

# Reserve Component Medical and Dental Readiness

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Director, Force Health Readiness  
Deployment Health Support Directorate  
Force Health Protection Conference**



# Outline

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- Driving Forces
- What is Medical Readiness?
- Inhibitory Forces
- Solutions
- Discussion





# Driving Forces

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# Readiness Challenge

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- Increased operating and personnel tempo associated with the Global War on Terrorism and Operations Iraqi Freedom, Enduring Freedom and Noble Eagle put intense pressure on strength levels
- Our transformation from strategic to operational level organizations further reduced our organic manpower and equipment assets



# National Defense Authorization Act of 2005

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- **Goal: Improve medical readiness and ability to monitor the health status of the Total Force**
  - Requires DoD to develop and implement a comprehensive strategic medical readiness plan
  - Apply FHP tenets and principles
    - Throughout service in the Armed Forces
    - Before, during, and after deployment overseas
- **Established **Joint Medical Readiness & Oversight Committee** (JMROC) to monitor success and report to SECDEF/Congress**
  - Has authority to define and/or modify standards



# National Defense Authorization Act of 2006

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- HR 2528, House Report 109-95
  - “. . . majority of soldiers in MHO status were reservists who were not medically ready to serve, many due to poor dental hygiene.”
  - Requires a study on incorporating dental examinations into the routine annual reserve medical readiness examinations
- Revised earlier Congressional language to read “medical and dental readiness”



# Unfunded Lessons Learned

## JROCM 083-05 Reserve Mobilization & Deployment

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Standardize/maintain pre-activation Reserve Component (RC) medical readiness by developing individual medical readiness (IMR) improvement strategy (including ROM costs) . . . should ensure the Services meet established IMR standards through an evaluation of current legislative, OSD, and Service policies and resourcing practices to include:

- 1) screening policies and enforcement tools
- 2) active Component (AC)/RC disparities; and
- 3) tracking/private medical information





# What is Medical Readiness?

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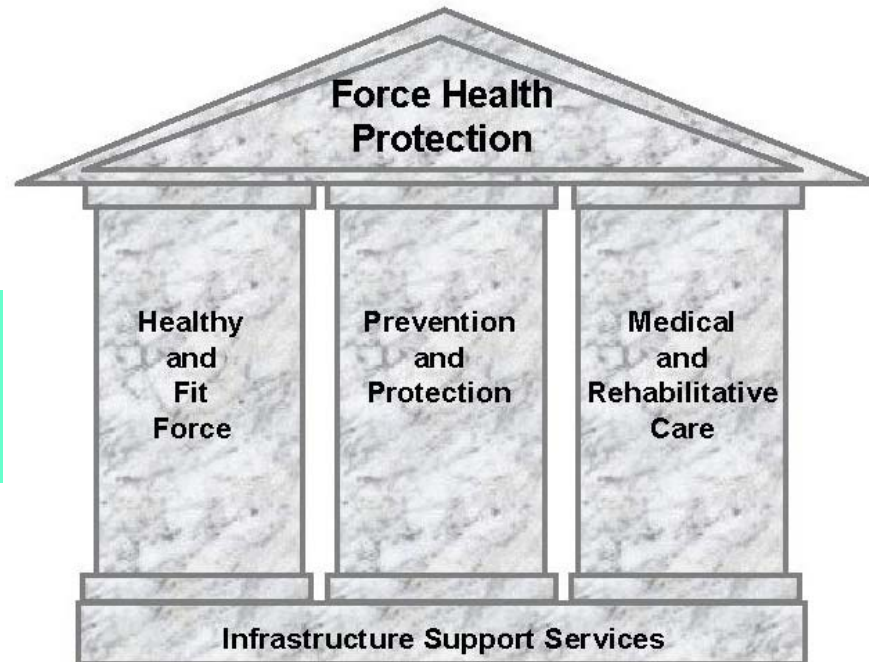




# Force Health Protection

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- Recruit and maintain a **healthy and fit force**
- **Prevent** disease and injury
- **Treatment and care** for those ill or injured



