



Robert E. Bush
Naval Hospital

Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- * Through the ICE website.
- * Through the Naval Hospital Customer Comment Cards.

* The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

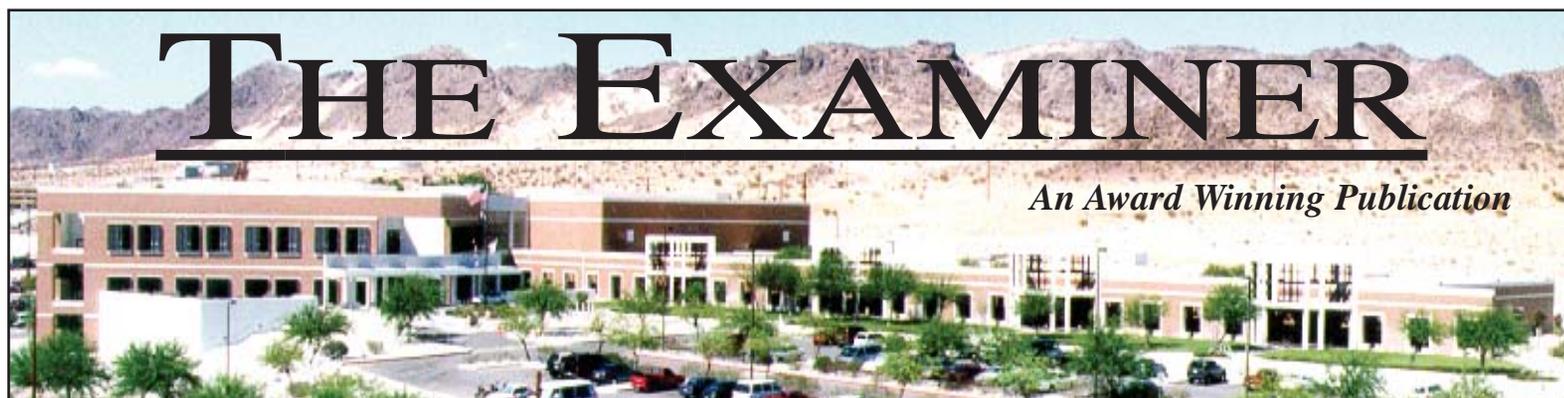
Or Directly to the Joint Commission via:

E-mail at complaint@jointcomission.org

Fax:
Office of Quality Monitoring
630-792-5636

Mail:
Office of Quality Monitoring
The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181

Commanding Officer
Naval Hospital Public Affairs Office
Box 788250 MAGTFC
Twentynine Palms, CA 92278-8250



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

White House Unveils New Approach to Military Family Support

By Elaine Wilson
American Forces Press Service

WASHINGTON, Jan. 24, 2011 - White House officials released a report that unveils a new, governmentwide approach to military family support and details a sweeping, interagency effort under way to strengthen families and enhance their well-being and quality of life.

President Barack Obama announced the results of a nearly yearlong review of military family support today in a White House ceremony attended by the Defense Department's top brass, including Defense Secretary Robert M. Gates, Navy Adm. Mike Mullen, chairman of the Joint Chiefs of Staff, service chiefs and their spouses.

From child care to health care to spouse employment, the report -- titled "Strengthening our Military Families: Meeting America's Commitment" -- identifies the key issues military families face and presents programs and resources government agencies plan to roll out in the coming months to address them.

"This document is the commit-

ment to our military families not only of this government, but this nation in terms of their support, their care and their empowerment," Robert L. Gordon III, deputy assistant secretary of defense for the Pentagon's office of military community and family policy, told the Pentagon Channel and American Forces Press Service in a recent interview.

The report outlines four key areas that the governmentwide effort plans to address: enhancing military families' well-being and psychological health, developing military spouse career and education opportunities, increasing child care availability and quality and ensuring excellence in military children's education and development.

"We're bringing together our agencies, our whole of government, with our whole of nation to focus on those four priority areas," Gordon said. "The DoD can't do this alone; it does take a whole-of-nation approach."

Gordon cited counseling services as an example of the benefits of an interagency effort. While the Defense Department offers counseling through Military OneSource and within

military support centers and communities, "we can expand those services and activities with partnership with other sorts of sectors," he said.

The report addresses plans for expanded counseling services in detail, which will greatly benefit military families, Gordon noted. Since Sept. 11, 2001, more than 2 million service members have deployed to Iraq or Afghanistan in an unprecedented frequency, the report said, and, along with service members, military families also are vulnerable to deployment-related stress. The report cited a 2010 study that reports an 11 percent increase in outpatient visits for behavioral health issues among a group of 3- to 8-year-old children of military parents and an increase in behavioral and stress disorders when a parent was deployed.

