

## Command corner

# Army Family must help members deal with stress

by **LTG Eric B. Schoomaker**  
*The Surgeon General of the Army and MEDCOM commander*

This Army, its Soldiers and their Families are strained. Nine years of combat, with multiple cycles of deploy, redeploy and train/reset, will necessarily extract a price, including stressed marriages and behavioral health issues.

As medical leaders, we must bear this in mind as we support the human dimension of the ARFORGEN cycle.

Among the initiatives of the ongoing reorganization of Medical Command is a new Public Health Command that will more effectively

concentrate resources on helping Soldiers deal with health issues in a proactive way, to keep Soldiers healthy rather than treating them after they become patients. Also, each of our restructured regional medical commands has a readiness division to work within ARFORGEN to meet line commanders' medical expectations for readiness and training, matched to the needs of Soldiers and their Families.

Other initiatives, such as the Behavioral Health System of Care Campaign Plan and the Patient-Centered Medical Home Model, also are helping us deal with the challenges presented by continu-

ous high operational tempo over a prolonged period.

As we strive to provide the best support possible to an Army at war, we must remember that our own medical personnel must face and overcome these stressors as well. Not only are they exposed to the hazards of combat, they must cope with its results on a daily basis. Compassion fatigue is a real risk for health-care professionals.

Often, medical personnel deploy as PROFIS fillers, without the emotional bracing that comes from working with a familiar team, and without the kind of Family support that is so important to other Soldiers

when an entire unit is deployed together.

The holidays this month are a special time for most Families. They bring their own stresses, especially for those who must be separated from Family, and for those whose experiences cause them not to experience the time of joy they believe they should.

This is a time when we all must redouble our efforts to be a true Army Family — understanding and supportive to our patients, their Families, our line unit comrades, and each other.

Army Medicine: Bringing Value — Inspiring Trust.

# Providers, patients work together in medical homes

## Model promises better access, quality, satisfaction

by **LTC Timothy Caffrey**

In response to widely acknowledged shortfalls in access, effectiveness and efficiency, leading health care systems across the United States are reengineering their primary-care operations to incorporate a set of operating principles collectively referred to as the Patient Centered Medical Home (PCMH).

Core PCMH principles include emphasis on a longitudinal relationship between patient and health-care provider; advanced or open access; comprehensive, coordinated, team care; and more effective utilization of information technology to document and manage care. These principles, advanced and supported by all major physician and nursing organizations with interests in primary care, provide a conceptual framework for implementing the next advance in our primary-care system of health.

## System for health

Like its civilian peers, the Army Medical Department has also embraced the PCMH model, recognizing that the PCMH is fundamental to our transformation from a health care system to a system for health. This enthusiasm springs from the simple fact that a growing body of research indicates that adoption of the principles of the PCMH will result in improved access, higher levels of staff and patient satisfaction, better quality of care, lower overall health costs, and improved Soldier and Family readiness.

What will it feel like to receive care in an Army Patient Centered Medical Home? When fully implemented, the patient experience of

care will be palpably different.

For instance, on empanelment, patients will participate in the development of a comprehensive care plan that incorporates preventive health measures, chronic disease management, and a focus on healthy behaviors and health maintenance. Patients will be encouraged to build an affinity with their health-care team and to seek care from this team, recognizing that receiving care from a clinician who knows them well results in higher quality, safer care.

When patients receive care outside of the physical PCMH, whether from sub-specialists or in an emergency department or inpatient setting, their care will be coordinated and managed to minimize duplication of care and ensure effective follow-through. Patients with complicated or multiple health problems will receive care from an extended care team including nurse case managers, behavioral-health professionals, clinical pharmacists and others.

## Challenge

This transition to a Patient Centered Medical Home business model challenges all stakeholders to change both culture and business practices. For clinicians, nurses, and other care providers the PCMH requires that traditional silos be abandoned in favor of more collaborative, integrated, team care. For medical treatment facilities the challenge will be to manage the process of disruptive innovation while adopting a standardized concept of operation. For beneficiaries, the PCMH demands a shift from passive recipient to active participant in health care. For our payers, the challenge is to recognize, in concrete ways, the value generated outside of the Relative Value Unit-denominated face-to-face encounter between physician and patient.

I encourage you to learn more about the

PCMH model of care, to ask yourself how you can support this initiative, and, above all, to recognize how this transformation will improve the health and readiness of our Soldiers and their Families.



## The last, full measure of devotion

SFC Calvin B. Harrison, 18D, 2nd-7th Special Forces Group, Sept. 29, 2010

PFC Jordan M. Byrd, 68W, 1st-506th Infantry, Oct. 13, 2010

## Mercury

Mercury is an authorized publication for members of the U.S. Army Medical Department, published under the authority of AR 360-1. Contents are not necessarily official views of, or endorsed by, the U.S. Government, Department of Defense, Department of the Army, or this command. It is published monthly using offset reproduction by the Office of the Chief of Public Affairs, Directorate of Strategic Communication, U.S. Army Medical Command, 2050 Worth Road Ste 11, Fort Sam Houston, TX 78234-6011 (Commercial 210-316-2648 or 210-221-6213 or DSN 471-6213); email jerry.harben@armedd.army.mil. Printed circulation is 23,000. Deadline is 40 days before the month of publication. Unless otherwise indicated, all photos are U.S. Army photos.

Commander.....LTG Eric B. Schoomaker  
Director of Strategic Communication.....COL Wendy Martinson  
Chief of Public Affairs.....Cynthia Vaughan  
Senior Public Affairs Supervisor.....Jaime Cavazos  
Editor.....Jerry Harben