Reserve Component Medical Readiness: Meeting Current and Future Challenges

2018 AMSUS Annual Meeting
November 28, 2018

AMSUS
The Society of Federal Health Professionals

Disclosures

Dr. Wilmot and Dr. Goodman are both independent consultants who have a consulting relationship with ASM Research, the sponsor of today's panel discussion.

The panel members have no interest to disclose.

AMSUS and ACE/PESG staff have no interest to disclose.

This continuing education activity is managed and accredited by Affinity CE/Professional Education Services Group (ACE/PESG) in cooperation with AMSUS. ACE/PESG, AMSUS, planning committee members and all accrediting organizations do not support or endorse any product or service mentioned in this activity.

AMSUS
The Society of Federal Health Professionals

Abstract

Medical Readiness of the Force is of paramount importance to all the Services but can be more of a challenge in the Reserve Components due to fewer days of availability as well as increased geographic dispersion. During the past 15 years the Reserve Components have stepped up to meet the Medical Readiness targets alongside their Active Component counterparts; however, challenges remain to sustain these levels. Reserve Component senior medical leaders will discuss current approaches to achieving and maintaining both a medically ready force as well as a ready medical force, tracking and reporting on readiness, and potential barriers to success.

Objectives

- Gain understanding of Air Force, Army, Navy, and Coast Guard Reserve Component approaches to medical readiness, considering Service specific demographics and requirements.
- Encourage collaborative approach to medical readiness through better understanding of Reserve Component unique solutions and identification of best practices to improve efficiency, cost effectiveness, and transparency of medical readiness.
- Identify some of the characteristics of an ideal system for capturing, reporting, and utilizing medical readiness data based on capabilities of the various systems of records currently in use.

RC Medical Readiness Panel Members

- MG Mary Link – US Army Reserve
- RADM Brian Pecha – US Navy Reserve
- BG Jill Faris – Army National Guard
- Col Stephanie Navas – Air National Guard
- CDR Shane Steiner – US Coast Guard

- Moderators – MG (Ret) David Wilmot and
- COL (Ret) George Goodwin

Introductory Comments

› VADM Raquel Bono, Director, DHA

Reserve Components Impact on Total Force*

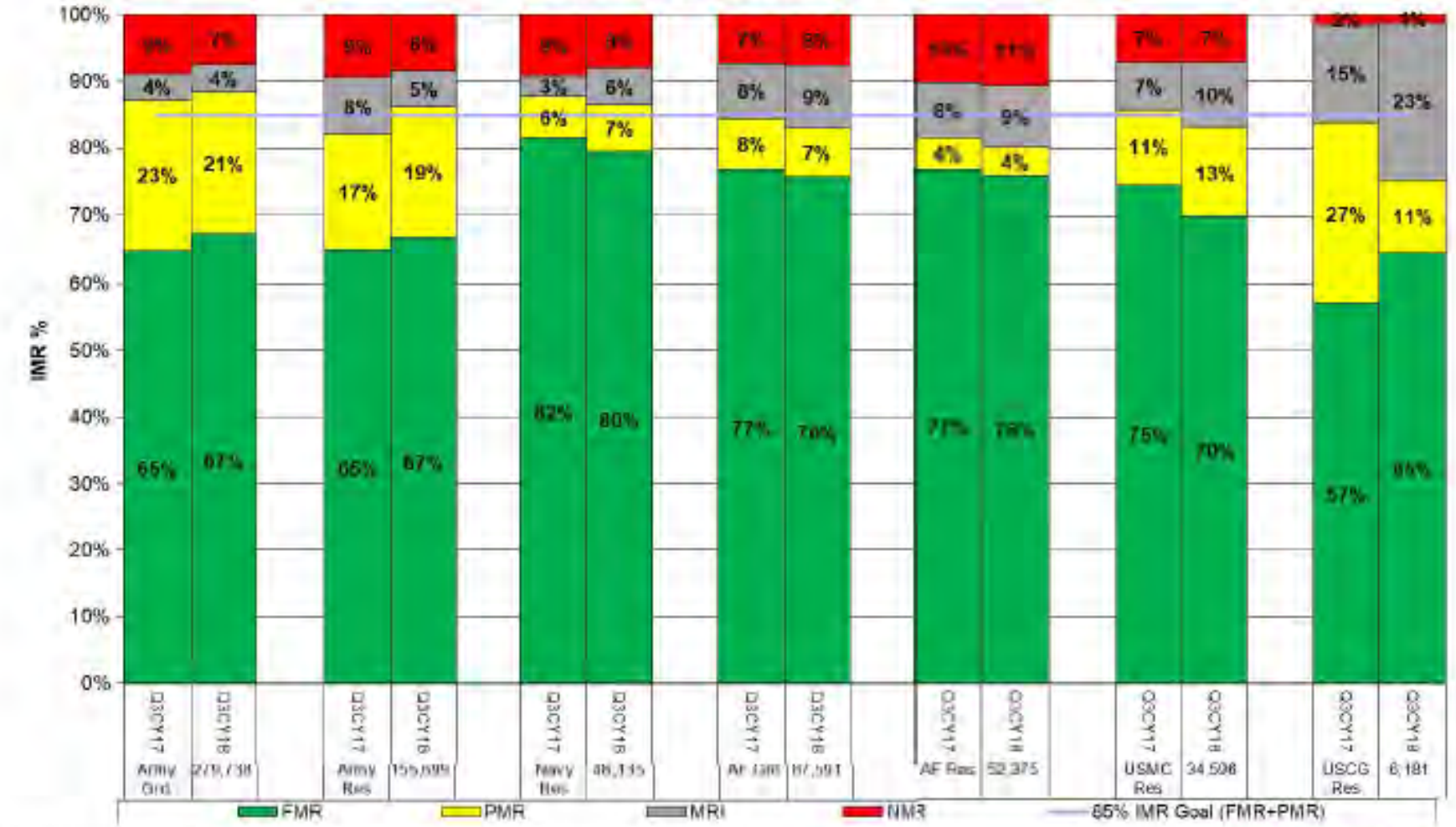
Service	Active Component	Reserve Component	RC % of Service
Army	487,500	ARNG 343,500	33.3%
		USAR 199,500	19.4%
Navy	335,400	USNR 59,100	15.0%
Marine Corps	186,100	MCR 38,500	17.1%
Air Force	329,100	ANG 107,100	21.2%
		AFR 70,000	13.8%
Coast Guard	43,000**	USCGR 7,000	14.0%

