

DEPARTMENT OF THE AIR FORCE
PRESENTATION TO THE SUBCOMMITTEE ON MILITARY PERSONNEL
COMMITTEE ON ARMED SERVICES
UNITED STATES HOUSE OF REPRESENTATIVES

SUBJECT: ENSURING MEDICAL READINESS IN THE FUTURE

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Chairman Heck, Ranking Member Davis, and distinguished members of the Committee, thank you for the opportunity to come before you today to discuss the future of medical readiness in the Air Force Medical Service (AFMS).

The Air Force is committed to sustaining the expeditionary readiness of a professional medical force capable of providing trusted care to families and warfighters at home station, while simultaneously delivering agile combat support to the combatant commander. For more than a decade the AFMS has invested in a broad portfolio of readiness training programs that prepare the individual medical specialist and the deployable medical team for reliable performance across the full range of military operations. These AFMS readiness programs institutionalize the casualty care lessons learned on the battlefield and will continue to enable essential medical capabilities well into the future.

The AFMS provides a light, lean and modularized rapidly responding medical capability which can be tailored to meet specific

requirements. If more definitive care is required, the AFMS supports an effective “evacuate and replace” policy through aeromedical evacuation (AE) of joint and combined forces. With this focus on preventive medicine, superior health care, and aeromedical evacuation, the AFMS promotes and advocates the optimization of human performance sustainment and enhancement, including the optimal integration of human capabilities with operational systems. This scalable nature enables the AFMS to deploy capabilities ranging from small teams providing highly skilled medical care for a limited number of casualties, to a medical system as large as an Air Force Theater Hospital (AFTH) that can provide specialized medical care to a population at risk of several thousand.

Above all, medical readiness is our reason for being and begins with our Military Treatment Facilities (MTF). Every MTF in the Air Force is a medical readiness platform aligned with an operational Wing to directly enhance the medical readiness of warfighters and care of their families. The goal of every patient engagement is to improve the

performance of the Airman at work, at home and in the deployed environment.

Everything we do is centered on readiness. The care we provide to military personnel, retirees and families directly sustains the readiness of our medical force. Correspondingly, in order to sustain expeditionary medical readiness, our health care providers must have access to a patient population that affords an adequate volume of workload, breadth of clinical diversity, and acuity.

Our ambulatory clinics rely upon a diverse patient population to support an effective scope of practice in primary care specialties, which in turn drives the specialty and surgical care workload for the entire health system. This demographic is simply not available in the active duty and active duty dependent beneficiary population. To achieve this optimal patient mix our primary care providers need to see a mix of adult and pediatric patients who have a high enough disease burden to maintain their clinical currency for readiness in order to be prepared to care for the ill and injured in expeditionary environments.

We recognized our smaller hospitals which exist to support Operational Plan requirements have smaller beneficiary populations. In order to ensure the currency of our staff at these locations we implemented the Small Hospital Clinical Skills Enhancement Program, which includes limits on tour length for key staff, rotations to facilities with higher volumes of patients, aggressive use of medical simulation, and augmentation by senior clinicians.

Just like our expeditionary medical capability is scalable, so is the medical readiness training we provide. Our Readiness Skills Verification Program establishes minimum baseline Air Force Specialty Code (AFSC) skills required in a deployed environment. These skills are identified by senior clinical consultants and enlisted functional area managers based on Combatant Commander requirements. They are deliberately updated with lessons learned and emerging medical evidence. Personnel complete their Readiness Skills Verification Program (RSVP) training before they enter their deployment

vulnerability period to ensure they are ready at any time. This training applies to all individuals who hold a medical AFSC.

The Sustained Medical and Readiness Trained (SMART) program expands training opportunities for skills requiring higher volume and complexity of hands-on care than normally seen in our smaller MTFs. The SMART program is a three-tiered approach. The first tier is organic training where medical personnel train with a standardized curriculum using routine operations and simulation-based training opportunities. The second tier utilizes local training affiliation agreements and partnerships with civilian, Sister Service or Department of Veterans Affairs (VA) hospitals when Tier 1 opportunities are not adequate to sustain essential medical skills. The third tier, regional currency sites, such as the University Medical Center in Las Vegas, are utilized when Tier 1 or Tier 2 opportunities are inadequate to ensure the preservation of essential medical skills.