"We do need to pay attention to the socio-emotional support of our kids," Gordon said, noting the impact of long parental separations due to deployments. He also acknowledged the addi-

tional responsibilities the spouse back home must shoulder in the military member's absence.

"We have devised ways ahead as a government and ... in partnership with the other sectors to do something about that," he said.

The report also lays out new and improved programs to increase behavioral health care services for military families in the coming months. The Veterans Affairs and Defense departments, for example, are slated to implement a multiyear strategy to promote early recognition of mental health conditions that includes education and coaching for family members and integration of mental health services into primary care, the report said.

DoD officials also are working to boost the number of mental health providers and to increase quality of care. In one effort, a TRICARE military health plan working group is undertaking a

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Tips for Safely Using Social Media

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

Since June of 2009 Naval Hospital Twentynine Palms has been using Social Media to communicate to beneficiaries. This communications is important because we have a responsibility to inform our customers of the services that we offer to them.

It's also nice to be able to share the accomplishments of our command and staff who provide those services.

The hospital was the first command in Navy Medicine to use social media as one of its communications channels, but with this communication source comes a great deal of responsibility to make sure that proper information is sent out because anyone in the world can access the information that we choose to share.

It is also important for the users of social media to be aware of the personal information they share. As stated previously, everyone has

Continued on page 8

Patients seen in December -- 8,960
Appointment No Shows in December -- 769

One in ten patients do not show up for their appointments at this hospital. If an appointment is no longer needed, please call so another patient can be seen.

To make an appointment call -- 760-830-2752
To cancel an appointment call -- 760-830-2369

February Is Heart Health Month! Do You Know The Signs Of A Heart Attack?

*Martha Hunt, MA CAMF
Health Promotions and Wellness
Robert E. Bush Naval Hospital*

Heat attack is a leading killer of both men and women in the United States. A heart attack occurs when blood flow to a section of heart muscle becomes blocked. If the flow of blood isn't restored quickly, the section of heart muscle becomes damaged from lack of oxygen and begins to die. Everyone should know the warning signs of a heart attack.

Keep this list of warning signs handy and be especially sure to

keep contact information in your wallet. It can help save a life-- maybe your own. The heart attack warning signs include: chest discomfort, uncomfortable pressure, squeezing, fullness, or pain in the center of the chest that lasts more than a few minutes, or goes away and comes back. Symptoms can also include discomfort in other areas of the upper body which may be felt in one or both arms, the back, neck, jaw, or stomach and shortness of breath that often occurs with or before chest discomfort. Other signs may include breaking out in a cold sweat, nausea, or light-

'...The best way to avoid a heart attack in the first place is to: not use tobacco, eat a proper diet, take real steps to get better sleep and reduce your stress and get plenty of exercise...'

headedness.

Fast Action Saves Lives... If you or someone you are with begins to have chest discomfort, especially with one or more of the other symptoms of a heart attack, call 9-1-1 right away. Don't wait for more than a few minutes...5 minutes at most...to call 9-1-1. If you are having symptoms and cannot call 9-1-1, have someone else drive you to the hospital right away. Never drive yourself, unless you have absolutely no other choice.

Be sure to have a heart attack survival plan which includes information to share with emergency personnel and hospital

staff that includes both the medicines you are taking and medicines you are allergic to. If symptoms stop completely in less than 5 minutes, you should still call your health care provider.

Be sure to have a list in your wallet of your day, evening and cell phone numbers as well as the name and phone numbers of your primary care provider and of your insurance policy numbers. If you carry a cell phone, list the phone number of who you want contacted in case of emergency under "ICE" -- "In Case of Emergency" - so that medical and rescue personnel

can contact this person easily. Another good place for this important information is in a zip lock bag in the fridge. Then if you are unconscious, emergency responders can easily find the information they will need to save your life.

The best way to avoid a heart attack in the first place is to: not use tobacco, eat a proper diet, take real steps to get better sleep and reduce your stress and get plenty of exercise. It also helps to know your other risks factors such as family history of heart disease and diabetes.

For more information on quitting tobacco contact your primary care provider or call health promotion and wellness at (760) 830-2814, have your provider place a referral for you to the registered dietitian and contact the gyms for information on personal trainers and exercise plans appropriate for you.

The Four Risks You Didn't Know About Cervical Cancer

*By Shari Lopatin
TriWest Healthcare Alliance*

You may have heard that a virus called HPV is a risk factor for cervical cancer, but did you know taking birth control pills can be one too?

While the best way to survive cervical cancer is to catch it early by screening regularly with a Pap test, here are four lesser-known risk factors for this disease:

Birth Control Pills

According to the Centers for Disease Control and Prevention (CDC), using birth control pills for five years or more can increase one's risk for cervical cancer. However, the American Cancer Society stresses that the risk returns to normal about 10 years after the pills are stopped.

