Update from Army National Guard on medical initiatives to build overall Personnel Readiness

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AGENDA

- Medical Management Processing System (MMPS)
- Duties and Responsibilities
- Understanding the MMPS process
- MMPS Order Options
- Reserve Component Managed Care (RCMC)
- iDES Dashboard
- Reserve Component Electronic iDES MEB

MEDICAL MANAGEMENT PROCESSING SYSTEM (MMPS)

- The **Medical Management Processing System** (MMPS) is a decision making process which provides direction for case management of Soldiers with unresolved medical issues or conditions to assist in achieving medical recovery and increase unit readiness.

- Monitors, manages, and facilitates medical care for medically non-available Soldiers.
- Comprehensive medical case management tool
  - From identification of condition to **final** disposition .
- System of case management support
  - Medical Readiness NCOs (MRNCO), Care Coordinators (CC), and Case Managers (CM).

MRNCOES DUTIES AND RESPONSIBILITIES

- **Battalion Medical Readiness Non-Commissioned Officer** (BN MRNCO) report to Battalion Commander
- Provide a monthly list to command of all Soldiers in the BN that are tracked through the MMPS system.
- Assist the Soldier with tasks to include, but not limited to, obtaining; an LOD, a temporary profile, establishing initial provider appointment and collecting any pertinent medical records (for the HSS).
- Should the Soldier require more in-depth/continual health care beyond 90 days (from identification of the issue), the BN MRNCO will do a battle hand off to the Case Manager (CM).

CASE MANAGEMENT DUTIES AND RESPONSIBILITIES

- **Case Managers (CM)** report to the Deputy State Surgeon (DSS) and are tasked with evaluating and assigning cases to Care Coordinators(CCs)

- Clinical professionals (PAs, RN, social workers etc)

- Arrange case meetings, work in an advisory capacity with the care coordinator, reviewing and re-establish the comprehensive plan of care, to progress toward a final outcome.

CARE COORDINATORS DUTIES AND RESPONSIBILITIES

- **Care Coordinators* (CC)** report to the DSS and are the civilian equivalent of a BN MRNCO
- Possess basic health care training.
- Assist Soldiers with tracking medical and dental appointments, assuring attendance, maintaining communication as required with the Soldiers, and continue to update/collect current medical records (through collaboration w the HSS).

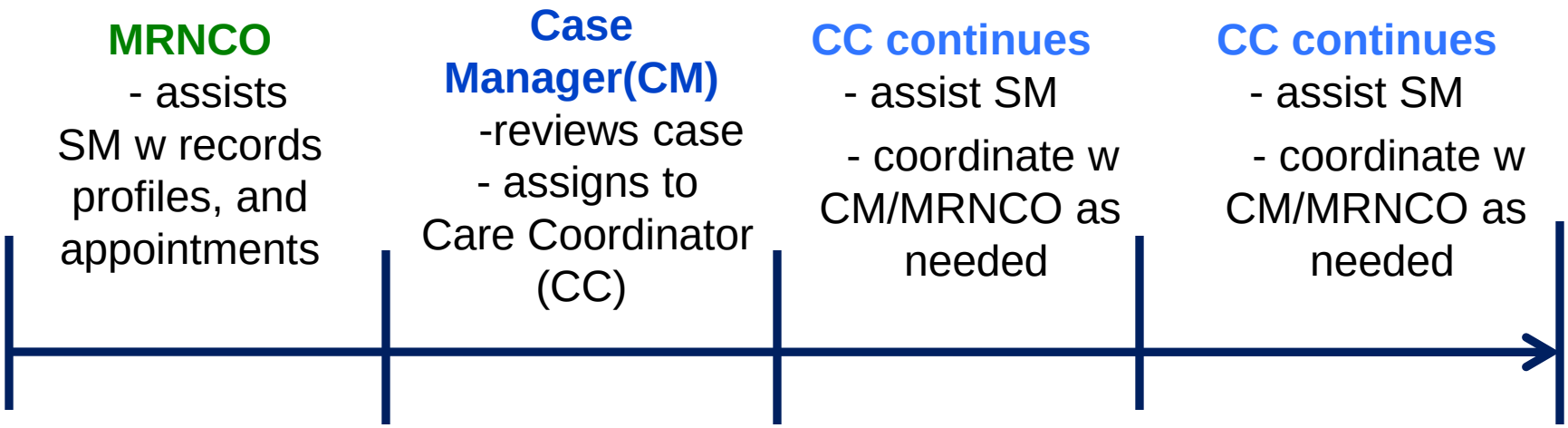
**previously called Administrative Assistants*