In addition, for well over a decade we have had a cadre of physicians, nurses, and technicians embedded in our Center for

Sustainment of Trauma and Readiness Skills (C-STARS) Level 1 trauma facilities such as the University of Maryland's Baltimore Shock Trauma, University of Cincinnati, and St Louis University. Hundreds of our medics have had elite trauma and critical care training through these facilities and remain prepared to deploy anywhere needed. As an example, the University of Cincinnati program provides a capstone experience for our Critical Care Aeromedical Transport Teams. The curriculum includes advanced medical simulation and high-acuity intensive care exposure.

The Air Force has 85 graduate medical education (GME) programs in 31 specialties that develop the knowledge, skills and attitudes of highly qualified medical personnel to support the missions of the AFMS. Our training programs help ensure the competency and currency of medical personnel by maintaining the health of DoD personnel and by providing health care to deployed military personnel and other beneficiaries.

The civilian sector does not have the capacity to provide the residency and fellowship training needed to maintain our medical

specialty requirements. Participation in GME, to include leadership, research, teaching, and mentoring, is vital to maintaining the competency and currency of all Corps in the AFMS. In addition, 15% of the overall physician workforce in the United States matriculated from DoD and VA GME platforms.

The active duty GME training platforms are crucial to maintaining the current AFMS delivery of preventive and primary care to DOD personnel, health service support to the combatant commanders and high-reliability care to all beneficiaries.

The Military Compensation and Retirement Modernization Commission (MCRMC) recommended in their Final Report (29 Jan 2015) that the DoD identify Essential Medical Capabilities (EMCs) that are “vital to effective and timely health care during contingency operations.” In response, the Under Secretary of Defense for Personnel and Readiness chartered the Joint EMC Working Group (July, 2015) to use the Joint Capabilities Integration and Development System (JCIDS)

process for a Capabilities-Based Assessment (CBA) and joint requirements analysis.

From this analysis, the Joint EMC Working Group has three objectives. First, the group will identify, define, categorize, and prioritize recommended EMCs that are vital to effective and timely health care during contingency operations. Second, it will determine how to measure and report the readiness of EMCs within existing DoD reporting tools, identifying gaps in the ability to report readiness. Third, it will identify and recommend non-material solutions for the identified reporting gaps.

The Air Force is strongly supportive of the Joint EMC Working Group and actively participating in the CBA. To date, the group has utilized the Joint Concept for Health Services (August, 2015) as a framework to identify EMCs for analysis. The Joint EMC Working Group plans to complete the CBA as chartered in October, 2016.

As a critical resource, our medical personnel and equipment are presented to the combatant commander as a deployable platform. These

expeditionary teams are developed by our Manpower and Equipment Force Packaging Responsible Agencies (MRA) to support air, ground and Special Forces operations. Our MRA's collaborate with Air Education and Training Command to develop and conduct hands-on, team-based training, ensuring Air Force personnel deploy with appropriate essential medical capabilities. This training has no civilian equivalent. Team members are familiarized with their expeditionary medical equipment and exercised in the tactics, techniques, and procedures that will be used in the expeditionary environment.

A second vital role of the MRAs is the development of new medical capabilities. The MRAs leverage advances in science and technology, and use lessons learned during previous expeditionary operations to meet emerging and future global medical requirements. Specifically, our MRAs are developing a new surgical team to support combat operations across dispersed environments. These five-person teams will be capable of providing damage control surgery in an austere environment, delivering critical care holding during airlift, and

performing emergent life-saving surgery in flight. They will be fully integrated in our EMEDS Health Response Teams supporting Air Expeditionary Wings, but will have the flexibility to independently deploy in support of unconventional medical requirements with light, lean and modular supplies/equipment. This and other future innovations will increase our ability to treat casualties and return the wounded, ill and injured to duty.

The AFMS continues to meet the evolving requirements of the combatant commander with a ready medical force. Foundational to our expeditionary medical capabilities is a system of MTFs that provides health readiness services with every encounter, a population of patients that drive the workload, case diversity and the acuity necessary for clinical currency for readiness, and our proven readiness training programs. Through these efforts we will provide trusted and reliable health services to our Airmen and their families for years to come.

We are grateful for the opportunity to meet with you today and look forward to your questions.