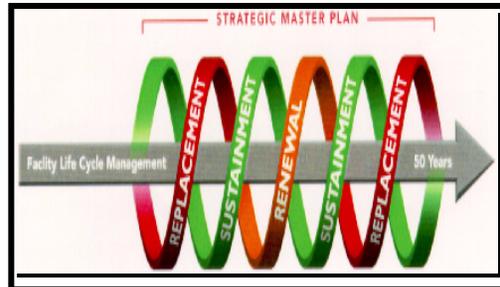




“Re-Energizing Medical Facility Excellence”



Information Briefing for
The 2005 Tri-Service Infrastructure Conference

COL Rick Bond
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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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

- 8190 Dental Procedures



- 5,577 Outpatient Visits
\$21M of Food Inspected

- 69,191 Lab Procedures
- 115,941 Pharmacy Procedures
- 9,457 X-rays

Requires capital assets



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

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



Medical Facilities Supporting the Soldier on Point





Kandahar Airfield - Afghanistan



Bagram Airfield - Afghanistan



LSA Anaconda - Iraq



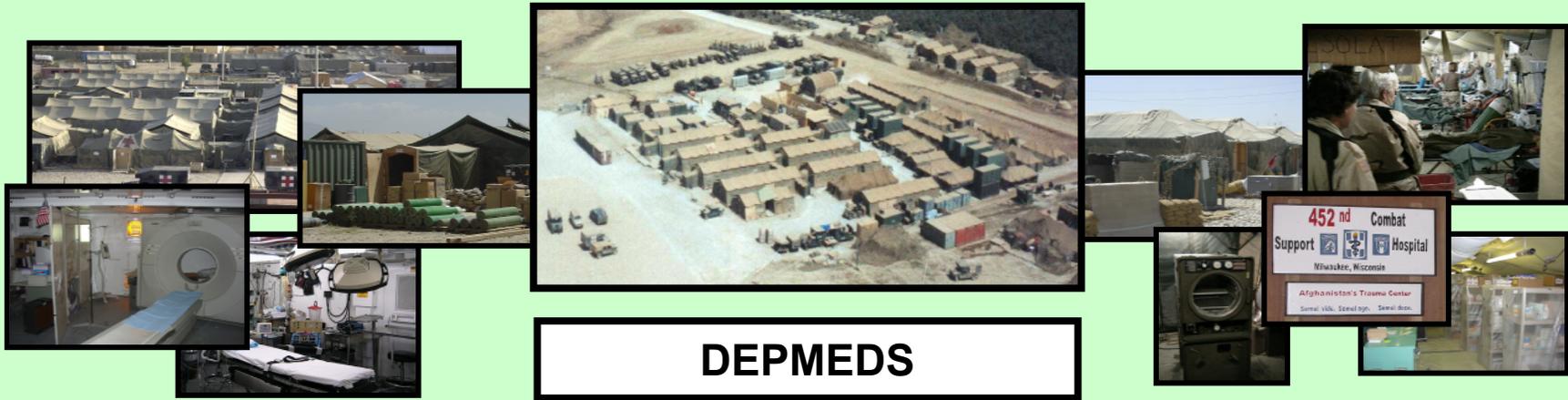
Udari Range - Kuwait



FOB Salerno - Afghanistan



Ibn Sina - Iraq



DEPMEDS

452nd Combat Support Hospital
 Milwaukee, Wisconsin
 Afghanistan's Trauma Center
 General VMA, General Sgts, General Acns.

Level III Care

Semi Permanent





Dewitt Army Community Hospital



Charles C. Carson Center for Mortuary Affairs



Bassett Army Community Hospital



Military Amputee Training Center



Modular Bio-Safety Level-3 Laboratory



Force Health Protection



National Interagency Biodefense Campus



Armed Forces Institute of Pathology



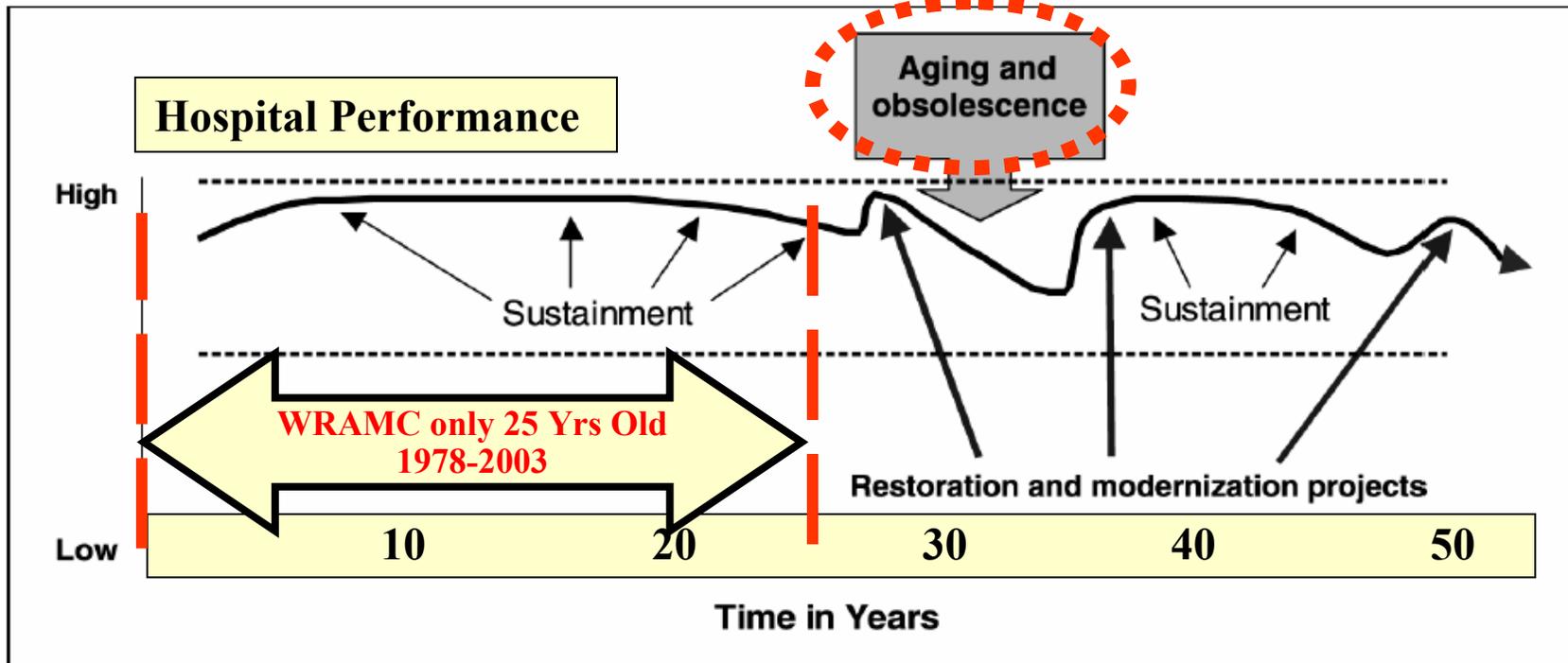
ARMY MEDICINE
CARING BEYOND THE CALL OF DUTY

Health Facility Planning Challenge

Fast Changing, Complex, High Tech, Costly Strategic Assets



ACTUAL Service Life & Performance with full Sustainment and 50-Year Recap Rate



Source: DOD.



