

SAN ANTONIO: THE NEW CENTER OF MILITARY HEALTHCARE

A WORLD OF POSSIBILITIES

OVERVIEW

- COLLABORATION has been the key to many San Antonio and military successes
- MILITARY ADVANCES lead to advances in care at home
- "WHAT IF...?": the development of TRAUMA CARE in San Antonio
- BRAC today and implications for San Antonio
- TARGETS -and hitting them (per dgy)

FORT SAM HOUSTON

- CONSTRUCTION BEGAN IN 1845
- TOOK THE HIGH GROUND ABOVE THE RIVER AND MEADOWS
- THE QUADRANGLE WAS BUILT IN 1876
- 900 ACRES, 92 HISTORIC BLDGS
- BIRTHPLACE OF MILITARY AVIATION
- BIRTHPLACE OF AEROMEDICAL EVACUATION

MILITARY MEDICINE IN SAN ANTONIO

- BROOKE ARMY MED CEN world famous for burn care
- Home of COMBAT MEDIC TRAINING
- BROOKS AFB-School of Aerospace Medicine
- WILFORD HALL MEDICAL CENTER
- Byrd ventilator, air transportable heart lung transport system

What does the government do
right?

- ?????????????????????????????????????

The Interstate!



WAR NEVER SOLVED ANYTHING

EXCEPT

- SLAVERY
- FASCISM
- NAZISM
- HOLOCOST
- COMMUNISM
- GENOCIDE
- TERRORISM

**Beaten by the Bugs:
The Soviet-Afghan War Experience**

- 620,000 Soviets served in Afghanistan
- 76% of their personnel hospitalized during this campaign

BUT:

- Only 11% were wounds and injuries associated with battle
- The remaining **88.6%** were treated for **PREVENTABLE** illness such as: infectious hepatitis, typhoid fever, plague, malaria, cholera, diphtheria, meningitis, heart disease, shigellosis (infectious dysentery), amoebic dysentery, rheumatism, heat stroke, pneumonia, typhus and paratyphus

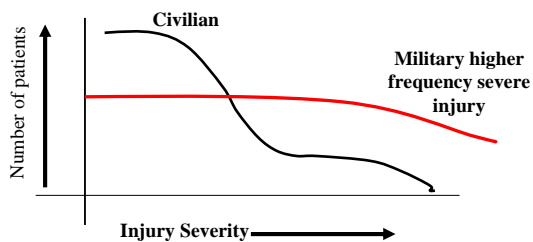


*****The Soviet army lost Afghanistan due to the failure of their military medicine to protect their troops from preventable illness**

Beaten by the Bugs: The Soviet-Afghan War Experience
By LTC (ret) Lester W. Grau and Maj William Jorgensen, USAR
Military Review, 77, No. 6, Nov-Dec 1997, pp. 30-37



HISTORICAL PERSPECTIVE: PROBLEM



Civilian: 85-90% of trauma victims are not severely injured; only 10-15% need trauma center level care

BREATHING THE FIRE: FIGHTING TO REPORT-AND SURVIVE-THE WAR IN IRAQ

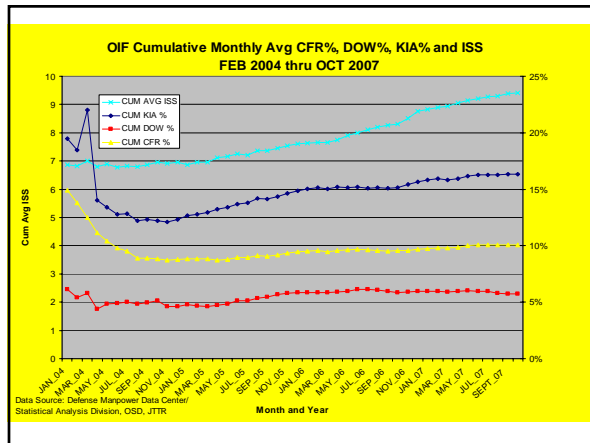
- KIMBERLY DOZIER: "The complexity and capabilities of the military health system, the nature of the battlefield injuries, and the sacrifices of the military health professionals are mostly unknown to the community at large..."

