USS: Fit to Fight? Civilian Provider's Role in Optimizing Healthcare Delivery to the Warfighter

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CME Pre-Test Questions

1. Providers should screen all adult patients for alcohol use disorders:

   a. annually

   b. every visit; but only for military members

   c. only of there is a clinical indication

   d. every visit; regardless of military status

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CME Pre-Test Questions

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a. History of concussions

b. Last oral intake

c. Military history

d. Both A and C

e. None of the above

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3. All of these are special considerations in treating military members except:

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b. Deployment history

c. Number of kids

d. VA entitlements

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Outline

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3. TRICARE Overview
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Introduction

US Military Forces are expected to be physically fit and ready to deploy at a moment's notice. In order to ensure this, medical providers must consider numerous unique circumstances when treating military members. A vital asset in the care of military members is the existing the TRICARE network, government managed health insurance, of civilian providers and facilities which provides access to subspecialty care not available in the local military treatment facility. Ongoing changes to the military healthcare care delivery system will see a change in integration of military medical care with the private sector. With this integration, it will become increasingly important to understand the unique considerations of military patients while minimizing the time between injury/treatment and to return full duty. This session will discuss components of the TRICARE system, military cultural competence and special considerations of providing care to military affiliated patients.

Purpose

- The purpose of this presentation is to increase awareness of medically significant topics specific to military affiliated personnel and improving health outcomes by providing culturally competent care

Objectives

- Become familiar with components of military healthcare system
- Explain how military culture awareness impacts the delivery of health care to military personnel
- Describe the role of civilian network providers in treating military personnel
- Recognize unique considerations of military operations and how they can guide treatment of military personnel

TRICARE

- TRICARE is a health care program of the United States Department of Defense Military Health System.
- TRICARE provides civilian health benefits for U.S Armed Forces military personnel, military retirees, and their dependents, including some members of the Reserves.
- TRICARE is the civilian care component of the Military Health System, although treatment can be obtained at a civilian or government care site

What Does TRICARE Cover?

- Many coverage options
- Medical
- Dental
- Vision
- Special Programs
- Coverage in USA and globally
  - https://tricare.mil/

Provider Self-Service Portal

- Allows you, as a TRICARE network prov to
  - **Verify eligibility (plan type, copayments/cost-shares, deductibles, catastrophic cap, other health insurance)**
  - **Submit authorization and referral requests, and check status**
  - Notify TRICARE managed care support of inpatient hospital admissions
  - Use XPressClaim® to electronically submit claims
  - Submit claims-related supporting documentation
  - Sign up for electronic remittance advice statements and electronic funds transfer
  - Check claims status and view claims data reports for all your TRICARE patients
  - Make demographic and provider specialty updates
  - **Access primary care manager (PCM) panel "PCM Enrollee Roster" information**
  - **View patient medication lists and Prescription Monitoring Program status**
  - Send secure electronic mail through Ask Us

- https://infocenter.humana-military.com/provider/service/

Veterans Affairs

- **Only about 9 million out of 22 million veterans receive care at the VA[1,2]**

- Eligibility Criteria
  - served in the active military, naval, or air service and received **honorable discharge**

    OR
  - Were discharged for a disability that was caused—or made worse—by your active-duty service, **or**
  - Were discharged for a hardship **or**
  - Served prior to September 7, 1980
  - **Current or former member of the Reserves or National Guard** called to active duty by a federal order and completed the full period for which they were called or ordered to active duty.

*https://www.va.gov/health-care/eligibility/

Navigating the Military Healthcare System

- Know resources and tools navigating the military healthcare system
- Locations of all military treatment facilities
- Wounded Warrior Program
- Know and understand benefits and how they populate on newly accessioned officers (ensure to contact TRICARE or utilize the provider portal to verify benefits)

Civilian PA Training

- Taught to do a HPI
- PMH/immunizations/
  OBGYN
- PSH
- Allergies
- Medications
- Family History
- Social History
- Sexual History
- Lack of military culture and competency related curriculum in medical schools [2]

U.S. Air Force photo by Airman 1st Class Gwendalyn Smith)
https://www.macdill.af.mil/News/Photos/igphoto/2001570938/