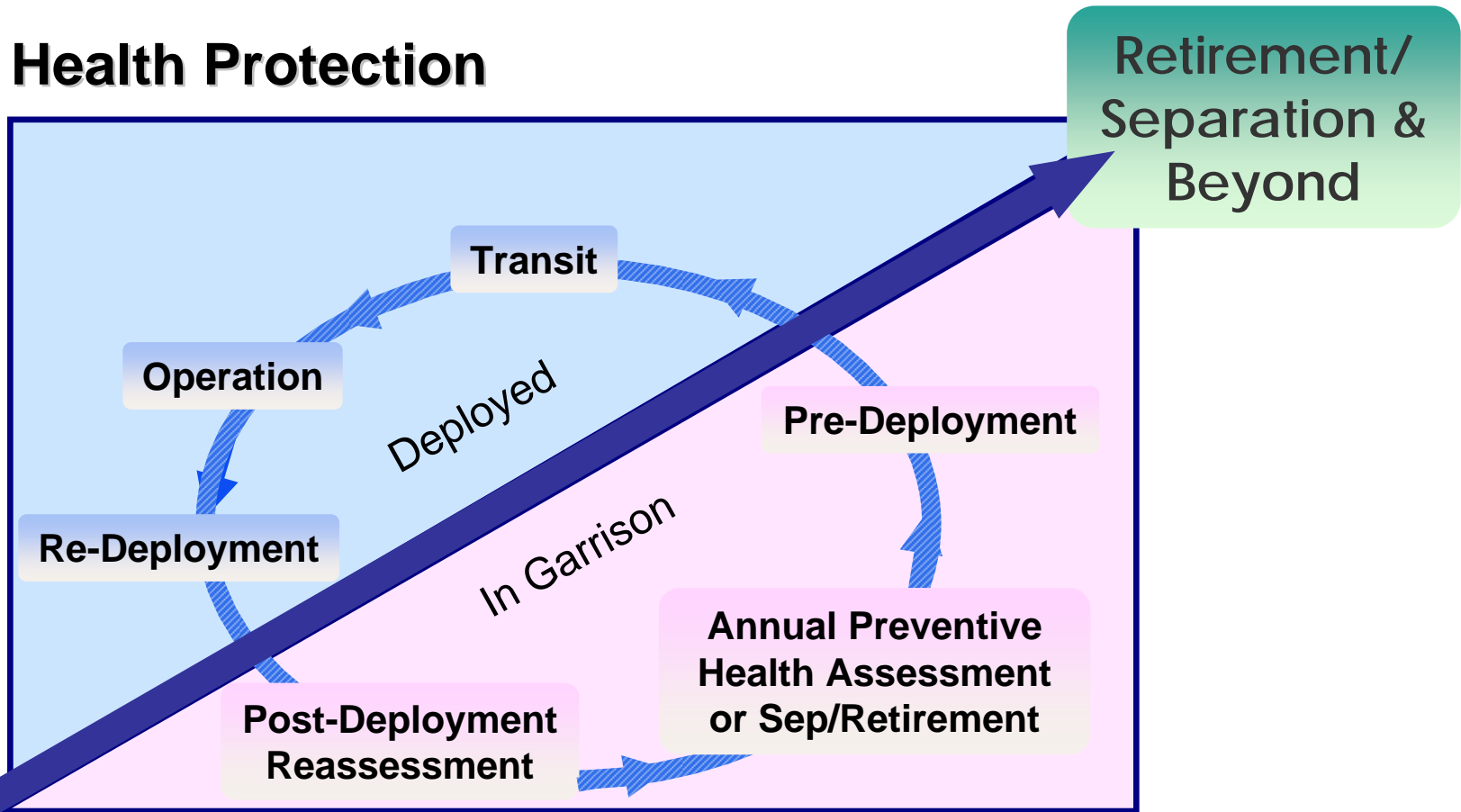
**PRD-5 set the stage  
for “Cradle to Grave  
Surveillance...”**



