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Plenary remarks given at the 2012 Military Health System Conference
January 31, 2012

NOTE: Video precedes dialogue.

<http://www.army.mil/article/72872/>

“America entrusts us with the health and wellbeing of her sons and daughters. You--all of you in this auditorium are delivering on our promise to the Nation.

Some might see that video as a historical view of the last decade. It’s not—the mission continues today.



Right now, at 30K feet over the Atlantic there’s a C-17 that left Ramstein Air Base for home. In a couple of hours, it will land at Andrews Air Force Base. Onboard, there are 3 critical patients, 8 litter patients, and 12 ambulatory patients: that’s 23 Soldiers, Sailors, Airmen, and Marines.

These patients have travelled 8,000 miles, undergone multiple surgeries and numerous hand-offs. No one else in the world has that mission, and no one else can do it like you do. AND you have been doing it flawlessly for more than 10 years.

I want to thank the medics and corpsmen who carry medicine on to the battlefield every day. I also want to thank all medical personnel who’ve deployed over the last decade. I recognize your Service, sacrifices and dedication to our Nation.

Your success-- our success-- results from a total team effort. This is accomplished through collaboration among the Services, our NATO and coalition partners, the Veterans Administration, academia and civilian healthcare organizations across America.

Many innovations in healthcare have their origins on the battlefield. Let's highlight some of our recent **accomplishments**.



90.1%

This is the survival rate for the conflict in Afghanistan. The survival rate in WWII was about 70%, in Korea and Vietnam it rose to slightly more than 75%.

Think about that, in WWII only 7 of 10 wounded troops survived, today more than 9 out of 10 do. Not only do 9 in 10 survive, but most are able to continue serving in the Army. This is the percentage of Soldiers with Traumatic Brain Injury who have returned to **duty**.



96.8%



\$315M

This is the amount the Army invested last year in the Enhanced Behavioral Health Program. We are absolutely **committed** to caring for our Soldiers and their Families.



\$50M

This is the Army's 2011 investment in patient centered care. We have made Patient Centered Medical Homes and Community Based Medical Homes a priority.

Are we good enough?

But my question is, are we good enough? With all of our accomplishments--Are We good enough?

I say “**no.**”

How can I say this after what I’ve just told you--with what I have just shown you? Let me tell you why.

21,460

Are we good enough when more than a **Division** of Army soldiers are **medically** not ready? There are about 3,000 people in the audience here today. Imagine a group seven times that large. That’s the number of soldiers who are currently medically non-deployable. That’s a **readiness problem.**

2,290

Are we good enough when last year there were 2,290 sexual assaults in the US Army? Some might say that this isn't a "**medical**" problem. It is. We are part of that 2,290. These are our colleagues, our families and our friends. We must have **zero tolerance** for sexual harassment and sexual assault.

278

Are we good enough when 278 Army soldiers committed suicide in 2011? Is suicide a medical problem? Yes, it is. How many of those 278 soldiers did we touch before they took their own lives? All of them--every single one.

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Are we good enough when we lose one Soldier to a preventable illness? Last summer, an active duty soldier died of rabies. Of rabies? This is the first active duty rabies death in over forty years.

So my question to you is...

Are we good enough?

Are we good enough?

My challenge and my personal belief is that...

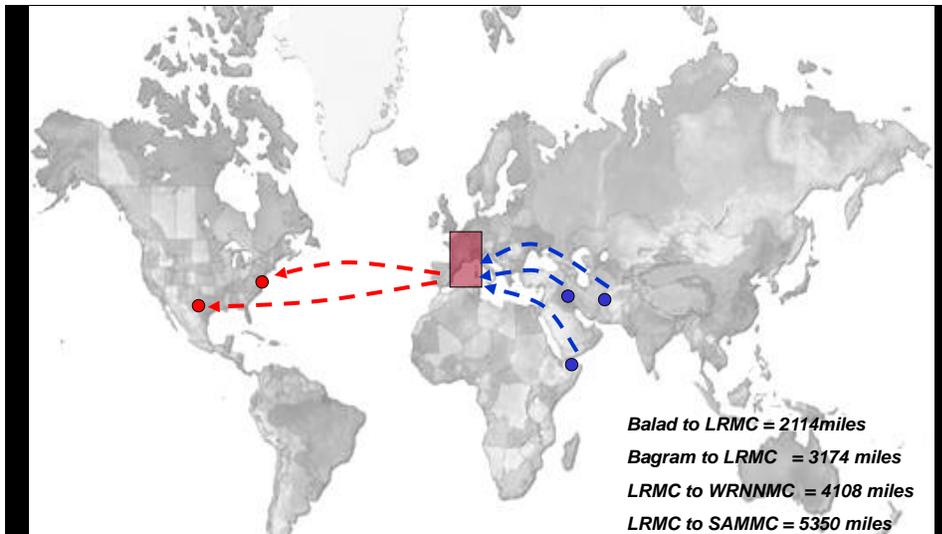
We can be better

We can be better!
We must be better!