Key Topics

- **Military Culture**
- **Transitions/relocations (AD, NG, USAR, PCS, ETS, Retirement)**
- **Military Deployability Requirements**
- **Women Veterans**
- **TRICARE Network**
- **Impact of treatment plans on military readiness and retention**

Key Topics

- **Combat stress**
- **Alcohol abuse**
- **PTSD or anxiety dis**
- **Accidental death after deployment**
- **Familial worries/ Stressors**
- **Homelessness**

A soldier is greeted by her family at Pope Army Airfield, N.C., Sept.15, 2019, after returning from more than 12 months in the Middle East supporting Operation Inherent Resolve.
Photo Credit: Army Pvt. Daniel Alkana
https://www.defense.gov/observe/photo-gallery/igphoto/2002183098/

Key Topics

- **Radiological or chemical exposures (including burn pits)**
- **Retained shrapnel and limitations for imaging**
- **Formularies**
- **Elective surgery**

Screening

- Prior military service/affiliation
  - The most commonly unasked question[3,4]
  - In one study, only **thirty-nine percent** of providers outside the VA/Department of Defense (DoD) reported screening patients for military service[3,5]
    - Potentially fail to identify common occupational hazards specific to military service[3,4,5]
  - Women Veterans
    - Women's Health Evaluation Initiative (WHEI)
  - Department of Defense Civilians/Contractors

"Everything was normal. I am quite certain that I would seem like an ordinary patient to most physicians. But I also know that I carry the psychological imprint of my Vietnam experience and that I am at increased risk for developing medical complications from constant exposure to the dioxin-containing defoliant known as Agent Orange."

Dr. Jeffery Brown, MD. Vietnam Veteran* *Burgo-Black et al, 2016

Screening

- Service Members have history of unique set of risk factors[7]
  - Screen for history of mental health disagnoses[7,8], concussions, DUI, Suicidal/homicidal ideations or attempts
  - Studies show US Preventive Services Task Force (USPSTF) recommendation to screen for unhealthy alcohol intake at every visit for all adult patients and provide BRIEF counseling, if indicated, has shown measurable benefits [8,9]
- Inquire about physical requirements of military duties/job, treatment and (ability to) return to duty
  - Remain mindful of side effect profiles of certain classes of medications and potential impact to military duties
    - Increased risk for heat injuries (e.g. steroids, antihistamines, stimulants)
    - Drowsiness (e.g. associated with opioids , anxiolytics and muscle relaxer) affects combat readiness (e.g. no driving or carrying weapons)
    - Certain medications decrease immune response(makes the patient non-deployable) especially if long term use is anticipated (steroids, biologic therapy, cancer treatment)
    - Be upfront with potential impacts of treatment plans on retention, deployment and their ability to perform high impact activities while wearing approximately 40 pounds of protective gear
    - Combat readiness considerations/Aviation guidelines
  - Socioeconomic factors such as homelessness or even upcoming permanent change of station (PCS) move
    - Follow up care (or lack thereof)[7]