Giving Birth to Three or More Children

Although no experts can pinpoint why this is a risk factor, the American Cancer Society's website explains a few theories:

A. Studies have indicated hormonal changes during pregnancies could make a woman more receptive to HPV or developing cancer.

B. Pregnancies might weaken a woman's immune system, also making her more susceptible to HPV infection or cancer development.

HIV

According to the CDC, having HIV, the virus that causes AIDS, or another condition that makes it hard for the body to fight infection is a risk factor for developing cervical cancer. The American Cancer Society states that HIV also makes it more difficult for the body to fight off the HPV infection, which is a large risk factor for cervical cancer.

Smoking

"Women who smoke are about twice as likely as non-smokers to get cervical cancer," the American Cancer Society website says. This is because smoking exposes the body to cancer-causing toxins and elements that affect other organs, besides the lungs.

Above all else, remember to get regular Pap tests to screen for cervical cancer. They are a TRICARE-covered benefit, so take advantage of them.

For more healthy living tips and news articles, follow TriWest on Facebook and Twitter: www.facebook.com/triwest, www.twitter.com/triwest.

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'Medical Home' Concept Improves Care, Controls Costs

By Donna Miles
American Forces Press Service

WASHINGTON, Jan. 12, 2011 - Wouldn't it be fantastic to get the old-fashioned kind of health care, in which the doctor knew you and your family and kept track of your medical condition, but with the additional convenience and access to health care information that modern technology provides?

That's exactly what the TRICARE health insurance program is striving to provide as it rolls out the new patient-centered "medical home" concept to an increasing number of its beneficiaries, Navy Rear Adm. Christine S. Hunter, MC, the top TRICARE officer, told American Forces Press Service.

Civilian medicine has embraced the medical home concept, which introduces a team approach to health care and establishes a consistent, long-term relationship between patients and a provider team, Hunter explained.

The TRICARE Management Activity began introducing the

concept last year. Already, 655,000 of its 9.5 million beneficiaries are enrolled in the medical home concept. Hunter's goal is to increase that number to 2 million by the end of 2011. Within the next several years, she said, she hopes to see as many as 3 million beneficiaries enrolled in the concept.

The Air Force was the first service to begin introducing the concept through its Family Health Initiative. The Navy followed with its Medical Home Port. The Army followed with its Army Home for Health program, which focused initially on wounded warriors but now has expanded.

In addition, 750 TRICARE network providers are now certified as medical homes.

In some cases, participation is voluntary, with facilities offering beneficiaries the option to join as medical home teams are stood up. In other cases, entire sites have transformed into medical homes, with all of their beneficiaries assigned to medical care teams.

Regardless of how the concept

is introduced, Hunter called it a win-win situation for everyone involved.

Patients are assigned to a medical home team that typically consists of a doctor, a physician's assistant, a nurse and medical technicians. Together, they partner with the patient to support a comprehensive health care plan, Hunter said.

This improves the patient experience, she added, by fixing what many beneficiaries call a shortcoming of TRICARE as well as many other health care programs: never seeing the same health care provider twice.

That too often put patients in the position of having to explain and re-explain the same issue or concerns to every new doctor, Hunter said. As a result, she explained, they were likely to focus only on immediate concerns -- what brought them into the doctor's office -- instead of long-term health maintenance and wellness goals.

Under the medical home concept, every member of the provider team has access to the beneficiary's medical records,

and works collaboratively with the rest of the team to provide the best care possible, she said.

When patients visit a hospital or clinic or call in with a question or concern, they see or talk to a member of that team -- not another health care provider who steps in because the patient's provider is unavailable. And if the patient needs to be referred to a specialist, the team makes the referral and tracks the results.

Ultimately, the patient receives better, comprehensive care and a better overall health care experience, Hunter said.

And because the medical home concept puts heavy emphasis on preventive medicine, it helps to address problems before they escalate, Hunter added. Not only does this make beneficiaries healthier, she said, it also reduces the need for catastrophic and expensive medical intervention.

Meanwhile, the patient-centered medical home concept takes advantage of new electronic tools to further improve communication between patients and their health care teams.

Patients can use these technologies to schedule appointments, get prescription refills or have health care questions answered.

And if they need to contact a health care provider after normal duty hours, they can do so virtually. That reduces the likelihood that they'll report to the emergency room because they don't know where else to go, Hunter said.

The health care team, in turn, can use these technologies to

remind patients when it's time for a checkup, test or inoculation or to deliver lab results and explain what they mean. They also can use them to provide information and coaching to beneficiaries working to lose weight, quit smoking or achieve other longer-term health maintenance or wellness goals.

Ultimately, Hunter said, the medical home concept supports what she calls TRICARE's "quadruple aim."