HSS DUTIES AND RESPONSIBILITIES

- **Health Systems Specialists (HSSs)** report to the State G1 (most states) and provide technical expertise and guidance for personnel health related programs.
- Assist the Soldier with obtaining a DA Form 2173 (LOD) and communicates directly with the MRNCO, CCs (and CM) to assure that medical documents are loaded and indexed into the Health Readiness Record.

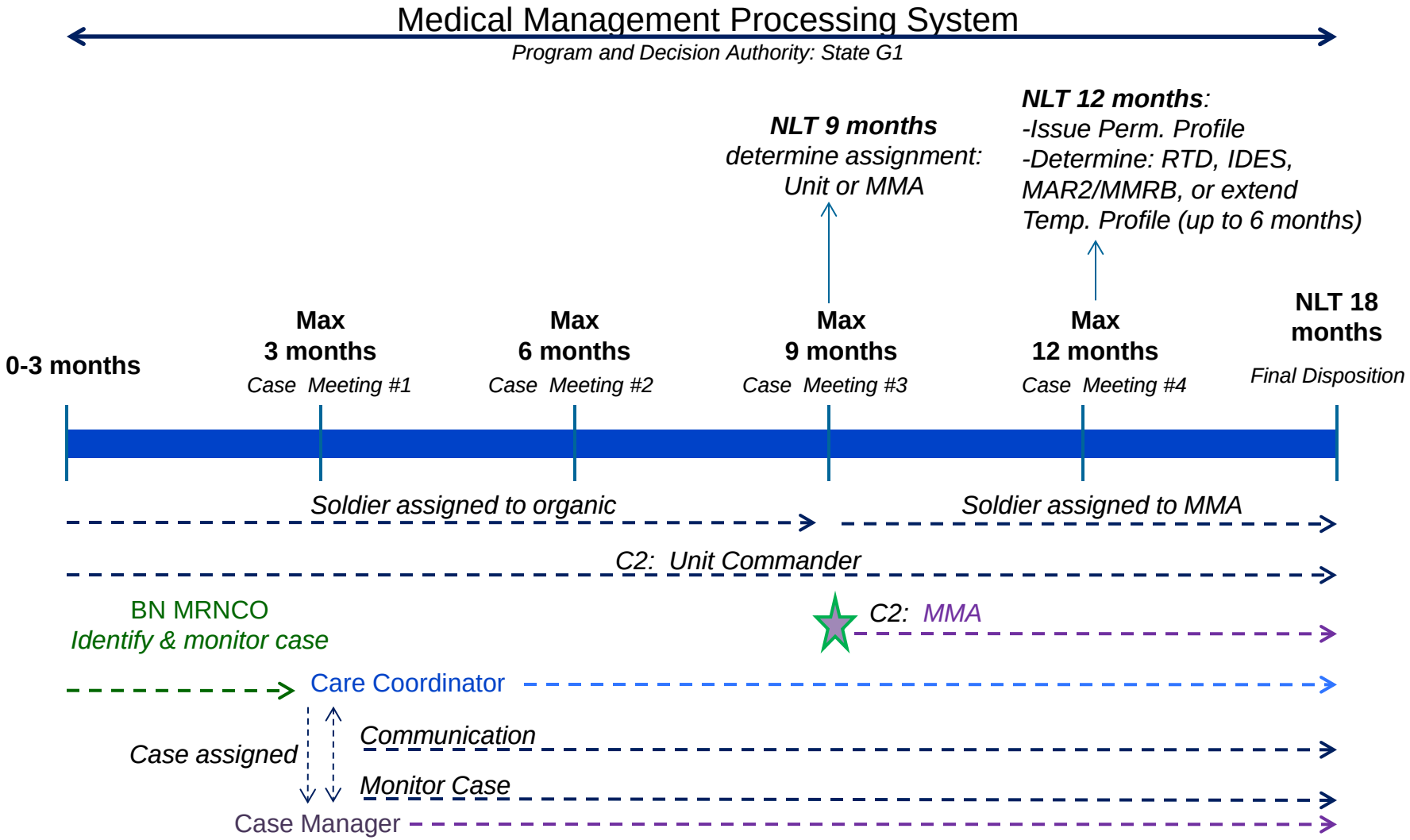
- **Military Health Care Providers** are Medical Doctors (MDs), Physician Assistants (PAs), or Nurse Practitioners (NPs) who report to the State Surgeon, issue profiles and serve as the military medical point of contact (POC) for the CM and the CC.