How do we get better?
How do we get better at healthcare?
How do we get better at health?

Dr Atul Gawande, in his book “Better”, tells us that
**‘...better is possible.
It does not take genius. It takes diligence.
It takes moral clarity. It takes ingenuity.
And above all, it takes a willingness to try.’**

Military medicine has numerous examples of what “better” looks like.



The Joint Theater Trauma System coordinates trauma care for our wounded warriors. Our 8,000 mile operating room stretches from Kandahar to Landstuhl to Walter Reed National Military Medical Center at Bethesda, to San Antonio Military Medical Center to the Veteran’s Administration and other facilities throughout the United States.

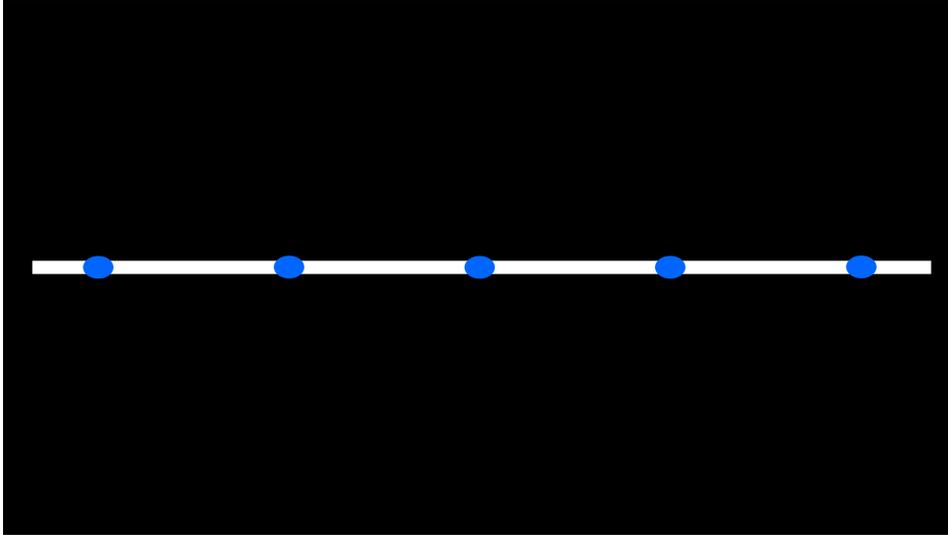
It’s collaborative, it’s integrated, and it knows no boundaries.

JTTS changed how the world infuses blood products for trauma patients. In fact we just had a patient receive 400units of blood. He coded three times on the battle field. And today he is recovering in Walter Reed National Medical Center at Bethesda. The JTTS also led to materiel changes in helmets, body armor and vehicle design.

This is not a success of technology or policy. This is a success of a trauma community that expects and values active collaboration across its 8,000 mile operating room.

I want to thank Dr. Woodson and his conference planning team for moving us towards better by putting on this conference, and selecting the theme “healthcare to health.”

Let’s talk about health. Where does “health” happen?



This white line represents a year in the life of a patient. The blue dots represent five 20-minute outpatient visits—the average number of visits per Soldier. Obviously, this graph is not to scale but I would like to focus on behaviors that take place between these appointments, in an area many have called “The White Space.”

Do patients smoke during their outpatient visits?

Do patients eat triple cheeseburgers?

How many commit suicide?

When are they smoking?

When are they eating cheeseburgers?

When are they committing suicide?