"We want to have readiness for the military members and their families, and we want to do that through the best possible health (for beneficiaries) and enhance the patient experience," she said. "And then we want to do so at a responsible cost."

Cost considerations make the concept particularly attractive as Defense Secretary Robert M. Gates seeks ways to control health care costs that are eating away an ever-increasing percentage of the Defense Department budget.

But Hunter said the best part of the patient-centered medical home concept is that it puts beneficiaries' interests first.

"You are getting quality, you are getting a good patient experience, and then the cost (of delivering health care) will naturally follow," she said. "If patients are healthy, the cost is low. ... So if you do the right thing for the patient and then we get to health, cost will follow."

Note: The Robert E. Bush Naval Hospital has established its Primary Care Clinics in the Medical Home model.

Sign, Click, Submit -- TRICARE Enrollment Process Streamlined

By Mike Walbert
TriWest Healthcare Alliance

Enrolling into the TRICARE West Region now has the feel and ease of signing a credit card transaction at the market or department store. TriWest Healthcare Alliance, the Department of Defense contractor that manages TRICARE for the 21-state West Region, has rolled out electronic signature pads to nearly all of its TRICARE Service Centers (TSC) at West Region offices, bringing convenience to customers.

How It Works

Rather than flipping through pages of forms to sign, beneficiaries now can sign their enrollment, allotment and drive-time waiver forms on the electronic pad, click to submit and it's done.

Once the signature is submitted, the documents are electronically transmitted to

TriWest's enrollment department, where beneficiaries are entered into the system. Other advantages include:

- * If a record needs to be located, electronic forms can be found much faster than a paper form.

- * Electronic signature process helps reduce the amount of paper used; however, West Region beneficiaries can still receive a print-out for their records.

"We're excited about this automated process because it's extremely easy for our beneficiaries to use," said TriWest President and CEO David J. McIntyre, Jr. "We recognize the enrollment process can sometimes be complicated. By streamlining it with electronic signatures, we're helping to make the entire process more convenient for our customers."

For more, follow TriWest on Facebook and Twitter: www.facebook.com/triwest and <http://twitter.com/triwest>.

Super Stars...



Lieutenant Commander Alice Moss, Pharmacist, takes the oath and is promoted to her current rank.



Lieutenant Commander Anne Jarrett, Audiologist, takes the oath and is promoted to her current rank.

Hearing Conservation Tech Training Held

In December a Hearing Conservation Technician Course was held at the Robert E. Bush Naval Hospital. The course is taught quarterly, certifying personnel to operate hearing conservation test equipment and manage hearing conservation programs.

Students who attended the December course learned the rationale behind and significance of, the Hearing Conservation Program mandated by the Department of Defense, Navy, and Marine instructions. "This month's class included six, platoon level, Navy Corpsmen from the 3rd BN 7th Marines. These Corpsmen are taking back to their command the tools needed to protect their Marines' hearing and run a very viable hearing conservation program that other units may want to emulate" said Daniel Mulvihill of the Marine Corps Air Ground Combat Center Center Safety.

There are five basic elements of a hearing conservation program:

- 1) identify hazardous noise,
- 2) reduce or eliminate noise when possible through engineering controls,
- 3) ensure audiometric testing of exposed personnel,
- 4) provide hearing protection devices to exposed personnel, and
- 5) educate individuals about the importance of preserving good hearing and the dangers of hazardous noise.

Students who attended the week long certification course spent 2 and a half days in the classroom with Active Duty Audiologist Lieutenant Commander Anne Jarrett and 2 and a half days at the Naval Hospital Hearing Conservation Booth working with Lead Hearing Conservation Technician Andrew Wagner. "Learning about hearing and hearing loss, the physics of sound, sound measurement, and program management gives students the basic foundation needed to understand why hearing health is so vital to military readiness and quality of life" said Jarrett.

As Lead Technician at the Naval Hospital, Mr. Wagner is dedicated to ensuring his students learn how to accurately run the hearing test booth and proper instruct patients on their hearing results. "I have the philosophy of See One, Do One, and Teach One. I guide students through this process over and over until I can ensure that they have what it takes to properly and accurately run the booth", said Wagner.

Occupational Health Nurse Ms. Shannon Cannon said that Mr. Wagner really takes the time to explain the results to students and patients. His care and dedication to hearing conservation is a credit to Naval Hospital Twentynine Palm. "Hearing Conservation Technicians are the heart of the program because they can make the impact seeing the masses of people through the hearing test booth. There are only two audiologists on base and we only see individuals when unfortunately it is too late", Jarrett.

Students Hospitalman Martin Fisher and Ryan Riemann commented "Now we can interpret an audiogram and can explain audiograms to medical laymen. The course has helped us understand the hearing conservation program and provided us with the skills and tools needed to help our personnel retain their hearing."