Medical Management Processing System Workflow



0 MO	NLT 3 MO	NLT 6 MO	NLT 9 MO	NLT 12 MO
SM identified w issue by self report, PHA, PDHA, or PDHRA	**Case meeting #1** **Commander,SS,G1 and CM** Assure:1) temp profile updated **2) eval for AD orders for medical care**	**Case meeting #2** **Commander,SS,G1 and CM** Assure:1) temp profile updated **2) eval for AD orders for medical care**	**Case meeting #3** **Commander,SS,G1 and CM** Assure:1) temp profile updated **2) eval for AD orders for medical care**	**Not reached MRDP ?** May get ONE TIME temp prof extension up to 6 MO

Summary - Medical Management Processing System Workflow



OTHER OPTIONS FOR CARE

In Line of Duty:

- **LOD** – initial evaluation to obtain a diagnosis (coordinated through Health Service Support sections under Military Medical Support Office (MMSO).
- **INCAP –** to cover gaps between orders or for Soldiers receiving medical care (cannot perform civilian job).
- **PDHRA** funds for seven medical appointments for issues identified post deployment

NOT in Line of Duty:

- **TRICARE Reserve Select** – SM purchased health insurance to obtain care for medical issue that ARE NOT ILD. (Prem = $53.16/mo. MAX out of pocket in 1yr = $1000.00 for any injury or illness incurred).

OPTIONS FOR ACTIVE DUTY CARE

1) Reserve Component Managed Care (RCMC)

- **RCMC-T** for training (CONUS AT or IADT illness/injury)
- **RCMC-M** for mobilized (OCONUS/T10 illness/injury)
- State Managed orders (still being finalized)
- Order set granted by the state for **up to 180 days** of eval/treatment to help reach MRDP or complete resolution.
- **Not for:** complex cases that require a WTU admission
  behavioral health treatment
  issues found NOT in the Line of Duty (NLD).

2) WTU - ADME (for AT or IADT) **or MRP2 (**OCONUS injury or illness**)** packets can be submitted for placement into a WTU for full time care/treatment as determined by provider diagnosis and the corresponding treatment plan

RCMC-M/T

- Assumptions: authorization for Nationwide implementation with a graduated expansion, of the RCMC – M/T program, which streamlines the processing of injured or ill Army National Guard Soldiers utilizing Title 10, USC, Section 12301(h) orders to receive medical treatment for 179 days or less.

