



# Caring for America's Heroes

## Reserve Forces Policy Board

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# Overview

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- DoD Priority and Health Affairs Role
- MHS Mission/Priorities/Accomplishments
- Reserve Component Healthcare Developments
- Post Deployment Health Reassessment (PDHRA)
- Individual Medical Readiness (IMR)
- Reserve Component Continuum of Care
- TRICARE Reserve Select (TRS)





# “No Higher Priority”

“They deserve the very best facilities and care to recuperate from their injuries and ample assistance to navigate the next step in their lives, and that is what we intend to give them. Apart from the war itself, this department and I have no higher priority.”

Robert Gates  
Secretary of Defense





# Health Affairs Role

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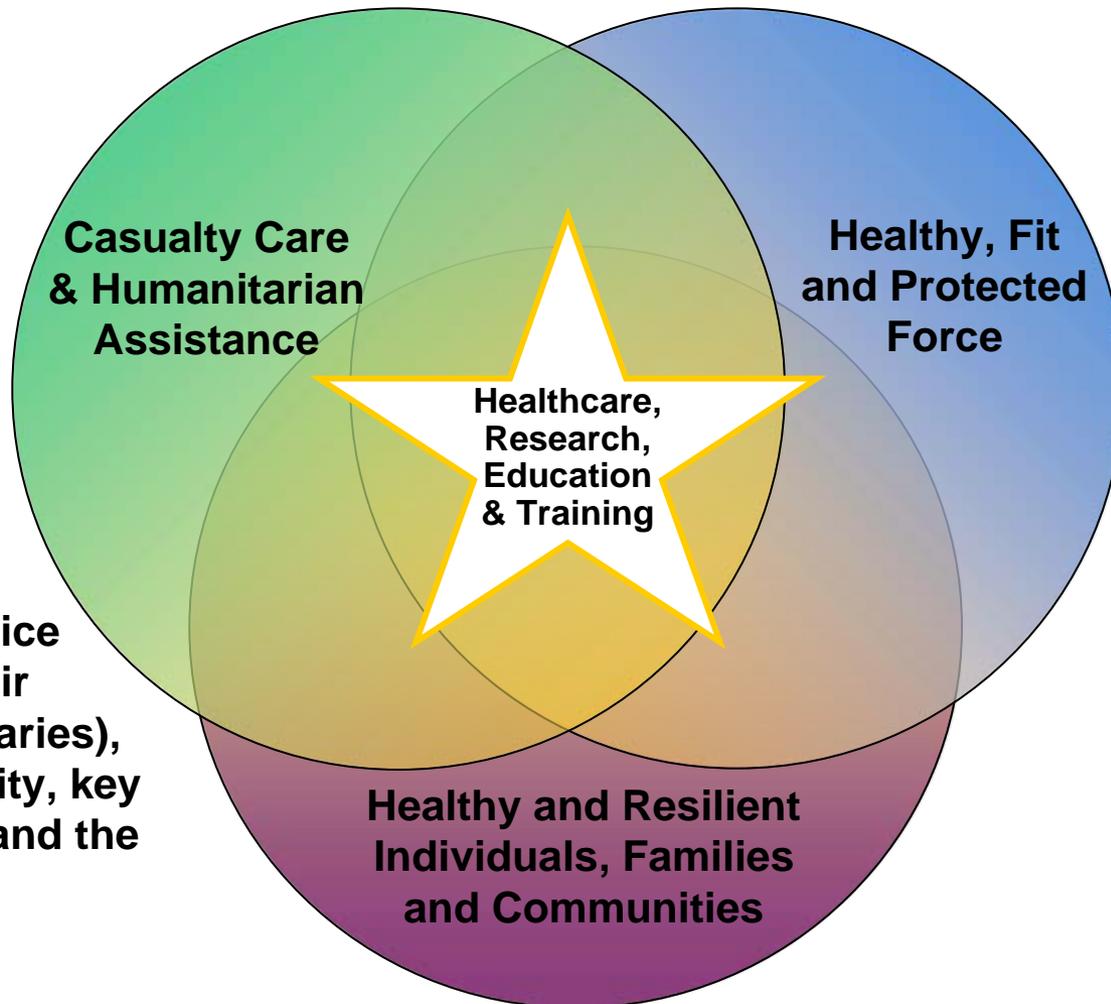
- Advocate for a strong health care system
- Provide leadership in management, education, service culture and research
- Educate, train and develop the right people for the right jobs across the system
- Coordinate interagency issues
- Insure that we are ready to deploy anywhere, anytime, and have a fit and healthy force





# Military Health System Mission

Our team provides optimal Health Services in support of our nation's military mission — anytime, anywhere.



**Customers:** Service members and their families (beneficiaries), medical community, key opinion leaders, and the American public.