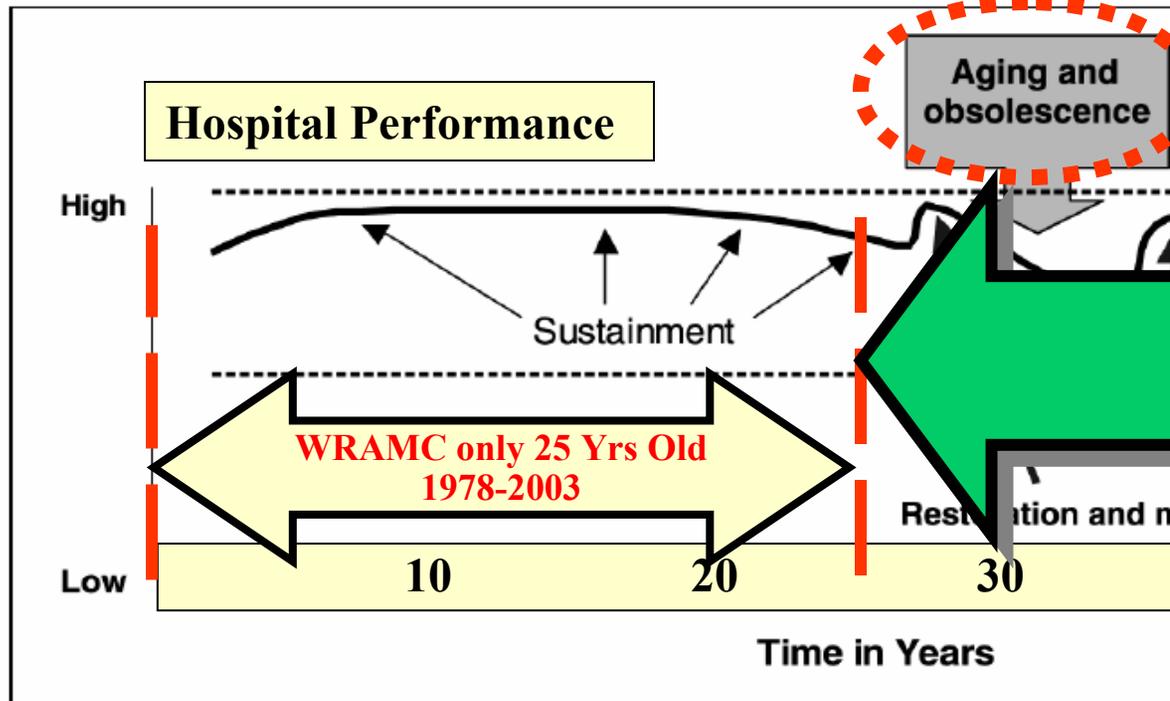
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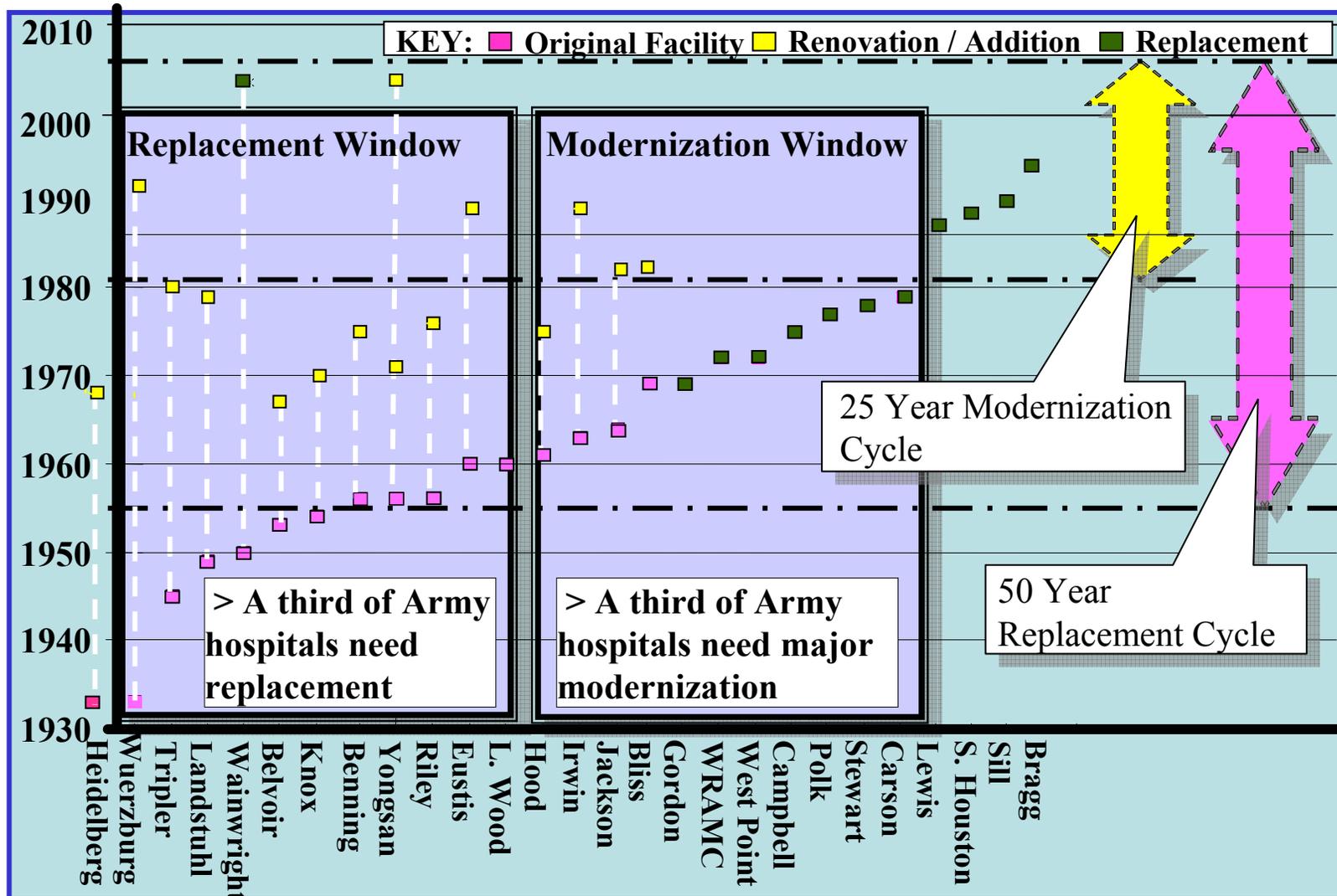


Source: DOD.

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

The Average Army Hospital is Over 54 Years Old



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AMEDDD



Life Cycle Facility Management

USAHFPA

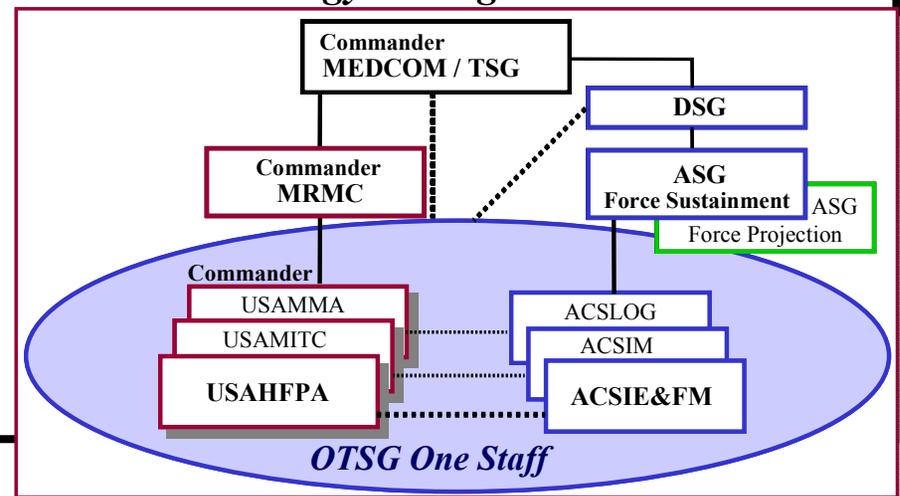
Execution

- 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

Policy/\$

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



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.

