



# Medical Corps Newsletter

WINTER 2018

## SPECIAL POINTS OF INTEREST:

- Clinical Communities
- Reserve Processes
- NDAA 702
- Leadership Bookshelf
- Career Development Boards

## INSIDE THIS ISSUE:

- From the Reserves 2
- From the Frontlines 2
- Senior Leader's Article 3
- Career Development 3
- Senior Executive Slate 4
- NDAA Policy Update 5
- Contact Info 6

## From the Corps Chief...

Medical Corps Colleagues:

I hope that your holidays allowed you to focus on family and friends and that you got some well-deserved down time. For those of you who were deployed or standing the watch, an extra thanks for your efforts. The New Year has begun and I am confident that much of the uncertainty we experienced in 2017 will be resolved as the year progresses as Navy Medicine evolves to meet today's operational demands and continue to train to meet future needs.

Within this evolution remains the commitment to continue to strive toward high reliability. I encourage all of you to read 2 reports:

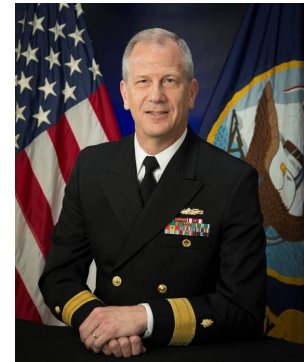
- [2014 Military Health System Review](#)
- [CNO's Comprehensive Review of Recent Surface Ships Mishaps \(2017\)](#)

The CNO's review is about last summer's tragic collisions in the Pacific Fleet; however there is significant applicability to our arena of patient care, medical readiness, risk mitigation, standard adherence and safety in general. If nothing else, both reports

tell us that as a profession we have work to do. Furthermore, without your participation and leadership as physicians, we will not succeed.

One of the many efforts following the 2014 MHS Review was the establishment of the Chief Medical Officer within our MTFs as a Corps milestone billet. Furthermore to give our high reliability efforts structure, we have created the CMO network, the Chief Quality Officer position at BUMED and clinical communities. I want to touch specifically on the clinical communities.

A clinical community is a multidisciplinary group of subject matter experts organized around a particular type of care. Navy Medicine currently has 6 clinical communities to include Women's Health, Surgical Services, Neuro-musculoskeletal, Psychological Health, Operational Medicine and Dental Services. In addition to clinicians, the clinical communities also have process improvement and analytic experts. Each clinical community may have sub-communities that are organized around a more specialized area of care. Coordinated by the Collaborative Care Board, clinical communities have, in addition to clinical community leads, representatives from the BUMED codes, the



Regions, and operational forces.

The goal of the clinical communities is to empower deck-plate clinicians to drive clinical quality and patient safety through the identification of best practices, the elimination of unnecessary variation, and the rapid dissemination of lessons learned.

I need your involvement to help the organization move toward high reliability. We need your talent as physicians with expertise and passion for quality and safety to participate in the clinical communities. If you are interested, please reach out to your command's CMO or your Specialty Leader to get started.

Visit the Clinical Communities milSuite site:

[www.milsuite.mil/book/groups/navy-medicine-clinical-communities](http://www.milsuite.mil/book/groups/navy-medicine-clinical-communities)

## Readiness and the Reserves...

Greetings from Okinawa, where Rear Admiral Brian Pecha and I are conducting turnover as I succeed him and his major accomplishments as Command Surgeon, US Pacific Command.

Captain Jerry Dotson, our outstanding Reserve Affairs Officer, offers the following for your review:

Shipmates,

I have just returned from PERS-9 (Reserves), reviewing important administrative processes. *Here is the gouge...*

**HPSP Credit:** Jeanitta Edwards verifies that the member was a HPSP participant and that the member is in a critical wartime skill (defined by DOD each year). Once she verifies this information, she sends it to another individual to load in the points for the year as credit towards retirement. The instruction requires a full year of service to receive credit for 1

year and caps the credit at 4 years. Unfortunately, because many medical schools start in July and graduate in May, the 4th year does not qualify. Some may have earned other points that year which can carry over for credit towards a good year. The 15 gratuity points are allocated on a pro rata basis so you will only get half those points for a half a year of participation. We will post the guiding documents to the Medical Corps Homepage. Please note that the actual HPSP policy is currently being rewritten.

