

Military Health System (MHS) Section 703 Workgroup Use Case Decision Package

Department of Behavioral Health – Fort Irwin

Volume I

Disclaimer: This Use Case provides information relevant to decisions to change capacity and capability of a military treatment facility. A detailed implementation plan is needed to accomplish a transition of clinical services.

Executive Summary

Site	Department of Behavioral Health – Fort Irwin
Decision	Weed Army Community Hospital has already absorbed the workload of the Department of Behavioral Health at Fort Irwin. The 703 decision supports the transition.

Background and Context

The table below summarizes the findings and data informing the decision on the future of the Military Medical Treatment Facility (MTF). Information in the Use Case Package could include, but is not limited to: Base and MTF mission briefs, a site-visit trip report, and two network assessments (TRICARE Health Plan Network Review and an independent government network assessment). When determining the decision for each site, the mission impact and network impact were considered in conjunction with Service and MTF input.

Base Mission Summary

Fort Irwin, California, located in the Mojave Desert, is approximately 42 miles from Barstow, California and is the home of the National Training Center (NTC), a major training area for the United States military. The National Training Center conducts tough, realistic, Unified Land Operations with our Unified Action Partners to prepare Brigade Combat Teams and other units for combat while taking care of Soldiers, Civilians, and Family members. The NTC at Fort Irwin is the only place in the continental United States where military service members are able to train at full operational capacity, using all systems they will later use in combat. NTC training includes traditional classroom study, virtual training in digital cyberspace, and rigorous personal physical fitness training programs. Military personnel from the United States allies, including NATO military regularly train at the NTC. WACH provides state-of-the-art medical care to support Fort Irwin and the NTC and has absorbed the workload of the Department of Behavioral Health. WACH provides state-of-the-art medical care to support Fort Irwin, NTC, and Rotational Units which can surge the ADMS population an addition 3,500 -10,000 on a monthly basis. WACH not only serves as the Role III facility for training units but provides all care that exceeds the capabilities of the training units. Behavioral health is a prime example of services that the RTUs may not arrive with and workload has been absorbed by WACH.

Criteria Matrix

Criteria	Rating or Value ¹	Key Takeaways or Findings	Use Case Package
Mission Impact	L	<ul style="list-style-type: none"> The Department of Behavioral Health is no longer active in terms of reporting workload and has shifted to WACH as of September 2017 WACH's existing services have been streamlined to support Fort Irwin mission and loss of any existing service would impact Soldier Readiness and beneficiary ATC. The remote location, coupled with the sub-optimal network, magnify the importance of existing services at the installation. The local network is not capable of supporting BH needs and any cases requiring inpatient care result in patient transport to facilities that are 1.5-3 hours away which can impact the mission NTC feels that any reduction in services provided by the MTF would result in curtailment of mission support to rotations and the Readiness of the Installation. Due to the location of Fort Irwin, any reduction of services that affect family members will have a direct impact on Soldier availability. Service members routinely need to escort family members to medical appointments which reduces their availability to support the NTC mission Fort Irwin experiences significant difficulties with civilian hires due to its location, competition from metropolitan areas for the same skillset, and inability of the surrounding community to produce qualified candidates. Average time to fill hiring actions at Fort Irwin is 260 days. Any future reduction in military staffing with plans to utilize civilian manpower could result in impacting the availability of services and support to the NTC mission Many retirees enrolled at WACH also work in support of NTC's mission. Being able to receive care at WACH allows them to return to work quicker than if they had to go to the civilian healthcare network due to the distance from the base of commercial providers Family members are eligible for dental care under an exemption due to the remote location, lack of civilian options, and challenges with insurance acceptability. Service members routinely escort family members to appointments which reduces their availability to support the NTC 	Section 1.0

¹ See Appendix B for Criteria Ratings Definitions

		mission. Due to travel distances of off-post dental options (1.5-3hrs one-way) any reduction of dental capabilities represents a loss of availability	
Network Assessment	L	<ul style="list-style-type: none"> Not conducted – based on the changes that already occurred, there will be no change in services 	Section 2.0

Risk/Concerns and Mitigating Strategies

The Risk/Concerns and mitigation strategies / potential courses of action were established by the 703 Workgroup and will be used to help develop a final implementation plan.