*NDAA 2019 Authorized End Strength

**Coast Guard Authorization Act of 2017

IMR Reserve Components

Percent of Component Total Non-Deployed* Force, Q3CY17 vs Q3CY18



CAO: 24 Oct 18

NOTE: Numbers rounded, may not total 100%

RC Medical Readiness Panel Members

- MG Mary Link – US Army Reserve
- RADM Brian Pecha – US Navy Reserve
- BG Jill Faris – Army National Guard
- Col Stephanie Navas – Air National Guard
- CDR Shane Steiner – US Coast Guard

- Moderators – MG (Ret) David Wilmot and
- COL (Ret) George Goodwin

AMSUS
The Society of Federal Health Professionals

U.S. Coast Guard
Reserve Medical Readiness

COMDT (CG-1121) Division of Operational Medicine
CDR Shane Steiner, MD, MPH
Program Manager

Human Resources Directorate

USCGR Medical Readiness Efforts

- The USCG is a full participant in the Reserve Health Readiness Program (RHRP); nearly all USCG Reservists get their Medical Readiness services through RHRP.

- USCG Selected Reserve (SELRES) Members are eligible for TRICARE Reserve Select.

USCGR Medical Readiness IT Systems

- We use the Medical Readiness Reporting System (MRRS) as our Medical Readiness Database of record.
  - Same as US Navy and US Marine Corps.
  - Allows full interoperability in case of USCG being moved to Department of the Navy in wartime and when USCG personnel are placed under the operational control of a Department of Defense (DoD) Combatant Command.
  - MRRS tailors our personnel entries to our requirements/policies.
- We also use the Navy's ePHA and eDHA systems for our Periodic Health Assessments (PHAs) and Deployment Health Assessments.

Current Challenges

- The new PHA, while standardized and robust, requires training before medical personnel can administer it.
- Some providers who performed the old PHA under RHRP have not been willing to perform the new one.
- This can result in a limited number of RHRP PHA providers in a geographic area – which can in turn lead to low appointment availability and difficulty with rescheduling if either the member or the provider has to cancel.

QUESTIONS?

AMSUS
The Society of Federal Health Professionals

CE/CME Credit

If you would like to receive continuing education credit for this activity, please visit:

http://amsus.cds.pesgce.com

Hurry,

CE Certificates will only be

available for 30 DAYS

after this event!

AMSUS
The Society of Federal Health Professionals