Reserve Component Medical Care (RCMC)

- Six month RCMC Pilot approved by ASA (M&RA) to 14 States/Territories on 4 AUG 11; six month extension approved 26 JAN 2012
- On 11 December 2012, the Secretary of the Army delegated authority for nationwide implementation to the ARNG
- ARNG Policy Memorandum 13-030, dated 9 AUG 13, was sent to all States/Territories to enter into the program upon training

Reserve Component Medical Care (RCMC) (Cont)

- Title 10, USC, Section 12301(h) orders is the right authority to receive medical treatment; orders greatly reduce the length of time for Soldiers to receive follow on care at home station
- Resolves medical issues of low risk, low acuity, injured or ill National Guard Soldiers that have approved LOD
- Decreases use of INCAP pay

ARNG RCMC- M/T REPORT

Number of Soldiers currently in the RCMC - M program	**3**
Number of Soldiers completed the RCMC- M program	**58**
Number of RCMC – M packets approved	**61**
Numbers of RCMC-M orders amended	**42**
Number of RCMC – M packets being processed/reviewed	**N/A**

Number of Soldiers currently in the RCMC - T program	**0**
Number of Soldiers completed the RCMC – T program	**49**
Number of RCMC – T packets approved	**49**
Numbers of RCMC-T orders amended	**27**
Number of RCMC – T packets being processed/reviewed	**N/A**

Benefits from the Pilot Program

- Published 183 orders including amendments
- 110 Soldiers have REFRAD from the RCMC program (RCMC/ 61 Mobilization/ 49 Training)
- Average tour length is 89 days
- Approximately 96% Soldiers Returned to Full Duty
- $2M estimated savings in INCAP Pay in FY12

iDES Dashboard Background

- USAPDA and Chief Information Office/G-6 coordination per Task BH 1.3.1 - released 28 August 2013
- a single source tracking application for the IDES process
  - includes multi-organizational (e.g., leaders and administrators at various levels)
  - Soldier level access
- Commanders' dashboard shows status of their HQs and their subordinate units' performance
  - can drill down to Soldier-level detail
- Soldiers' dashboard shows them where they are in the process
  - estimates when they will finish based on IDES average process performance

RC iDES Challenges Identified

Sustain Gains and Ensure Accountability

Original Problem	Solution
Lack of standardization on documentation accepted by MEDCOM to initiate MEB	• MEDCOM created 17 Item Checklist • Annex O, MEB Implementation Guidance • IDES Guidebook
Lack of standardization across states of quality of profiling and packet production	• 17 Item Checklist set requirements • Mandatory use of eProfile (Jan 2011) • Mandatory training on basic profiling • Advanced Profiling Training – MTC 2012 • RC PDES Course Developed – XX trained • Developed electronic packet production module in MEDCHART to improve efficiency and accuracy and provide tracking
Lack of coordination between MEDCOM and states making it difficult to remedy issues and move cases forward	• Electronic Module allows real time bidirectional communication between ARNG units and MEDCOM/PDA • Established direct communication channels between MEBTO and ARNG CSG (as liaison for MEB and PEB)
No ability to track case progression	•Electronic Module will provide case tracking in state thru to MEDCOM • Entry into VTA at MTF w/in 72 hours • SMS Dashboard

