Defense Health Board

“THE UK MILITARY HEALTH SYSTEM: A SYSTEM BUILT ON COLLABORATION”

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BRITISH LIAISON OFFICER (DEPLOYMENT HEALTH)

27 November 2012

Scope

- Context and Perspective
- The transformation of the UK Military Health System: Revolution and Evolution
- Collaboration: At home and abroad
- Issues and Challenges
- Questions
Context and Perspective

The United Kingdom

[Map of the United Kingdom showing England, Scotland, Wales, and Northern Ireland]
Size Matters…

Oregon vs. Connecticut
- Population: 62.26M vs. 3.5M
- Area (sq mil): 93.8K vs. 7,844

Idaho, US Military's 4th largest by Land Area vs. United Kingdom's 5th largest by Population Density
- Military Expenditure: $62.7Bn 4th by actual spending vs. 5th by GDP (2.6)

.....It’s all a matter of scale!

<table>
<thead>
<tr>
<th>Category</th>
<th>US (TRICARE)</th>
<th>UK (DMS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Eligible Beneficiaries, of which:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Active Duty Service Members</td>
<td>9.6 million</td>
<td>258,000</td>
</tr>
<tr>
<td>Total Active Duty Family Members</td>
<td>1.5 million</td>
<td>180,000</td>
</tr>
<tr>
<td>Retirees and Families</td>
<td>2.1 million</td>
<td>78,000</td>
</tr>
<tr>
<td>Guard/Reserve and Families</td>
<td>4.9 million</td>
<td>0</td>
</tr>
<tr>
<td>Total Active Duty Family Members</td>
<td>1.0 million</td>
<td>0</td>
</tr>
<tr>
<td>Military Facilities—Direct Care System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospitals</td>
<td>56</td>
<td>1 (+6)</td>
</tr>
<tr>
<td>Medical Clinics</td>
<td>363</td>
<td>Circa 200</td>
</tr>
<tr>
<td>Dental Clinics</td>
<td>275</td>
<td>151</td>
</tr>
<tr>
<td>Veterinary Clinics</td>
<td>288</td>
<td>0</td>
</tr>
<tr>
<td>Military Health System (MHS) Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military</td>
<td>86,007</td>
<td>4,900</td>
</tr>
<tr>
<td>Civilian</td>
<td>58,369</td>
<td>2,465</td>
</tr>
<tr>
<td>2012 Budget for Defense Health Program</td>
<td>$54 billion</td>
<td>$787 million</td>
</tr>
</tbody>
</table>

As at Aug 2012
UK Health System - Pre-Cold War

UK Military Health System

UK Civilian Health System

Medical
Hospital
Dental
Deployed

Public
Private (11%)

Components of Mil Healthcare

Deployed Med Cap
Medical
Dental
Medical Logistics
Medical Trg & Ed
Medical R&D
Rehabilitation
Mental Health
Military Hospitals
From REVOLUTION...
1993 – “Options for Change”

- Single Service Med Svcs
- Joint Med Svcs
- NHS / Private

- Deployed Med Cap
- Medical
- Dental
- Medical Logistics
- Medical Trg & Ed
- Medical R&D
- Rehabilitation
- Mental Health
- Military Hospitals

...to EVOLUTION
1998 – “Strategic Defence Review”

- Single Service Med Svcs
- Joint Med Svcs
- Other

- Deployed Med Cap
- Medical
- Medical R&D
- Rehabilitation
- Mental Health

- DDA
- MSA
- DMTO
- DSCA
- SG
- DDA
- MSA
- DMTO
- RCDM
- DSCA
- MDHUs
...to EVOLUTION
1998 – “Strategic Defence Review”

- Single Service Med Svcs
  - MDG
    - Deployed Med Cap
    - Medical
    - Rehabilitation
    - Mental Health
- Joint Med Svcs
  - SG
  - DDS
  - RCDM
  - DMETA
- Other
  - In-pt MH Care

REVOLUTION or EVOLUTION??
2010–“Strategic Defence & Security Review”

- Single Service Med Svcs
  - MDG
    - Deployed Med Cap
    - Medical
    - Rehabilitation
    - Mental Health
- Joint Med Svcs
  - SG
    - ACDS(H)**
    - JMC**
    - DPHC**
      - Medical
      - Rehab
      - Mental H
  - DMG
- Other
  - In-pt MH Care
  - MDHUs
Structure – Defence Reform Unit Compliant

Comd JFC****

SG***

IG*

COS*

ACDS(H)**

Comd JMC**

Comd DPHC**

+ 2 Mil 1*s And 1 SCS

+ 5 Mil 1*s

+ TBD

AF MAJCOMS

MEDCOM

11/28/2012

US Military Health System (MHS)

SECRETARY OF DEFENSE

Direction & Control

Policy/Budget

SEC Navy

SEC Army

SEC AF

CNO

CSA

CSAF

NAVY

ARMY

AF

BUMED

MEDCOM

AF MAJCOMS

MTFs

MTFs

MTFs

Multi Service Market Management

Tricare Mgt Activity

[Deputy Director (2 Star)]

Limited Shared Services:

• Health IT
• Pharmacy
• Contracting
• Facilities
• Logistics

as at 2012
Comparison US and UK Military Health Systems

**US MHS**
- Secretary of Defense
  - Service Chiefs
  - Service SGs
  - TDA
  - TOE
  - MTFs
  - JTF-CAPMED
- Multi-Service Market Management
- ASD(HA)
- Tricare Management Activity (TMA)

**UK MHS**
- SG
- Service Chiefs
- ACDS(H)
- TOE
- MTFs
- JMC
- Multi-Service Market Management
- DPHC
- MDHUss
- DMRC

Unclassified
Collaboration – at home

Collaboration - abroad

- Bosnia – R3MMU (Sipovo)
- Kosovo – Camp Bondsteel
- Afghanistan – R3MMU (Kandahar)
- Afghanistan – R3(UK) (Bastion)
Collaboration - Med Op Capability

- **Pre-Hospital Emergency Care (PHEC):**
  - Tourniquets
  - Haemostatic Dressings

- **Medical Evacuation and in-route care (MEDEVAC):**
  - Blood
  - “Flying ER”
  - “inter-fly”

- **Deployed Hospital Care (DHC):**
  - Massive Blood Transfusion
  - TXA (Tranexamic Acid)

- **Command and Control (C2):**
  - PECC (MERT / Pedro / Dustoff)
  - Combined Training

Collaboration – US/UK

- **Exchange Officers (ISR; Aeromed; Avn Med; AFSG)**
- **Liaison Officers (OTSG; OSD/FHP&R)**
- **Medical Research**
- **International SG/WGs (CBRN; OEHS; COMEDs)**
- **US/UK Task Force:**
  - WG1 – Transition
  - WG2 – Mental Health
  - WG3 – Wounded Warrior Rehabilitation
  - WG4 – Families
  - WG5 – Deployed Medical Capability
**Issues and Challenges**

- Implementation of SDSR
  - Size, shape, composition of the DMS
  - Less Uniformed delivery of military healthcare
  - More partnership with public, private and Third sector

- Delivering operational effectiveness
  - Joint, Reserves, Contractors.
  - Multinational – NATO, EU

- Potential game-changers.....

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**2014 – Scottish Referendum**

“What do you mean - that’s fine by you?”
QUESTIONS