U.S. Army
Medical
Department
(AMEDD)

Strategy
Map
June 2005





Major Product Lines



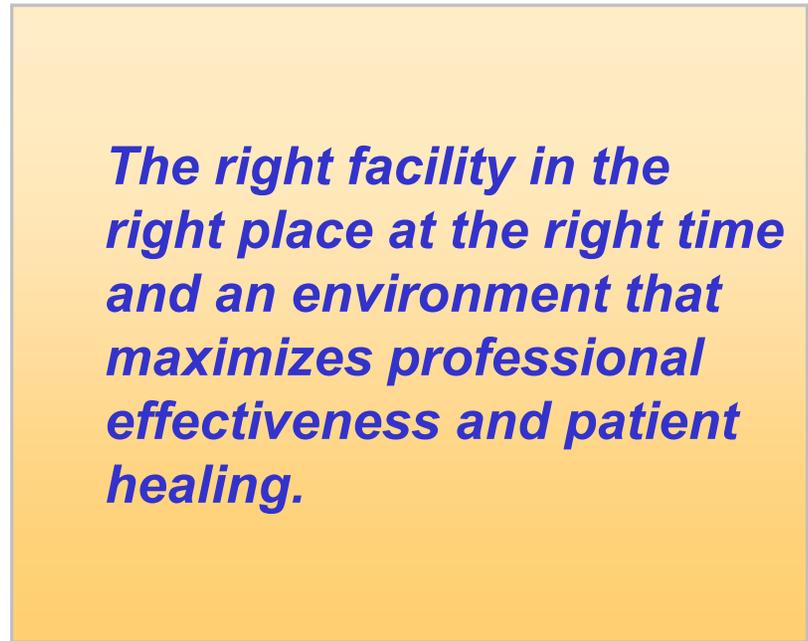
- Integrated Facility Master Planning
- Capital Investment Planning and Programming
 - Program and Acquisition Strategy development
 - Project Development and Validation
- Life Cycle Project Management
- Construction Management
- Expertise Development and Deployment

Value Proposition

Inputs



Value



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



Value Proposition

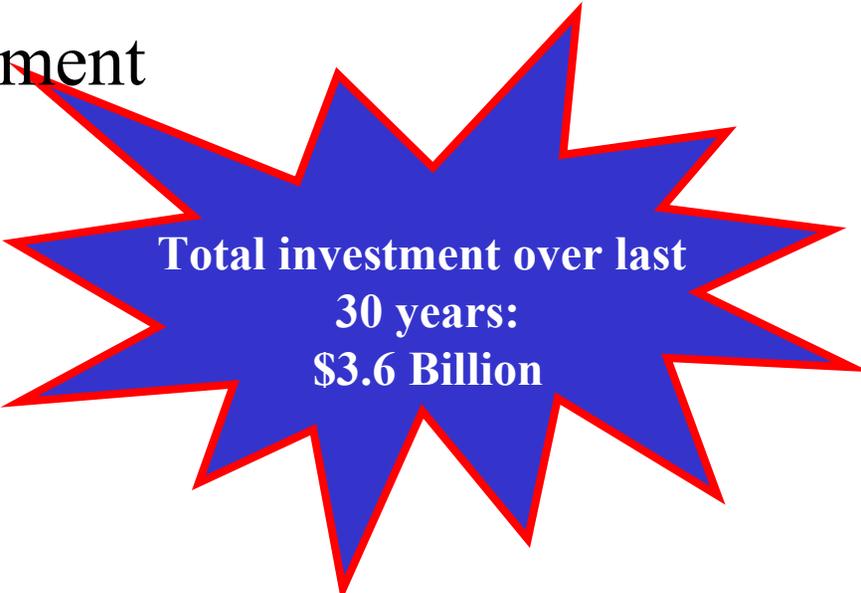


- **Protect** AMEDD Interest in Medical Construction
 - COE, Architects, Installations
- **Reduce** impact on MTF during design and construction
- **Deliver** Consistency - Corporate Gold Standard
- **Optimize** Scarce Facility Resources
 - Seeking “right solution” for AMEDD
 - Understanding and responding 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



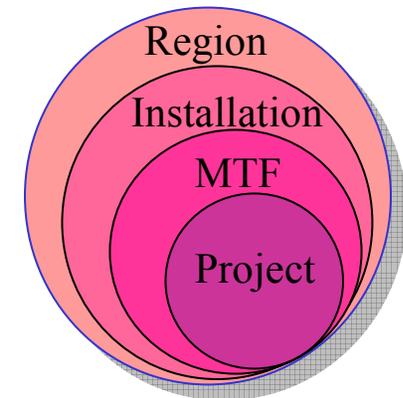
- HFPA products do not go “into pockets and on chests”, but become the enabling environment of our medics, and tangible evidence of commitment to our Soldiers and their families
 - Recruiting
 - Retention
- Transformational Environment
 - Force Projection
 - Force Protection
 - Force Sustainment
 - MTFs
 - Research Base



**Total investment over last
30 years:
\$3.6 Billion**

Project Complexities

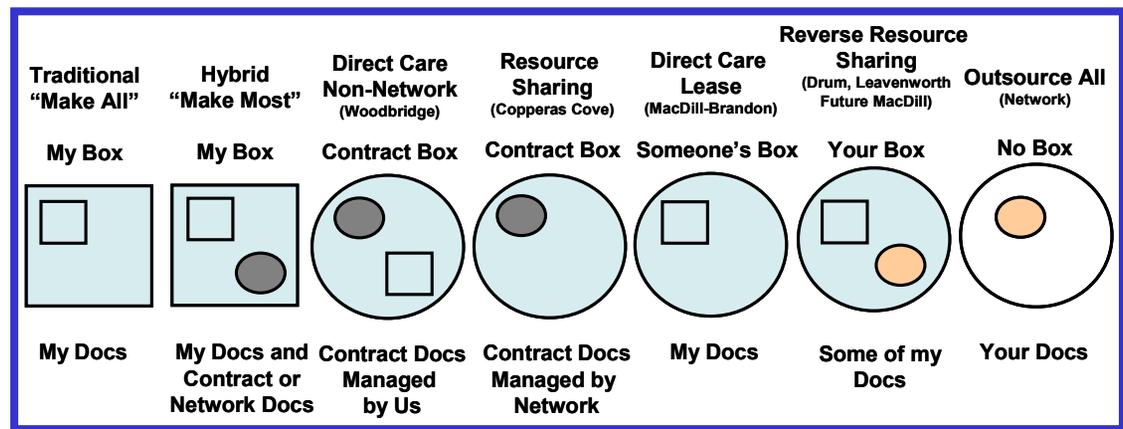
- CURRENT MIX
 - 52% MED MILCON
 - DHP Funding
 - 37% Renewal
 - OMD Funding
 - 2-3 Year Planning Cycle
 - 11% Contingency
 - OMA Funding
 - 1 Year Planning Cycle
- THE NEXT WAVE
 - Next year forward: less Renewal, but increased non-DHP (?) MILCON (AMF/IGPBS/BRAC)
 - AMEDD Lab Recapitalization



