CHAPTER 17

Health Services

This chapter sets the broad framework on how the health service support system works. It emphasizes the readiness impacts of the health service support system. Also discussed are staff relationships, wartime expansion and surge capability, and family organizations.

The installation commander is responsible for the health and physical fitness of soldiers and families. The Army Medical Department, through the Medical MACOM, staff and operate local medical, dental, veterinary, and preventive medicine support to assist commanders meet their responsibilities. The Veterinary Service Support District (VSSD) commander or his representative serves as installation veterinarian and assists in health service support.

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MEDICAL READINESS

Commanders are responsible for the health and physical fitness of their soldiers. The Army Medical Department advises and acts as the proponent for command policy in accomplishing this responsibility. The Army Medical Department, medical and dental commanders, and command surgeons-

- Develop, train, evaluate, and maintain those medical forces necessary to support the Army in a wartime environment.
- Advise the command on those measures to take to assure health, fitness, and vigor of all members of the Army.
- Act as the proponent to provide those measures needed to assure health and fitness.

MISSION

The mission of the AMEDD is to maintain the health of members of the Army, conserve the Army's fighting strength, and prepare for health support to members of the Army in times of deployment across a continuum of scenarios, ranging from international conflict to civic actions and disaster relief. The AMEDD also provides health care for eligible personnel in peacetime for the sustaining base. The AMEDD is also responsible for maintaining the readiness and clinical/technical competence of medical personnel to support Army requirements.

The Surgeon General is responsible for policy development, direction, organization, and overall management of an integrated Army wide health service system. He is the medical materiel developer for the Army and his duties include formulating policy and regulations on assessing health service support, health hazards, and establishing health standards.

STAFF RELATIONSHIPS

In establishing health services and health standards to maintain the Army's fighting strength the AMEDD crosses all staff boundaries within the DOD and has significant relationships with Assistant Secretary of Defense (Health Affairs) (ASD (HA)) and the Undersecretary of Defense (Emergency Services) (USD (ES)).

THE OFFICE OF THE SURGEON GENERAL

The mission of the Office of The Surgeon General is to:

- Assist the Chief of Staff of the Army (CSA) and Secretary of the Army in discharging Title 10 responsibility.
- Advise and assist CSA and Secretary of the Army and other principal officials on all matters pertaining to the military health care system.
- Represent the Army to the Executive Branch, Congress, DOD agencies and other organizations on all health policies affecting the Army.
- Represent and promote AMEDD resource requirements.

Office of the Surgeon General (OTSG) has Army staff responsibility for the following:

- Health services for the Army and other agencies and organizations.
- Health standards for Army personnel.
- Worldwide command programs to protect and enhance health by control of the environment and prevention of disease.
- Policies and regulations concerning occupational medicine and industrial hygiene.
- Policies and regulations concerning the health aspects of Army environmental programs.
- Health professional education and training for the Army, to include training programs for all military and civilian health care specialty areas in clinical medicine, preventive medicine, nursing, dental, and veterinary practice.
- Executive agent of the Secretary of the Army for all DOD veterinary services.

Although TSG is responsible for these actions, the focus of action may be either at OTSG or the newly formed Medical Command (MEDCOM) (provisional), as explained in the following section.

MEDICAL COMMAND (PROVISIONAL)

An intensive reorganization occurred in the AMEDD during 1993 resulting in the formation of the MEDCOM (Provisional) and other subordinate commands. MEDCOM will commence operations during FY 94. The missions of the newly formed MEDCOM are to:

- Plan, develop, and integrate doctrine, training leader development, organization, materiel, and facilities for the worldwide Army health service system.
- Provide command and control of assigned and attached units, plan, program, budget and allocate resources, analyze utilization, and assess performance of the Army health service system.
- Allocate resources and assess performance worldwide.

The MEDCOM will serve as the major command for health care, with directive authority and focus shifted from OTSG.

INSTALLATION HEALTH SERVICES SUPPORT

The MEDDAC Commander is the installation staff officer for health service support and is the commander of the Army Community Hospital (ACH). The MEDDAC provides preventive medicine, veterinary support, a health treatment facility, dental treatment facility, and, at selected sites, a blood banking facility.

PREVENTIVE MEDICINE

Preventive medicine is a comprehensive program, ranging from simple field sanitation procedures to extensive and complicated monitoring techniques, necessary to protect the health and environment of Army personnel. The program, as outlined in AR 40-5, is designed to promote health and wellness and to maintain the fighting force at maximum effective strength. It maintains the physical well-being of all personnel for whom the Army is responsible.

The supporting Preventive Medicine unit provides installation commanders support services in the following areas:

- Disease and climatic injury prevention and control.
- Occupational medicine and industrial hygiene.
- Community and family health.
- Health information and education.
- Nutrition.
- Health hazard assessment.
- Medical safety.
- Radiation protection.

- Pest and disease vector prevention and control.
- Environmental quality.
- Sanitation.
- Preventive medicine laboratory services.
- Field PVNTMED.
- Toxicology.
- Design review.

The Chief of Preventive Medicine has overall responsibility to provide installation commanders prevention, wellness, and health promotion advice as the principal public health advisor. Installation disease prevention, environmental health, occupational medicine, industrial hygiene, and other public health support are provided by preventive medicine assets. The community health nurse (CHN) has access to an installation residential community and serves as an agent between the supporting medical unit and installation families.

The CHN has the specific functions of-

- Assessing the total health needs, morbidity trends, and resources in the community.
- Planning, developing, organizing, implementing, and evaluating programs to meet the identified needs in the community.
- Providing health promotion, health education, and disease prevention programs for service members and other members of the military community.
- Conducting a home visiting program.
- Supporting patient advocacy in the community.
- Evaluating, training, and supervising other health care personnel in community health-nursing.