Current Definitions of Clinical Rates

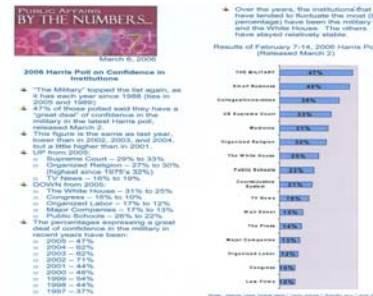
- $\%CFR = \frac{KIA + DOW}{KIA + WIA} \times 100\%$
Case Fatality Rate
- $\%KIA = \frac{\text{Deaths before MTF}}{KIA + (WIA - RTD)} \times 100\%$
Killed in Action
- $\%DOW = \frac{\text{Died after reaching MTF}}{(WIA - RTD)} \times 100\%$
Died of Wounds

Comparison of Statistics for Battle Casualties, 1941-2005

| | World War II | Vietnam War | Iraq & Afghanistan |
|------|--------------|-------------|--------------------|
| %KIA | 23.7% | 21.3% | 12.5% |
| %DOW | 3.4% | 3.5% | 4.1% |
| %CFR | 22.8% | 16.5% | 8.8% |



RESPECT



Recent healthcare advances during the global war on terror

- Tourniquet usage
- Transfusion practice
- Factor VII usage in the field
- Infection control
- Aeromedical evacuation
- Amputee care

TRAUMA CARE IN SAN ANTONIO

- What if...?
- 1993 Influenza epidemic
- 1993 nursing shortage
- All three trauma centers on divert, ER's full
- Healthcare leaders were asked for plan by Bexar County Judge Cindy Krier
- Led to collaborative approach to creation of "Critical Care and Trauma Task Force"

SA TRAUMA

- Leaders from HC, business, elected officials, Bexar Co Med Soc, Universities
- "Critical Care Transfer Coordinating Board for Trauma, Chaired by Greater SA Hospital Council, announced Apr 94
- USN resident assigned to the Council wrote her thesis for the Army-Baylor Masters program on the problem

TRAUMA IN SAN ANTONIO

'96 Thesis led to a Bill introduced by Sen Zaffirini to fund Tx Senate Bill 102, 1997

Overwhelming support; provided initial funding for 1-800 calls to make trauma referrals from SC Tx to SA's 3 centers

Led to STRAC, RMOC, and REMSC

Third largest Emergency Medicine residency in the US, research, grants followed

DOD gave permission for care to all bencats

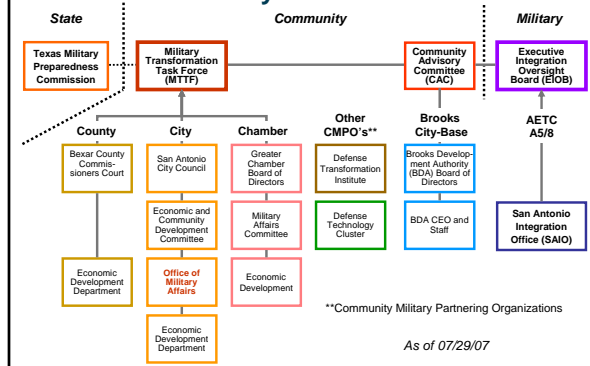
Trauma in San Antonio

- Center for the Intrepid
- National Trauma Institute
- Veterans Administration Polytrauma Hosp.
- Katrina response: "San Antonio is the model for the Nation" (Trans Secy Mineta)

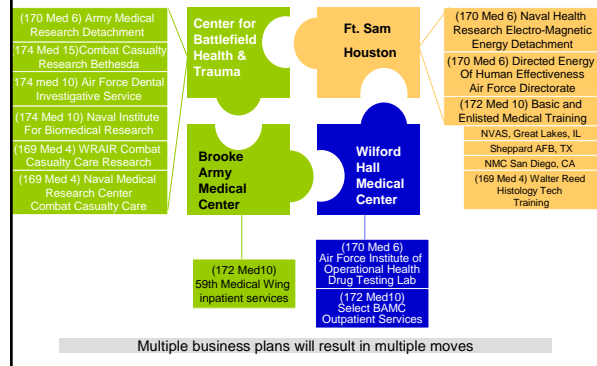
Base Realignment and Closure Commission 2005

- BRAC actions in San Antonio are the largest in history
- Initial cost \$800M; now moving past \$2.8B
- Basically is attempt to consolidate functions where possible and reduce size of infrastructure DOD must maintain
- San Antonio Mayor's office created Military Transformation Task force to lead change

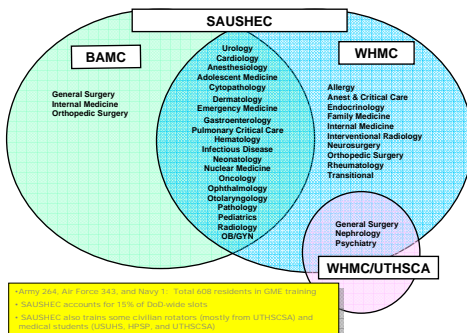
Relationship Chart of San Antonio's Community BRAC Entities