• *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.*



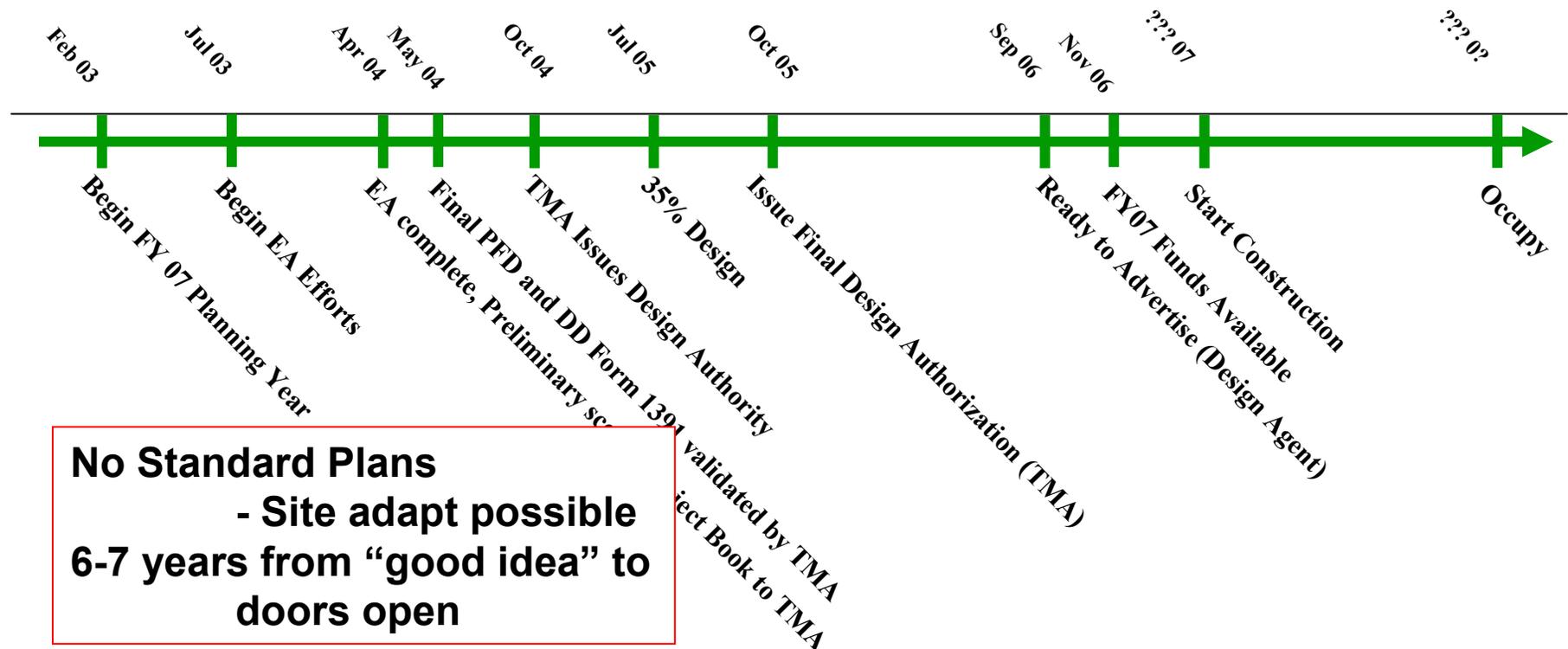


**ARMY
MEDICINE**
CARING BEYOND THE CALL OF DUTY

Medical MILCON Typical Timeline



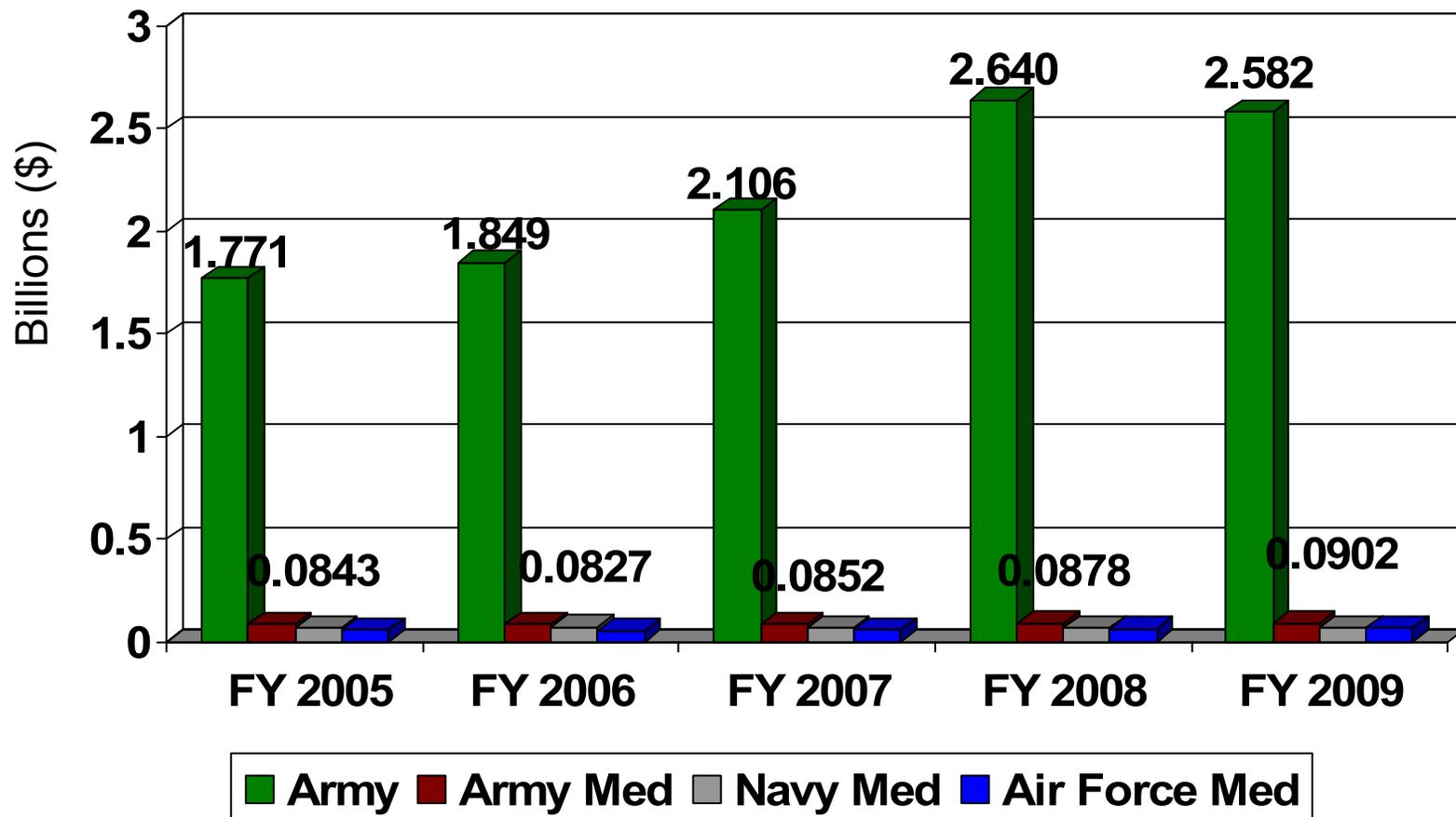
(FY 07 MILCON \$47M)