Risk/Concerns		Mitigating Strategy
1	None – Department of Behavioral Health – Fort Irwin has already been absorbed into WACH	<ul style="list-style-type: none"> N/A

Next Steps:

No next steps are required as the clinic’s workload has already been absorbed into WACH.

Table of Contents

1.0. Installation and Military Medical Treatment Facility (MTF) Description.....	5
<i>1.1. Installation Description.....</i>	<i>5</i>
<i>1.2. MTF Description.....</i>	<i>5</i>
2.0. Healthcare Market Surrounding the MTF	6
3.0. Appendices.....	7
<i>Appendix A: Use Case Assumptions.....</i>	<i>8</i>
<i>Appendix B: Criteria Ratings Definition.....</i>	<i>9</i>
<i>Appendix C: Glossary</i>	<i>10</i>
<i>Appendix D: Volume II Contents.....</i>	<i>11</i>
<i>Appendix E: MTF Trip Report.....</i>	<i>12</i>

1.0. Installation and Military Medical Treatment Facility (MTF) Description

Fort Irwin, California is approximately 42 miles from Barstow, California and is the home of the National Training Center, a major training area for the United States military. Fort Irwin was established by President Franklin Roosevelt as a sub-installation of Camp Haan in Riverside, California. In 1981, the U.S. Army created the National training Center at Fort Irwin to train Armored Brigade Combat Teams to “Win the First Fight.” The National Training Center, located at Fort Irwin, hosts U.S. troops from all of the services for a twenty-one day rotation before they deploy overseas. The NTC’s 1,000 square miles of desert is large enough to accommodate virtually unlimited maneuverability and its airspace is restricted to military aircraft.

1.1. Installation Description

Name	Fort Irwin
Location	Fort Irwin, California; approximately 42 miles from Barstow, California
Mission Elements	Fort Irwin is in San Bernadino County in Southern California. Its key mission elements include the National Training Center and WACH
Mission Description	Win the First Fight
Regional Readiness/ Emergency Management	Provide training for Armored Brigade Combat Teams and other Unified Action Partners across the full range of military operations Readiness Platforms include <ul style="list-style-type: none"> • WACH • Dr. Mary E. Walker Center • Javier A Villanueva Troop Medical Clinic • Yuma Army Medical Clinic
Base Active or Proposed Facility Projects	Ongoing renovations to WACH and Dr. Mary E. Walker Center; Javier A Villanueva Troop Medical Clinic is slated for a complete renovation

1.2. MTF Description

Prior to being absorbed into WACH in 2017, Department of Behavioral Health on Fort Irwin offered behavioral services at WACH through individual or group counseling designed to aid in recovery. Data shows that the workload at the Department of Behavioral Health began shifting to WACH in September of 2017, and the clinic stopped reporting its own workload in February 2018. The Department of Behavioral Health provided outpatient assessment, diagnosis, and treatment for behavioral health and traumatic brain injury rehabilitation to Active Duty Soldiers and their family members. The Department and Behavioral Health also offered crisis services 24 hours a day and allowed non-AD beneficiaries to seek outpatient behavioral health services without referral or authorization for the first eight visits during a fiscal year.