BRAC Movement



Graduate Medical Education Programs



San Antonio BRAC Medical Education and Training Campus

Consolidate 5 Major Learning Institutions Creating the
World's largest medical education and training institution.
Average daily student load over 9,000
Faculty and staff over 3,600

Air Force Today

73 total courses
 Average daily student load = 1667
 Maximum student load = 2375
 Note: 13 courses are inter-service

Navy Today

29 total courses
 Average daily student load = 2700
 Maximum student load = 3032
 Note: 11 courses are inter-service

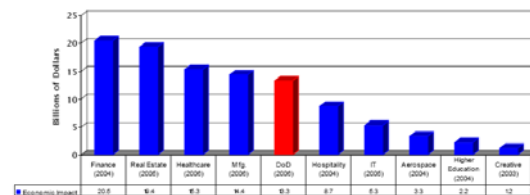
Army Today

255 courses taught each year
 87 multi-service training programs
 Students represent 75 allied countries

San Antonio, Texas

- 7th Largest city in the US- 1.3 M
- Bexar County 1.5 M
- SA Metro area 2.0 M
- In top 10 fastest growing cities in US
- 3rd fastest growing city in Texas
- 40 Hospitals in Bexar County
- 1 of 7 workers is in the HC industry
- 1 of 4 citizens is covered by military care

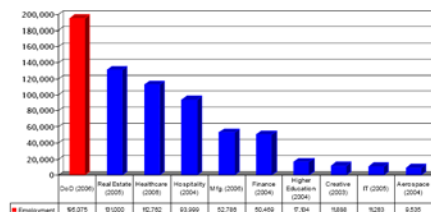
Economic Impact by Industry



In 2006, DoD activities in San Antonio registered an economic impact of \$13,297,753,427. The breakdown of the economic impact is:

- Civilian and military personnel—\$5,404,922,849
- Retirees and beneficiaries—\$2,183,049,308
- DoD contracts—\$5,709,781,270 (DoD Contracts outside San Antonio: \$4,124,914,398; Local Base Contracts: \$1,584,866,872)

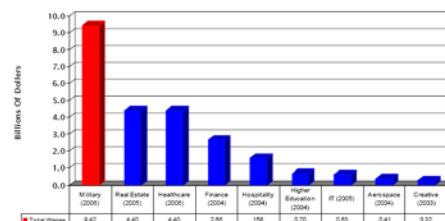
Employment by Industry



DoD activities within the San Antonio metropolitan area support employment of 195,075 people, including direct, indirect, and induced employment.

- Employment at the local bases is estimated at 68,659 (24,404 civilians and 44,255 military personnel).
- Employment due to DoD civilian and military personnel spending is 55,184.
- DoD contract and purchase card activity supports an additional employment of 44,423.
- The spending of the military retirees and their beneficiaries supports employment of 26,809.

Earnings by Industry



Earnings for 2006 was \$9,417,246,605. This includes:

- Earnings at military bases of approximately \$3,968,463,717.
- Spending by civilian and military personnel supported earnings of \$1,689,531,163 in other industries.
- Earnings due to DoD contractors and General Purchase Card expenditures in San Antonio of \$1,744,656,878.
- Direct payments to military retirees and other transfer payments of \$1,253,245,460, and retiree spending supported additional earnings of \$761,349,387.

Military Retirees in San Antonio

San Antonio is the home to one of the largest populations of military retirees in the country. Data on military retirees for the San Antonio metropolitan area indicates that:

- There are 47,924 military retirees* in San Antonio receiving retirement payments from DoD amounting to \$1,253,245,460 in 2006.
- Retiree spending supported over \$761 million in additional earnings.
- An additional \$74,175,680 in transfer payments from DoD flowing into San Antonio in 2006.
- Economic impact of military retirees is \$2,183,049,308.

Many of these retired military do hold employment in the San Antonio, so our economy benefits not only from these additional payments but also from their productivity. The impact of the payments to military retirees and other recipients of DoD-related transfer payments would make for a sizeable "industry" by itself in San Antonio.

*Military Retiree—Individuals who retired from the military after twenty or more years of service or who became totally and permanently disabled due to military service. Veterans—Individuals who served our country in the armed forces who were honorably discharged and/or who became ineligible for active service due to a disability received during active service.