**Retirements:** PERS-95 currently processes about 500 retirements per month from the Reserve Component. Due to the NDAA 2008, those with active duty (mobilization) periods of 90 days can retire 90 days early for pay purposes. NDAA 2015 allowed members to include ADT to be carried over up to two years in order to assist people who may have missed the 90 day mark. So, legislation authorizes the use of ADT days to add to mobilization



days to complete a 90 day period of time. This will give the member the advantage of retirement 90 days earlier than expected for pay purposes.

**Recruiting:** The Active Component (AC) to Reserve Component (RC) process is handled the Career Transition Officer (CTO) in PERS-97. Currently, the process is about 4 months to scroll an AC officer into the RC. Any AC officer that is transitioning to the RC, should apply to CCPD-JAX for credentials immediately before their last days of Active duty. This is because in order to complete the CCQAS application, you need a CAC card and a computer with the appropriate certificates. It is a very challenging thing to configure a personal computer to access many .mil sites. It is simply much better to

## Medical Officers rising to the occasion!

As many of us know, timing can play a huge role in the trajectory of Navy Medical careers. After graduating from Family Practice residency at Camp Pendleton, where she served as a Chief Resident, LT Dana Lilli knew she would have her work cut out for her. She had been assigned to serve as the Senior Medical Officer onboard the USS Boxer, a large-deck amphibious ship slated for deployment in just a few months. This billet is typically slated for a seasoned medical corps commander, however the

ship eventually supported the assignment, in part because of stellar recommendations and a familiarity with her sister, the off-going dental doc. Her CO however made it clear, she would receive no slack due to her junior rank. There would be no compromises in patient care or medical department performance.

As it turned out, LT Lilli's department did an exceptional job throughout the deployment. She was quick to credit the crew and the embarked medical elements of the MEU and FST. "It was just the right mix of personalities along with

an inherent respect that allowed us to accomplish everything we did."

Amongst several other achievements, the Boxer's Medical Department successfully executed a walking blood-bank during theatre operations.

Whereas LT Lilli's experience as a SMO at such an early stage in her career is expected to remain an anomaly, her dedication to the operational forces and ability to 'bloom where you're planted' certainly reflected the highest ideals of the Medical Corps!

Photo Credit: Petty Officer Douglas Bedford



# Career Development Boards, Resources?

As physicians, we spend a great deal of time developing our own medical practice while mentoring junior physicians in the development of theirs. It's just part of the job and how we ensure the next generation will be ready to step into senior physician roles when the time comes.

But what about our military career? In the civilian world, a physician's professional development only competes with their personal development. A successful medical officer, however, needs to ensure they are developing on three fronts, including

their military professional development.

Career Development Boards (CDB) are routine amongst other designators, but many medical officers are unaware of this opportunity (and responsibility). Commands have been encouraged to prioritize the importance of military officer development.

Medical Officers are encouraged to discuss with their chain of command sitting for their own CDB. A CDB typically consists of 3 senior officers (usually with promotion board experience) reviewing your Officer Service Record, Performance Summary Record (PSR), and most recent

fitreps. There is time for Q&A and advice on improving your record to achieve your career goals and opportunities to develop as a well-rounded medical officer.

For those more inclined for 'self-help', CDR Joel Schofer has developed an excellent promotion board preparation guide. It can be found on his website [www.mccareer.org](http://www.mccareer.org) and the [Medical Corps Chief Homepage](#). Please email the Career Planner with any questions.

## Leadership Bookshelf

Submitted by: CAPT James J. Mucciarone, MC, USN

Officer in Charge, Naval Undersea Medical Institute

Like the practice of medicine, the practice of leadership should evolve over time as we gain more experience and responsibility. While the skills of a good leader may come naturally to some people, the rest of us need books, mentors and practice. The following three books have had significant impact on my practice of leadership. If you have not read them, I encourage you to take a look.