Name	Department of Behavioral Health – Fort Irwin
Location	Fort Irwin, California; approximately 42 miles from Barstow, California
Market²	Weed-Irwin (Small Market)
Facility Type	Outpatient Facility
Square Footage	N/A
Deployable Medical Teams	N/A
FY17 Annual Budget	N/A
MTF Active or Proposed Facility Projects	N/A

² Defined by FY17 NDAA Section 702 Transition

Fiscal Year (FY) 2018
Available Full-time
Equivalents (FTEs)³

	Active Duty	Civilian	Contractor	Total
Medical	0.5	3.3	0.0	3.8

Healthcare Services

- Family Advocacy Program (FAP)
- Command Consultation
- Psychiatric services
- TBI & PTSD Screening
- Psychological testing
- Recruiting/Drill Sergeant Evaluations
- Individual counseling in areas such as
 - Individual
 - Mental status evaluations
 - Prevention education classes (stress management, suicide prevention, effective communication)
 - Management of psychiatric disorders
 - Relaxation therapy

Projected Workforce
Impact

Active Duty	Civilian	Total
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2.0. Healthcare Market Surrounding the MTF

Not applicable – transition from outpatient clinic to AD only clinic has already occurred.

³ Source: FTE numbers provided by Irwin

3.0. Appendices

Appendix A	Use Case Assumptions
Appendix B	Criteria Ratings Definition
Appendix C	Glossary
Appendix D	Volume II Contents
Appendix E	MTF Trip Report

Appendix A: Use Case Assumptions

General Use Case Assumptions

1. Population impact that is greater than 10% of total population will impact the supply and demand of the provider network market
2. There will be no change in the TRICARE benefit to accommodate decisions
3. Readiness requirements for the final decision will be addressed in the Service QPP
4. There will be no changes to the existing Managed Care Support Contract (MCSC)
5. The MCSC could contract an additional 50% of the existing non-network Primary Care Providers (PCPs).
6. The average PCP panel is approximately 2000⁴

⁴ MGMA

Appendix B: Criteria Ratings Definition

Criteria Ratings Definition

Mission Impact	High: High probability of impacting the mission or readiness with the impacted population receiving network care Medium: Moderate probability of impacting the mission or readiness with the impacted population receiving network care Low: Low probability of impacting the mission or readiness with the impacted population receiving network care
Network Assessment	High: Both network assessments confirm inadequate network for primary and Specialty Care. Low probability of network growth or MCSC recruitment in the future Medium: Mixed findings from both network assessments for primary and Specialty Care. Moderate probability of network growth in the future Low: Both network assessments confirm adequate network for Primary Care and Specialty Care