HEALTH TREATMENT FACILITY

The Medical Treatment Facility (MTF) commander directs the provisioning of treatment in the MTF. The commander will also supervise care and treatment and ensure that each patient receives the best possible medical support. Such care will be consistent with recognized professional procedures and standards. When the required care is beyond the capability of the MTF, the commander, in accordance with AR 40-3, will arrange for the patient's care by-

- Obtaining care from other Armed Forces MTFs.
- Releasing the medical management of the patient to another Armed Force MTF.
- Arranging for required care from civilian sources under the civilian health and medical program of the uniformed services.

DENTAL ACTIVITY (DENTAC)

The DENTAC commander is the installation staff officer for dental health service support and may also be the dental clinic officer in charge. The DENTAC is a dental treatment organization that-

- Provides professional dental care and services to authorized persons.
- Supervises the preventive dentistry program.
- Conducts educational programs.
- Supervises clinical investigations and research and development activities.

The DENTAC receives its administrative and logistics support from the MEDDAC.

EXPANSION AND SURGE CAPABILITIES

In the event of mobilization, AMEDD RC units and individual RC personnel, such as IMA, will augment both deployable Army commands and the AMEDCOM in expanding the CONUS base. Active component freed health care facilities will provide a large portion of the professional medical personnel, on a predesignated basis, to deploying units and units already in the theater of operations under the PROFIS. AMEDD deployable units range in size, scope of mission, and capacity from medical detachments to general hospitals. They may be deployed at every level from organic elements of maneuver battalions to corps and theater.

FAMILY SUPPORT

There is a complex assortment of programs to protide soldiers and their families with high-quality, cost-effective health care. The oldest and best known is Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). CHAMPUS cost shares medical expenses for retirees and family members who go to civilian providers. This occurs when the MTF lacks special services or is unable to provide support. The AMEDD manages efforts to control CHAMPUS costs, including DOD reform initiatives. Active duty soldiers

do not come under CHAMPUS. When soldiers are treated at civilian facilities due to emergency, distance, or special treatment needs, the Army pays providers directly under the open allotment supplemental care program.

At 20 major posts, the AMEDD offers family-practice programs in which enrolled soldiers and their families are assigned to specific family-practice specialists for their primary care. The family doctor concept ensures continuity of care and has been well received.

At several heavily populated CONUS sites, the AMEDD has established Primary Care for the Uniformed Services clinics to serve eligible beneficiaries as an extension of the MTF located on military installations. These clinics have X-ray, limited pharmaceutical, and other primary diagnostic capability. They are not staffed or equipped for emergency or specialty care and they refer patients requiring that type care to the MTF for follow-up as needed. These neighborhood clinics are located off-post. They are run by civilian primary-care specialists under Army contract. Primary Care for the Uniformed Services (PRIMUS) users pay no fees. A similar system is operated by the Navy and is known as Naval Care (NAVCARE). Beneficiaries of all Services are eligible for care at either of these facilities.

The Army Health Promotion Program is for soldiers, Army civilians, family members, and retirees. Individuals complete a health risk appraisal that includes blood-pressure and cholesterol screening. Based on results of the appraisal, they are advised of their health risks and lifestyle changes that could improve their physical well being.

NEW DIRECTIONS

Gateway To Care (GTC) will be the standard Army health-care system. It improves the quality of military families' health care, streamlines their access to care, and reduces the growth rate of the government and beneficiary health-care costs.

GTC is the Army's steppingstone to the DOD coordinated care system called managed care in civilian medicine. Coordinated care assures quality and controls costs by guiding patients to the most efficient sources for the most suitable tests and treatments.

By enrolling in GTC, beneficiaries receive-

- Primary care from their own clinic or doctor. Each family has a designated primary-care clinic or physician.
- Consistent assurance of high-quality care. The primary-care provider coordinates and monitors all of a patient's care.
- Easy access to care and fast, convenient service.
- Reduced out-of-pocket costs for tests and specialty care when referred by the primary-care physician. Savings come from receiving more cost-free in-house care and paying negotiated, less-than-standard-CHAMPUS rates for civilian health care.

There is no single GTC plan. GTC is a formula for empowering hospital commanders to tailor their own coordinated-care systems to suit local resources and requirements. Authority is decentralized so that commanders can design localized programs for coordinating care and resources.

Commanders use a combination of CHAMPUS and direct-care funds to organize the most cost-effective mix of services for their facilities. They then coordinate patients' care, referring them to the most economical sources of quality care.

GTC stresses the patient's role as a partner in his or her own care. Patients must understand the system so that they can use it effectively, and they must get involved in their own health care. Thus, GTC stresses educating patients and encourages them to seek information.

The revised Dependents Dental Plan took effect on 1 April 1993. It provides improvement in the provision of dental care for family members of all DOD uniformed Services active duty personnel. The revised DDP provides categories of dental care and replaces the largely nonexistent space available care in most military clinics in the past.

Beneficiaries eligible for the DDP will not receive services covered by the plan in US Army Health Services Command dental treatment facilities, other than emergency care. Eligibility is defined as having two or more years remaining on active duty or submitting a letter of intent to remain on active duty for two years or more. Beneficiaries not covered by the plan may be provided care on a space available, standby basis only. Exceptions on an appointed basis are medically adjunctive care,

space available care at installations where civilian facilities are unavailable, care in support of residency training requirements, and completion of treatment plans in process.

Installations will benefit from the increasing emphasis on integration of preventive medicine, wellness, and health promotion activities as distinct health care services and as more visible components of traditional primary care provided to installation units, tenants, and communities. This new focus on identification and resolution of preventable health problems and health promotion will assist commanders to meet readiness responsiblities, target limited resources at the most cost effective health care solutions, and improve community health.