***Becoming a Leader of Character: 6 Habits that Make or Break a Leader at Work and at Home*** by  
GEN James Anderson and  
Dave Anderson

To be an effective leader one must have good character. An obvious statement, but easier said than done. The first chapter directs the reader to take a brief online quiz to evaluate their character. For a short quiz, I found the insights to be penetrating, identifying deficits in my character of which I was not aware. After helping the reader evaluate his or her character,

the book goes on to teach the reader how to improve it. The format of the book is user friendly. Each chapter begins with warm up questions, followed by anecdotes from the authors on the topic, then clear guidance on how to develop the habit. The chapters conclude with ways to apply the habit in daily life. It is an exercise plan for your character, meant to be practiced in short bursts and repeated regularly. After the introduction, the reader can use the quiz to focus their reading on the chapters that are most pertinent. Keep this book in the kitchen or on the night stand and read it when time permits.

***The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change*** by Stephen Covey

Before one can be a good leader, one must be a good manager. When I was stationed at Naval Sea Systems Command, before medical school, the Commanding Officer directed that all officers attend a five day course on the

seven habits. It was the first course that I took that did not just tell you to budget your time, but actually taught you how. In what Covey calls the Habits of Independence, the book walks the reader through the process of understanding his or her own values, both at work and at home. It then guides the reader to set priorities based on values. Once priorities are understood a person can budget time, focusing on what is most important. The next three habits are what Covey calls the Habits of Interdependence and focus on building relationships. The final habit reminds the reader to ensure they are taking care of their own physical, spiritual and mental needs. I took the course nearly twenty years ago and still spend time each Sunday working on my rolls and goals for the week and budgeting time. Read this book when you can dedicate some time to personal

*Continued on page 5...*

## Congratulations to the following Navy Leaders!

**CAPT Jose Acosta**

*Fleet Surgeon, Pacific Fleet*

**CAPT Peter Roberts**

*Fleet Surgeon, Third Fleet*

**CAPT Grant Wallace**

*Force Surgeon, COMNAVAIRPAC*

**CAPT James Mucciarone**

*Force Surgeon, COMSUBPAC*

**CAPT Rees Lee**

*Force Surgeon, COMNAVSURFLANT*

**CAPT Anthony Tucker**

*Force Surgeon, NECC*



**CAPT Steven Blivin**

*Deputy Medical Officer of the Marine Corps*

**CAPT Sean Barbabella**

*Force Surgeon, MARFOREUR*

**CAPT Michael Swanson**

*Force Surgeon, I MEF*

**CAPT Michael Epperly**

*Force Surgeon, II MEF*

**CAPT Charles Wilson**

*Force Surgeon, III MEF*

**CAPT Mark Goto**

*Commanding Officer, Kandahar Role III*

## Leaders in their specialty! Congratulations to the following Internal Medicine awardees from the American College of Physicians, Navy Chapter ...

**CAPT Patti Pepper**

*Chapter Laureate Award for lifetime achievement and contribution to Navy Internal Medicine. Notable prior recipients include RADM Christine Hunter and VADM Matthew Nathan.*

**LCDR Laura Gilbert**

*Sparks Award for recognition as the most outstanding internist at a non-teaching MTF or Family Medicine training program.*

**LT Ben Vipler**

*Young Leader Award for recognition as the top performing junior internist at any military treatment facility.*

**CDR Todd Gleeson**

*Master Teacher Award for recognition as the best teaching faculty member with at least 7 years experience.*



2018 will be an exciting and challenging year for Navy Medicine; one of those challenges will be implementation of the changes mandated by the National Defense Authorization Act (NDAA) of 2017. The NDAA is broken down into sections and one of the most relevant for Navy Medicine is section 702, "Reform of Administration of the Defense Health Agency (DHA) and Military Medical Treatment Facilities." Congressional intent for section 702 is delineated in the NDAA 2017 conference report:

A single agency responsible for the administration of all MTFs would best

- Improve and sustain operational medical force readiness and the medical readiness of the Armed Forces.
- Improve beneficiaries' access to care and the experience of care, improve health outcomes, and lower the total management cost of the military health system.