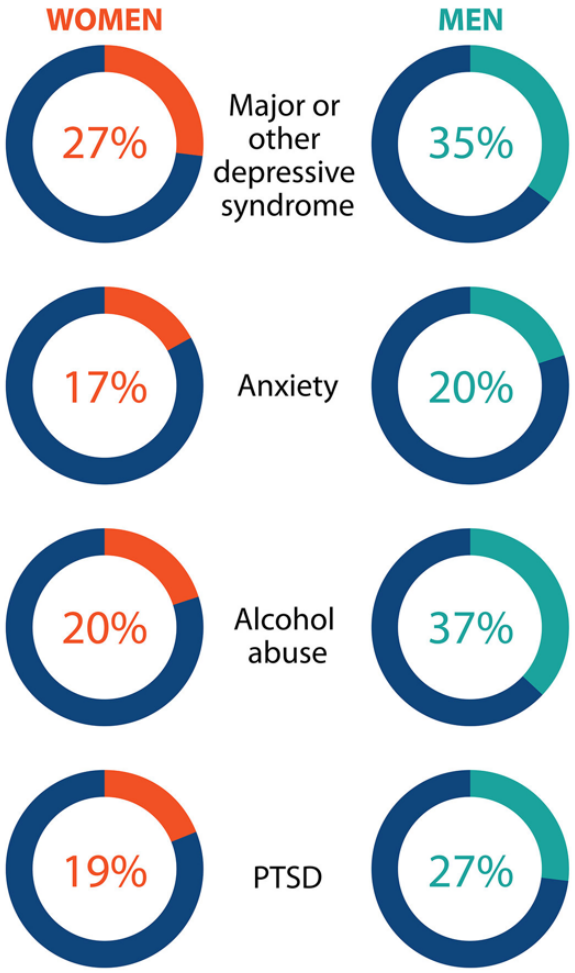
Screening

- History of Military Sexual Trauma (MST)
  - Presents with unique challenges/barriers to care and impacts to perceived fitness for duty[11]
  - According to 2018 DoD report on MST in the military[11]
    - Affects both men and women veterans and continues at increasing rates
    - Estimated 20,500 active duty Service members, about 13,000 women and about 7,500 men, endorsed experiencing some kind of penetrative or contact sexual assault
    - Estimated one in three of all victims report the incident, with men less likely to report compared to women
    - Over half of men report the assault was perpetrated by another male and are almost three times more likely than women to characterize the assault as hazing

Screening

- A 2017 study conducted by Schuyler, et al identified several relationships between MST and health outcomes
  - **Both groups** were significantly more likely to take unnecessary life risks such as being exposed to an STD by practicing unsafe sex, driving while intoxicated and using tobacco
  - Male victims were **four** times more likely to exhibit physical health symptoms, and probable PTSD and depression than males who were not victims
  - Female victims were **twice** as likely to be exhibit physical health symptoms; **three** times more likely to exhibit depressive symptoms and **had seven times the odds** of probable PTSD than female veterans that had experienced an MST
    - More likely to have at least diagnosis of chronic pain, often without objective findings
    - Increased incidence of drug abuse, and overdose were also associated with women victims of MST.[12]

Behavioral Health Co-Morbidities and MST Victims



Clinical Scenario #1

- You are seeing Mrs. A, a 54 y/o female who is new to your practice. She is here today for shortness of breath and difficulty sleeping x 10 years with symptoms progressively worsening.
- Her symptoms come and go and first began in 2010. Each episode lasting 1-4 hours.
- During screening, it is discovered she is an Army veteran who served Iraq and Afghanistan in 2004 and 2009, respectively.
- ROS negative except for endorsing vague abdominal pain.
- PE grossly unremarkable.
- WWE last completed in 2017 was normal

Clinical Scenario #1 continued

- After further discussion, she reveals she was a victim of sexual assault on her second deployment.
- She never disclosed this while in the military because she felt ashamed but she discloses it now because her nightmares have started to become more frequent.
- She also mentions the burn pit registry but you are unfamiliar with this.

Clinical Scenario #1 continued

- The VA has several resources for both the patient and provider on what resources are available.
  - https://www.mentalhealth.va.gov/msthome/index.asp
  - There is even an online training course provided to medical providers who may encounter a patient who is a victim of MST
- The VA maintains a registry of Service Members who were possibly exposed to airborne hazards due to burn pits.
  - https://www.publichealth.va.gov/exposures/burnpits/registry.asp
  - Refer the patient to the VA for an examination if they have not already done so

Military Cultural Competence

- Military culture has many facets not seen in civilian lifestyle. Vigorous training schedules, operational tempo, strict physical requirements and a unique language makes military culture very different from other occupations.

A soldier scans for simulated enemy forces during training at Fort Irwin, Calif., Feb. 11, 2020
Photo Credit: Army Spc. Brooke Davis
https://www.defense.gov/observe/photo-gallery/igphoto/2002252995/

Military Cultural Competence

- **Healthcare delivery** to military personnel requires an understanding of this culture in order to appreciate the second and third order effects of their experiences and how each treatment decision may affect their readiness, or the ability to be fully ready to leave their family and home to fight America's wars in multiple areas or regions of conflict.[13-15]