# Service Member Life Cycle

## Health Assessment Opportunities

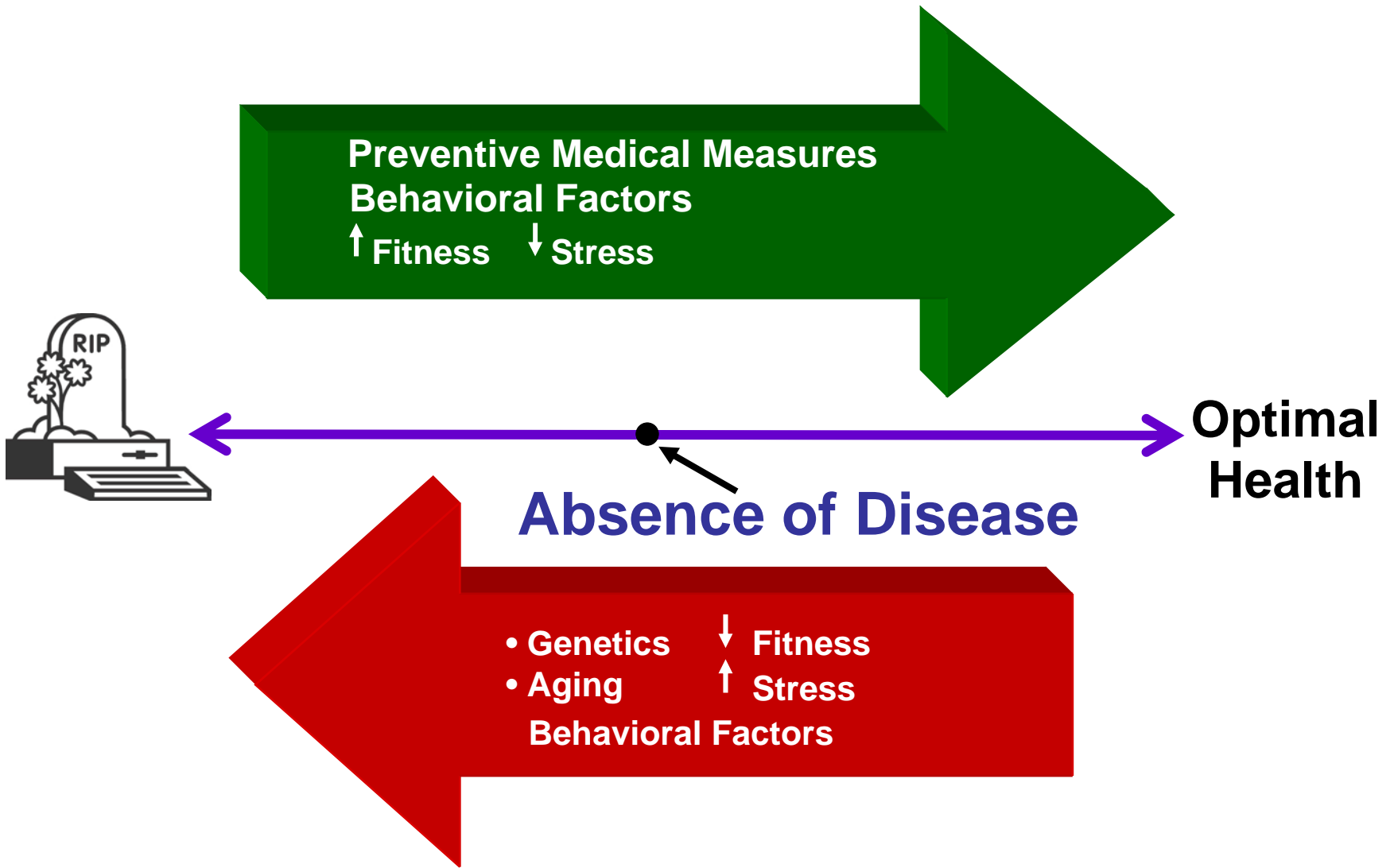
### Force Health Protection



Accession

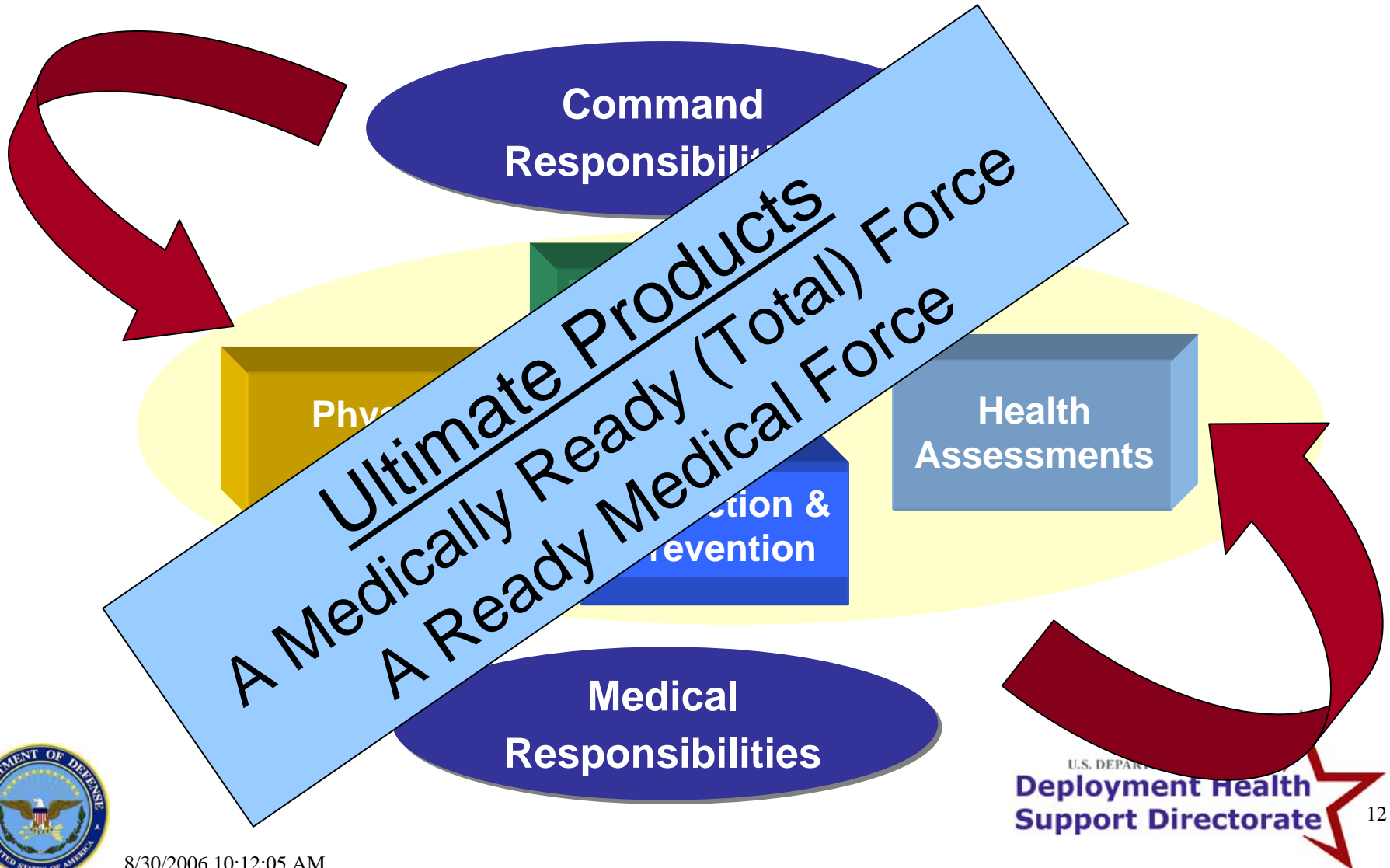
Population Health

# Continuum of Health



# The Line and Medics

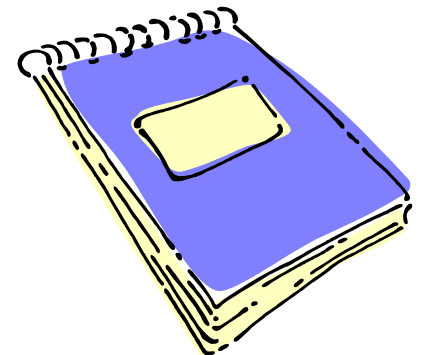
## Mutual Support, Shared Responsibilities



# Operational vs. Medical Readiness

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- Use the term ***“medically ready”***, not ***“deployable”***
  - Operational deployability is not a medical decision
  - May be deployable and not medically ready, but all medically ready are medically deployable
  - Deployability may be dependent on location, duration, Service doctrine, nature of condition, etc.