As such a major part of the law transfers significant responsibility to the Defense Health Agency. Specifically the law states, "Director, DHA shall be responsible for the administration of each military medical facility (MTF). This responsibility includes: Budgetary Matters, Information Technology, Health Care Administration and Management, Administrative Policy and Procedure, Military Medical Construction and any other matters the

SecDef determines appropriate."

Service Surgeon General's role is clarified as the chief medical advisor to the Secretary of the Military Department, Service Chief (CNO and Commandant), and the DHA Director on matters pertaining to the military health readiness requirements and safety of Service members; and to recruit, organize, train and equip medical personnel of their Service.

These changes occur 1 October 2018, and reasonable questions at this point are how will this be implemented and what is the effect on Navy Medical Corps Officers.

As you may be aware the original plan, announced by Deputy Secretary of Defense on 31 March, was the Component Model. As per a 30 June report to Congress, "The DHA will take full responsibility for the health care operations at each MTF, and the DHA together with the Military Departments will establish three Component Commands – one aligned to each Military Department to serve as the integration point for healthcare delivery and military personnel readiness missions at each MTF." Despite substantial effort, the Component Model did not succeed and as of late Dec 2017 is not being considered for implementation. Congressional concerns were illustrated in the NDAA 2018 conference report: "Conferees direct the Department to implement an organizational construct that eliminates unnecessary organizational structures

and removes any possibility for the Department to maintain the status quo in the MHS and will not hesitate to direct a revised MHS operating model if the component model fails to meet the congressional intent."

So where are we today? Realistically, we face uncertainty. Health Affairs (policy arm of MHS) has tasked the DHA with developing a transition plan to meet the 702 requirements and that effort is ongoing. The challenge is how to administer/govern the MTF's under DHA administrative control while maintaining the Service role in managing Active Duty personnel and meeting the readiness mission. Current efforts are focused on the deconstruction of MTF's into healthcare delivery platforms run by DHA and Navy Medicine readiness commands reporting to the SG. More work is needed to develop the specifics of this plan and that should be forthcoming in the months ahead.

Change and uncertainty is difficult, but it may benefit us to reflect on what we do know with certainty....

Come October, Navy Medicine will need to be ready to meet the operational mission and provide safe, high quality health care to all its beneficiaries. If we do that, we will be successful. The Corps Chiefs Office will continue to provide updates as needed on governance/NDAA efforts.

Please reach out with questions.

## ...Continued from Leadership Bookshelf.

development. It is organized in lessons but uses a unique vernacular that is best read sequentially. If you do not have the time to dedicate to reading, or want to supplement your reading with video, the lectures can be found online.

***My American Journey*** by GEN Colin Powell with Joseph Persico

Beyond just theories, it is beneficial to see how people practice leadership and GEN Powell is as good a role model as any. His 36 year career as an Army Officer included commanding a company, a battalion, and a brigade, as well as being the National Security Advisor and the Chairman of the Joint Chiefs of Staff. Published in 1995, the book provides a first-hand

account of many of the events that shaped the 1980s and 1990s. More importantly, lessons in leadership are laced throughout the book. The General explains how to make a decision, why being on time is important, and how to run a meeting. Frequently I find myself recalling one of GEN Powell's lessons to solve a problem. The story is interesting, but at 634 pages, it is long. Read it during leisure time, take it to the beach or, as I did, take it on deployment.

Navy Medicine offers many opportunities to lead. In my opinion, the operational jobs provide some of the best opportunities as we get to live and work with our patient population. The traditional time for operational medicine tours are after internship and

after the residency payback tour, but these times are not absolute. If you are interested, recognize where an operational tour fits into your career goals and the promotion cycle.