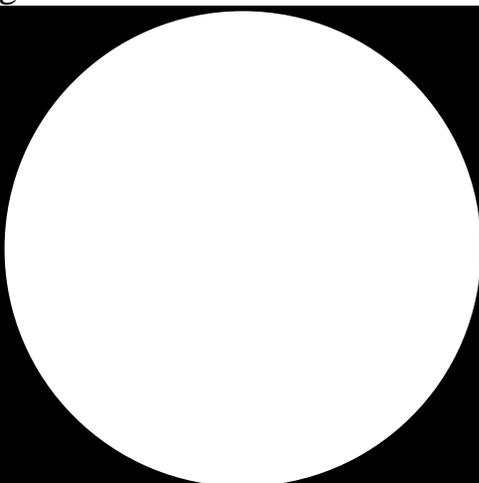
It's in the white space. It's between these blue dots where health really happens. And that's where we as individuals, we as a Military Health System, and we as a Nation, must go.



**100
minutes**

We have 100 minutes a year with our patients. How much health is going on there? Healthcare to be sure; but what about health?

We focus the majority of our peacetime budgets on those 100 minutes, but are we truly influencing health?

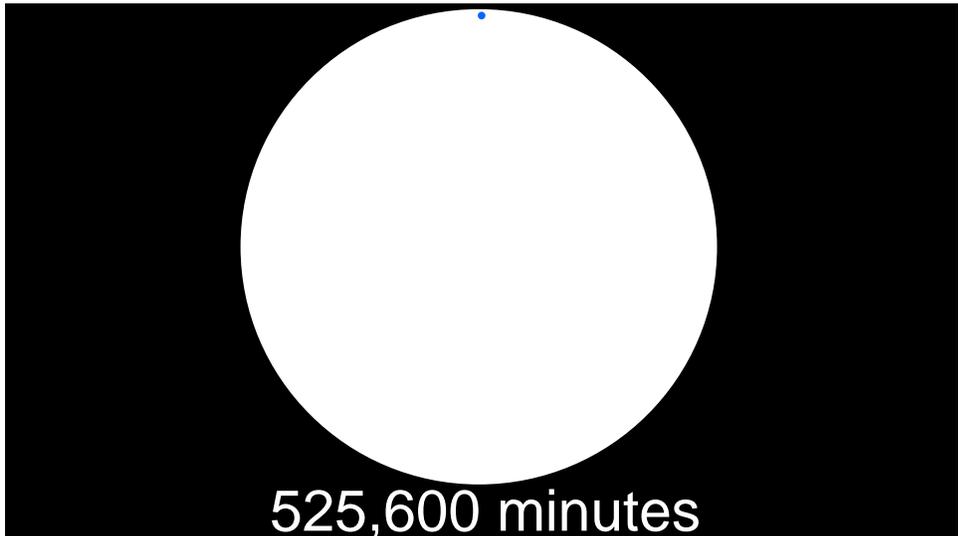


525,600 minutes

From the patient's perspective, there are more than half-a-million minutes in a year. Let's overlay our 100 minutes of influence. Is this the amount of influence we have?



How about this?



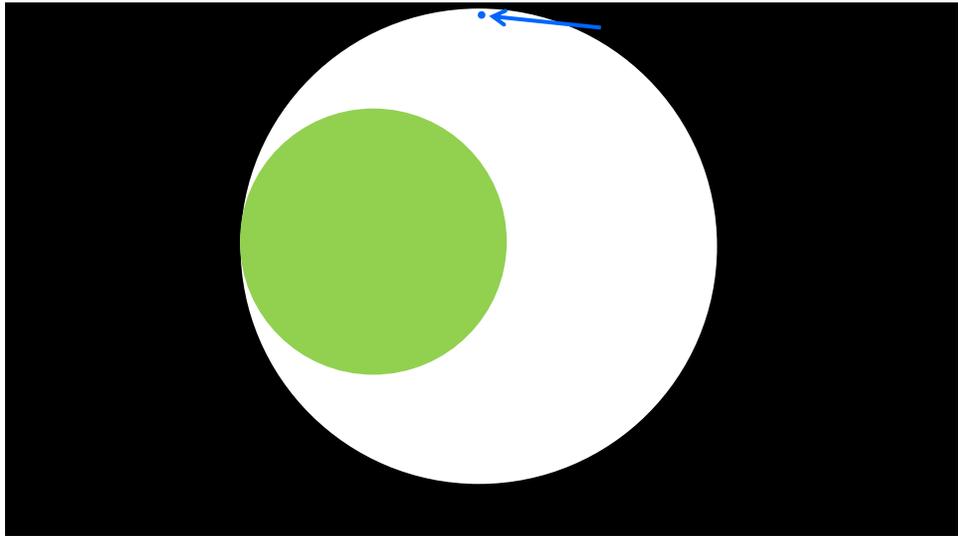
No, it's actually this.