  - Medical readiness is consistent (sort of)



# Individual Medical Readiness (IMR)

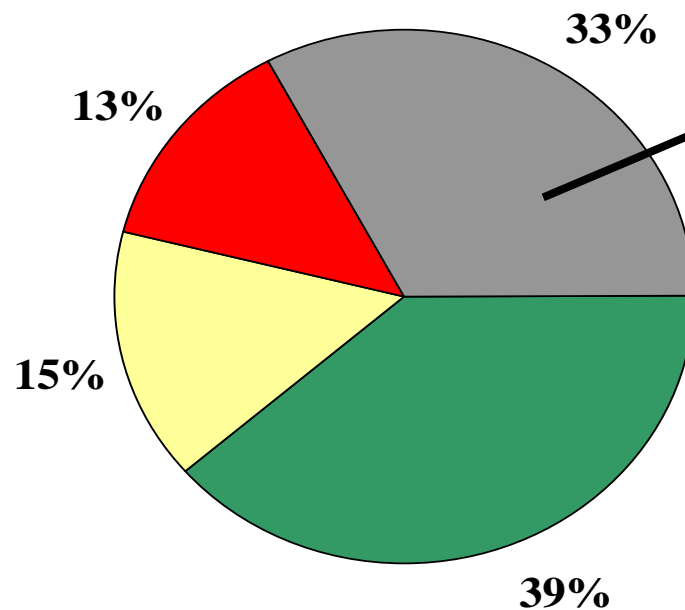
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- Key FHP concept
  - Monitoring & optimization of vital health protection parameters
- Purpose: ensure healthy, fit fighting force
- Definition: the extent to which an individual service member is free from health-related conditions that could limit their ability to participate in military operations in austere settings
- Technique:
  - Monitor key IMR indicators
  - Assign overall IMR classification to individuals
  - Provide actionable reports to commanders
  - Follow DoD-level metrics