MEB Prep Screen Shots

My Pre-MEB

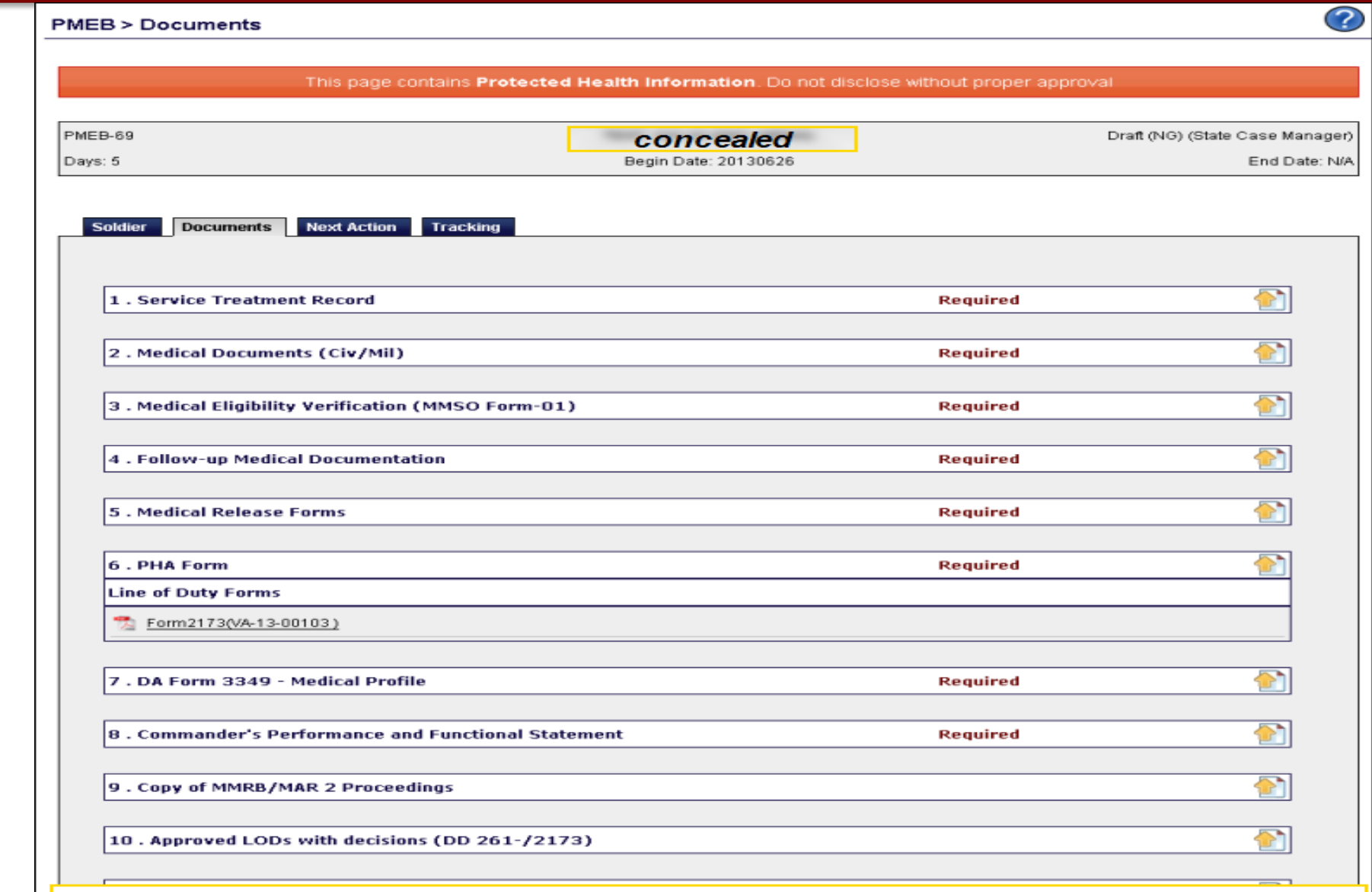
Filter Results

Packet Id: (Start Date) From: to:

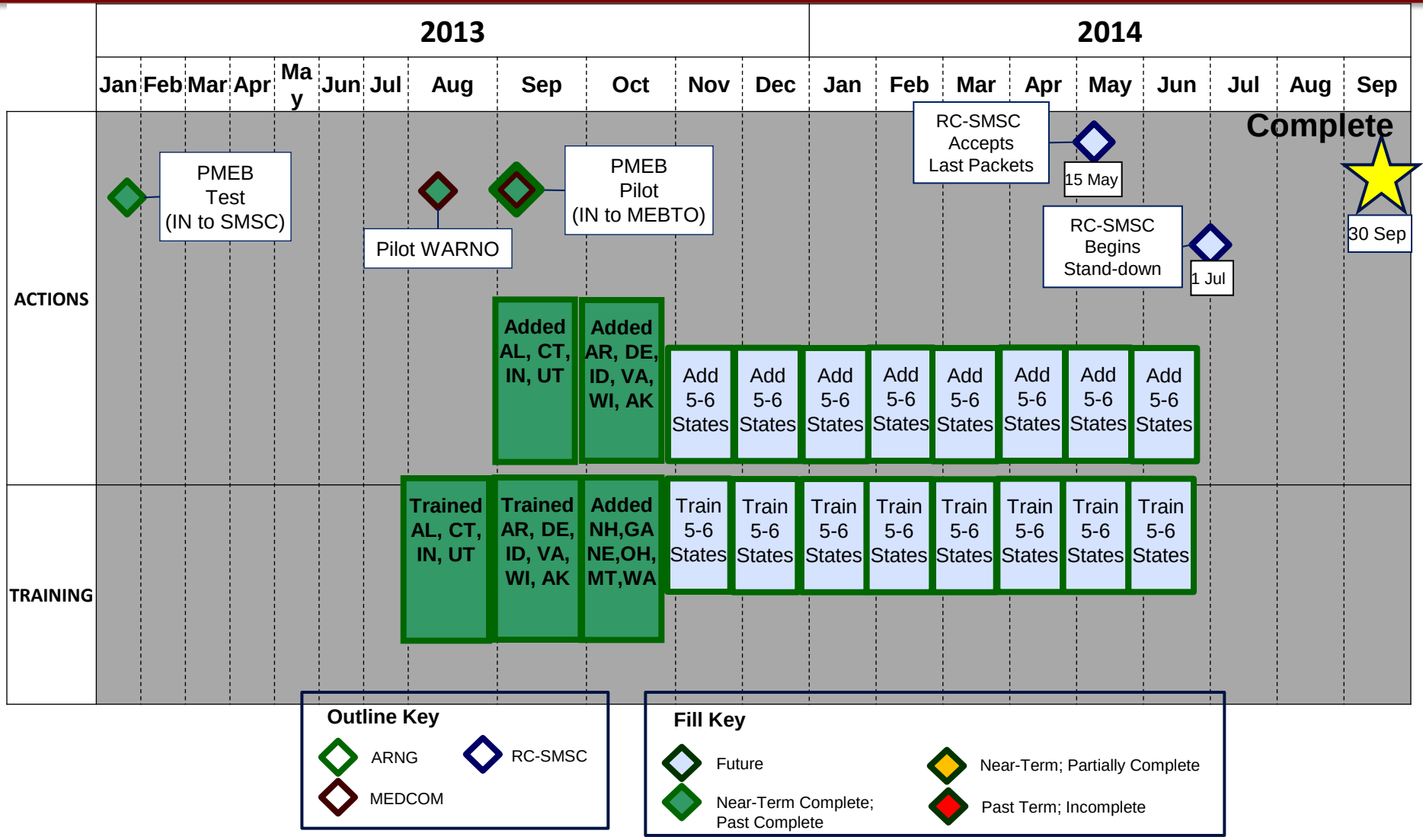
MEB: All PMEB Status: All SSN: Name:

Name	Start Date	Status Date	Status	Days	Created By
PII concealed	20130614	20130614	Draft (AR)	13	PII conce
	20130617	20130617	Draft (AR)	10	
	20130618	20130618	Draft (AR)	9	
	20130619	20130619	Draft (AR)	8	

