



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)



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).



CASE MANAGEMENT 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.



CASE MANAGEMENT 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*



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

MRNCO

- assists SM w records profiles, and appointments

Case Manager(CM)

-reviews case
- assigns to Care Coordinator (CC)

CC continues

- assist SM
- coordinate w CM/MRNCO as needed

CC continues

- assist SM
- coordinate w CM/MRNCO as needed

0 MO

3 MO

6 MO

9 MO

12 MO

SM

identified w issue

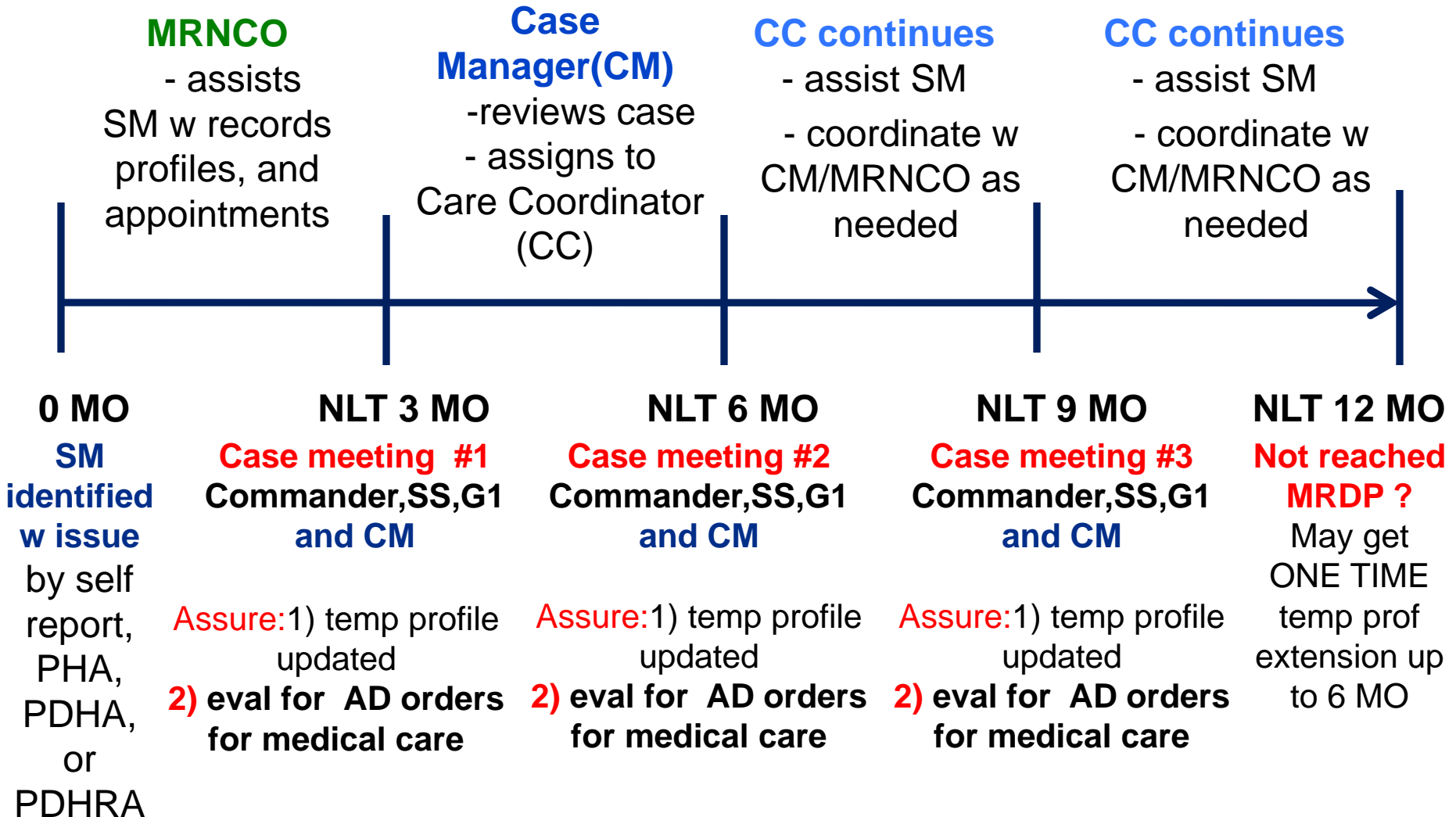
by self report, PHA, PDHA, or PDHRA

* MRNCO – performs monthly scrub for BN command

*HSS works with case management team/receives any documents for indexing



Medical Management Processing System Workflow





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



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:

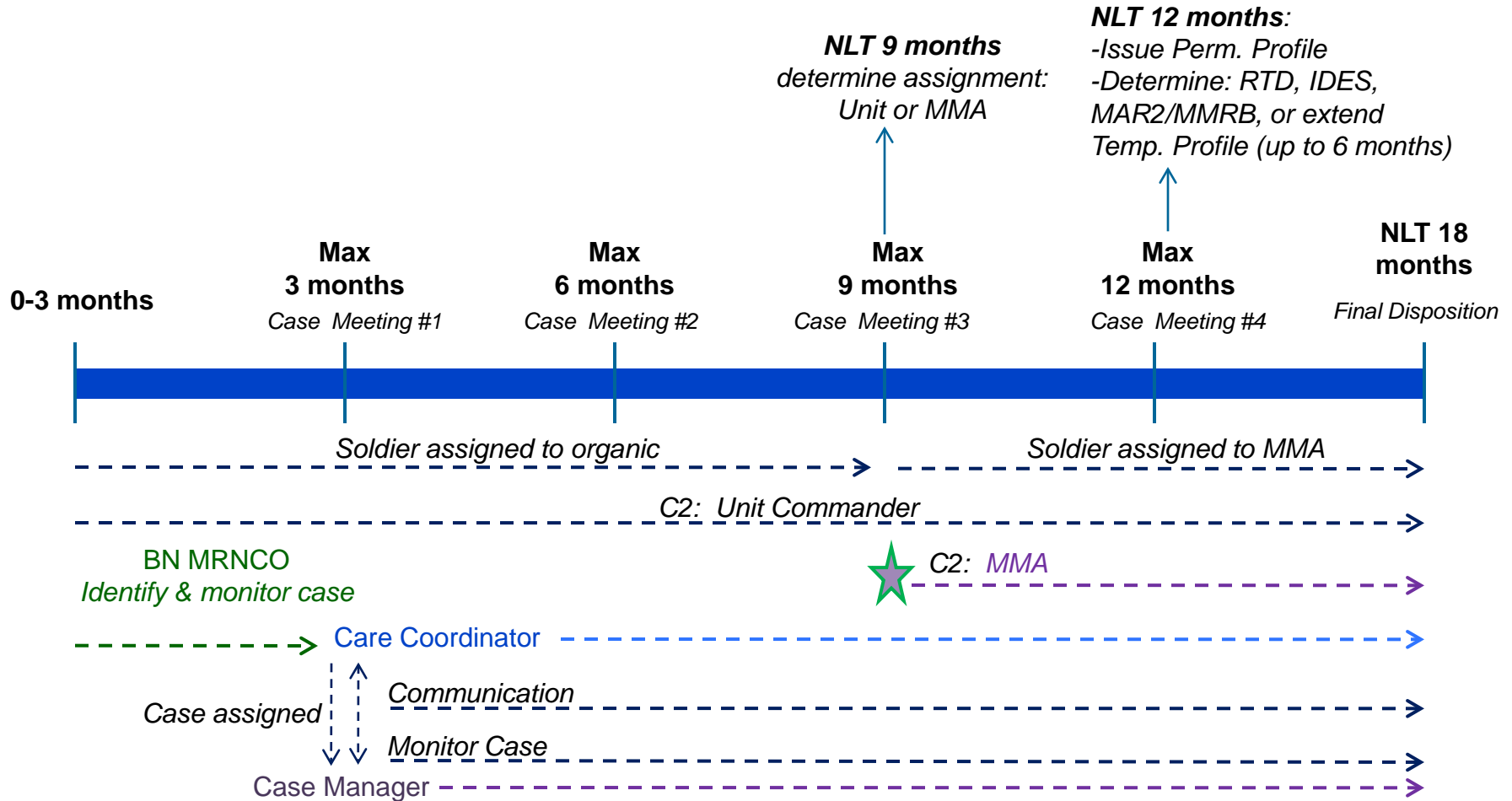
- **TRICARE Reserve Select** – SM purchased health insurance to obtain care for medical issue that ARE NOT ILD. (Prem = \$53.16/mo. MAX out of pocket in 1yr = \$1000.00 for any injury or illness incurred).



