

Statement

of

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Capital Assets Realignment for Enhanced Services Commission

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Good afternoon. I am Brigadier General Charles B. Green, Commander of the 59th Medical Wing, known as Wilford Hall Medical Center. I also serve as the Lead Agent of TRICARE Southwest, Region 6, which encompasses the states of Texas, Oklahoma, Louisiana, and Arkansas. Mr. Chairman and Members of the CARES Commission, thank you for allowing me to appear before you today and offer my thoughts on military healthcare and DoD/VA collaborative efforts in the greater San Antonio area.

San Antonio is one of the most ideal communities in the nation for delivering medical care in a cost effective and efficient manner. World-class medical centers and research facilities all combine to offer a unique opportunity to share resources and improve the quality of medical care for our beneficiaries.

There is a long history of DoD/VA cooperation in the San Antonio area, going back to Spring of 1991 when the San Antonio Health Care Coordinating Council (SAHCC) was established to maximize cooperation and coordination within the military medical community and the other Federal, State, local government, and civilian providers of health care.

Currently, Wilford Hall Medical Center and Brooke Army Medical Center have 17 sharing agreements with the South Texas Veterans Health Care System. One of these agreements is a blood services arrangement between South Texas Veterans Health Care System and Wilford Hall Medical Center. The VA provides half of the personnel (10 FTEs) for the Blood Donor Center at Lackland AFB in exchange for a one-third share of packed cells, plasma and platelets. Wilford Hall Medical Center also provides complete maternity care, and on a space available basis, endoscopic ultrasound, strabismus and lithotripsy services. The VA supports Wilford Hall Medical Center with ETO sterilization services and CT Scans for large patients.

Brooke Army Medical Center provides burn unit support and pathology lab tests for VA patients. In the event of a backlog at the VA, there are standing agreements for Brooke Army Medical Center to provide MRIs, prostascint scans and GYN oncology services. The VA reciprocates and provides laundry and ETO sterilization services for the Army. There are also agreements for Brooke Army Medical Center to utilize VA contracts for bio-medical equipment repair and hearing aids.

We also periodically exchange personnel when there is a clear benefit to both parties. For instance, Wilford Hall Medical Center currently has a general surgeon at the VA full-time. Obviously, the VA benefits from the addition of a surgeon and Wilford Hall Medical Center benefits from an additional training and currency opportunity.

I should also mention that cooperation extends beyond the confines of the San Antonio area. Corpus Christi Naval hospital and the VA have sharing agreements for outpatient surgery, audiology and optometry services. I believe very strongly that this history of sharing in Region 6 and the sheer size and diversity of the San Antonio medical community provide a strong basis for even more collaborative arrangements between the DoD and VA.

Recently, the South Texas Veterans Health Care System and TRICARE Region 6 submitted a project proposal, through our respective command channels, to the VA/DoD Health Council (HEC) to study the feasibility of several joint ventures. One of these potential ventures is to develop expanded primary care capability on the northeast side of town. (There are already plans to construct a 10,000 square foot VA facility on Brooks City base in southern San Antonio.) The proposed, northeast clinic would provide additional capacity and space to serve the needs of VA and DoD beneficiaries in a rapidly growing section of San Antonio. The clinic will also provide another avenue for the DoD to support its graduate medical education

programs. Finally, the clinic could serve as a test site for VA/DoD sharing initiatives to include laboratory data sharing and interoperability (LDSI), radiology interoperability, discharge physicals, and joint credentialing of staff. We are also talking with the South Texas Veterans Health Care System concerning sharing initiatives in in-patient psychiatry, bone marrow transplantation, dental exams and expanding existing linen/laundry services.

Current Lead Agent success stories include the establishment of a Federal Pharmacist Association and the Tri-Service Regional Business Office. The pharmacy association ensures our pharmacists talk with each other on a regular basis and the Regional Business Office carries sharing to an even higher level by bringing together the National Acquisition Office of the Veteran's Administration and the VHA Standardization Office, as well as the Tricare Southwest and Central Regions (6, 7, and 8), creating a consortium of 163 VA hospitals and 46 DoD facilities. At this time, we forecast a DoD cost-avoidance of \$6.5 million over a period of 5 years and look forward to even more savings as we further develop other initiatives currently being explored.

We in the DoD are committed to assessing how we can provide more useful information regarding the costs, benefits, and opportunities of resource sharing among the VA and DoD facilities, and we propose to use these various sharing initiatives as a platform for improving the operation and sharing of medical information and information technology between the VA and DoD.

There are many opportunities for resource sharing between the VA and DoD and we are proud of our established record of resource sharing in Region 6 and specifically the San Antonio area. We must continue to build on this spirit of cooperation and innovation to ensure that both our active duty and retired beneficiaries receive the very best in health care.