Military Cultural Competence

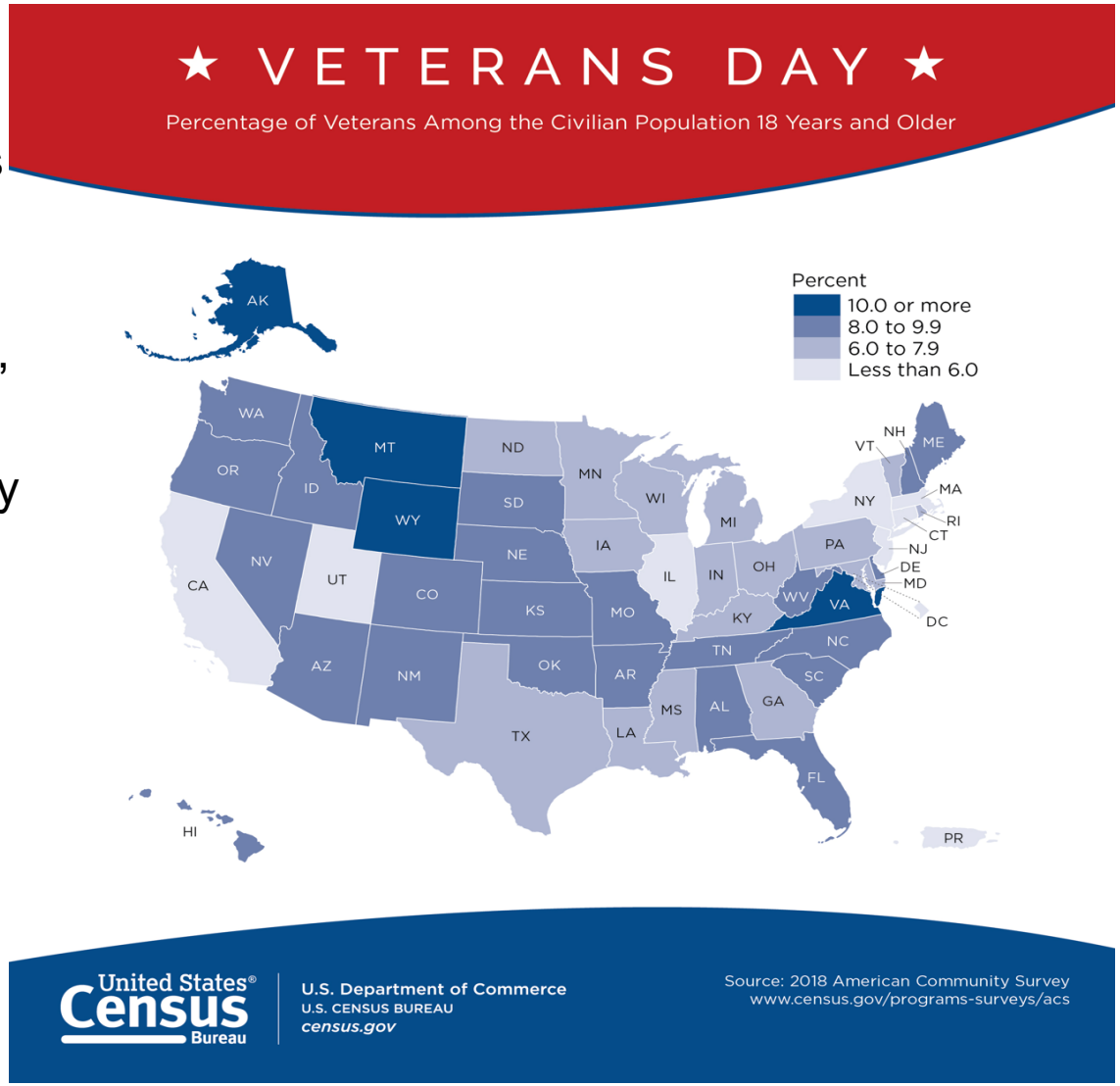
- **Military social norms** may be very different from those of their Civilian counterparts and even across the different military services themselves. Military culture demands selfless service and an emphasis is placed on a "team" concept. Uniformity and attention to detail are held in high regard.[17]
- Military culture encourages one to "tough it out", fight through the pain in order to accomplish the mission as a team. Those who seek help may be afraid of being stigmatized (both self-inflicted and others) or feel ashamed they lack the "warrior mentality" or are letting their team down[#14,19].

Military Cultural Competence

- Studies have shown military members are more likely to report **poorer health** and **engage in risky health habits** when compared to their civilian counterparts despite higher access to care[22]
  - Studies show male veterans are more likely to report heavier alcohol consumption and tobacco use than civilian counterparts; and women veterans reported poorer overall health and greater incidence of high risk health behaviors than civilian women.