Summary - Medical Management Processing System Workflow

Medical Management Processing System

Program and Decision Authority: State G1





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)

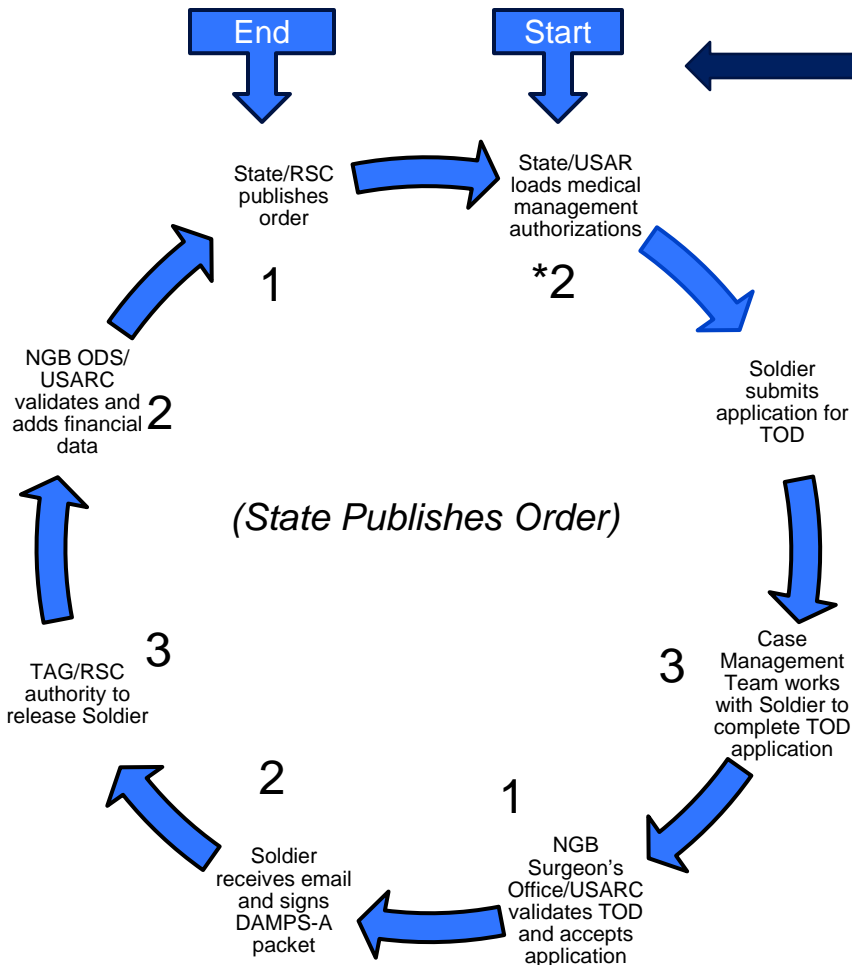
- Six month RCMC Pilot approved 4 AUG 11; six month extension approved 26 JAN 2011
- Resolves medical issues of low risk, low acuity, injured or ill National Guard Soldiers that have approved LOD
- Title 10, USC, Section 12301(h) orders is the right authority to receive medical treatment; orders greatly reduce the length of time for Soldiers to receive follow on care at home station
- Decreases use of INCAP pay



RCMC Orders State Course of Action

ADMIN

MEDICAL (MMPS)



