

Profiles and Duty Limiting Conditions

Two New Clinical Models to Standardize Provider Decision-Making and Increase Service Member Availability

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Background:

- Every day in clinic, military healthcare providers must make decisions about the implications of their service member (SM) patients’ health conditions for function, duty, deployment and continued military service.
- Providers must advise SMs on self-care and safe activity levels. Inappropriate advice, or lack of attention to restoration of function, can compromise functional outcomes.
- Providers must also give operational medical guidance to commanders so they can manage risk and assign SMs to appropriate duties.
- Under-protection at work can expose SMs and others to risk of harm. Over-protection at work reduces availability for duty and can end a career. Both can jeopardize mission success.
- Extensive non-military healthcare sector research indicates that (a) non-medical factors often impede recovery, and that (b) monitoring and active time-sensitive management of at-risk cases to optimize the process of care and restore function improves medical outcomes and reduces work disability.

Future phases of USAF Base Operational Medical Cell (BOMC) are intended to address these issues. In early preparation for that, two new clinical models have been developed to support high performance in this process, helping to optimize service member availability:

- A **categorization structure** to help drive actions and overall management processes.
- An **iterative clinical decision-making cycle** that structures / standardizes process steps.

Feedback on these models is welcome.

Drivers for Design of the Two Models:

- Accurately assess availability status; avoid over- and under-profiling, and report status timely.
- Use clinical expertise efficiently and appropriately; increase knowledge / mastery in this domain.
- Minimize needless medical unavailability; address all relevant obstacles impeding recovery.
- Optimize functional status of individual SMs both during and after military service.

Some Key Innovative Features:

- Specially-selected and trained Situation Managers are used to monitor Category 2 cases and provide longitudinal multi-dimensional, cross-functional, action- and results-oriented management of at-risk cases in the Service Member Availability Management (SMAM) process.
- Process design emphasizes identification of remediable issues, return to optimal function.

NOTE: Terminology used is USAF specific, but concepts apply to all military organizations.

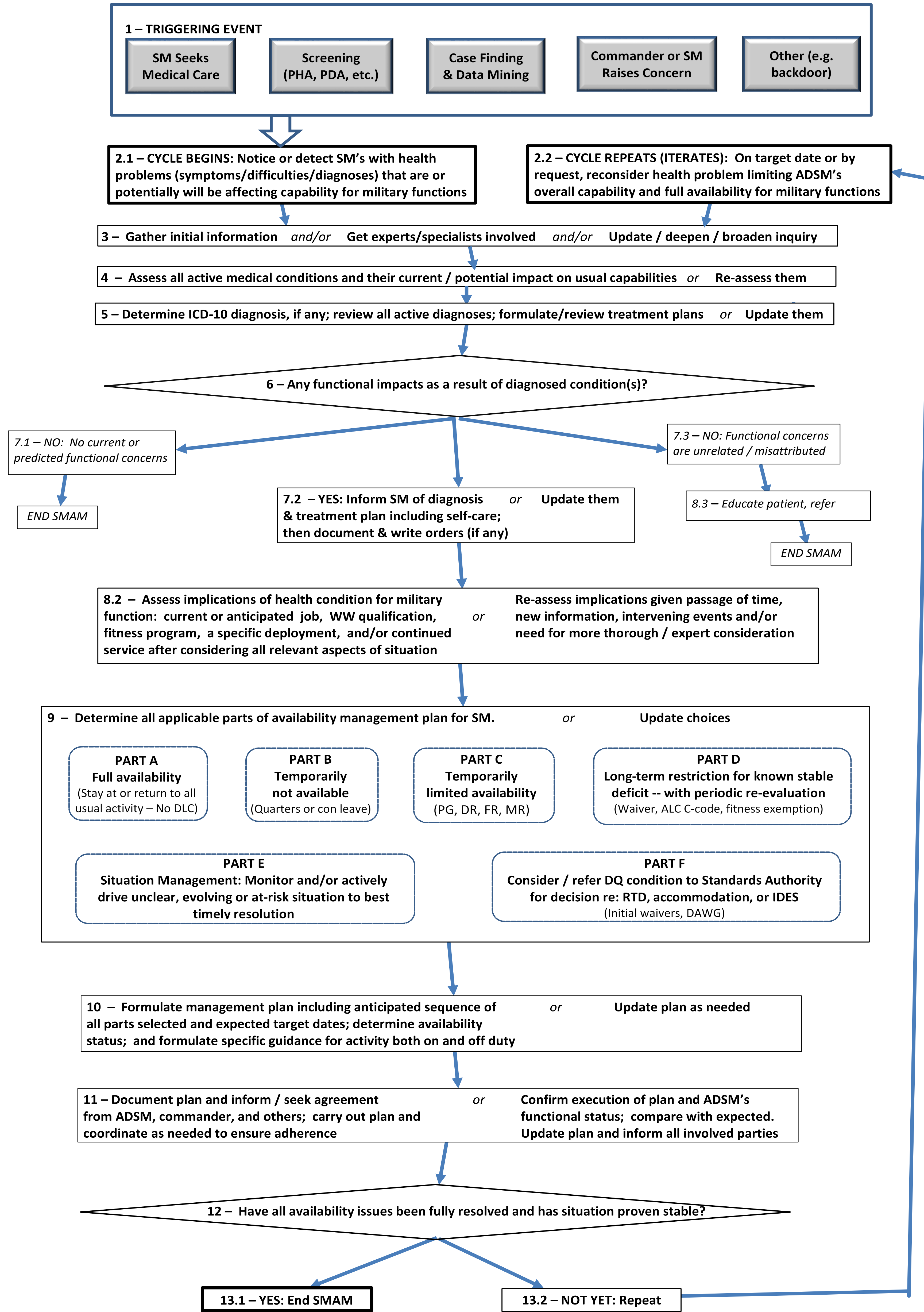
Goals of Model #1: Categories of SM Situations