Spreading the news about hearing conservation among Marines is important because the potential for hearing loss due to hazardous noise exposure during training and deployments is real. The dangers of hazardous noise exposure during recreation is also real due to off the job shooting and hunting, night clubs, concerts, use of home power tools, and other noisy recreational activities. "I have seen some young Marines coming into the military with mild permanent hearing loss due to recreational shooting without hearing protection at a young age" said Jarrett. "There is a great misconception about wearing hearing protection: can't hear with them on, they are uncomfortable, individuals who wear them are seen as "weak, etc." Yes, there are some hurdles to adjusting to hearing protection devices (HPDs) but there are several different approved types available. The best hearing protection is the one that is worn and worn consistently and properly. It can take one gunshot to cause permanent hearing loss. You either wear the hearing protection now or live with permanent hearing loss for the rest of your life. For military readiness on deployments, good hearing can make a difference in a life and death situation not only for the individual's personal safety but also the safety of their team members' indicated Jarrett

The week long hearing conservation certification course provided corpsmen with valuable knowledge and skills to take back to their platoon. HM2 Manjarrez from 3/7 BAS indicated that "Although I was renewing my certification I learned something new from the class. One of our biggest challenges with hearing conservation is a lack of education and understanding about noise exposure and hearing loss. The more tools we are armed with and can teach to others, the more we can make a difference."

For more information on upcoming hearing conservation certification courses, contact Lt. Cmdr. Anne Jarrett, audiologist at Robert E. Bush Naval Hospital at 830-2002.

Lead Hearing Conservation Technician Andrew Wagner teaches students in the proper use of the audiology booth at the Naval Hospital.



Dr. Jonathan Woodson Takes Oath to Become Assistant Secretary of Defense for Health Affairs

Health Affairs

Dr. Jonathan Woodson took the oath of office Jan. 10, 2011 to become the next assistant secretary of defense for Health Affairs and director, TRICARE Management Activity.

Dr. Jonathan Woodson took the oath of office today to become the next assistant secretary of Defense for Health Affairs and director, TRICARE Management Activity. Dr. Woodson was nominated by President Obama in April 2010 and recently confirmed by the United States Senate.

As assistant secretary, Woodson will administer the more than \$50 billion Military Health System budget and serve as principal advisor to the secretary of Defense for health issues, ensuring the effective execution of the Department of Defense medical mission. He will oversee the development of medical policies, analyses, and recommendations to the Secretary of Defense and the undersecretary for Personnel and Readiness, and issue guidance to DoD components on medical matters. He will also serve as the principal advisor to the undersecretary for Personnel and Readiness on matters of chemical, biological, radiological and nuclear medical defense programs and deployment matters pertaining to force health.

In addition, as assistant secretary, he will co-chair the Armed Services Biomedical Research

Evaluation and Management Committee, which facilitates oversight of DoD biomedical research. He will also exercise authority, direction and control over the Uniformed Services University of the Health Sciences; the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury; and the Armed Services Blood Program Office.

As director, TRICARE Management Activity, Woodson will be responsible for managing all TRICARE health and medical resources, and supervising and administering TRICARE medical and dental programs, which serve more than 9.6 million beneficiaries.

Woodson will also oversee the TRICARE budget; information technology systems; contracting process; and direct TRICARE regional offices. In addition, he will manage the Defense Health Program and the DoD Unified Medical Program.

Prior to his appointment, Woodson served as associate dean for diversity and multicultural affairs and professor of surgery at the Boston University School of Medicine, and senior attending vascular surgeon at Boston Medical Center. Woodson holds the rank of Brigadier General in the U.S. Army Reserve, and served as assistant surgeon general for Reserve Affairs, Force Structure and Mobilization in the Office of the Surgeon General, and as deputy commander of the Army Reserve Medical Command.

Woodson is a graduate of the

City College of New York and the New York University School of Medicine. He received his postgraduate medical education at the Massachusetts General Hospital, Harvard Medical School and completed residency training in internal medicine and general and vascular surgery. He is board certified in internal medicine, general surgery, vascular surgery and critical care surgery. He also holds a master's degree in strategic studies (concentration in strategic leadership) from the U.S. Army War College.

In 1992, he was awarded a

research fellowship at the Association of American Medical Colleges Health Services Research Institute. He has authored or coauthored a number of publications and book chapters on vascular trauma and outcomes in vascular limb salvage surgery.

His prior military assignments include deployments to Saudi Arabia (Operation Desert Storm), Kosovo, Operation Enduring Freedom and Operation Iraqi Freedom. He has also served as a senior trauma medical officer with the National Disaster Management

System, where he responded to the Sept. 11th attack in New York City. Woodson's military awards and decorations include the Legion of Merit, the Bronze Star Medal and the Meritorious Service Medal (with oak leaf cluster).