Can you see it? Here's an arrow to help.

The Army spends \$13 billion on the blue dot. Our focus, the Nation's focus, is primarily on healthcare. That's the dot that is barely visible. I'm not saying we don't need to provide care. World-class healthcare is what we do. How do we address the other 99.9% of patient's lives to improve health?

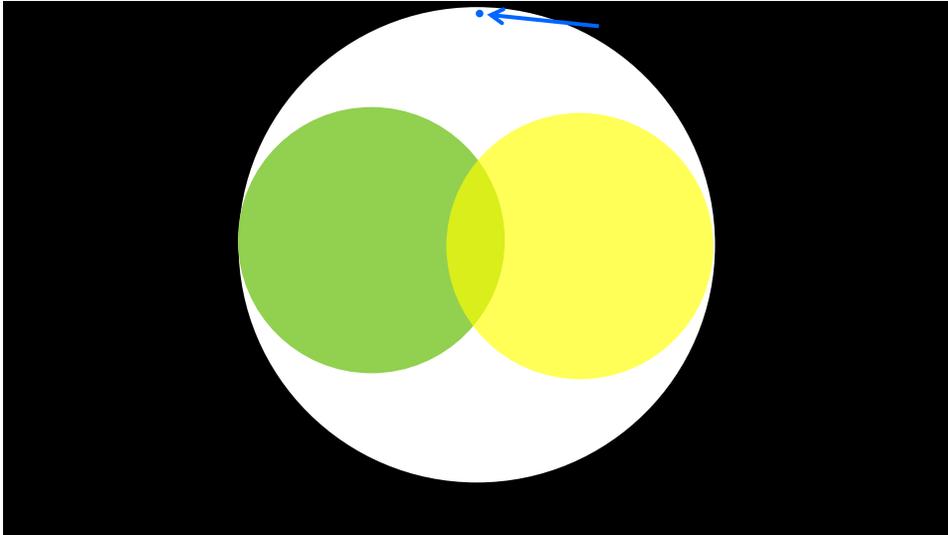
To our patients, this is not white space – it's their life. So what impacts this white space?



This green circle represents about a third of a patient's life - time at work and school. How does a Soldiers' work influence their health? How do we impact that?

Last week, I bumped into the Sergeant Major of the Army in the halls of the Pentagon. I mentioned our transition from a healthcare system to a system for health. He got it and asked what he could do to help.

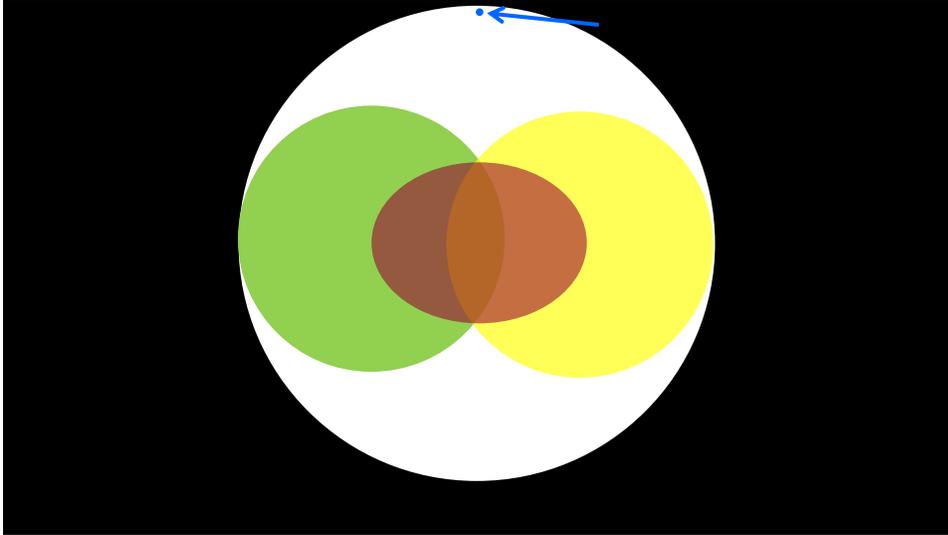
My point is that we are not alone in our journey towards health. We can't be alone. Our line leadership wants to help influence the Green space—they are a crucial partner.



