 6 years:
$4.8 Billion

- BRAC - $2,667M
- AMF/IGPBS - $138M
- Labs - $1,073M
- Contingency - $148M
- Major Repair - $240M
- MILCON - $510M

The yellow disk was original mission!
Medical Facility Acquisition Timeline

- **Present:** 5 years – Never

- **Objective:** Lead the reform of DoD Medical Facility Acquisition

- **Constraint:** 25 year old (although “successful”) MILCON process

- **Leverage:**
  - Pace of Army Transformation
  - BRAC Compliance
  - USAMRIID Delivery Timeline
  - BAMC “Fallen Heroes Skill Center” Timeline (Fisher Foundation)

- **Enablers:**
  - Relationship with Corps of Engineers
  - 6 Sigma analysis
  - ISO Certification
  - Integrated IMIT /CADD solutions
Facility Acquisition Costs

- **Present:** DoD Medical is significantly more costly than “private sector,” coupled with limited Medical MILCON funding

- **Objective:** More building for our dollars

- **Constraint:** 50 year mentality, DoD Criteria

- **Leverage:**
  - Army MILCON Transformation
  - Relationship with TMA and COE
  - Need for multiple, significant, simultaneous investments across the Army Medical Infrastructure
  - Alternative acquisition methods
    - Enhanced Use leasing (e.g. Detrick CUP)
    - Design Build (e.g. MEDLOG)

- **Enablers:**
  - Health Facility Steering Committee
  - HA SMAAC and RMSC
Medical R&D Infrastructure

• **Present:** WRAIR was 1\textsuperscript{st} (and last) lab built by DoD Medical MILCON

• **Objective:** Visibility and funding for critical DoD Medical R&D Infrastructure

• **Constraint:** Funding/visibility/ownership

• **Leverage:**
  – GWOT
  – Inter-Agency Support
  – WHOSTP and OMB Interest
  – Private Funding
  – Recent Initiatives
    • USAMRIID (PBD 753)
    • CHPPM (Medical MILCON)
    • USAMICD (OMB, QDR)

• **Enablers:**
  – Facility Master Planning
  – IDIQ Design Contracts
Increase Army Medical MILCON TOA

- **Present:** Army Medical Department receives ~ $85M annually for Medical MILCON

- **Objective:** Demonstrate requirements to DoD/TMA/Army Leadership in order to
  a. Increase total Medical MILCON, and
  b. Increase AMEDD proportional share

- **Constraint:** Current "inventory based" funding distribution

- **Leverage:**
  - Army Leadership Visibility of Requirements
    - Transformation
    - BRAC
    - IGPBS

- **Enablers:**
  - Capital Asset Decision Model (TMA)
  - Facility Master Plans
  - Facility Condition Assessments
  - PBD funding transfer (e.g. Vicenza)
• **Present:** MILCON projects often technologically limited upon completion

• **Objective:** Latest, “very useful” medical and IMIT solutions become an expectation upon ribbon cutting

• **Constraint:** Missed opportunity, limited personnel/connectivity

• **Leverage:**
  – Integration of MRMC
  – Army Transformation
  – North Ft. Hood Clinic as example

• **Enablers:**
  – TARA Teams
  – TATRC Innovations
  – USAMITIC support
Deployable Capabilities

- **Present:** Health Facility Planning only present in limited TOE organizations, or accessed through SMART-HS

- **Objective:** Health Facility Planning capabilities habitually related with MDSC

- **Constraint:** Limited TOE authorizations, ASI only for 70K (Medical Logistician)

- **Leverage:**
  - AMEDD Transformation
  - ARMEDCOM
  - Contributions and visibility of Deployed Facilities Expertise
    - Iraq Reconstruction/MOH
    - OIF/OEF Projects

- **Enablers:**
  - Knowledgeable AMEDD Leadership
  - MSC Leadership/Strategic Positions
  - Corps of Engineers Support
  - COE FEST Teams Linkage
  - Dedicated, Talented, Young Officers
Future Talent

- **Present:** Impending loss of civilian talent, limited military opportunities

- **Constraints:** personnel funding, military authorizations, ASI distribution

- **Objective:** successful career paths for civilian and military talent (AC and RC)

- **Leverage:**
  - Increased workload, increased funding
    - Temporary
  - Army Transformation (downsizing of Engineers)
  - MSC Transformation
  - Increased USMA MSC Accessions
  - ARMEDCOM

- **Enablers:**
  - Personnel Demonstration Project
  - Recruiting Command
  - HRCOM
“The Army is at war, and Transforming”

- General Schoomaker, CSA
Why we exist?

The Soldier on Point Is NOT Alone
Websites

AKO Community Page & Knowledge Collaboration Center

HFPA Website
http://www.hfpa.otsg.amedd.army.mil/
WE WANT YOU!

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