In 2007, he was named one of the top vascular surgeons in Boston, and in 2008 was listed as one of the top surgeons in the U.S. He is the recipient of the 2009 Gold Humanism in Medicine Award from the Association of American Medical Colleges.



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Layout by MCS Washington, Canada

Director Calls Personnel System Transition 'Rewarding'

By Karen Parrish
American Forces Press Service

WASHINGTON, Jan. 13, 2011 - The Defense Department's transfer of more than 170,000 civilian employees out of the National Security Personnel System since 2009 has been smooth, the transition's director said today.

John H. James Jr. said much of the credit for the transition goes to the services.

"The components have done a very good job," he said, adding that his office had reviewed and approved the transition plan each of the services submitted.

"Our guidance in the beginning was that we would have the least possible impact to employees and the least possible impact to mission," he said. "The components have accomplished that."

Most of the employees moved out of NSPS so far have returned to the general schedule pay system, James said. Those remaining in NSPS will predominantly return to other performance management systems.

When employees transferred to NSPS originally, most of the other performance management systems were effectively dismantled, James said. When employees later were required to move back into the previous systems when Congress abolished NSPS, "we needed a little bit more time to put those back in place," he said.

The Acquisition Demonstration Project and the Science Technology Reinvention Laboratory Demonstration Project are two such systems, James said, and most of the remaining NSPS defense employees will return to one or the other.

"There are other, smaller performance management systems that employees will be transitioning to, but those are the two big ones," he said.

The law governing NSPS transition specifically states employees must return to the system they came from, he said.

Congress established NSPS through the 2004 National Defense Authorization Act and directed its repeal in the 2010 National Defense Authorization Act, which also set the timeline for repeal completion.

"We started with approximately 226,000 employees in the NSPS performance management system," James said. "We have transitioned approximately 172,000 -- right around 75 percent -- of the employees out of NSPS, which was the direction (for 2010) that we got from the deputy secretary of defense."

During the move from NSPS back to previous positions, each employee's job had to be reclassified, James said. Major changes in duties and responsibilities for any particular position could be reviewed by the servicing human resources office during reclassification.

"And that has, in fact, occurred," he said. "There are some cases where an employee is not happy with their classification, and we published on our website the process they had to go through to appeal a classification concern."

Communication with the work force during the entire process has helped to ensure a smooth transition, the director said.

"We've been working very hard to make sure we keep everyone informed," he said. "As we make every step, we communicate to the work force: 'this is our progress toward transition, this is when your

group will transition, and this is the process we're going to go through.'"

Some employees, such as those who were first hired under NSPS, had never worked under the general schedule system, James said.

"We put 'GS 101,' a course, on our website," James said. "We recommended that employees who had never been on the general schedule, and employees who had been in the general schedule system, go review it. It was very informative, an easy read and easily understandable."

James said the course was designed to emphasize to employees that while NSPS was a broad-pay-band system, the general schedule system has "discrete grades with very discrete (pay) steps."

"There is a difference between them -- there's not a clean overlay between the two systems," he said.

Some employees were concerned that changing systems would mean a cut in pay or position, James said, but the law ensured no employee would face a pay decrease during the transition.

"The components made this a priority," he said. "They were very concerned about sending the proper message to the work force, that ... they wanted to make sure the transition was smooth, that we met the mission, and that there was minimal impact to the employees. The components were on top of this the whole time."

James said 54,000 employees remain in NSPS, and about 6,000 of those will return to the

general schedule system.

"We will continue to focus our attention on transitioning the remaining employees," James said. "We will meet the statutory date of Jan. 1, 2012, where all employees will be transitioned out of NSPS."

James said his work over the past year has been "a fascinating experience."

"We will have transitioned 228,000 employees out of NSPS to statutory non-NSPS performance management systems," he said. "That's more employees than are contained in any federal agency other than the Department of Veterans Affairs."

"Talking to the components and my staff and seeing the dedication it takes to do this has been very rewarding," James said.

Five Superfoods to Keep Your Heart Healthy

By Shari Lopatin
TriWest Healthcare Alliance

You know diet plays an important role in living a heart-healthy life, but do you know which foods can keep your heart pumping stronger, longer?

February is American Heart Month, so we're offering you the top five superfoods for the heart from The American Dietetic Association (ADA) and the "Nutrition Action Health Letter." They'll not only make you feel good, but will protect against heart disease, the top killer of adults in the U.S.

1. Beans. Each tiny bean, according to the ADA, has a powerful combination of protein, fiber, vitamins and minerals. Researchers have found that diets including beans may reduce the risk of heart disease and certain cancers.

2. Wild salmon. The omega-3 fats in salmon can help reduce the risk of sudden-death heart attacks. Plus, salmon caught in the wild has less PCB contaminants than salmon raised on a farm.