MEB Prep Screen Shots

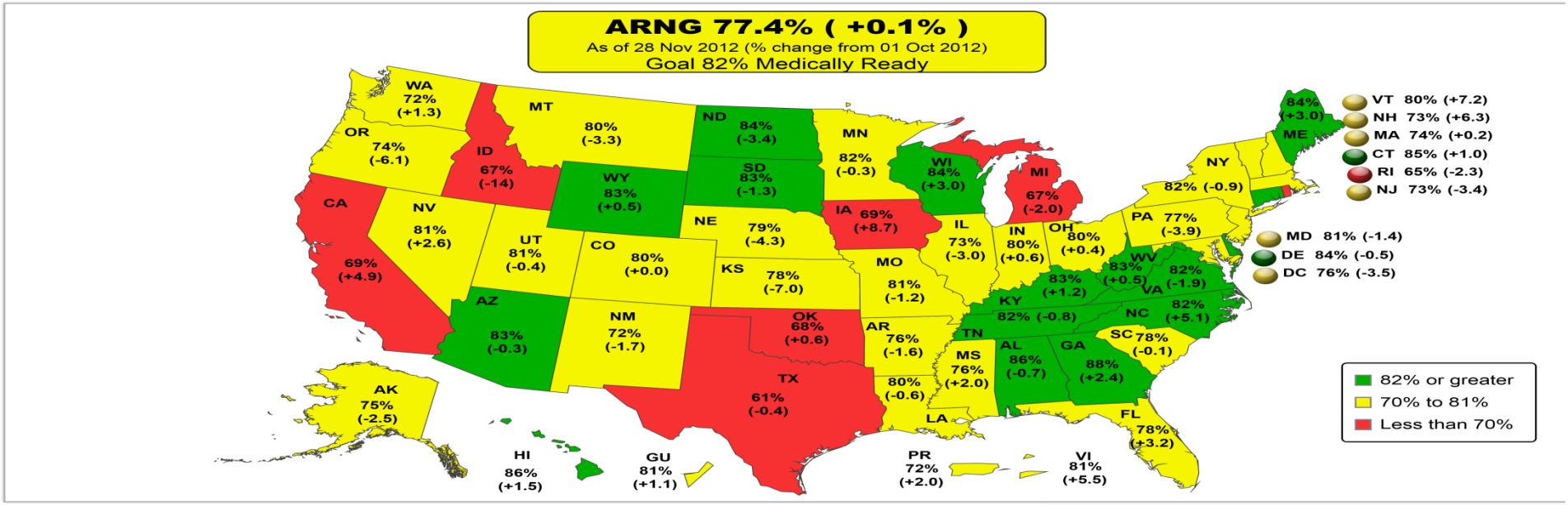


RC iDES Working Timeline for electronic processing

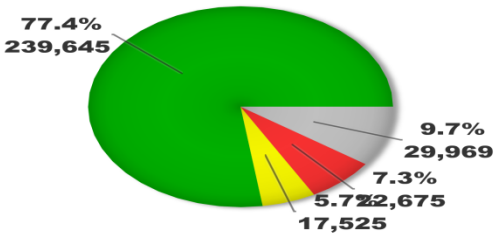


Medical Readiness of the ARNG

ARNG FY-13 MRC 1 and 2 PROGRESS Source: MEDPROS

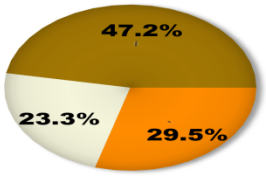


MRC Analysis % change from 01 Oct 2012 – Based on CDR's ADJ Strength of 309,814



MRC 1/2	+ 0.1% (-1,091)
MRC 3A	+ 0.2% (323)
MRC 3B	+ 0.1% (150)
MRC 4	-0.2% (-895)

MRC4 29,969 (+605 Weekly PAX Change)