Appendix C: Glossary

<i>Term (alphabetical)</i>	<i>Definition</i>
Ambulatory Care	Ambulatory care is care provided by health care professionals in outpatient settings. These settings include medical offices and clinics, ambulatory surgery centers, hospital outpatient departments, and dialysis centers (AHRQ.gov)
Beneficiary	Individuals who have been determined to be entitled to or eligible for medical benefits and therefore are authorized to receive treatment in a military treatment facility or under Department of Defense auspices (Source: health.mil)
Critical Access Hospital Designation	Critical Access Hospitals (CAHs) is a designation given to eligible hospitals by the Centers for Medicare and Medicaid Services (CMS). ... (CAHs) represent a separate provider type with their own Medicare Conditions of Participation (CoP) as well as a separate payment method. CoPs for CAHs are listed in the Code of Federal Regulations (CFR) at 42 CFR 485.601–647 (Source: CMS.gov)
Direct Care	Care provided to eligible beneficiaries throughout the Military Health System at DoD hospitals, clinics, and pharmacies (usually MTFs) (Direct Care); (Source: McEvoy, L. N., 2Lt, USAF. (2018). A Study of Military Health Care Costs: Direct Versus Purchased Care in a Geographical Region. Defense Technical Information Center, 1-6. Retrieved from https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf .)
Eligible	To use TRICARE, you must be listed in DEERS as being eligible for military health care benefits. TRICARE-eligible persons include the following: Military members and their families, National Guard/Reserve members and their families, Survivors, Some former spouses, Medal of Honor recipients and their families (Source: TRICARE.mil)
Enrollee	The Cambridge Dictionary defines Enrollee as “someone who is on the official list of members of a group, course, or college.” For the purposes of this Use Case, Enrollee is defined as an eligible Military Health System beneficiary that is currently participating in one of the TRICARE Health plans
JOES	Joint Outpatient Experience Survey (Source: health.mil)
JOES-C	Joint Outpatient Experience Survey – Consumer Assessment of Health Providers and Systems (Source: health.mil)
Managed Care Support Contractor (MCSC)	Each TRICARE region has its own MCSC who is responsible for administering the TRICARE program in each region. The MCSCs establish the provider networks and conduct provider education. Humana is the MCSC in the East, and HealthNet is the MCSC in the West (Source: health.mil)
Network	A provider network is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to its members. These providers are called “network providers” or “in-network providers.” (Source: cms.org)
Occupational Therapy	Occupational therapy is the use of individualized evaluations, customized intervention strategies, and outcome evaluations to help people across their lifespan participate in activities they want and need through the therapeutic use of everyday activities (occupations) (Source: The American Occupational Therapy Association)
Remote Overseas	TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations: Eurasia-Africa, Latin America and Canada, Pacific (Source: TRICARE.mil)
P4I	A set of MHS clinical, quality, safety and readiness performance measures (Partnership for Improvement)
Panel	A panel is a list of patients assigned to each care team in the practice. The care team (e.g., a physician, a medical assistant, and a health educator) is responsible for preventive care, disease management, and acute care for all the patients on its panel. This means that a patient will have the opportunity to receive care from the same clinician and his or her care team. The panel's population are the patients associated with a provider or care team, the physician care team is concerned with the health of the entire population of its patient (Source: AHRQ.gov)
Plus	With TRICARE Plus patients receive free Primary Care at their respective military hospital or clinic. The beneficiary is not required to pay anything out-of-pocket. TRICARE Plus does not cover Specialty Care (Source: health.mil)
Prime	TRICARE Prime is a health insurance program offered to active duty members, retirees, activated guard and reserve members, and families. Active Duty members are required to enroll in TRICARE Prime, while all others may choose to enroll or use TRICARE Select. TRICARE Prime offers fewer out-of-pocket costs than TRICARE Select, but less freedom of choice for providers (Source: health.mil)
Purchased Care	TRICARE provides care to its eligible beneficiaries in two broad settings: a system of DoD hospitals, clinics, and pharmacies (usually MTFs) (Direct Care); and a supplemental network of participating civilian health care professionals, institutions, pharmacies, and suppliers (Purchased Care) (Source: McEvoy, L. N., 2Lt, USAF. (2018). A Study of Military Health Care Costs: Direct Versus Purchased Care in a Geographical Region. Defense Technical Information Center, 1-6. Retrieved from https://apps.dtic.mil/dtic/tr/fulltext/u2/1056374.pdf .)
Reliant	Active Duty Service Members who are not enrolled to TRICARE Prime (e.g. students and recruits) (Source: MHS Modernization Study, Feb 2016)
Value Based Payment	Value Based Payment (VBP) is a concept by which purchasers of health care (government, employers, and consumers) and payers (public and private) hold the health care delivery system at large (physicians and other providers, hospitals, etc.) accountable for both quality and cost of care (Source: AAFP)

Appendix D: Volume II Contents

Part A	Data Call
Part B	Relevant Section 703 Report Detail Glossary P41
Part C	Measures
Part D	MTF Mission Brief
Part E	MTF Portfolio (Full)

Appendix E: MTF Trip Report

MHS Section 703 Workgroup Site Visit Trip Report

MTF: Weed Army Community Hospital (WACH)

11 June 2019

Table of Contents

Purpose of the Visit3
Summary of Site Visit3
Summary of Base Leadership Discussion4
Summary of MTF Commander Discussion6

Purpose of the Visit

This was a fact-finding visit to assist the MHS Section 703 Workgroup in understanding unique mission aspects, as well as base and MTF's leadership perspective of the capacity of the current civilian network market. This information will be used for making MTF specific capability and capacity options and decisions to be included in a report to Congress.