No Standard Plans
- Site adapt possible
6-7 years from "good idea" to doors open



Defense Medical MILCON vs. MCA





USAHFPA Mission Statement



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)



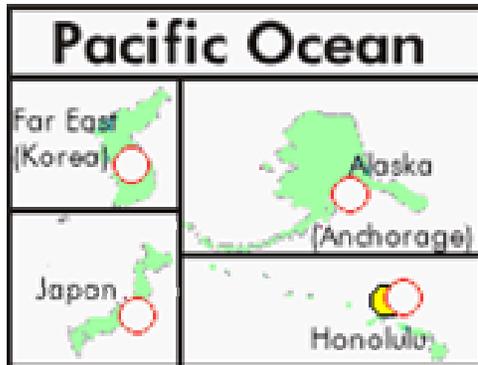
Management	Admin / Support	Planning / Programming	Project Management	Clinical / Technical	Construction Management
Commander Deputy XO/Ops	D, Business Ops Budget analyst Travel coordinator Network Mgr (2) Receptionist <i>Manpower analyst</i>	D, PPD C, PAE Programmer Programmer Planner (1.25) Planner C,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

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

**USAMRIID Program funded.

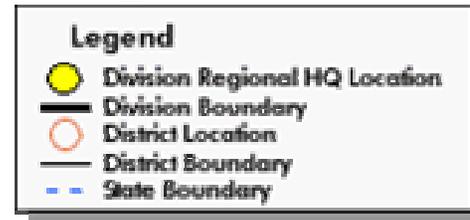
Military, Civilian, Contractor (37.5 at Falls Church, 13.25 remote)

The Corps of Engineers

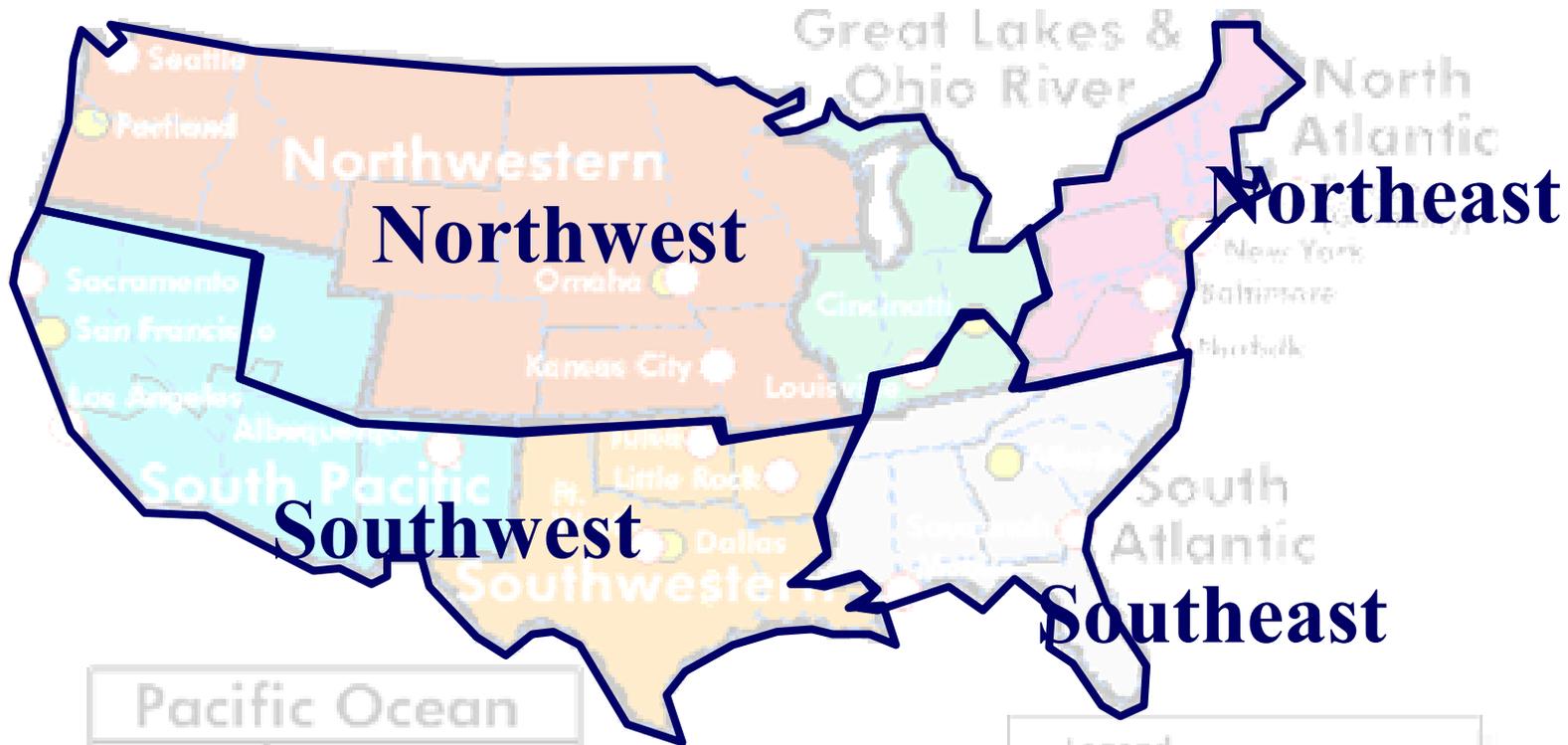


Centers

Transatlantic Programs Center (Winchester, VA)
 Engineering and Support Center (Huntsville, AL)



Installation Management Activities



Korea

Pacific

Pacific Ocean	
Far East	(Anchorage)
Japan	Honolulu

Centers

Transatlantic Programs Center (Winchester, VA)
Engineering and Support Center (Fort Valley, AL)

Legend

- Division Regional HQ Location
- Division Boundary
- District Location
- - - District Boundary
- - - State Boundary

Europe



**ARMY
MEDICINE**
CARING BEYOND THE CALL OF DUTY

MEDCOM Regions



**18th
MEDCOM**

**Pacific
(Western)**

Pacific

Legend

- Division Regional HQ Location
- Division Boundary
- District Location
- District Boundary
- - State Boundary

