

Medical Standards AAR Feedback  
April 26, 2007

In the fall of 2006 the Federal Fire and Aviation Safety Team (FFAST) initiated an After Action Review (AAR) for the Interagency Medical Standards Program. The intent of this review was to obtain feedback from field personnel regarding a range of Medical Standards issues.

A questionnaire was developed that covered nine areas of the Medical Standards Program. It asked for responses to following questions:

1. What successful program activities need to be sustained?
2. What program activities have not been successful?
3. What are realistic recommendations for improving program related activities?

The following represents feedback from the questionnaire regarding common and recurring problems as well as some recommended solutions.

### **1 – Training (including Handbooks and Website)**

- A weakness of the training is that it occurs only once for most users. A method should be developed to make this training an ongoing process for all users. **Distance Learning being developed at NAFRI. Hopefully Beta tested and available to everyone by end of FY-07. Action Item: Larry to check status on when it will be completed/available.**
- Training for Medical Standards should be available at all times....not just in the preseason months. **Reference above paragraph**
- Problems with the clinics points to the fact that CHS needs to improve their training of the clinic staff. **Additional training on-going. Feedback loop in place with CHS and shared with medical standards program. Anyone can rate their experience at the clinic via the survey link on the medical standards program website.**
- Kudos given for the CAS online training and this training program needs to be continued. **Good**
- Expand the scope of the training, for instance through **online training**, to bring knowledge of the program to more users. Often it is a single person within an organization who receives Med Standards training when there are many users who would benefit. **Better information posted on the website on how to obtain CAS on-line training.**
- A comprehensive user's guide should be created which delineates roles and responsibilities and describes the Medical Standards process. **Will develop an initiative to get this done. Reference Joy Thomas' "swim lanes" on the FS Intranet. Action Item: Larry will bring "swim lanes" to review at next meeting.**

### **2 – Scheduling of Medical Examinations and Screenings**

- There were many responses about the need to ensure CHS clinics are in close proximity to the users. **Medical standards program will continue to work with the field and**

**CHS to ensure close proximity to the clinic occurs. Issue addressed in the new contract.**

- With regard to CHS phone schedulers leaving messages on answering machines: Standardized language should be developed that **clearly** describes who is calling, why they are calling, the importance of returning the call, and a phone number to call when returning the call. **The WLFF exam schedulers at CHS have standardized language which is used.**
- Agencies would like an email sent to the FMO (or requesting official) regarding personnel the schedulers have been unable to contact. **CHS is not responsible for sending these emails. Information is available to the FMO in CAS, which they can review.**
- Because of the number of engine operators who hold Commercial Drivers Licenses, many organizations requested the ability to utilize the Medical Standards Exam for their yearly DOT exam. **The local unit can accomplish this as long as the local unit coordinates the additional requirement and provides reimbursement to the clinic directly.**
- Often, when exams are being requested through CAS, important messages relating to the request are left in the “special instructions” box on the penultimate page of the “request exams” process. There are complaints that these instructions are never read or just ignored by CHS scheduler. **No comment.**
- It would be extremely helpful for our transient firefighter population if CHS could create a list of clinics throughout the United States that the requester could choose when requesting the exam. **Unable to provide. Proprietor information.**
- It would be helpful to have expanded hours at CHS that would allow West Coast and Alaskan firefighters the option to contact them during regular business hours. **Scheduling currently is 8:30 am – 7:00 pm Eastern time.**

### **3 – Clinics Conducting Medical Examinations & Screenings**

- CHS must work harder to train the clinics about the paperwork process. Although it is generally recognized that much of the paperwork trouble exists at the firefighter level, a great deal still originates with the clinics. **Utilize feedback loop opportunities to provide specific concerns so that specific clinics can be assisted in their understanding of the process by CHS.**
- A process must be developed for evaluating individual clinics. One suggestion was to develop an evaluation form and post it to the Med Standards website. The URL for the site could be included on the final page of every exam form. **Done**
- The following is a list of common clinic performance problems:
  1. Clinics unfamiliar with the purpose of the exam
  2. Clinics have difficulty correctly completing the exam forms
  3. Exam components are missed-resulting in return visits
  4. CHS is involved in payment disputes with the clinics, resulting in a scenario where the clinic will decline to participate in the program.
  5. There was little front end training for the clinics, and it is unclear whether there is a follow-up process to correct problems.