Summary of Site Visit

Base/Mission Impact:

- U.S. troops, from all of the Services spend 40 days with 20 days in rotational training including a 96- hour live-fire exercise here before they deploy overseas. Military personnel from the United States allies, including NATO military regularly train at the National Training Center (NTC). Today, the NTC provides training to over 50,000 rotational U.S. and foreign-national service members training annually in a decisive action training scenario which incorporates joint enabler, cyber and electronic warfare, attack aviation, special operating forces, in a live, virtual, and constructive training environment
- The NTC and Fort Irwin is the only place in the continental United States where military members are able to train combined arms maneuver at near doctrinal distance across the brigade formation and rear area. All Modification Table of Organizational Equipment (MTOE) system can be employed at distance in a Multiple Integrated Laser Engagement System (MILES) and live fire training event against an enemy threat that can't be replicated anywhere else in the world. NTC controls the airspace to allow doctrinal employment of fixed, rotary wing aviation and unmanned aerial system. The NTC at Fort Irwin is 1 of 2 premier Continental United States (CONUS) based Combat Training Centers (CTC) and the only one that specialized in Armored and Stryker formations. Due to the terrain the live training event requires rigorous personal physical fitness demands on Soldiers in a 24-hour a day training exercise.

MTF Impact:

- Weed Army Community Hospital (WACH) stands ready 24 hours a day to support the NTC mission by providing state of the art medical and preventative care to ensure our patients are cared for medically and cared about personally, resulting in a Medically Ready Force and Ready Medical Force
- WACH supports the NTC by providing emergency medicine 24/7, ambulatory services, support to MEDAVAC services, and services in support of deployment for the 50,000 soldiers, reservists and guardsman that rotate through the NTC on an annual basis

Network Impact:

- Fort Irwin is located in an austere, remote location, approximately 31 miles off of the highway. Given the length and time of travel, soldiers and their family members are required to spend up to a full day traveling to and from doctor's appointments
- There are four (4) Level I trauma centers within a three (3) hour drive time of Fort Irwin and seven (7) Level II/III/IV trauma centers within (4) hour drive time. WACH and Fort Irwin have positive relationships with the hospitals closest by and work to make sure soldiers receive timely critical care
- The network that exist within 80 miles of NTC (i.e. Barstow, Victorville/Apple Valley) is sub-optimal in that subspecialty care is very limited and the provider pool within the facilities cannot meet the needs of the beneficiary population. As such, the NTC beneficiary population is required to travel beyond 80 miles for care not offered within WACH

Summary of Base Leadership Discussion

List of Attendees

The following were in attendance during the Base Leadership discussion:

Name	Title	Affiliation
MG Jeffery G. Broadwater	Commanding General	National Training Center and Fort Irwin
COL Elliot Bernard	CMD	DCC
COL Hengmo McCall	DCN	WACH
COL Carl Michaud	Chief of Staff	National Training Center
COL John Poole	NTC G3	National Training Center
LTC James McWherter	MEDDAC, DCA	WACH
LTC Wade Kinshella	Chief, Nursing ADM	WACH
CSM Matthew Lowe	NTC CSM	National Training Center
SGM Anthony Valdez	NTC G3 SGM	National Training Center
MAJ Lamine Yarbo	Chief, PTMOS	WACH
MAJ Ryan Edwards	Chief of Protocol	National Training Center
MAJ William H. Edmonds	NTC Surgeon	National Training Center
SGT Chris Swearingen	SC	WACH
Mr. Eran Lyle	Senior Analyst	RHC-C
Dr. David Smith	OSD OUSD P-R	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager OTSG	703 Workgroup
Ms. Summer Church	Contract Support Team	703 Workgroup

Below is the summary of the topics that were discussed during the Base Leadership Discussion:

Base Mission Overview:

- The National Training Center (NTC) conducts tough, realistic, Unified Land Operations with our Unified Action Partners to prepare Brigade Combat Teams (BCTs) and other units for combat while taking care of Soldiers, Civilians, and Family members
- U.S. troops, from all of the Services spend 40 days with 20 day in rotational training including a 96 hours live fire exercise here before they deploy overseas. Military personnel from the United States allies, including NATO military regularly train at the National Training Center (NTC). Today, the NTC provides training to over 50,000 rotational U.S. and foreign-national service members training annually in a decisive action training scenario which incorporates joint enabler, cyber and electronic warfare, attack aviation, special operating forces, in a live, virtual, and constructive training environment.
- The NTC at Fort Irwin is the only place in the continental United States where military service members are able to train combined arms maneuver at near doctrinal distance across the brigade formation and rear area. All MTOE system can be employed at distance in a MILES and live fire training event against an enemy threat that can't be replicated anywhere else in the world. NTC controls the airspace to allow doctrinal employment of fixed, rotary wing aviation and unmanned aerial system. The NTC at FT Irwin is 1 of 2 premier CONUS based CTCs and the only one that specialized in Armored and Stryker formations. Due to the terrain the live training event requires rigorous personal physical fitness demands on Soldiers in a 24 hour a day training exercise.

Voice of the Customer Summary:

- Mission-Driven Medical Requirements:
 - The National Training Center spans over 1,200 square miles, about the size of Rhode Island. The rough desert terrain and mountainous ranges that the NTC covers make rescue missions difficult. Medevac capability exists but helicopter operations are degraded or unable to fly approximately 120 days per year due to severe environmental conditions and wind speeds. In these instances, it can take hours to retrieve injured soldiers by ground
 - The rough terrain creates a hazardous environment and causes frequent tank rollovers. The medical team often requires the trauma capabilities in WACH to stabilize wounded soldiers prior to transporting to Level I and Level II trauma centers that are one and a half (1.5) to three (3) hours away by ambulance or 45 minutes by helicopter
 - The NTC performs roughly 10 rotations each year, lasting approximately one month. Each rotation has a mix of active duty, National Guard and Reserve components. Anytime a soldier or civilian has to go to the network for care, they are taken out of training for an entire day which has a negative impact on the NTC and the rotational unit that is training for deployment
 - Many spouses of Soldiers stationed at Fort Irwin work on base but typically, those positions (nurses and teachers) are difficult to take a half to full day off to go to doctor's appointments
 - Live fire exercises are executed for 72-96 hours during training. This imposes real danger to those training and prepares them for battle. It is imperative to have WACH in full support of these exercises given their perilous nature
- Additional Medical Requirements:
 - The average daily population on Fort Irwin is approximately 26,000 and is comprised of active duty, National Guard, Reservists and civilians. WACH provides care for all beneficiaries due to Fort Irwin's remote location
- Unique Base Challenges:
 - Given the remote, austere location of Fort Irwin, recruiting and staffing is challenging. In many cases, there is only one (1) provider in a position so they are required to stay on post 24/7
 - Additionally, WACH's subspecialty providers who are inherently only 1-2 deep in staffing (i.e. Orthopedics, GS, OB/GYN, P.T.) and must pull extended on-call services each week which can impact their resiliency and mental stamina
 - WACH staffing is approximately 52% Civilians and 25-30% of those Civilians are married to SMs stationed at Ft Irwin. As such, WACH's annual staff attrition rate is abnormally high
 - Fort Irwin attempts to incentivize civilians and contractors by providing housing on-post, but many civilians and contractors only stay for one (1) year

Summary of MTF Commander Discussion

List of Attendees

The following were in attendance during the MTF Leadership discussion:

Name	Title	Affiliation
COL Hengmo McCall	DCN	WACH
COL Carl Michaud	Chief of Staff	National Training Center
LTC James McWherter	MEDDAC, DCA	WACH
MAJ Lamine Yarbo	Chief, PTMOS	WACH
MAJ Ryan Edwards	Chief of Protocol	National Training Center
MAJ William H. Edmonds	NTC Surgeon Office	WACH
MAJ Amy Herdison	CNIOC LDRP/MBW	WACH
MAJ Ernestina	Chief, Quality Services Department	WACH
MAJ Faith Nimer	Acting DCCS; Chief, Primary Care	WACH
CAPT Eran Easley	Chief MCD	WACH
CAPT Queen Aligbe	CNOIC MSW/PACU	WACH
SGT Kwanisha Jones	NCOIC MBU	WACH
SGT Robby Frost	NTC Surgeon Cell	WACH
SFC Lemoel Nacionales	MBU	WACH
Mr. Vincent Pryce	Deputy for MCD	WACH
Mr. Eran Lyle	Senior Analyst	RHC-C
Dr. David Smith	OSD OUSD P-R	703 Workgroup
COL Gary Hughes	Optometry Consultant and Program Manager OTSG	703 Workgroup
Ms. Summer Church	Contract Support Team	703 Workgroup

Below is the summary of the topics that were discussed during the MTF Leadership Discussion:

MTF Medical Mission Overview:

- MTF Mission:
 - Weed Army Community Hospital (WACH) stands ready 24 hours a day to support the NTC mission by providing state of the art medical care to ensure our patients are cared for medically and cared about personally, resulting in a Medically Ready Force and Ready Medical Force
 - WACH supports the NTC by providing emergency medicine 24/7, ambulatory services, and services in support of deployment for the 50,000 soldiers, reservists and guardsman that rotate through the NTC on an annual basis
 - WACH serves all beneficiaries within Fort Irwin from newborn to geriatrics. The Primary Care clinic is the hub of the hospital and they see about 150 patients per day
 - There are about 9,500-10,000 beneficiaries comprised mostly of active duty and their family members that are enrolled at WACH, and includes 200 Marine beneficiaries stationed at MCLB-Yermo

Voice of the Customer Summary:

- Readiness:
 - WACH is focused on enhancing the individual and unit readiness in support of Combatant Commanders' war plans and contingency operations
 - WACH supports units that are deploying for immunizations, PHA, PDHA and other services required for deployment
- Network:
 - There are four (4) Level I trauma centers within a three (3) hour drive time of Fort Irwin and seven (7) Level II/III/IV trauma centers within (4) hour drive time. WACH and Fort Irwin have positive relationships with the hospitals closest by and work to make sure soldiers receive timely critical care
- Emergency Medicine:
 - The Emergency Department has 24-hour capabilities in support of triage for soldiers in the training grounds. There are roughly 10 rotations that take place each year, bringing up to 10,000 soldiers to Fort Irwin each month
 - On average, there are about 200 MEDEVACs from the training grounds each year. WACH receives about 90 of those patients in the trauma room, others go directly to civilian trauma centers. Four months out of the year, the weather conditions are not suitable for flight so injured soldiers are transported by ambulance. Given the severity of the injury, soldiers will be stabilized at WACH and then transported to network Level I and Level II hospitals
- Virtual Health:
 - Given the remote, austere location of Fort Irwin, WACH is actively expanding Virtual Health capabilities to improve access to specialty care within the NTC footprint. Specifically, WACH has Tele-Health contracts with Radiology, Dermatology, and Pediatrics subspecialists to mitigate travel times for our beneficiaries
 - WACH has established agreements with Naval Medical Center San Diego for Joint Tele-Critical Care Network (JTCCN) support which will improve beneficiary access to care and further reduce the need to off-ramp patients to the extended network
 - Many spouses of soldiers stationed at Fort Irwin work on base but typically, those positions (nurses and teachers) are difficult when required to take a half to full day to go to doctor's appointments off base