**Are You  
Medically  
Ready to  
Deploy?**

# DoD Total Force IMR Instrument Panel “Dial”

## Q3 FY2006 (Army, Navy, Air Force, Marine Corps, USCG)



### Indeterminate Breakout

Total=671,763

Overdue PHA =417,607

Dental Class 4=480,719

Note: there is overlap between these two causes of indeterminate status

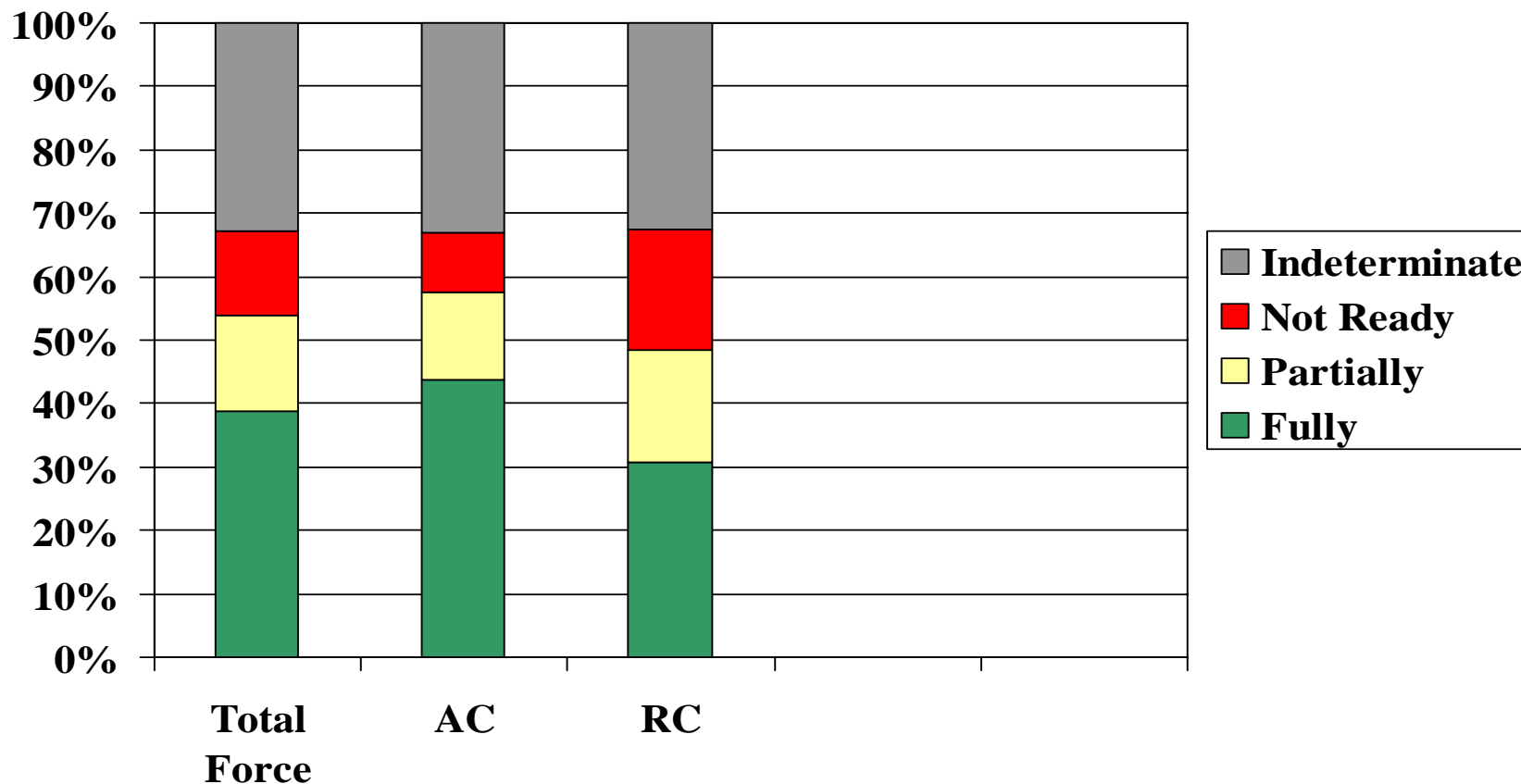
■ Fully Ready ■ Partially Ready ■ Not Ready ■ Indeterminate

U.S. DEPARTMENT OF DEFENSE  
**Deployment Health  
Support Directorate**

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# Overall IMR Status

Q3 FY2006 (Army, Navy, Air Force, Marine Corps, USCG)





# RC IMR Status, By Element

Q3 FY2006 (Army, Navy, Air Force, Marine Corps, USCG)

<i>Element</i>	Army	Navy	AF	USMC	Air Guard	Army Guard	USCG
Dental Class 1 or 2	45.5%	90.3%	95.5%	71.5%	86.9%	49.5%	67%
Immunizations	50.1%	73.3%	92.8%	40.8%	96.5%	52.6%	34%
Medical Readiness Labs	86.4%	92.3%	71.7% <sup>2</sup>	81.4%	92.2%	90.2%	84%
No Deployment Limiting Conditions	83.1%	95.1%	95%	96.5%	93.5%	81.6%	98%
Health Assessment	88.7% <sup>1</sup>	89.7%	93.6%	57.1%	90.5%	81.3% <sup>1</sup>	88% <sup>1</sup>
Medical Equipment <sup>3</sup>	62.2%	67.5%	18.7%	65.7%	83.8%	51.8%	91%

<sup>1</sup> Currently assessed against a 5-yr exam standard.

<sup>2</sup> AFRC currently has waiver to check HIV every 3 yrs, but the reported value reflects compliance measured against the 2 yr DoD standard.

<sup>3</sup> Variable denominator based on individual requirement for GMI. USCG data includes only deployed personnel.