Huge Injection of Purchasing Power into the Local Economy (\$ million)

| | Direct Spend | Induced Spend*** |
|--|------------------|------------------|
| Military Payroll* | \$77.6 | |
| Military Student Payroll | \$64.4 | |
| Civilian Employee and Contractor Payroll | \$207.7 | |
| Total Annual Payroll | \$349.8 | \$106.2 |
| Annual O&M Spending** | \$114.1 | \$38.8 |
| On-Base Construction | \$3,850.0 | |
| Associated MILCON Pgms | \$250.0 | |
| Total MILCON | \$4,100.0 | \$1,349.7 |

*Includes an estimate for housing allowances, but excludes all other allowances and premiums.
**The increase in operations expenditures are adjustments and updates of estimates provided in William Birdwell and Steve Niles, Ph.D., City of San Antonio, Economic Development Department, Economic Analysis and Coordination Division, The Economic Impact of the U.S. Department of Defense in San Antonio, 2006.
***Multipliers derived from DoD, p. 18.

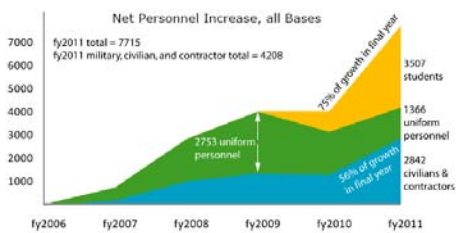
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DoD Wages Higher than or Equal to San Antonio Market Wages

| SOC | POSCO | | Average DoD salary | Median Annual Wage or Salary in 2006 |
|---------|-------|---|--------------------|--------------------------------------|
| 17-2081 | 0819 | Environmental Engineer | \$ 68,065 | \$ 83,940 |
| 19-4021 | 0404 | Biological Science and Laboratory Tech | \$ 43,119 | \$ 38,950 |
| 13-1079 | 0201 | Human Resources Specialist | \$ 63,038 | \$ 60,000 |
| 29-9011 | 0028 | Environmental Protection Specialist | \$ 71,194 | \$ 58,810 |
| 13-2051 | 0560 | Budget Analyst | \$ 70,645 | \$ 40,710 |
| 51-9199 | 1670 | Equipment Specialist | \$ 52,330 | \$ 20,400 |
| 13-1111 | 0343 | Management and Program Analyst | \$ 74,360 | \$ 58,170 |
| 13-1023 | 1102 | Contract Specialist | \$ 69,748 | \$ 58,070 |
| 19-3099 | 0101 | Social Science | \$ 68,467 | \$ 74,060 |
| 19-4099 | 1301 | Physical Science Student Trainee | \$ 63,451 | \$ 24,830 |
| 17-3022 | 0801 | Engineering | \$ 42,361 | \$ 34,030 |
| 11-3041 | 0260 | Equal Employment Opportunity Specialist | \$ 73,947 | \$ 81,760 |

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BRAC/Transformation Timeline



Note: This chart plots the move estimates acquired over the course of the project, but using the April 1 estimate of the time sequencing of and makes RD efforts to adjust the sequencing in light of significant operational changes in transformation strategies in individual units regarding both numbers and timing. These strategies are expected to be announced in the latter part of 2008 and early 2009. Installation Management Command plans are particularly important to the timeline.

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North Campus Orientation



South Campus Orientation



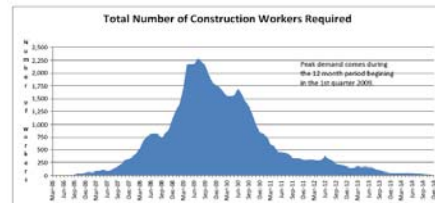
Status of Effort - BRAC plus other Military Construction in San Antonio

In the Fiscal Year that ended in September 2008, the Joint Program Management Office awarded 28 construction projects totaling over \$1.2 billion. Of that number 18 were medical projects.

The \$1.2 billion represents just over 1/3 of the value of construction that the Department of Defense plans to award in the San Antonio area by the end of 2011.

The program is currently on schedule and within budget.

Construction Worker Demand is Urgent Challenge Today



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CONSTRUCTION PROGRAMS FOR SAN ANTONIO METRO AREA 2008 to 2013

- Bond programs, military and civil works programs, Univ. of Texas, VA, Texas state programs, Bexar County programs, TXDOT projects, private commercial and housing (a/o 4 Sept. 2008)
- \$27,253,000,000 US dollars !!!! (\$27.253 B !!!!)
- (brac \$2.8 B...+?)
- Joint Program Management Office, US Army Corps of Engineers, Mr. Randy Holman
- Did I mention \$27.253 Billion US dollars?!!!

