FIVE LESSONS LEARNED IN LAUNCHING A START-UP MIL-CIV PARTNERSHIP AT AN ACADEMIC MEDICAL CENTER

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Presenter has nothing to disclose

The information contained within these slides are the views and comments of the presenter and not those of the Medical College of Wisconsin, Froedtert Hospital, Children’s Hospital of Wisconsin or the United States Government.
Purpose:
The purpose of this briefing is to provide military leaders a summary of the often overlooked aspects and processes necessary to effectively establish Mil-Civ partnership platforms at a civilian Academic Medical center.

Objectives:
At the end of this briefing, attendees will be able to:
• Discuss some of the criteria and processes necessary to initiate a Mil-Civ partnership;
• Avoid dangerous pitfalls which could derail a program’s initial success.
• Recognize the resources necessary for sustaining a mil-civ training platform;
Genesis of a partnership:

- **June 2016:** NASEM publishes: "A National Trauma Care System: Integrating Military & Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury"
- **December 2016:** NDAA 2017 signed into law, mandating the DoD seek out partnerships w/ civilian trauma systems
- **February 2017:** MISSION ZERO Act (HR 880) introduced to House
- **February 2018:** MISSION ZERO Act (HR 880) Passes House, sent to Senate
- **March 2018:** US Army MEDCOM & US Army Special Operations Command (USASOC) conduct site visits at Milwaukee Regional Medical Campus.
- **May 2017:** MISSION ZERO Act (S. 1022) introduced in Senate
- **December 2017:** MCW officially launches the Joining Forces Program.
- **February 2019:** Mutual training agreements with US Army MEDCOM and USASOC signed.
- **August 2018:** John S. McCain NDAA 2019 signed into law, expanding the definition of trauma centers to increase the number of eligible facilities.
- **October 2019:** Arrival of AMCT3 Program participants
- **November 2019:** Wisconsin SB 514 introduces legislation to make licensure process easier for military providers
- **August 2019:** First rotation of USASOC MPT & USASOC PFC Program participants
- **July 2018:** Pandemic & All-Hazards Preparedness and Advancing Innovation Act (HR 6378) introduced in House
- **June 2019:** Pandemic & All-Hazards Preparedness and Advancing Innovation Act signed into law
Program Overview:
Based upon the recommendations within the 2016 National Academies of Medicine Report, and upon the directives within the 2017 National Defense Authorization Act, this program is designed to sustain the trauma surgery and resuscitation skills for the licensed providers within an US Army Forward Resuscitative Surgical Team (FRST). These personnel would be “stationed” in Milwaukee, and assigned to this campus as part of their day-to-day duties, for a period of up to 3 years, with the potential for intermittent deployments within that timeframe. These clinicians would fully embed on our campus as faculty/staff at a .8FTE rate (.65 FTEs at FMLH & .15FTEs at CHW). All of their salary and benefits are paid for by the military. Providers may bill for their services, with the exception of TRICARE and CHAMPVA. Leaders should include these personnel in the regular working schedule. They would be granted full privileges (consistent with their licensure) to treat patients directly. Their daily work would mostly be within their respective specialties, but they would be encouraged to periodically provide care as a team in the trauma bay (approximately 1-2 times per month), in order to build and sustain the interoperability necessary during deployment. Additional individual specialists and surgeons may be added to this program from year to year, each to remain for their full 3-year term.
**US Army Special Operations Command – Medical Proficiency Training Program (USASOC MPT)**

**Proposed Start:** August 2019

**Duration:** 4 weeks

**Frequency:** Up to 10 times per year

**Quantity:** Up to 4 personnel at a time.**

**not to exceed 6 total personnel when combined with USASOC PFC program.**

**Program Overview:**
This program is designed specifically to sustain the skills taught at the Joint Special Operations Medical Training Center for the US Army Special Operations Combat Medic (SOCM) and Special Forces Medical Sergeant (SFMS). When deployed, these non-licensed providers are required to perform a variety of preventive medicine, emergency medicine, trauma, dental & veterinary skills in austere environments with minimal or no supervision. Their care is not limited to US forces. They commonly establish ad hoc clinics in host nations to provide general medical care in areas where medical care is otherwise absent.

Over the course of their 4-week rotation, these military personnel would circulate through both Children's & Froedtert hospitals to gain an appreciation of the clinical/physiological variations in acute injuries in both adult and pediatric patients. The rotation would encompass the spectrum of acute and sub-acute care, including the ED & Trauma center (ED/TC), Surgery (OR), Critical Care (SICU) sub-acute care (2NT). The rotation would culminate with a Continuum of Care practicum, where the participants would assist in the care for a specific patient from the ED/TC to admission throughout the entire spectrum of care. These participants would be essentially treated as learners, where they would be allowed to work directly with patients under the supervision of licensed providers and nursing staff, with varying degrees of independence, based upon the individual's competency and the supervising providers' discretion.
Program Overview:
This program is designed for Physicians and Physician Assistants assigned to Special Operations units as the group or battalion providers. Milwaukee will be the first of its kind for the Army, and focuses on the fundamental principals of critical care. In a peer or near-peer combat operations environment (i.e., Iran, Russia, etc.), US forces may not have the air mobility dominance that we have seen in the recent Global War on Terror Campaigns against non-state actors. Therefore, forward deployed medical personnel may be required to keep the injured patients alive far beyond the golden hour, until medevac assets can safely transport them to a higher echelon of care. The current Army accessions process does not require these providers to have EM, Critical Care, or trauma experience.

