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Using Civilian Facilities to Maintain Military Medical Skills

Currently, most nondeployed military medical personnel are stationed at military treatment facilities (MTFs), where the clinical skills most in demand differ significantly from those typically required during deployment. Specifically, the most frequent diagnoses at MTFs relate to obstetric care and conditions related to aging. In contrast, the most frequent diagnoses during deployment relate to wounds, fractures, and such acute conditions as febrile illness. The gap between the skills required at the MTFs and the skills required during deployment poses significant challenges to maintaining the military readiness of the medical force.

One alternative arrangement would be to station some military medical personnel in civilian settings, such as emergency rooms or trauma centers, where the case mix more closely resembles the expected case mix under deployment. A study conducted jointly by RAND Health and the RAND National Defense Research Institute found that civilian medical organizations are generally receptive to this model.

To conduct the study, RAND researchers developed a model with DoD's Office of Program Analysis and Evaluation in which military personnel would be stationed at civilian facilities for about 8 months during a typical year and on military duties for the remaining 4 months. The researchers used this model during interviews with 9 major civilian health care organizations to gauge civilian reactions to the arrangement.

In general, the civilian organizations thought that the model was feasible. However, three reservations about feasibility emerged:

- If the civilian counterpart job is unionized, the model would be difficult to implement.
- Enlisted DoD medical personnel are occasionally given more responsibility than their civilian counterparts are legally allowed.
- The labor market for enlisted medical occupations can be relatively slack.

The study results also indicated that personnel policy issues were of greater concern than the risk of deployment or of liability issues. Many of these issues related to the degree of control that the civilian organization would have over choosing, disciplining, terminating, and reallocating DoD staff.

Stationing military medical personnel at civilian facilities could potentially give DoD more flexibility to employ any mix of medical personnel without having to sustain them in MTFs, but there are potential disadvantages. For example, DoD's costs could increase if it must replace some medical personnel currently providing care in MTFs. These costs might be partially offset by civilian organizations, which the study found may be willing to provide permanent-duty stations for military medical personnel and may even be willing to share the cost of these personnel. However, civilian organizations were concerned about the complexity of compensation and about sharing the cost of benefits as well as salaries.

Given the relatively positive reaction of civilian organizations, the researchers conclude that DoD could consider conducting a pilot study involving 5 to 7 civilian sites to assess the model's effect on readiness, retention, and morale and to determine whether the benefits of the program appear to outweigh the costs.

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