This yellow circle represents another third of a patient's life -- family and personal time.

What about family and friends?
Who's cooking for our Soldiers?
Who's shopping for the food?
Who influences their behaviors?
How do we get to them?

The remaining white space--the last third of a patient's life--is sleep.
How important is sleep to overall health?



This circle represents social media and the Internet. Facebook has overtaken email and the Internet has overtaken television. This past Sunday in the Washington Post, a front-page business section story said that 80% of adults use the Internet to look for health information. If we're going to influence health, where must we provide information?

It's not enough to have a social media page. We need to be relevant, we need to be engaging, we need to have impact.

To move from a culture of healthcare to health, we need to reach beyond our 100 minutes.

We can be better

We can be better.

Think about a 5-day BP check. Today our patients leave work, drive to our MTFs, find a parking space, check in, sit in a waiting room full of sick patients to eventually get their vital signs taken. Is that patient centered?

Right now, civilian and military “apps” are available for vital signs, behavioral health, and chronic disease management. (T2 App graphic)

Should we continue to invest in brick and mortar to enable our 100 minutes of healthcare? Or should we arm our beneficiaries with a blue-tooth enabled scale and BP cuff for their home use?

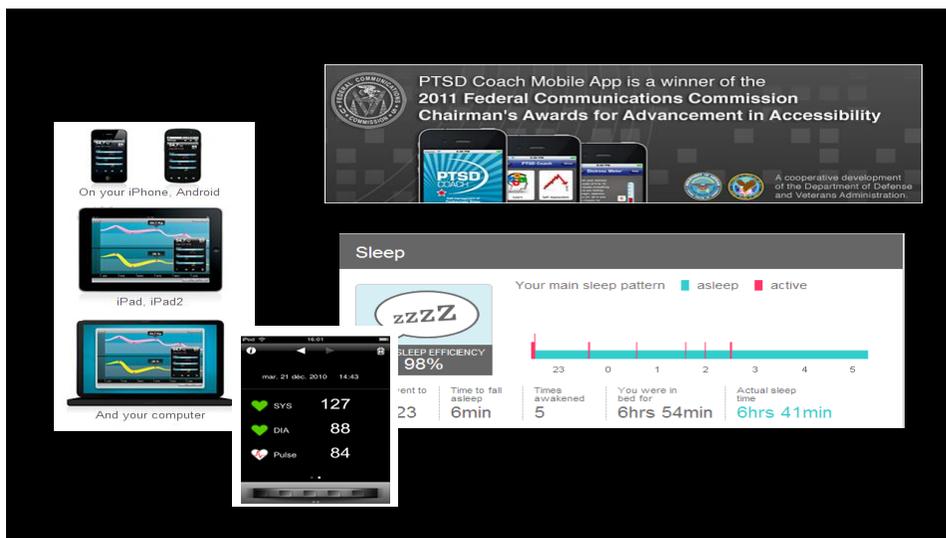
Should Patient Centered Medical Home be about our home or their home?

Where is the bulk of information about our Soldier’s health?

In our electronic health record summarizing 100 minutes a year?

What about a record of their personal health?

What if we empower our patients to be more active in their white space? Let me show you what I mean.





This is mine. This small device counts my steps, monitors my sleep and monitors my activity level. It costs \$99 and is part of my personal health record. It automatically monitors, records, and motivates. I can share it with my family, my friends, my social networks and my healthcare team. Such technology will become more and more influential. It will help activate patients to take greater control of their lives and their health.

I am extraordinarily proud to be part of Army Medicine and the Military Health System. I am proud of our accomplishments everyday . We have executed the healthcare mission with remarkable success through trying times. There are difficult challenges ahead, but our mission remains clear – maintaining the readiness and health of our military. Together we have the willingness, ingenuity, and moral clarity to succeed.

In order for us to get to health, we must empower patients, move beyond the 100 minutes, and influence behaviors in the white space.

The way ahead is connected, collaborative, and patient centered.

That's how we get to health. That's how we get better.

Dr. Woodson, my fellow Surgeons General, ladies and gentlemen, Army Medicine is a collaborative partner, committed to collective health. Together we can lead the nation.

I pledge to you today my resources, my focus -- in fact, my passion to implement this mission of health. The need is urgent, the time is now. For today's military, tomorrow's recruits, and our Nation's future.



Serving to Heal ... Honored to Serve!”