Veteran's Geographic Distribution

- Approximately 80% of current military members are from small populations of multigenerational (legacy) military families.
- Only **five states** (California, Virginia, Texas, North Carolina and Georgia) account for nearly half of all active duty members originated from
- The U.S. Census Bureau reports that only 7.3% of all living Americans have served in the military at some point in their lives with the majority being older than age 65.



Military Cultural Competence

- Some studies revealed up to eighty-five percent of participating clinicians had zero direct military experience and may lack understanding of military specific culture.[2] This **knowledge gap** also exists within military providers as some military providers are directly commissioned into the military or their medical duties may take them away from military specific training.[2]

Military Cultural Competence

- The **perceived lack of understanding** of experiences common to military service may not only lead to underdiagnoses but may also be perceived negatively by the patient.[2, 10] This may lead to a poor patient-provider relationship and may further complicate medical care and may lead to loss to follow-up.[5]

Becoming Competent in Military Cultural

- **Programs** are available to provide training support to close the knowledge gap and increase cultural competence among medical providers.
- The VA has established a program for its providers and some states have also funded educational programs aimed at improving the medical care of military personnel and veterans.

Clinical Scenario #2

- You are seeing a Service Member who was referred to you in your gastroenterology clinic.
- Colonoscopy revealed the patient suffers from severely active Crohn's disease.
- The patient was nonresponsive to initial therapy and you start them on biologic therapy.
- You administer the first treatment today and schedule them for the next dose in two weeks.

Clinical Scenario #2 continued

- This condition deems this patient medically disqualified from service
- The PCM would need to be notified in order to refer the patient for evaluation by a medical evaluation board

Knowledge of Military Processes

- Convalescent Leave
- Profiles (Limitations and restrictions of duty, i.e. ability to drive, operate/fire a weapon, conduct physical fitness or marches, etc.)
- Civilian recommendations must be translated and turned into a profile specifically geared towards their capabilities and limitations that most civilian providers do not understand (Department of the Army Regulation 611-21 lists duty and functional expectations by military occupational specialty)

Knowledge of Military Processes

- Surgery (specific guidance on post operative convalescence days off of work and physical activity limitations post surgery)
- Rehabilitation
- Medical and Military jargon
- TRICARE Coverage Entitlements
- Communication and hand off during Evacuation (Transport)

Knowledge of Military Processes

- Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) processes
- Medications – there are certain medications especially in behavioral health that make the Soldier non-deployable and even to MEB/PEB
- Formulary restrictions – civilian providers need to know what prescription will not incur undue cost burden to the Service Member or their family especially when it is being filled at a civilian pharmacy
- Have list of formulary medications to help the Service Member and their family
- Veteran/Retired Medication- there are certain medications that are not covered under the new VA civilian programs. It is important for civilian providers to know approved formulary

Clinical Scenario #3

- Mr. J is a 32 y/o male who sustained polytrauma in a motor vehicle accident.
- He was airlifted to the nearest trauma center and underwent multiple surgeries to stabilize and treat his injuries.
- His injuries include splenic laceration, distal femur fracture, significant closed head injury and non displaced rib fractures.

Clinical Scenario #3 continued

- Patient underwent splenectomy and ORIF for femur fracture.
- His mentation has improved but he has some residual cognitive delay.
- He needs physical therapy and a neurology consultation so you place the consults for the patient to follow up with those services located in your hospital.
- The patient goes to the appointments as scheduled and later receives a bill in the mail for those services.

Clinical Scenario #3 continued

- First, this patient will be deemed medically disqualified for military service due to his splenectomy
- The local military treatment facility has the “right of first refusal” (ROFR).
  - ROFR mandates a beneficiary be referred to a military hospital if those services are available at the military facility
  - Only applies to certain beneficiaries that includes ALL Active Duty Service Members and certain family members
  - If patient is seen without an appropriate referral, the patient is responsible for 100% of the charges

Clinical Scenario #3 Continued

- Physical limitations should be clearly written in discharge instructions
  - This patient will need a “profile” which determines which activities the patient will not be able to perform.
  - The duration of these limitations should be communicated as well.