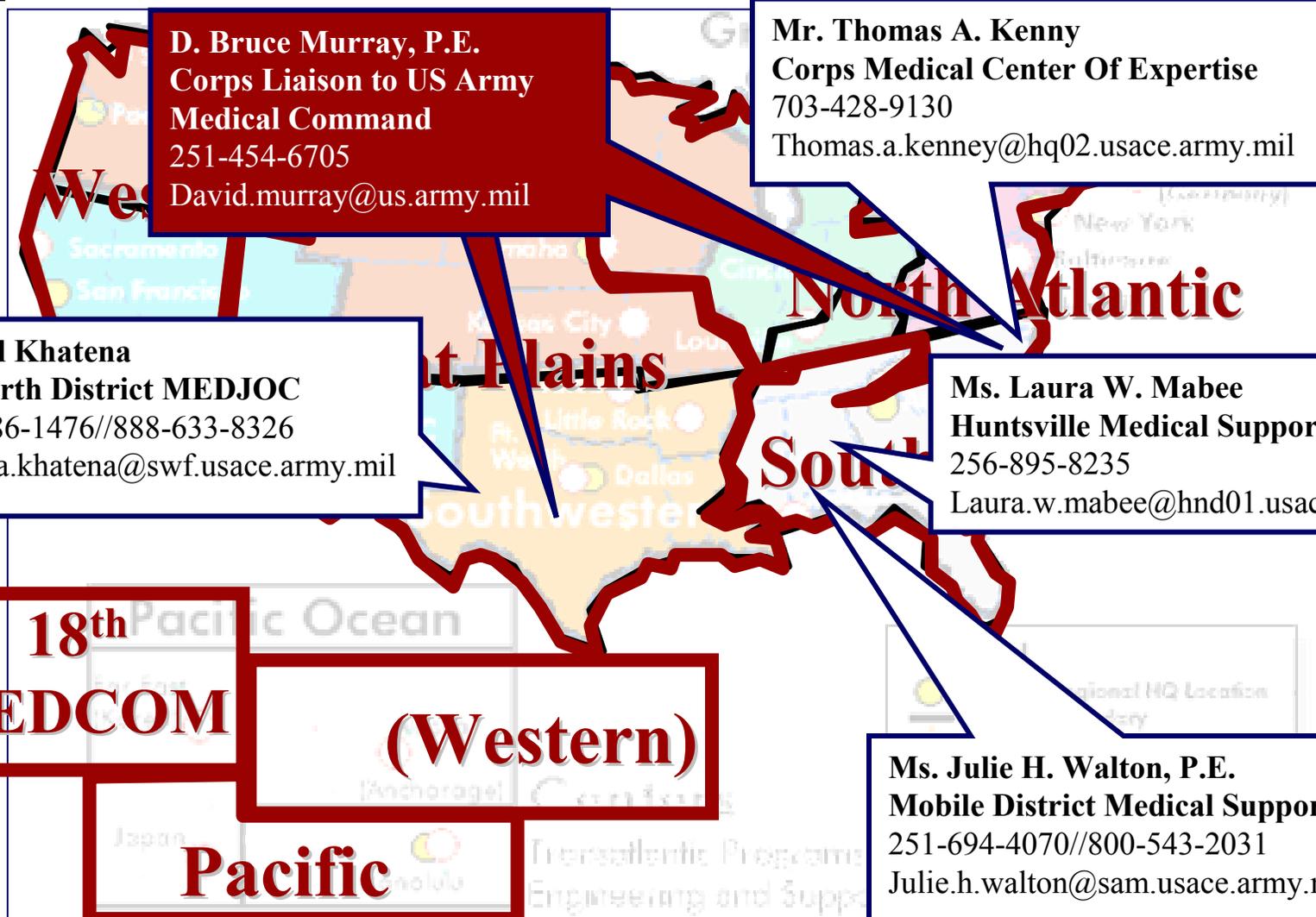
Europe



ARMY MEDICINE
CARING BEYOND THE CALL OF DUTY



Who Ya' Gonna Call?



D. Bruce Murray, P.E.
Corps Liaison to US Army Medical Command
 251-454-6705
 David.murray@us.army.mil

Mr. Thomas A. Kenny
Corps Medical Center Of Expertise
 703-428-9130
 Thomas.a.kenney@hq02.usace.army.mil

Mr. Al Khatena
Ft Worth District MEDJOC
 817-886-1476//888-633-8326
 Jacob.a.khatena@swf.usace.army.mil

Ms. Laura W. Mabee
Huntsville Medical Support Team
 256-895-8235
 Laura.w.mabee@hnd01.usace.army.mil

18th MEDCOM

(Western)

Pacific

Ms. Julie H. Walton, P.E.
Mobile District Medical Support Team
 251-694-4070//800-543-2031
 Julie.h.walton@sam.usace.army.mil

OUTLINE



- **MEDCOM Facilities**
- **MEDCOM Facilities Management**
- **Where's the Work?**
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Facility Acquisition Pipeline

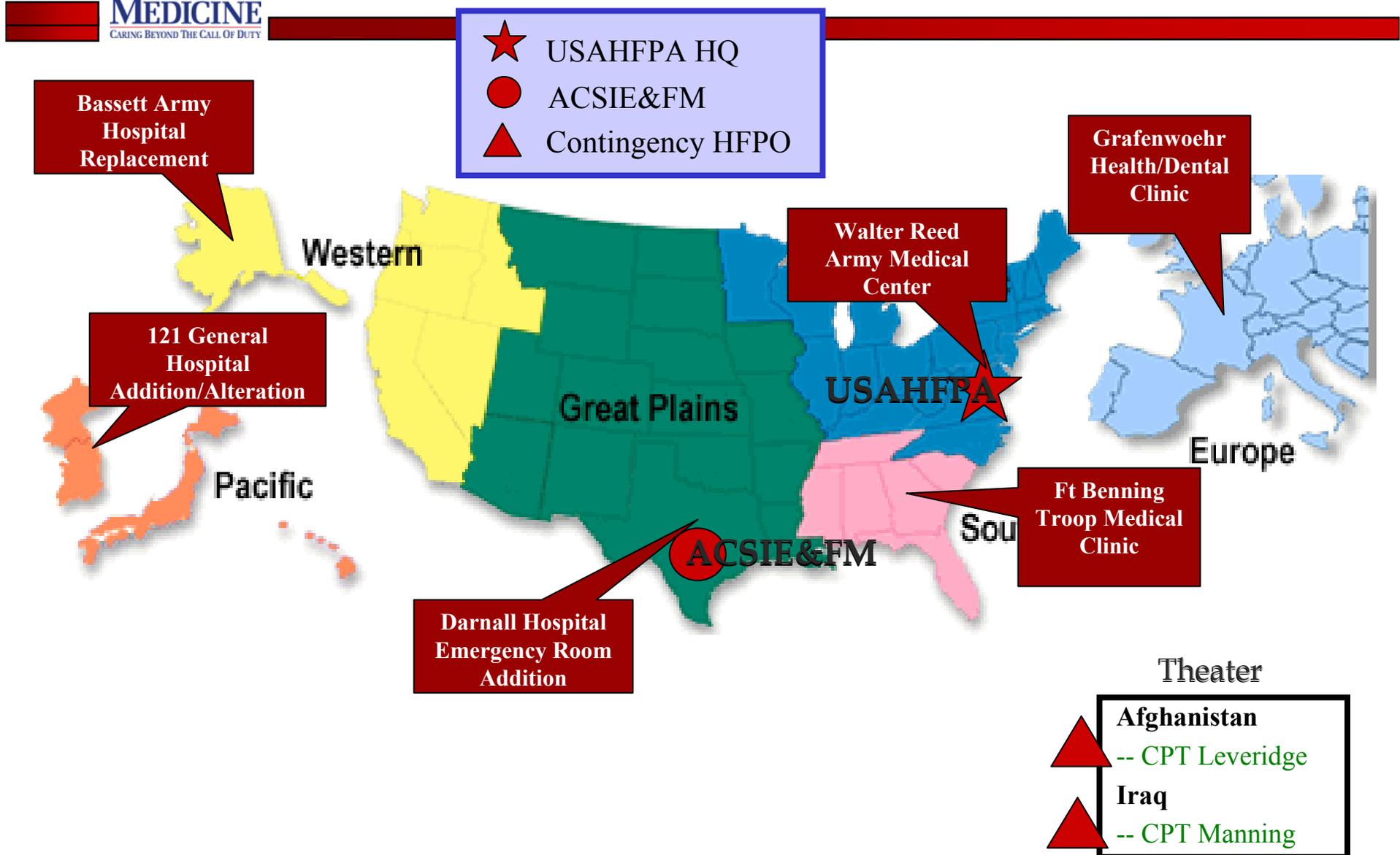


- Planning
 - 18 initiatives, \$1.68M total cost
- Projects in Design
 - 17 Projects, \$252M total placement value
 - Planning and Design Funds - \$32M (13%)
- Projects in Construction
 - 7 Projects, \$300M total placement value
 - Initial Outfitting/Equipment - \$45M (15%)