# Periodic Health Assessment (PHA)

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- Annual requirement
  - Replaces the outmoded every 5 years, one size fits all, exam with a tailored, prevention-oriented health assessment
- Individually-tailored based on individual risk factors
- Consists of:
  - Self-assessment Health Assessment Review Tool (HART)-R/F/P
  - Medical record review (difficult to access civilian medical records)
  - Focused additional history, physical, labs, etc.
  - Review all IMR requirements, correct any deficiencies
- Assess world-wide qualification
- Identify personal health risks (occupational, lifestyle, etc.), educate, and provide a blueprint for improved health (manage &/or prevent)

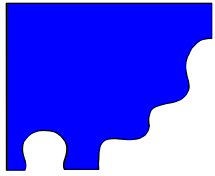


# Inhibitory Factors

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What is Holding us Back?

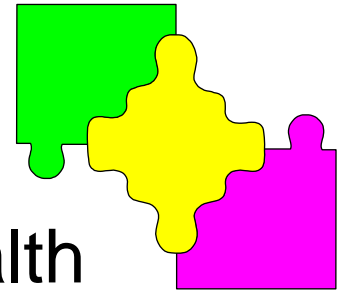




# Disparities between AC & RC

## Finding the Missing Pieces

- No dedicated source of funding for RC medical/dental readiness
  - Line O&M funds support RC vs. DHP for AC
- RC members must (usually) pay private healthcare providers to meet IMR
- No direct, easy access to RC private health records or other critical medical data
- No RC-wide enterprise IM/IT system (AHLTA)
- Under resourced for many services AD take for granted, e.g., annual PHA, spectacles

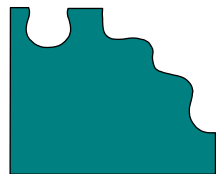


# Disparities between AC & RC, cont'd

## Finding the Missing Pieces

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- RC members required to report significant changes in health status
- AC members have more flexibility for IMR, RC members must balance against already compressed training schedules
- RC members often must travel to accomplish medical readiness requirements as providers are not available at training sites to provide medical and dental readiness support





# Solutions

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## The Way Ahead



# Common Themes

## Assorted Suggestions from the Services

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- Unified Legislation and Budgeting proposal to modify 10 USC and allow RC members to receive IMR services through the active MHS
- Expand funding authorization to include medical/dental examinations and provide clinical preventive services
- Fund additional drill for RC PHA/IMR completion
- Ensure new accessions are Dental Class 1/2 prior to completing initial training (provide treatment)
- Fund and support Dental Class 3 treatment for RC members, e.g., TRICARE Prime Remote Dental Program



# Reserve Component Medical and Dental Readiness Objectives

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1. Identify ways to incorporate dental examinations into annual reserve medical readiness assessments
2. Identify alternatives to support the dental and physical assessments while at home station
3. Identify available physicians and dentists to handle the workload in the reservists' home towns





# Reserve Component Medical and Dental Readiness

## Objective # 1

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- Incorporating dental examinations into routine annual health readiness examinations was directed by Health Affairs in 1998
- All Reserve Components are complying with the requirement, but with limited resources and funding
- The impact of complying with limited resources has resulted in using a larger number of contracted personnel and services



# Reserve Component Medical and Dental Readiness

## Objective # 2

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- Identify alternatives to support the dental and physical examinations while at home station and without easy access to Military Treatment Facilities (MTF)
- To date outside resources used in lieu of home station activities include:
  - FEDS\_HEAL,
  - TRICARE Dental Remote, and
  - RC members personal dental care provider



# Reserve Component Medical and Dental Readiness

## Objective # 3

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- Identify available physicians and dentists to handle the workload in the reservists' home towns
- RC units do not have enough physicians and dentist assigned to handle the necessary workload at home stations
- Physicians and dentists are qualified, but have to train on military equipment and war fighting skills



# Reserve Component Medical and Dental Readiness

## The Way Ahead

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- More Line and/or DHP funds
  - FY08-13 POM proposal
- Policy changes
- Legislative proposals to enhance RC recruiting and retention
- TRICARE Reserve Select (TRS)