Outside Continental US (OCONUS)

- The International SOS provides an accredited, integrated network of providers based on the needs of that individual (and their location).
- This is particularly important when you are PRIME Overseas Remote, where most of our care will be in the economy.
- There may be need for translation services, translation of records, appointment assistance, etc.
  - https://www.internationalsos.com/member-zone

Outside Continental US (OCONUS)

- In an effort to efficiently and effectively use resources through ISOS and the network, a process was established to verify that the care needed could not be met through local capabilities (exceptions were for readiness purposes)
- This stemmed from high costs associated with TDY's to the bigger MTF's for multiple days when the care could be obtained in the local economy
- This is called a Certificate of Medical Authority (CMA)

Outside Continental US (OCONUS)

- Civilian providers taking care of active duty or activated reservists/national guardsmen should understand what conditions for the SM's family members would be disqualifying through the Exceptional Family Membership Program (EFMP), how to connect them for an evaluation and review to certify any conditions that require a new evaluation or a recertification for movement to an overseas assignment.
  - https://www.myarmyonesource.com/familyprogramsandservices/familyprograms/exceptionalfamilymemberprogram/default.aspx

Discussion

- The civilian provider must seek the information, references, tools and individuals to ensure they are abreast of military members' related topics that are of key importance.
- Additionally, leaders of civilian providers that treat military members must ensure that they are provided the training and resources to provide the most optimal care available.

Future Steps

- Training for civilian providers
- Future research studies
  - Emphasis on primary care

Topic	Instruction Focus	Teaching Methods	Teaching Resources
VHA utilization	Share patterns of veteran usage of VHA health care facilities	Focused didactics/ lecture Self-paced learning	US Department of Veterans Affairs. VA Health Care Utilization by Recent Veterans. http://www.publichealth.va.gov/epidemiology/reports/oefoifond/health-care-utilization.
			US Department of Veterans Affairs. National Center for Veterans Analysis and Statistics. http://www.va.gov/vetdata/index.asp.
Military cultural competence/ consciousness	Provide trainees with an overview of the structure of the US military and military conflicts, and demographic background of US veterans, as well as military socialization processes, traditions, values, and behavioral norms	Focused didactics/ lecture Self-paced learning	Goldenberg MN, Hamaoka D, Santiago P, McCarroll J. Basic training: a primer on military life and culture for health care providers and trainees. MedEdPORTAL. 2012. https://www.mededportal.org/icollaborative/resource/192.
			Reger MA, Etherage JR, Reger GM, Gahm GA. Civilian psychologists in the Army culture: the ethnical challenge of cultural competence. *Mil Psychol*. 2008;20:21–35.
			Center for Deployment Psychology. Learn About Military Culture Course. http://deploymentpsych.org/military-culture.
Military health history	Demonstrate how to obtain a focused military history, elicit service-related health concerns, and assess life stressors	Vignettes/trigger tapes Medical encounter videos	Association of American Medical Colleges. Taking a military health history: four critical questions. 2013. https://www.aamc.org/advocacy/campaigns_and_coalitions/360908/takingamilitaryhealthhistory.html.
			Brown JL. A piece of my mind: the unasked question. *JAMA*. 2012;308(18):1869–1870.
			Pankow SH, Dill MJ, Navarro AM, Jones KC, Prescott JE. Health care provider awareness of the military status of patients: asking the question. *Analysis in Brief*. Association of American Medical Colleges. 2013;13(5). https://www.aamc.org/download/358546/data/oct2013analysisinbrief-awarenessofmilitarystatusofpatients.pdf.
Health care disparities	Identify causes of health disparities for US veterans, highlighting the social determinants of health and the ways in which social location creates challenges in optimal health care	Problem-based learning cases Individual case-based discussion	National Ethics Committee of the Veterans Health Administration. An ethical analysis of ethnic disparities in health care. National Center for Ethics, Veterans Health Administration, Department of Veterans Affairs. 2001. http://www.ethics.va.gov/docs/necrpts/NEC_Report_20010801_Ethnic_Disparities_in_Health_Care.pdf.
Empathetic communication	Instruct trainees to provide care that is concordant with the patient's values and preferences that promotes active participation in decision making regarding their health and health care	Faculty role models/ mentors Medical encounter videos	Lypson ML, Page A, Bernat CK, Haftel HM. Patient-doctor communication: the fundamental skill of medical practice. iCollaborative. 2012. https://www.mededportal.org/icollaborative/resource/595.
			Bellet PS, Maloney MJ. The importance of empathy as an interviewing skill in medicine. *JAMA*. 1991;266(13):1831–1832.
Common diagnoses in veterans	Summarize conditions particularly prevalent in veterans (eg, PTSD, TBI, anxiety, depression, etc) and instruct trainees on how to identify these conditions within this population	Individual case-based discussion Workshops Problem-based learning cases	Lypson ML, Ravindranath D, Ross PT. Developing skills in veteran-centered care: understanding where soldiers really come from. MedEdPORTAL. 2014. http://www.mededportal.org/publication/9818.
			PTSD: National Center for PTSD. http://www.ptsd.va.gov/index.asp.
			Krakower J, Navarro AM, Prescott JE. Training for the treatment of PTSD and TBI in US medical schools. In: Analysis in Brief. Association of American Medical Colleges. 2012;12(5). https://www.aamc.org/download/313126/data/november2012anaysisinbrief-trainingforthetreatmentofptsdandtbii.pdf.
			Spelman JF, Hunt SC, Seal KH, Burgo-Black AL. Post deployment care for returning combat veterans. *J Gen Intern Med*. 2012;27(9):1200–1209.