ARMY MEDICINE
CARING BEYOND THE CALL OF DUTY

Medical MILCON Projects



Contingency Facilities

(from TSG Ops Update 14 July)

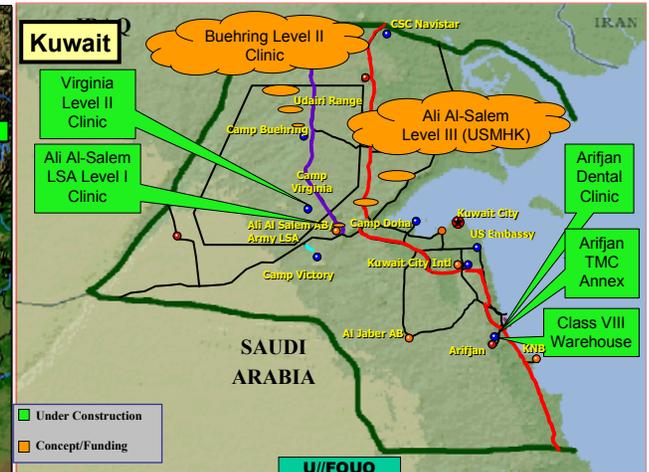
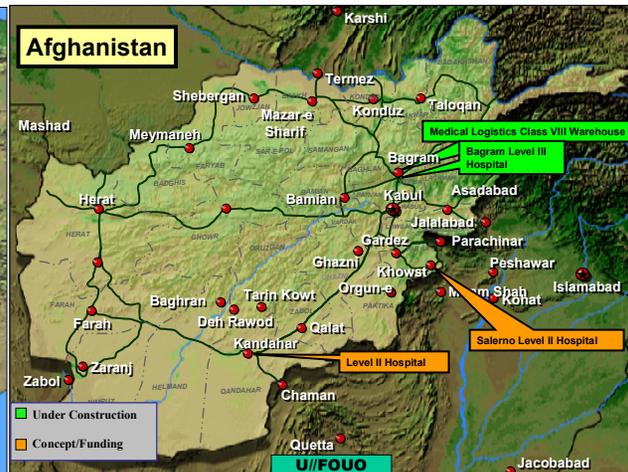
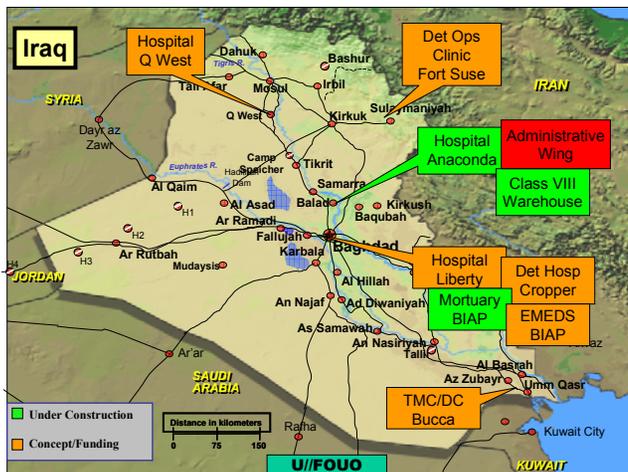
- \$58M in Construction, \$86M in Design
- 23 Projects in Pipeline
- HFPA Contributions:
 - Generate criteria and scopes of work
 - Acquisition strategy development and analysis
 - Manage design and construction (HFPO)
- Increasing volume
- Increasing variety
- Intensive management
- Intensive travel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



U.S. Army Contingency Hospital, Kosovo.

PROTOTYPE ▲

CURRENT OPERATIONS ▼



Contingency Facilities

(from TSG Ops Update 14 July)

- \$58M in Construction, \$86M in Design
- 23 Proj
- HFPA
 - Ge
 - Ac
 - M
- Increase
- Increase
- Intensi
- Intensi
- Impact



... Hospital, Kosovo.



RATIONS ▼

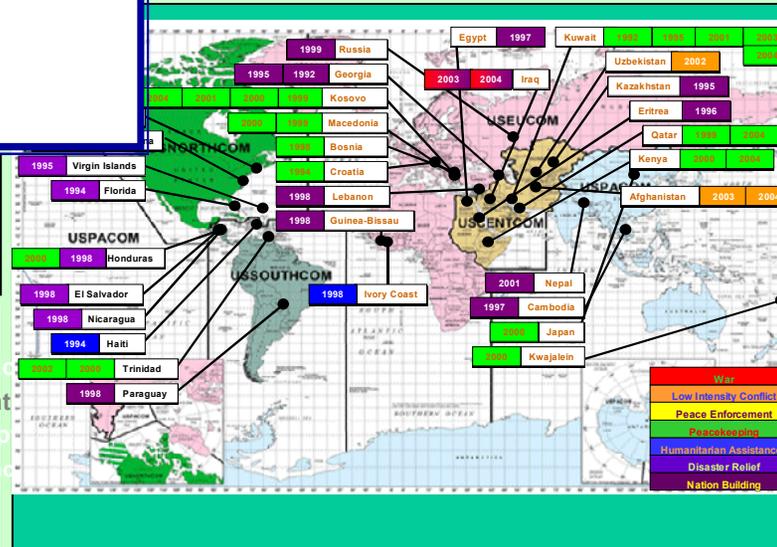


Supporting the AMEDD's Mission Through Deployable Life Cycle Management



- 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. ►



SMART-HS Team Composition



- **Multi-disciplinary solutions/teams**
 - ▶ **Architects**
 - ▶ **Engineers**
 - ▶ **Nurses**
 - ▶ **Biomedical Equipment Specialist**
 - ▶ **Environmental Science Officers**
 - ▶ **Logisticians**
 - ▶ **Corps of Engineers**