- Distinguish among situations by type and level of expertise / management required for optimum outcomes
- Establish shared terminology, implications (think Glasgow Coma Scale), and expectations for management
- Simplify / clarify action plans needed, responsibility assignments — support “playbook” development
- Provide useful buckets for monitoring / managing the availability management process
- Provide a reliable mechanism to signal strategy change is needed (viz. when individual’s category changes)
- Ensure effort expended (time/expertise/cost) is consistent with needs and likelihood of yield

CATEGORY	1: Acute, self-limited, full recovery expected	2: Functional impact + unclear and/or still-evolving	3: Probably or definitely disqualifying per MSD	4: Known issues / sequelae with no or limited impact on mobility or duty
<i>Duration</i>	Short-term / Self-limited	Unknown, Indefinite	Long-term / Permanent	Long-term / Permanent
<i>Examples</i>	• Lacerated Finger • Sinus infection • Sprained toe • Tibia fracture • S/P definitive surgery	• > 30 d MR • > 2 exempted Fit Tests in 1 yr • Work-up w/ serious dx on differential or surgery likely, e.g., heart disease, herniated lumbar disc, hernia, asthma, auto-immune disease, cancer, major depression • Specialty referrals: Ortho, neuro, neurosurg, GI, cardiac, all downtown specialist referrals • Prolonged or recurrent MSK pain	Established Diagnosis • Common: Obstructive Sleep Apnea, Heart Disease, Type 2 Diabetes, Hypertension, Psoriasis, Asthma, etc. • Rare: Cancer, Spinal Cord Injury, Schizophrenia, Cardiomyopathy, Ankylosing Spondylitis, etc.	• Reduced joint range of motion post ankle or wrist fracture – makes running or push-ups uncomfortable, unlikely ever to change. • ALC “C” code for Obstructive Sleep Apnea with annual PRILO
<i>Severity at Size-up</i>	• Self-evident condition w/ expectation of full RTD in short term	• Evolving with serious dx on differential dx. Uncertain prognosis, episodic, chronic, unusual severity or delay, progressive, calendar pattern. • Poor response to treatment. • Patient-centered factors at play. • Future course / eventual outcome still fluid, might be improved with some effort.	• Diagnosis is listed in MSD and meets criteria or • Mobility restricted > 365 days • Deployment cancelled for medical reason	• Objectively determinable functional loss confirmed by examination or testing • Previously RTD after IRILO or MEB with ALC C code (accommodation)
<i>Impact on SM availability</i>	• Limited —full RTD likely in < 1 month or similar	• Possible over- or under-profiling • Possible long-lasting, progressive, or permanent lack of availability • Possible retention issue	• Probable retention issue • Clinical course, prognosis and functional impact to date will often be pivotal	• Fit test / fitness program participation • DR/MR: DP2NP/MEB/PEB has OK’d accommodations
