TSG Sends: Highlights

May 2015

Army Telehealth:

- Telehealth (TH), the use of telecommunications and information technology, covers a variety of clinical services used to connect people to healthcare across distance. In the Army, TH is leveraged to provide world-class care and information to our Nations Service members, Retirees, Family members and civilian health partners in both garrison and deployed locations across the globe.

- Services that can be provided using TH include but are not limited to patient and provider encounters, consultations between providers, medical imaging, remote monitoring, mobile health and education. A variety of including clinical video-conferencing systems (VTC), internet-based Web sites or platforms and secure e-mail are a few of the technologies used to deliver TH services.

Medical Readiness Assessment Tool (MRAT):

- The MRAT is a predictive "big data" decision support tool for identifying Active Duty Soldiers at risk for becoming Medically Not Available (MNA)* used by clinicians in support of leaders/ commanders to develop and leverage multi-disciplinary interventions to maintain individual Soldier and unit deployment Readiness.

- The MRAT is a key tool in supporting Army Medicine's transformation to a System for Health from a reactive "Find and Fix" to a pro-active "Predict and Prevent" posture. Additionally, the MRAT supports NCQA accreditation for the Soldier Centered Medical Home (SCMH) healthcare delivery model.

- The MRAT has applications in both the Health Readiness Platform (HRP) setting through inclusion in the clinical workflow and in support of MTOE Command Surgeons and health care providers to proactively maintain Soldier and unit readiness in support of Commanders. MRAT is currently being implemented via MTT and a phased approach across the MEDCOM from 3QFY15-2QFY16 and in support of MTOE units (see also MEDCOM OPORD 15-37, dtd 17 MAR 15)

* MNA: Soldiers likely to be placed on a deployment limiting profile- MRC 3A/B within the next 12 months)

Army Telehealth

Title/Topic: Army Telehealth	POC: Telehealth Service Line	Date: 10 APR 2015

Check which Army Medicine Line of Effort is being supported:

x	Combat Casualty Care	x	Ready and Deployable Medical Force	x	Health Readiness of the Force	x	Health of Families and Retirees

Summary	Telehealth (TH), the use of telecommunications and information technology, covers a variety of clinical services used to connect people to healthcare across distance. In the Army, TH is leveraged to provide world-class care and information to our Nations Service members, Retirees, Family members and civilian health partners in both garrison and deployed locations across the globe. Services that can be provided using TH include but are not limited to patient and provider encounters, consultations between providers, medical imaging, remote monitoring, mobile health and education. A variety of including clinical video-conferencing systems (VTC), internet-based Web sites or platforms and secure e-mail are a few of the technologies used to deliver TH services.
Relevance	TH enables Army Medicine to connect providers and patients to health care globally to enhance readiness, access quality and patient care. TH improves readiness by providing access to care at duty locations and by extending to the point of injury in real time and thereby reduces the need for medical temporary duty assignments and time away from the mission. Telehealth also helps Army Medicine to leverage medical capacity effectively and cross–level clinical expertise whenever and wherever it's needed. TH expands the influence on our civilian partners in health in the Lifespace, the time when patients are outside the brick-and-mortar walls of Army hospitals and clinics. Expanding TH services supports Army Medicine's continual journal towards becoming a High Reliability Organization by enhancing quality and patient safety.

Themes	Message	Talking Points	Audience
Healthcare	Army TH provides clinical service across 18 time zones and 30 countries and territories—the largest geographic area of any TH system in the world.	• Army TH Providers conducted over 150,000 provider-patient encounters and provider consultations from 2008-2014 in support of our partners in health. • In any given year, approximately 2000 patient/provider encounters and consultations are provided in support of our deployed service members. • In FY 2014 over 2 million secure messages were sent to or from over 234,000 patients and 9,000 clinicians/staff users.	Internal Army Medicine
Research & Development	TH is currently provided in over 30 clinical specialties such as Psychology, Dermatology, Cardiology, Radiology and Nutrition.	• The Army Medical Command (MEDCOM) recently began an innovative three-year TH expansion plan to create a Connected, Consistent Patient Experience (CCPE). The CCPE enables MEDCOM to expand telehealth capabilities into other specialties. • CCPE current and planned capabilities for the future include: (1) Establishing a Virtual Patient-Centered Medical Home; (2) Optimizing provider-provider tele-consultations; (3) Expanding clinical video-teleconferencing systems into new specialties; (4) Piloting remote health monitoring; (5) Enhancing the TH Operating Company Model and; (6) Establishing Mature Army Theater TH capability.	Internal & External to Army Medicine
Education & Training	Army TH can be traced back to the 90"s when the Army pioneered its first portable TH system in Somalia.	• Since 2009, Warriors in Transition with traumatic brain injuries have used specialized mobile health applications through the Army's Mobile Health Care Environment. • For three years, providers across the Army have benefitted from routine Pain ECHOs (A tele-mentoring and medical education system built in partnership with the University of New Mexico). • Army Medicine has invested in three Tele-Behavioral Health provider hubs which are strategically located across the world to ensure routine and emergency surge support coverage on the "awake clock" (where someone is always awake and ready to support the mission.	External Army Medicine
Healthcare Administration / Enablers	Army Medicine is not waiting for change to happen, but instead is driving the change to maintain its relevancy and value for the future.	• Army Medicine is working to build a seamless, global tele-consultations platform that optimizes and integrates its current systems. From battlefield to bedside, providers will be able to access specialty expertise from their colleagues from any where in the world they are working. • The Army's goal is to create a seamless tele-consultation system for Army TH which will enable patients to receive the best specialty services Army Medicine has to offer.	Senior Leaders