Endstate

SAMMC North

- 425 Inpatient Beds (116 ICUs, 309 Wards)
- 31 ORs for Inpatient & Ambulatory Surgery
- Level 1 Trauma/ER
- Medical, Pediatric, and Surgical Subspecialty Clinics
- Labor / Delivery / Recovery, NICU, PICU
- Bone Marrow and Organ Transplant
- New Centers of Excellence: Cardio-Vascular, Maternal-Child, Battlefield Health and Trauma



SAMMC South

- Primary care
- 24/7 Urgent Care for Trainees
- Medical, Pediatric, and Surgical Subspecialty Clinics
- New Center of Excellence: Eye Care



SAMMC

All in a day... SAMMC

- 5,682 Outpatient visits
- 7,797 Professional RVUs
- 288 Avg Daily Inpt bed census
- 93 Inpatient RWPs
- 16,442 Medication orders
- 1,493 Radiology studies
- 6,005 Meals served

- 12,324 Lab procedures
- 93 Surgeries
- 6 Births
- 263 ED visits
- 4,861 Military personnel
- 2,252 Civilian personnel
- 1,850 Contract personnel

- 213,000 beneficiaries in San Antonio (42K age 65+)



Trauma

- Aspects of the GMP Study
 - Displacement to Civilian Hospitals
 - Some but not as a result of BRAC
 - Military Hospitals Seeing Increasing Patient Load
 - Also a very small Displacement of Patients from Military Hospitals to Civilian Component of the Military Health Care System

- Trauma
 - No Change in City Military Partnership as a Result of BRAC
 - No impact on travel time as a result of WHMC Closure
 - Need to support EMS Expansion
 - Other Findings:
 - Population Growth is Driving Trauma Case Load Up
 - Need to support University Hospital Expansion

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Health Care Clinical Training

- Large numbers of new trainees coming into San Antonio
 - Many of those need to have access to a medical facility to complete the required training
 - Local Colleges also use the local medical Facilities for similar training
 - Two questions were:
 1. Is there capacity in the San Antonio Medical System to accommodate the Military Trainees?
 2. How can trainees best be placed?
- The Answer is a qualified "Yes"

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SAMMC-North



SAMMC-South



NEW CLINIC FOR LACKLAND AFB

- A LARGE NEW STATE OF THE ART URGENT CARE CENTER AND AMBULATORY CARE CLINIC ARE IN THE 2012 PROGRAM...
- Also...\$900 M New Basic Training Center for Lackland AFB...by 2014



[Ft Sam BRAC Clinic](#)

SAMMC San Antonio Military Medical Center



Challenges for San Antonio

- Stress on all services to support growth
- How do we convince those with a choice to come to San Antonio?
- How do we continue to attract the supporting and collateral businesses?
- Can we harness the immense human capital represented by retirees/family members?
- Will there be enough skilled construction workers? Special skills needed for hi-tech

GROWTH FOR THE SAKE OF
GROWTH IS THE
PHILOSOPHY OF THE
CANCER CELL

San Antonio Challenges

- Can the uninsured be brought in to a system of care, like we did for trauma?
- Can we lower health care costs and thus attract businesses by taking on the public health crisis of obesity?
- Can San Antonio become a medical destination for world-class care?
- Can we ever finish the highways already?!

DOD Centers of Excellence

- SAMMC will have 5 COE's:
 - Cardio-Vascular services
 - Maternal-Child Services
 - Battlefield Health and Trauma
 - Amputee Care
 - Ophthalmology/Optometry

Recommendations to the Military Transformation Task Force

- 24 Sept 2008 (DiLuzio group)
- Growth Management Plan should focus on 6 Targeted Development Industries:
 - Healthcare
 - Healthcare Education
 - Communications
 - Technology
 - Intelligence
 - Security

TARGETS

- Build on proven ability to collaborate
- Make 5 Centers of Excellence not just DOD's
- Metro-wide adoption of MTTF's Growth Management Plan's 6 Target Industries
- Technical training now to address projected shortfalls in needed trades
- Business competition or collaboration?

TARGETS

- Metro-wide Emergency Room electronic healthcare record using common data base to improve care, prevent waste and build data sets to understand best-value approaches to uninsured care
- Take on the problem of obesity
- Advocate for the creation of a National Medical Disaster Response Center built on 2005 Katrina response

Coming Events

"Good Health Equals Good Business"
12, 13, 14 November 2008
SA Hispanic Chamber of Commerce
www.vivasusalud.com
And "How To Do Business With the Government"
18-19 November 2008
www.milcomsbconf.com