Throughout the 4week rotation, these military personnel will circulate throughout the trauma bay, OR, and SICU/NICU, being allowed to work directly with patients under the supervision of our credentialed providers. They will essentially be treated as a learner doing an unaccredited mini-fellowship, with varying degrees of independence, based upon their individual competencies and the supervising providers’ discretion.
Lesson 1: Determine the host-institution’s level of commitment:

- Define & Communicate the objectives of the partnership:
  - S.M.A.R.T. objectives
  - OKR
  - KPI
- Identify specific tasks & competencies


KPI: [https://www.thomasnet.com/insights/imt/2014/10/08/design-a-kpi-program-that-realizes-business-goals/](https://www.thomasnet.com/insights/imt/2014/10/08/design-a-kpi-program-that-realizes-business-goals/)
Lesson 1: Determine the host-institution’s level of commitment:

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• Identify specific tasks & competencies
• Forecast the resource requirements:
  • Administrative support;
  • Program/Facilities Support;
  • Personnel/Faculty Support;
  • Financial Support;
  • Government Affairs.

http://www.get2success.com/our-process/
Lesson 2: Achieve an *all-of-institution* alignment:

- Recruit Champions & Stakeholders from the host institution:
  - Clinical leaders (i.e., Medical Directors);
  - More than surgeons!
    - Emergency Medicine
    - Orthopedics
    - Anesthesiology
    - Intensivists
    - Nurse Educators
    - Pharmacists
    - Respiratory Therapists
  - More than one champion per specialty/department;
    - Hint: *They don’t all have to be physicians*!
- Involve the institution’s Government Affairs Office!
- Involve the department administrators!
- “Middle Out” vs Top Down engagement

Image sources:
Lesson 3: Integration, Integration, Integration

- Integrate into host institution’s Mission, Vision, and Culture;

JOINING FORCES:

LEARNING & TRAINING TOGETHER

Mission:
The Joining Forces Program fosters inter-agency and inter-departmental collaboration for training & education, translational research, clinical care, and community engagement to advance and support the objectives of the Medical College of Wisconsin Comprehensive Injury Center (CIC):

To achieve zero preventable deaths from injury, both in the community and on the battlefield.

MCW Mission:
We are a distinguished leader and innovator in the education and development of the next generation of physicians, scientists, pharmacists and health professionals; we discover and translate new knowledge in the biomedical and health sciences; we provide cutting-edge, collaborative patient care of the highest quality; and we improve the health of the communities we serve.

Froedtert Hospital Mission:
We advance the health of the communities we serve through exceptional care enhanced by innovation and discovery.

Children’s Hospital of Wisconsin Mission:
Care
Advocacy
Research
Education
Lesson 3: Integration, Integration, Integration

- Integrate into host institution’s Mission, Vision, and Culture;
- Contribute to research/education missions;
Lesson 3: Integration, Integration, Integration

- Ensure the Mil-Civ training programs:
  - Integrate into host institution’s Mission, Vision, and Culture;
  - Contribute to research/education missions;
  - **Mutually support each other**;

Image sources:
Lesson 4: Other considerations:

- Financial impact on:
  - Host-institution
  - Physician compensation

Image sources:
https://www.wallstreetmojo.com/incremental-revenue/
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  - Host-institution
  - Physician compensation
- Nurses Unions

Image sources:
https://hrdailyadvisor.blr.com/2015/05/20/admittedly-fraudulent-documents-and-the-i-9-form/
Lesson 4: Other considerations:

- Financial impact:
  - Host-institution
  - Physician Compensation
- Nurses Unions
- On-boarding/Credentialing Requirements;
- State Licensure Requirements

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  - Physician Compensation
- Nurses Unions
- On-boarding/Credentialing Requirements;
- State Licensure Requirements
- **Malpractice insurance**

“I see your lawyer stopped by.”
Lesson 5: Flexibility

• Be prepared to:
  • Wait;
  • Execute on incomplete information/coordination;
  • Adjust on the fly.

Image sources:
https://www.pinterest.com/trishhenshaw61/gumby/
Review:
Tie partnership into the host-institution mission;
Engage more than just surgeons;
Create mutually supportive programs;
Licensure/Credentialing considerations;
Stay Patient & Flexible;

Bottom Line:
Become an asset to the host-institution!
“The question is not how to be successful, the question is how to be useful.”

– Peter Drucker

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How to Earn CE

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Hurry, CE Certificates will only be available for 30 Days after this event!”