Medical Readiness Assessment Tool (MRAT)

Title/Topic: Medical Readiness Assessment Tool (MRAT)		Date: 14 APR 2015

Check which Army Medicine Line of Effort is being supported:

	Combat Casualty Care	X	Ready and Deployable Medical Force	X	Readiness and Health of the Force		Health of Families and Retirees

Summary	**The MRAT is a new screening tool based on a form of electronic decision support that has been shown to improve health care and reduce costs in civilian health systems. The MRAT uses statistical data modeling of large datasets ("big data") to assess individual risk without user data entry. It automatically rank-orders Soldiers by the evidence-based probability of future, permanent Medical Non-Availability (MNA) and identifies modifiable risk factors for MNA.**
Relevance	**The central utility of the MRAT is to avoid last-minute decisions on Soldier readiness. The MRAT provides a by-name Soldier list with factors that have been shown to be associated with higher MNA risk. The MRAT allows clinicians and non-clinician leaders to create custom reports and graphs. These illustrate the rates and trends of actionable factors within and across military units by UIC (to the Co/ Det level) and at the individual Soldier level.**

Themes	Message	Talking Points	Audience
Health Delivery	The MRAT gets to the ***left of the blast*** in proactively identifying Soldiers at high risk for becoming medically non-available	• Improves upon our current qualitative method for identifying Soldiers on a trajectory towards MNA • Delivers information that supports holistic identification of root causes to patient presentations (vs. treating symptoms) • Work as a System for Health (not disparate clinics) to manage challenging patients using a Common Operation Picture • Supports the System for Health Transformation; from ***"Find and Fix"*** to ***"Predict and Prevent"***	Internal & External to Army Medicine
Research & Development	The MRAT leverages leading practices in predictive healthcare analytics from the civilian sector	• The MRAT methodology stems from over three years of PhD level research and development sponsored by MEDCOM at the University of Chicago • Like the Framingham cardiac risk tool, the MRAT uses statistical data modeling of large datasets ("big data") to assess individual risk. However, the MRAT requires no data entry, automatically rank-orders Soldiers by the evidence-based probability of future, permanent Medical Non-Availability (MNA), and displays modifiable risk factors for MNA. • The MRAT projects the risk of a Soldier's MNA status 12 months into the future. The risk score is produced via a regression model computed on 24 million rows of longitudinal, total-Army data and 250 candidate variables. Predictive factors include demographics, profiles, medical diagnoses, and prior deployment history. The MRAT undergoes annual validation and performs similarly to screening tools in use in common medical practice.	Internal & External to Army Medicine
Education & Training	The MRAT requires no user level data input; and requires minimal user level training	• TARGET AUDIENCE – military & civilian medical staff assigned to and/ or supporting management of Soldiers with or at risk for chronic pain issues or other reversible medical conditions that could lead to a MNA status • Time Required: HRP Clinician Course (1.5 hours); Unit (MTOE) Clinician / Superuser Course (2.5 hours) • Phased Implementation on-going through MTT to MEDCOM MTFs/ MTOE unit providers (see MEDCOM OPORD 15-37)	Internal & External to Army Medicine
Health Delivery Administration / Enablers	The MRAT is supported via multi-tiered reach back & Support from the Tactical to Strategic Levels	• MRAT enables clinicians to proactively address highest risk Soldiers systematically • MRAT automatically compiles list for monthly unit profile/ medically non-deployable review boards ISO the Command • Using the MRAT empowers newly arrived clinicians to expediently identify at risk patients iSO pending real world and training deployment missions	Internal & External to Army Medicine