Abbreviations: VHA, Veterans Health Administration; PTSD, posttraumatic stress disorder; TBI, traumatic brain injury.

Ross, P. T., Ravindranath, D., Clay, M., & Lypson, M. L. (2015). A Greater Mission: Understanding Military Culture as a Tool for Serving Those Who Have Served. Journal of graduate medical education, 7(4), 519–522. https://doi.org/10.4300/JGME-D-14-00568.1

Resources

- Articles:
- https://www.aafp.org/news/practice-professional-issues/20190205veterancare.html
- https://journals.stfm.org/familymedicine/2018/june/vest-2017-0409/
- https://www.aafp.org/news/blogs/inthetrenches/entry/are_family_physicians_an_answer.html
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3041942/
- https://www.ncbi.nlm.nih.gov/books/NBK219852/
- https://www.apa.org/monitor/2016/03/upfront-military
- https://www.aafp.org/news/government-medicine/20150325varule.html
- https://www.militarytimes.com/pay-benefits/military-benefits/health-care/2014/11/21/rand-civilian-mental-health-providers-don-t-get-the-military/
-
- Article on costs: https://www.healthaffairs.org/do/10.1377/hblog20170427.059833/full/
- Formulary:
- https://www.pbm.va.gov/nationalformulary.asp

Resources

- Websites
  - https://www.mentalhealth.va.gov/msthome/index.asp
  - https://www.tricare-west.com/content/hnfs/home/tw/prov/auth/rofr.html
  - https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/index.html#page/about
  - https://www.internationalsos.com/member-zone
  - https://www.myarmyonesource.com/familyprogramsandservices/familyprograms/exceptionalfamilymemberprogram/default.aspx
  - https://obamawhitehouse.archives.gov/joiningforces

- Regulations/Clinical Practice Guidelines
  - Standards of Medical Fitness https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN8673_AR40_501_FINAL_WEB.pdf.
  - https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/631009p.pdf?ver=2019-05-07-104626-470
  - VA/DoD CLINICAL PRACTICE GUIDELINES. https://www.qmo.amedd.army.mil/pguide.htm
  - Department of the Army 611-21, Military Occupational Classification and Structure, https://www.academia.edu/31946618/Department_of_the_Army_Pamphlet_611_21_Personnel_Selection_and_Classification_Military_Occupational_Classification_and_Structure

- Training
  - https://www.mentalhealth.va.gov/docs/mst/MST-Overview-for-Civilian-Providers.pdf
  - **https://deploymentpsych.org/sites/default/files/mc_resources/Basic%20Training%20A%20primer%20on%20military%20life%20and%20culture.pdf**

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Questions?

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Check on Learning

CME Post-Test Questions

1. Providers should screen all adult patients for alcohol use disorders:

   a. annually

   b. every visit; but only for military members

   c. only of there is a clinical indication

   d. every visit; regardless of military status

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2. What key information may providers inadvertently omit in their HPI:

a. History of concussions

b. Last oral intake

c. Military history

d. Both A and C

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3. All of these are special considerations in treating military members except:

a. Providing culturally competent care

b. Deployment history

c. Number of kids

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