# Reserve Component Medical and Dental Readiness

## The Way Ahead, cont'd

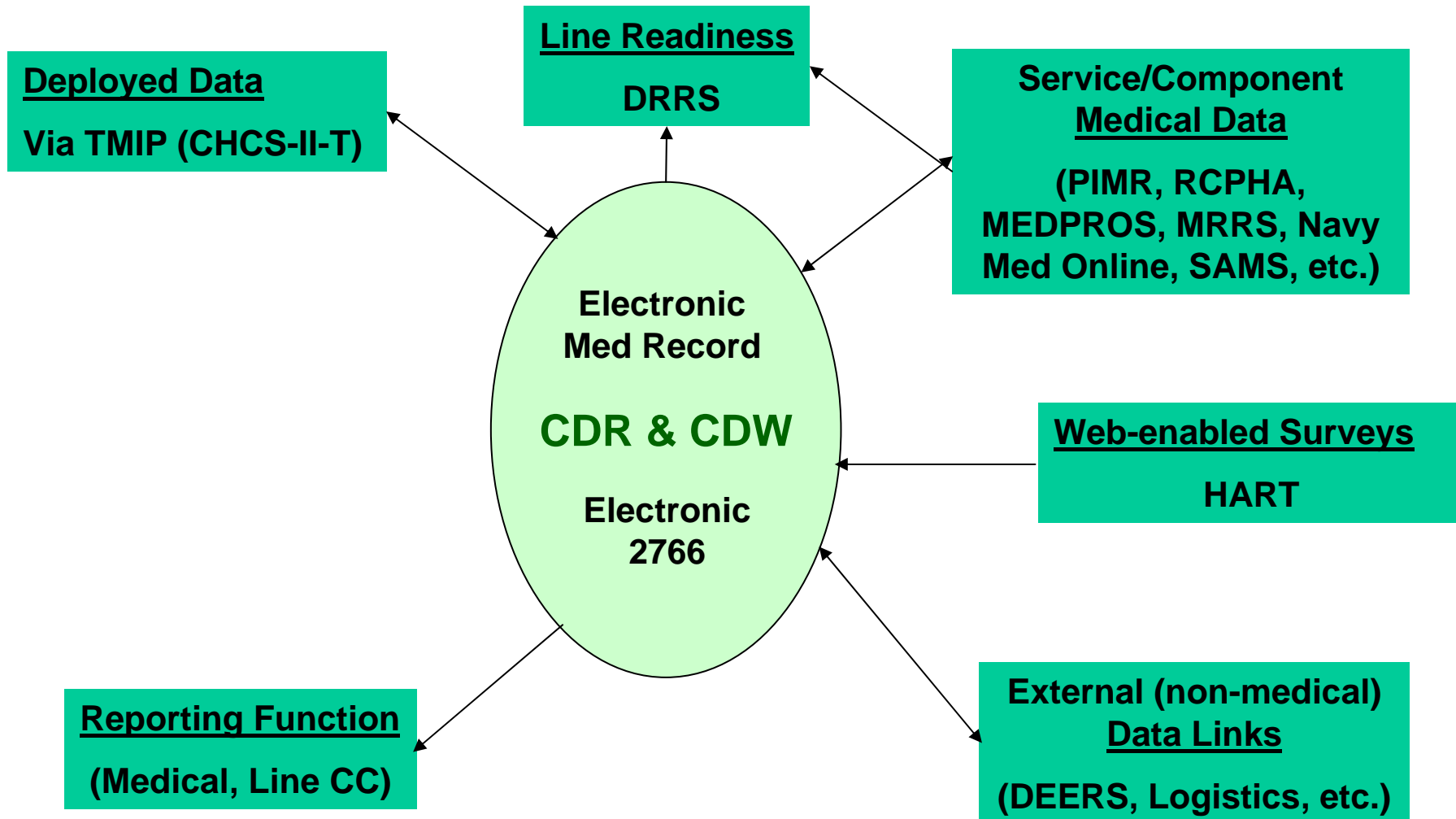
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- Establish an RC component Health Care package paid by DHP funds
  - An approved dental plan to include restorative care
  - Funding for diagnostic procedures and clinical preventive services
  - Medical Management Infrastructure
  - Physical conditioning and health promotion



# Improve IM/IT Interconnectivity

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# New Health Assessment Review Tool

## HART-R (Readiness)

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- Improved self-reporting tool adopted by all Reserve Components to use with PHA
  - Covers diverse domains and lifestyle choices
- Interrelates with other health assessment forms (HART-Accession and DD Forms 2795, 2796, and 2900)
- Includes questions that fill RC data gaps
  - Interval deployment history
  - Medications
  - Surgical history
  - Disability compensation (VA, Workmen's Comp, etc.)