ARMY MEDICINE
CARING BEYOND THE CALL OF DUTY

Medical BRAC Projects



- ★ USAHFPA HQ
- ACSIE&FM
- ▲ Contingency HFPO

Bassett Army Hospital Replacement

121 General Hospital Addition/Alteration

Darnall Hospital Emergency Room Addition

Walter Reed Army Medical Center

Grafenwoehr Health/Dental Clinic

Ft Benning Troop Medical Clinic



- Theater**
- ▲ Afghanistan -- CPT Leveridge
 - ▲ Iraq -- CPT Manning



ARMY MEDICINE
CARING BEYOND THE CALL OF DUTY

Army "Medical BRAC" Projects



- ★ USAHFPA HQ
- ACSIE&FM
- ▲ Contingency HFPO

Bassett Army Hospital Replacement

121 General Hospital Addition/Alteration



Western



Great Plains

Walter Reed Army Medical Center

Grafenwoehr Health/Dental Clinic

Europe

Pacific



Darnall Hospital Emergency Room Addition



USAHFPA

ACSIE&FM

Southeast

Ft Benning Troop Medical Clinic

Theater

- ▲ Afghanistan -- CPT Leveridge
- ▲ Iraq -- CPT Manning



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
- USAMRIID – \$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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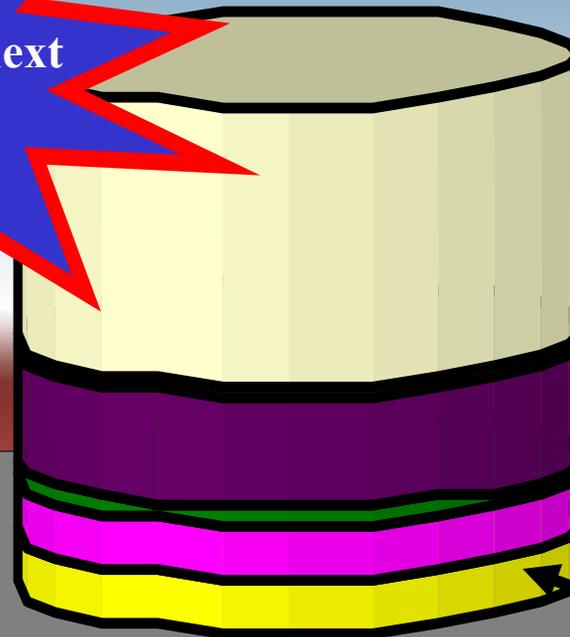
Workload – FY 07-12 Cycle (\$M)



- 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

\$ 6
\$ 4 000
\$ 3 000
\$ 2 000
\$ 1 000



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

The **yellow** disk was original mission!



**ARMY
MEDICINE**
CARING BEYOND THE CALL OF DUTY

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 1st (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)



Technology Insertion



- **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:**
 - AMEDDD Transformation
 - ARMEDCOM
 - Contributions and visibility of Deployed Facilities Expertise
 - Iraq Reconstruction/MOH
 - OIF/OEF Projects
- **Enablers:**
 - Knowledgeable AMEDDD Leadership
 - MSC Leadership/Strategic Positions
 - Corps of Engineers Support
 - COE FEST Teams Linkage
 - Dedicated, Talented, Young Officers



Future Talent



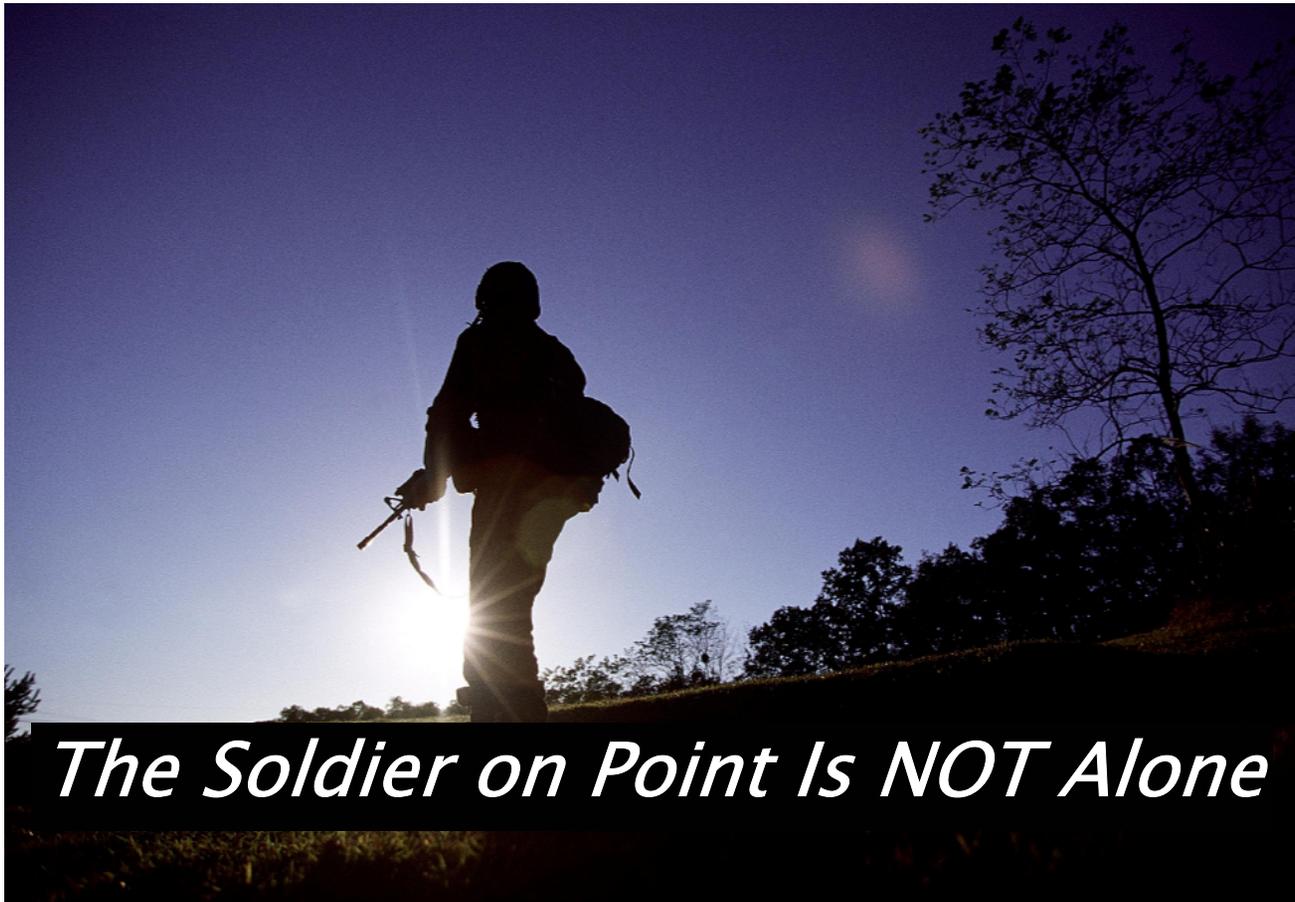
- **Present:** Impending loss of civilian talent, limited military opportunities
- **Constraints:** personnel funding, military authorizations, ASI distribution
- **Objective:** successful career paths for civilian and military talent (AC and RC)
- **Leverage:**
 - Increased workload, increased funding
 - 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?

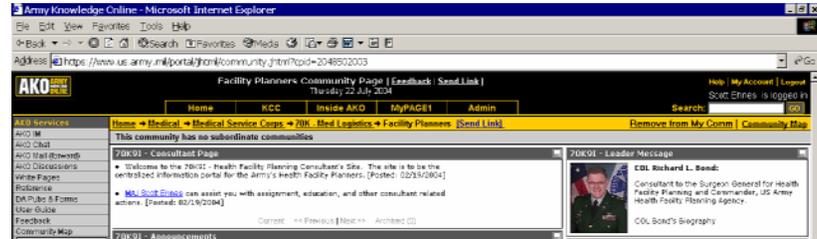




Websites



AKO Community Page & Knowledge Collaboration Center



HFPA Website
<http://www.hfpa.otsg.amedd.army.mil/>

U.S. Army Health Facility Planning Agency



WE WANT YOU!



- **Commander, U.S. Army Health Facility Planning Agency**
COL Richard Bond, (Falls Church, VA) 703-681-8221 DSN 761
- **MEDCOM ACSIE&FM**
COL Carmen Rinehart, (Ft Sam Houston) 210-221-8077 DSN 471