Health Services HQMC

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The Medical Officer to the Marine Corps

UNCLASSIFIED
HQMC, HEALTH SERVICES

• Advise the CMC and HQMC staff on all matters regarding health care and serves as the subject matter experts on health related requirements and issues for other HQMC agencies.

• Provide recommendations on all medical and dental matters supporting the Marine Corps.

• Initiate actions through HQMC and the Military Health System to establish and meet Health Service Support requirements.

• Assist HQMC staff in formulating landing force and field medical doctrine, procedures and programs.
Strategic Outlook

- Organic health service support wherever Marines are engaged.
- Force protection and health service support despite resource constraints.
- Evolving USMC missions: Stability Ops, HA/DR, Detainee operations, Homeland Defense/Homeland Security
- Interoperability with U.S. Navy, Joint and Coalition partners
- Shifting to a more Forward Expeditionary-Based platform.
- Shifting to be more in sink with “Expeditionary Force 21” and an expeditionary force in “READINESS”.
- Force 2025 review underway.
Information Sharing

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

• **General Rule:** A covered entity may use and disclose the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission.

• **Commanders** who exercise authority over an individual who is a member of the Armed Forces, or other person designated in writing by such a commander* to receive protected health information in order to carry out an activity under the authority of the Commander. These activities include:
  • To determine the member's fitness for duty.
  • To determine the member's fitness to perform any particular mission, assignment, order, or duty.
  • To report on casualties in any military operation or activity in accordance with applicable military regulations or procedures.

*Note: based on individuals not a blanket designation
Information Sharing

• Health care providers shall balance notification of a member’s commander with operational risk management.

• Notify a commander when a member presents with a mental health condition in these circumstances:
  • Harm to Self or Others
  • Risk to Mission
  • Special Personnel (Personnel Reliability Program).
  • Inpatient Care
  • Substance Abuse Treatment Program.
  • Results of a CDMHE

• Provide the minimum amount of information to satisfy the purpose of the disclosure.
  • Diagnosis.
  • Description of the treatment prescribed/planned.
  • Impact on duty or mission.
  • Recommended duty restrictions.
  • Prognosis.
Marine-Centered Medical Home

- The model for garrison healthcare.
  - Groups multiple unit Aid Station’s in one facility for clinical care.
    - CO’s retain OPCON / ADCON of their organic personnel.
  - Improve quality of care and facilities while reducing cost.
    - Medical is approx. 20% of DoD budget.
  - Improved access to care including embedded Behavioral Health and Care Coordinators.
  - Better care coordination between unit medical officer and MTF/civilian care.
    - Reduces risk including poly-pharmacy.
Health Care Quality Assurance

• Commander’s Responsibility
  • Health and Welfare of assigned Personnel.
  • Supervise the performance of assigned Medical Personnel.
  • Establish expectations for support from the Defense Health Program.

• TMO Responsibility
  • QA Program Oversight and Coordination through MARFORs and MEFs
  • Ensure clinical competency of all operational providers.
  • Establish support agreements with BUMED (BSO-18) Regional Commanders.
Modified Duty/Medical Boards

- Modified duty by regulation based on single medical issue:
  - Light duty up to three 30-day periods, re-eval monthly.
  - LIMDU up to two 6-month periods*, re-eval 1 monthly before expiration.

- Integrated Disability Evaluation System (IDES).
  - Medical Evaluation Board (MEB): Local specialists; determine if member meets retention standards of their job, refer to PEB.
  - Physical Evaluation Board (PEB): Administrative; determines if member meets retention standards to remain in Service.
  - Non-Medical Statement: can the Marine do their job, how good a Marine are they, line of duty if necessary.
  - Active management and relationship with MTF POC critical.
WAY AHEAD

• Navy Manpower in Support of the Marine Corps
• Regular communication with medical personnel.
• Regular medical screenings (PHA, pre/post-deployment surveys and face to face evaluations).
• Support mTBI and other mental health issue reporting by eliminating stigma.
• **PREVENTING SUICIDES**
Questions ?