The Career Planner (CAPT Alonso) and your Detailer are happy provide further guidance and their contact information is listed on page six. Of course, I am happy to share any information I have or to get you in touch with the right person as well. I can be reached at [james.j.mucciarone.mil@mail.mil](mailto:james.j.mucciarone.mil@mail.mil).

Finally, I ask, what books do you recommend?

# Have you bookmarked us? Medical Corps Homepage

Updated weekly by Corps Chief's Office! Our homepage includes...

- Informal Strategic Communication on Enterprise Issues
- Competitive Billet Announcements
- Convenient Links to Useful Webpages
- Career Management Resources
- Recent Influential Article Repository
- Key Strategic Briefs Given to Navy Leadership
- Group Email Box for questions, recommendations or general information

For easy access, bookmark the following link:

<https://esportal.med.navy.mil/bumed/m00/m00c/M00CI/>

- Requires CAC access (use EMAIL Certificate)
- Your first login may require a few 'pin entries' to update the BUMED firewall



For further assistance, please feel free to contact us directly...

## **Corps Chief's Office**

### *Deputy Corps Chief*

CAPT Chris Quarles, MC, USN

[Christopher.s.quarles.mil@mail.mil](mailto:Christopher.s.quarles.mil@mail.mil)

(703) 681-8917; DSN 761-8917

### *Career Planner*

CAPT Robert Alonso, MC, USN

[Robert.a.alonso2.mil@mail.mil](mailto:Robert.a.alonso2.mil@mail.mil)

(703) 681-8937; DSN 761-8937

### *Reserve Affairs Officer*

CAPT Jerry Dotson, NC, USN

[Jerry.l.dotson2.mil@mail.mil](mailto:Jerry.l.dotson2.mil@mail.mil)

(703) 681-8938; DSN 761-8938

### *Plans and Policy Officer*

CDR Frank Mullens, MC, USN

[Frank.e.mullens.mil@mail.mil](mailto:Frank.e.mullens.mil@mail.mil)

(703) 681-9128; DSN 761-9128

### *MC Liaison Officer*

LCDR Brett Chamberlin, MC, USN

[Brett.m.chamberlin.mil@mail.mil](mailto:Brett.m.chamberlin.mil@mail.mil)

(703) 681-6622; DSN 761-6622

## **Navy Medical Corps Detailers**

### *Surgical and Executive Medicine*

CAPT Nanette Rollene, MC, USN

[Nanette.rollene@navy.mil](mailto:Nanette.rollene@navy.mil)

(901) 874-4094; DSN 882-4094

### *Non-Surgical Medical Specialties*

CDR Alicea Mingo

[Alicea.M.Mingo@navy.mil](mailto:Alicea.M.Mingo@navy.mil)

(901) 874-4046; DSN 882-4046

### *Family and Operational Medicine*

CDR Anja Dabelic

[Anja.dabelic@navy.mil](mailto:Anja.dabelic@navy.mil)

(901) 874-4037; DSN 882-4037

### *GMO and GME Detailer*

LCDR Kayreen Gucciardo, MSC, USN

[kayreen.gucciardo@navy.mil](mailto:kayreen.gucciardo@navy.mil)

(901) 874-4045; DSN 882-4045

# Medical Corps Challenge Coins

*High-quality 1.75" coin with classic front and contemporary back. A wonderful memento, gift, or token of appreciation!*

Email [CAPT Robert Alonso](#) for ordering information!





# Navy Medical Corps Ball

## National Capital Region

Honoring the  
147th Navy Medical Corps Birthday



Saturday, 3 March 2018, 6:00 PM

**Hyatt Regency Bethesda**

1 Bethesda Metro Center, Bethesda, MD 20814

Featuring Keynote Speaker

**VADM Kevin M. Donegan**

Director, Navy Staff, Office of the Chief of Naval Operations

All services and corps are cordially invited to share this special event with us!

**[www.NCRball.com](http://www.NCRball.com)**