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- [How do I register for an AKO account?](#)
- [How do I reset my AKO password?](#)
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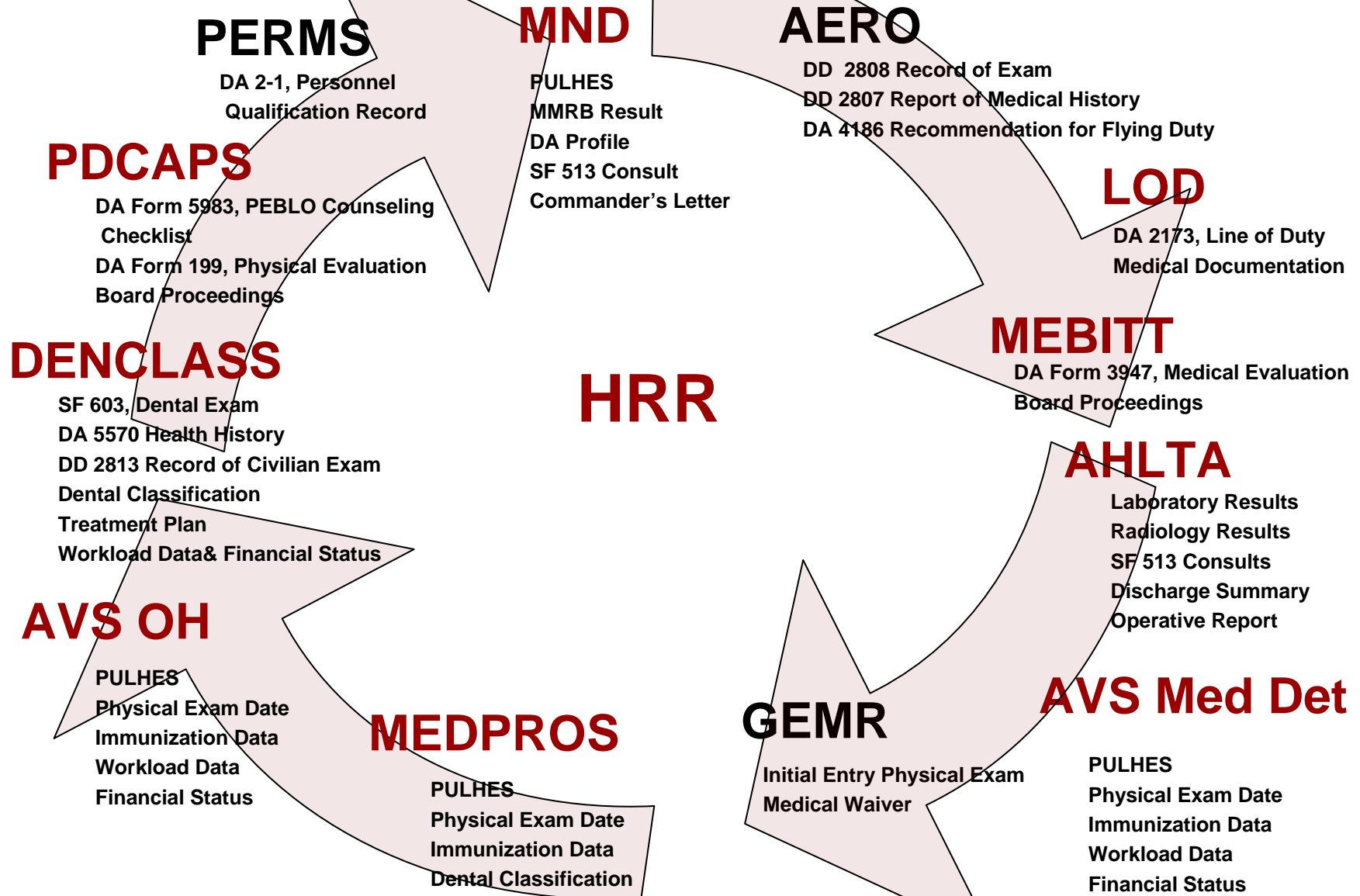
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# ARNG Medical System Integration Plan



# ARNG Health Readiness Record

## System Objectives

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The Health Readiness Record (HRR) is designed to be a data interface and repository for medical, dental and personnel actions which have protected health information as part of the process. HRR module functions being designed are:

- to capture, sort, store and retrieve paper and radiographic images
- to archive, transfer and receive Soldier dental and health records
- to limit and control access to protected health information (HIPAA Security and Privacy Rules)



# Improve Access to Civilian Medical Records

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- ARNG pilot program
- New medical condition identified by Soldier or as part of PHA
- Soldier signs release of information form
- Request and form sent to Soldier's healthcare provider
- Pertinent documents faxed to military
- Scanned and incorporated in HRR



# The Final Picture



# Discussion & Questions

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## Backup Material



# Standardized DoD IMR Definitions

Element	Definition
PHA	Current PHA
Dental	Class 1 or 2 (fail if Class 3 or 4)
Immunizations	Current for all total force required vaccines
Med Equip	1 pair gas mask inserts (if needed)
Med Readiness Labs	DNA on file, HIV current (within 24 months) G6PD for Navy & AF (Army planning policy)
No Deployment Limiting Conditions	Per Service-specific standards guidelines

# IMR Classification Scheme

Fully Medically Ready	<i>Fully medically ready</i>	Immunizations current
		Dental Class 1 or 2
		Current med readiness labs
		No deployment limiting condition
		Current Health Assessment
		Medical Equipment Current
Partially Medically Ready	<i>Partially Medically Ready</i>	Needs immunization
		Needs medical readiness lab
		Needs medical equipment
Indeterminate	<i>Indeterminate</i>	Health Assessment overdue
		Dental Class 4
Not Medically Ready	<i>Not Medically Ready</i>	Dental Class 3
		Deployment prohibiting condition
		Hospital inpatient or convalescing