<i>SMAM goals</i>	• Minimize needless delay in RTD, either to modified or full duty • Provide medically-safe duties during recovery • Assure 469 profile is correct	• More extensive eval of DR, MR, FR, DQ • Advocate for prompt effective medical & restorative care • Drive towards resolution; Avoid medicalizing human issues, avoid needless impairment/ work disability • Educate, empower member • Assure correct 469 profile; refer to DAWG prn	• Deliver excellent info to decision-makers that enables prompt resolution. • Advocate for prompt and effective medical & restorative care – and smooth transition out if that is the Air Force’s decision. • Set expectations to minimize collateral damage to morale, identity, and future life: “Do no harm”.	• For stable conditions, minimize waste of clinical resources and reduce administrative hassles for SM and PCM.
<i>SMAM response</i>	PCM: • Create ASIMS Profile • Create Chit (Navy) BOMC: • F/U by exception only for errors / quality issues	PCM: Refer to SMAM. Continue to treat in collaboration with SMAM. SMAM: • Evaluate history, behavior, context, course & prognosis to identify risk factors and potentially remediable issues in at-risk cases. • Involve all key parties – PCM, SM, CC. • If applicable, identify obstacles to resolution, envision optimal outcome, make strategy and pro-active plan to get there. Advocate for prompt, effective medical and restorative care. Employ collaborative problem-solving approach. Deliver messages. Teach self-care • PRN: BOMC SMAM Team review; maybe DAWG	PCM: Refer to DAWG for possible IRILO. Continue to treat in collaboration with SMAM. SMAM: • Evaluate history, behavior, context, course & prognosis. Obtain input from all key parties. • BOMC SMAM educates and counsels SM to deliver key messages both before and after DAWG / DP2NP decisions. • Prepare decision packet for DAWG. • If IRILO will occur: - Generate NARSUM; Assemble packet for DP2NP / MEB; Support SM throughout process.	PCM: Refer to SMAM. Continue to treat in collaboration with SMAM. SMAM: • Handle recurring annual profile renewals, waivers and PRILOs – if stable. • Refer unstable or changing situations to PCM and OSM prn.
<i>Who is driving things forward</i>	MSS	SMAM OSM (collab prn w/ SM, PCM, Commander, Specialist, PT, BEHOP, MSS, BOMC Provider, SGP)	SMAM OSM (collab prn w SM, PCM, Commander, PEBLO, BOMC Provider, Specialist, PO, SGP, MCM, etc.)	MSS (collab prn w OSM, PO, SGP, SM, PCM, Commander, PEBLO)
<i>Possible Migration</i>	To RTD or Category 2	To RTD Full Duty, Category 1, 3, or 4.	To RTD Full Duty, Category 2 or 4	To RTD Fully Duty, Category 2 or 3

Goals of Model #2: Iterative Clinical Decision-Making Cycle

- Routinize a complex process with multiple decision points
- Ensure comprehensiveness, focus on remediability and optimal functional outcome
- Utilize evidence-based Tx model: address **all** relevant obstacles to recovery
- Ensure timely action, prevent cases lingering below the radar
- Enhance coordination across all situation participants



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