3. Mushrooms. Stocked full of antioxidants that help protect cells from free radicals, which can lead to cancer and sometimes heart disease, mushrooms are a great source of potassium, copper and certain B-vitamins.

4. Garlic and onions. Research shows these two foods may help lower LDL (bad) cholesterol, control blood pressure, prevent life-threatening blood clotting, act as antioxidants to reduce cancer risk, and even promote immunity. For the greatest benefit, use the actual vegetable and stay away from onion and garlic powders. You may need to eat one

garlic clove daily to make a difference.

5. Blueberries. These fun little berries are bursting with antioxidants. In addition to fighting off heart disease and cancer, blueberries can also fight aging. They're loaded with dietary fiber and vitamins A and C.

Surprise superfood: dark chocolate!

Eating heart-healthy can be a special treat, too. The ADA reports that recent research shows components of the cocoa bean and dark chocolate could positively impact the cardiovascular system, kidney function, brain health, immune system, diabetes and blood pressure. In fact, dark chocolate may help limit the build-up of plaque in arteries by lowering LDL (bad) cholesterol, raising levels of HDL (good) cholesterol and reducing blood pressure.

For more heart-healthy living tips, visit TriWest's Heart Health website at www.triwest.com/hearthealth.

Life's Lesson...

The best way to keep kids at home is to make a pleasant atmosphere, and let the air out of their tires...

And when they finally move away from home, make them take their beds and pets with them...

Military Family Support...

Continued from page 1

yearlong project to provide the best possible health care for the more than 9.6 million beneficiaries beyond 2015, the report said.

Additionally, the Defense and Health and Human Services secretaries will jointly accelerate efforts that prevent and address suicide, the report said. Meanwhile, VA's National Suicide Call Center will expand and enhance services to combat suicide among veterans.

The report also outlines efforts to protect military families from unfair financial practices, to address homelessness and improve housing security, and to ensure availability of substance abuse prevention, treatment and recovery services for veterans and military families.

Gordon also touched on employment opportunities for spouses.

"Our spouses want to work," he said, noting that of the roughly 700,000 spouses in DoD, 77 percent have expressed a desire to work. "We want to create opportunities for them," Gordon added.

The report takes a two-tier approach to the issue of employment, Gordon said. First, the government is committed to opening doors to educational opportunities, and then on easing the path to employment.

As an example, he highlighted the Army Spouse Employment

Partnership program, which has signed a statement of support with 42 Fortune 500 and Fortune 100 companies. Since 2003, these companies have hired more than 84,000 Army spouses, the report said. DoD officials plan to enhance and expand this program to Navy, Marine and Air Force spouses, Gordon added.

"These are the kinds of opportunities we are looking for," he said.

In another effort, the Veterans Affairs, Labor and Defense departments will reform the employment workshop portion of the Transition Assistance Program to include an outreach initiative for military spouses, the report said. The workshop will feature a hands-on, tailored work force readiness program for service members and their spouses, including employment assistance during moves.

Other agencies will educate corporate America on the benefits of hiring from within the military, the report said, and encourage them to hire military spouses.

Turning to military children, Gordon said a considerable portion of the review was dedicated to looking at the need for more abundant child care. The department has 200,000 military children in the child care system, he noted, and a shortage of about 37,000 child care spaces.

"This is one area we want to focus on," Gordon said. "You'll see that commitment in this document. It's a partnership that we want to engage with our communities."

This community partnership is vital, he noted, since only about 37 percent of families live on military installations; the remaining 63 percent live in thousands of communities nationwide.

The Defense, Education, Health and Human Services and Agriculture departments are working together to increase the availability of child care options, the report said. This month, new child care liaison positions will be established through pilot programs in 13 states with identified childcare needs. DoD also will leverage partnerships with organizations such as the National Association of Child Care Resource and Referral Agencies, the Council on Accreditation and Zero to Three for assistance with training community providers.

Additionally, DoD will continue to slate construction projects to meet the demand for increased capacity and to replace aging facilities, the report said.

On education, the report details efforts to ensure excellence in military children's education and development. The Education Department, for example, will, for the first time, favor grant applications to meet the needs of military-connected

students, the report said, and DoD is committed to making its schools a leader in the use of advanced learning technologies, including software, online courses and student-written and sharable simulations.

To help to reduce the negative impacts of frequent relocations and absences, DoD will pursue the complete development of the Interstate Compact on Educational Opportunity for Military Children, which addresses mobility-related challenges military children face, such as records transfer and course placement, the report said.

To gain a complete picture of this groundbreaking effort, Gordon encouraged service members and their families to read the full report.

"What you'll find is how the government and nation really define areas where we can support and care for our families, our service members," he said. "But not only that, it's about empowerment. It's the fact that our families want to be fulfilled. It's the fact that they are assets for the country in those 4,000-plus communities and across the world, and how we can leverage that as well. This document talks about all of these things."