#### **4 – CHS Follow-up after Exams & Screenings Completed**

- There is universal anxiety over cases where CHS requires further evaluation after the local physician clears the firefighter. This has hopefully been addressed with new Med Standards forms and protocols. **Issue addressed in the updated Annual form and notification protocol.**
- There is a general confusion over roles and responsibilities regarding post exam contacts in the event of a pending or not cleared result. **FFAST will work with Medical Standards Program to develop a comprehensive Users Guide.**
- A better system must be developed for employees and supervisors with regard to contacts, process, roles and responsibilities in the event of a pending or not cleared result. **FFAST will work with Medical Standards program to develop a comprehensive Users Guide.**
- The above system should include a defined feedback loop where information can be easily shared in both directions. **The further evaluation letter is specific in information requested from the employee and treating physician/medical professional. CHS contact information for the treating health care provider is found on the further evaluation letter.**
- There should be clear and unambiguous instruction on the notification form about what is required by CHS and the Medical Standards Program. Those instructions must include a mechanism for the doctor providing the follow-up to contact the CHS doctors for questions/consultation. **Instructions are clear. See response above.**
- There should be clear and unambiguous instruction on the notification form about who is financially responsible for follow-up medical services. **The information contained in the further evaluation letter.**

#### **5 – CAS Utilization and Clearance Status Postings**

- Responses on CAS were generally favorable.....however:
  - Clearer instructions are needed for running reports on CAS. **FFAST will continue to monitor concerns.**
  - Managers would like a more defined explanation about employees in pending status. For instance “pending-awaiting blood test” or “pending- letter has been sent to address listed in employees CAS profile.” **Privacy Act and 5USC prevents CAS users accessing pending further evaluation issues. The rating “Pending” and a date in CAS indicates the date the further evaluation letter was sent. CHS uses the employees address CAS for transmitting further evaluation letters, so correct information is paramount. FFAST will continue to monitor concerns.**
  - Agencies would like the ability to communicate with the scheduler, through CAS, after the exam has been scheduled. **Wildland firefighter contact number for CHS, including scheduling, is 866-416-5941. SHRO/FMO can contact CHS Client Services Administrator (CSA) by email.**

- Agencies would like the ability to schedule exams at any time without the need to contact CHS to “unlock” the screen. The problem is that currently, CHS must be contacted to allow the FMO to schedule exams less than 12 months from the individual’s previous exam. **Software upgrade completed by FY08 which will allow this process.**
- CAS user updates should be automated. **Barb Sivey forwards last fiscal year user list to FFAST for review. Unable to automatically update CAS users as CHS is unaware of current employment status.**

## **6 – Waiver/Accommodation Process**

- The system is too slow. A better system must be developed that can process waivers in a reasonable amount of time. The FFAST suggests that it is not too ambitious to expect a system that can process standard waiver with restrictions (i.e. hearing) in less than 10 working days. **Tracking initiated to pinpoint delays. Most common delay is in local level creating proposed waiver/accommodation memo for review and in FMO/SHRO forwarding Confidentiality Forms to medical standards program for release of confidential medical information.**
- The Medical Standard Program should look for opportunities to develop more automatic waiver with restrictions, such as the vision waiver. **FFAST to provide recommendations for the Medical Standards Team to review.**
- The Med Standards program should better document the decision process leading to final IMRB decisions. **Non-issue. Notes from all IRMBs are sent to the respective Agency HR contact.**

## **7 – Customer Service (consider CAS, CHS, FFAST Representatives, Interagency Program Managers)**

- Every agency requested that a customer service representative be available to field calls from the entire customer base, meaning firefighters to managers. Many comments were made that Shannon Kane was the most positive experience they encountered with CHS, and it was a shame to lose that contact. **Addressed in the FY08 contract.**
- There were a number of comments that suggested that customer service is lacking at the Medical Standards Program level as well as at CHS. **There are limited people answering phones at CHS. Kevin Jensen and Barb Sivey will be preparing a proposal for additional positions to assist with Medical Standards program. The FFAST will review and present to the NFAEB.**
- In order to expedite the process, backup personnel should be available for all levels of the Medical Standard Program. This includes CHS doctors, Medical Standards program leads, and FFAST Representatives. **See above**
- Consider having a National Interagency meeting to discuss advances/changes/problems in the Medical Standards Program. This meeting can be

used to gather feedback from State and Regional representatives. **We currently ask for feedback in AAR. Will discuss at a later date.**

## **8 - Other Program Areas – (*describe program area/activity*)**

- Articulate that employees should bring documentation of pre-existing conditions to initial exams. **Medical standards program specialist addresses this issue in training and it is in the FAQs on the MSP website. The MSP specialist will work with CHS to have them state that on the recorded message from CHS to individuals at the time of exam scheduling.**
- Establish through the NFAEB the relationship between the FFAST and the Medical Standards program, by which we mean a clearer definition of the organizational flow and the roles, responsibilities and authorities of all parties. **Currently working through this.**
- Many responders believe that all firefighters should **automatically** receive a copy of their exam results without having to request and pay for them. **This is not possible due to the Privacy Act. The WLFF must request in writing and provide an address for the exam to be released. MSP specialist will clarify in the FAQ's that the exam copy fee is paid by the agency.**
- Create a method to transfer employees from one agency to another in the CAS system without having to rely on CHS. A good model is the IQCS system's "Fantasy Island or Inactive". **Open to suggestions to make this process better. This information is provided in training. Will provide further information in the FAQ's. It's the receiving/hiring unit's responsibility to provide the transfer request to CHS.**
- Create and post an annual program updates on the Med Standards Website. **Initiated in FY05 and occurs annually.**
- Forest Service needs to identify Waiver and Accommodation process through Human Resources – Albuquerque Service Center. **Agree. Update: Vacancy announcement has closed, no selection yet.**