DRC 4	+14,138
NO PHA	+6,989
BOTH	+8,842

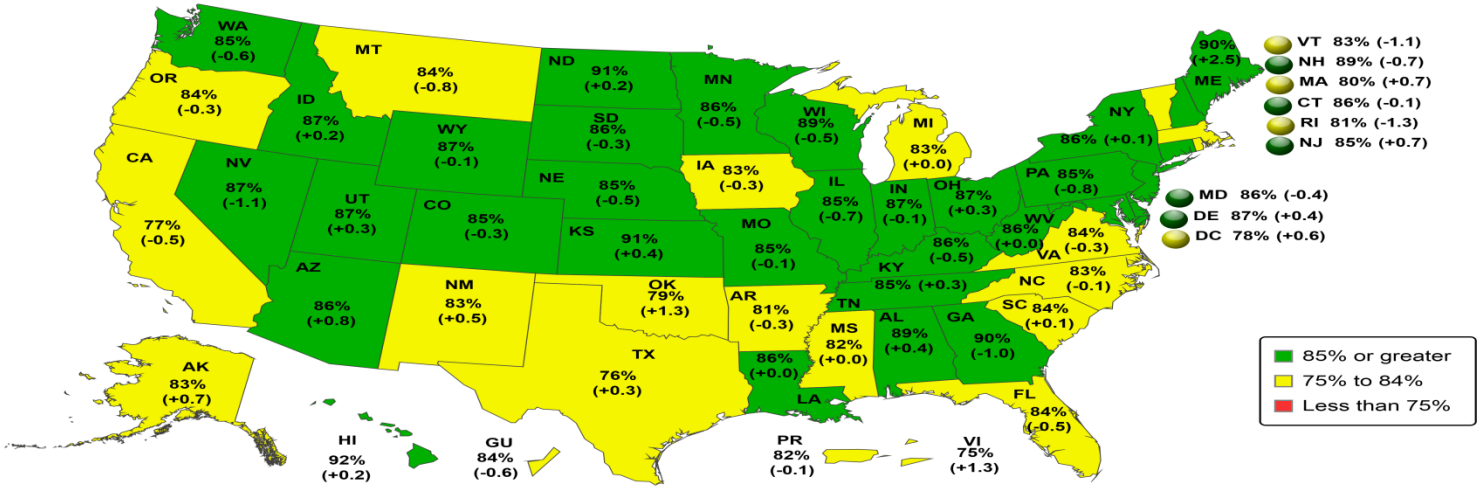
Medical Readiness for the ARNG

ARNG FY-14 MRC 1 and 2 PROGRESS Source: MEDPROS

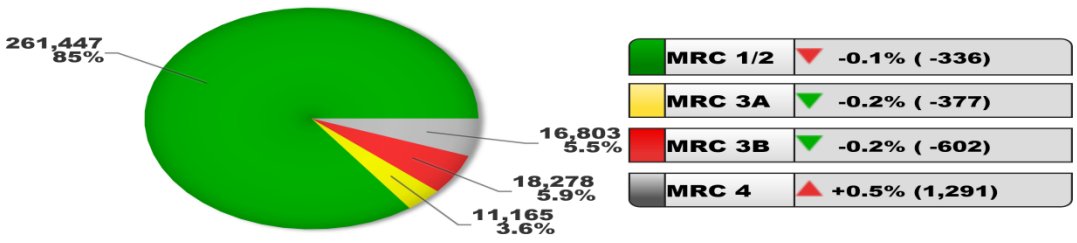
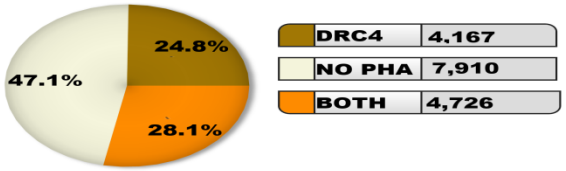
ARNG 85%(-0.1%)

As of 15 Oct 2013 (% change from 01 Oct 2013)
Goal 85% Medically Ready

Region Selection: Nation



MRC Analysis % change from 01 Oct 2013 – Based on CDR's ADJ Strength of 307,693



MRC4 16,803 (+887 Weekly PAX Change)