The tools you need to get there.

<http://www.npc.navy.mil/CareerInfo/CareerToolbox/>



TRICARE Improves Online Communication, Access

By Donna Miles
American Forces Press Service

WASHINGTON, Jan. 21, 2011 -- Additions to the TRICARE military health plan's website are giving beneficiaries easier access to their personal health data, more convenient appointment scheduling and better communication with their health care providers, the top TRICARE official reported.

TRICARE Online, the military health system's patient portal, already enables users who get care at a military treatment facility to schedule appointments, track their medications, order prescription refills and view and even download their personal health records, Navy Rear Adm. Christine S. Hunter told American Forces Press Service.

Later this year, patients also will be able to get their laboratory and X-ray results through the portal, along with secure messaging from their health care providers, Hunter said.

"You will be able to go there and it will say you have two messages from your doctor," she explained. "You will click on it, and it may be the nurse telling you that you are overdue for something, and maybe a lab result and an explanation of the findings."

The next goal will be to expand these capabilities so beneficiaries can track what immunizations they received and when, and get a "heads up" from their health care provider when they're due for their next one, she said.

In addition, health care providers will begin using the portal to get patients to fill out forms and questionnaires at their convenience before they arrive for their appointments.

TRICARE Online offers the best of both worlds, Hunter said. It helps to build a closer relationship between beneficiaries and their health care providers while taking advantage of technology and health care tools to make that relationship more convenient and accessible 24/7.

Beneficiaries increasingly are taking advantage of the new capability. Almost 311,500 active users have logged into the system over the past year, officials reported, with an average of 2,800 new user registrations each week.

Since January 2010, beneficiaries have scheduled almost 200,000 medical appointments and requested more than 61,500 prescription refills through the system. During the week of Jan. 9 to 16 alone, they scheduled almost 3,000 appointments and refilled more than 1,000 prescriptions.

TRICARE officials also report increased use of the 'blue button' feature that enables beneficiaries to access their personal health data and, if they choose, save it to a file on their computer.

Hunter said this feature is particularly helpful because it enables beneficiaries to download their records when they need to seek medical care away from their regular health care facility, and empowers them to better partner with providers about the treatment they receive.

Using Social Media...

Continued from page 1

access to the information posted on the internet; Facebook and Twitter are consistently being used as sources of content for news stories. Reporters and bloggers are often contacting Facebook users who comment on a particular subject for quotes and interviews.

Here are some tips published by the Chief of Naval Information to help protect your privacy:

- * Don't accept the default privacy and security settings -- by default the privacy settings make much more of your information available than you are aware.

- * Choose a complex and unique password for each of your accounts -- make it something that you can remember but that someone else is unlikely to be able to guess.

- * Watch out for third-party applications -- third-party applications can be very useful but often that usefulness is at the cost of your personal information. Use third-party applications wisely.

- * Only accept friend requests from people you know directly - whomever you friend has tremendous access to your personal information so make sure it is someone you feel comfortable sharing that information with.

- * Carefully read the privacy policies and terms of service -- know what you are getting yourself into and also stay aware of any changes to the privacy policies

- * Be careful what you post -- Posting something online is like

writing it in stone. You can go back and delete it but it is probably too late as it may have been shared or saved by others who can see what you post. So think about what you say online.

The Department of the Navy (DoN) is now offering social media training on the homepage of Navy Knowledge Online, and soon it will also be available to DoN employees on eLearning which means, Navy employees can go into eLearning, complete the training and receive a certificate. The Navy considers this an important step towards ensuring employees know how to participate professionally and safely on the Internet.

One of the biggest concerns to the Department of Defense in the use of social media is protecting unit safety. Operations Security (OPSEC) is vitally important to the mission of the armed forces. Someone can violate OPSEC without even knowing it... geotagging photographs has been available for quite some time. JPEG formatted photos can allow for geographical information to be embedded within the image and then they

can be read by photo viewers. Geotagging shows the exact location where a photo was taken. Many digital cameras do not automatically add this feature, but not always. Shutter bugs should always study their camera's or cell phone manual and understand how to turn off GPS functions to protect your personnel information as well as to prevent OPSEC violations.

Geotags are automatically embedded in photos taken with smartphones. A popular activity by people who deploy all over the world is to take photos with cell phones while on liberty to share with family back home via social networking... some locations are public and others are classified. Publishing photos of classified locations can be detrimental to mission success and are in violation of the Uniformed Code of Military Justice. Make sure your Geotag function on your camera or smartphone are turned off.

We can't NOT use new technology because we don't understand it... we have to use new technology with the knowledge of how to use it professionally and safely.

Life's Lesson...

...It's frustrating when you know all the answers, but nobody bothers to ask you the questions...