SM found to qualify for RCMC Orders

SM identified with medical issue - assisted by MRNCO (by 90 d case given to Case Manager - CM) **90 DAYS* = CASE MEETING #1**

SM assisted w med issue by CM and Care Coordinator (CC) **180 DAYS* = CASE MEETING #2**

SM assisted w med issue by CM and CC **270 DAYS* = CASE MEETING #3**

SM assisted w med issue by CM and CC **360 DAYS* = CASE MEETING #4**

SM awaiting final disposition – MAR2/MEB/PEB/SEP

Maximum timeline

*Denotes number of days to accomplish



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



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

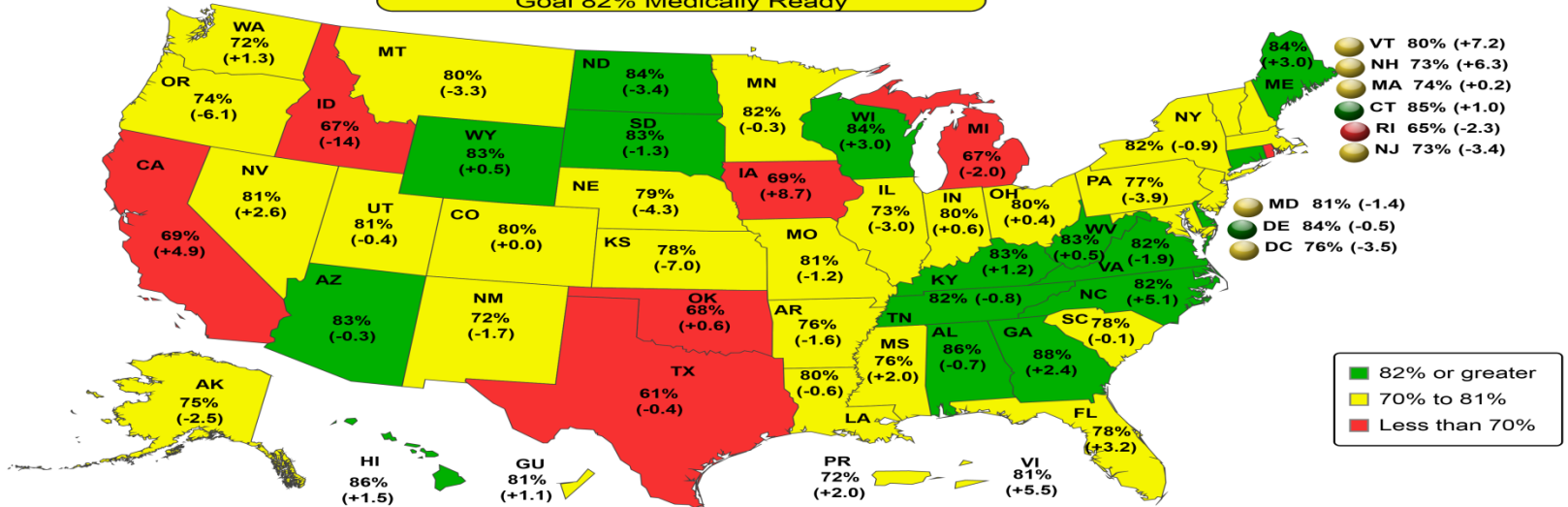


Medical Readiness of the ARNG

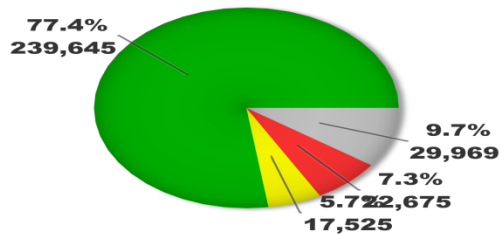
ARNG FY-13 MRC 1 and 2 PROGRESS Source: MEDPROS

ARNG 77.4% (+0.1%)

As of 28 Nov 2012 (% change from 01 Oct 2012)
Goal 82% Medically Ready



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) ▲