**When:** Anytime

**Where:** Anywhere





# Military Health System (MHS) Priorities

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- Enhance warrior care
  - Strengthen the continuum of care
- Build a bridge to peace
  - Support US strategic objectives
- Promote patient choice and accountability, healthy communities, safety and quality
- Strengthen medical education and research
- Create healing environments





# MHS Accomplishments 2007-2008

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- Service-specific warrior care programs
- Launch of Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury
- MHS academic publications
- Humanitarian missions
- Health.mil





# Reserve Component (RC) Healthcare Developments

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- Baseline pre-deployment neurocognitive assessment
- Mental Health Self-Assessment Program
- Warrior support web-based programs
  - Afterdeployment.org
  - Military OneSource
- RC access to AHLTA (Armed Forces Health Longitudinal Technology Application)





# Reserve Component (RC) Healthcare Developments (Con't)

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- High congressional interest in Active Component (AC) and RC psychological health (includes Post-traumatic Stress Disorder) and Traumatic Brain Injury (TBI)
- Yellow Ribbon RC Reintegration program
- Reserve Health Readiness Program provides medical and dental services to the RC
  - Pre-deployment care
  - Post-deployment processing
  - Post-deployment reassessment





# Post Deployment Health Reassessment (PDHRA)

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- Implemented in 2005 for Active Duty, Guard and Reserve
- Physical and psychological health reassessment of forces 90-180 days post-deployment
  - Education, screening and global health assessment to identify required care
  - Collection tools identical for the AC and RC





# Individual Medical Readiness (IMR) Background

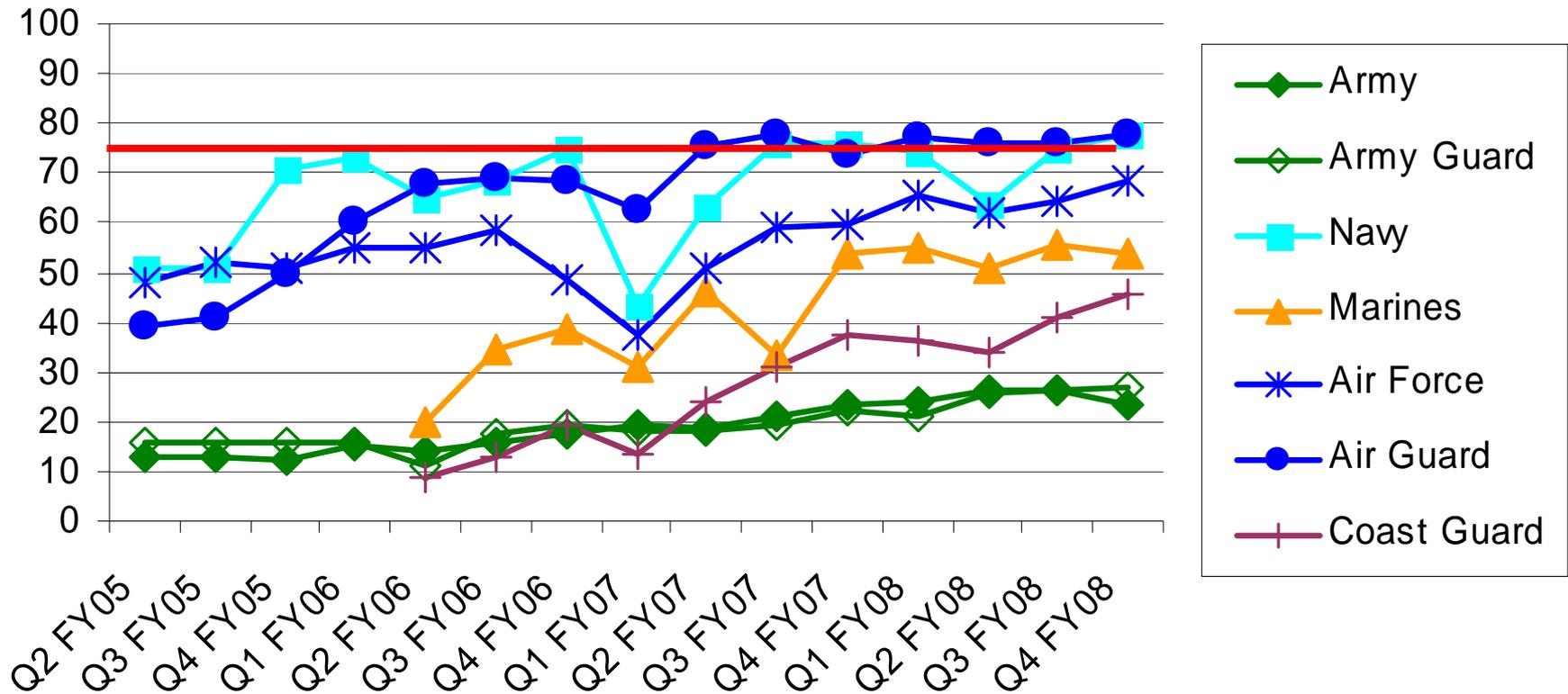
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- Provides continuous monitoring of medical readiness and deployability on defined, measurable medical elements reported via:
  - Status of Resources and Training System (SORTS)
    - Operational Commanders
    - Service HQs
  - Status of Forces Briefing (USD P&R)
  - Force Health Protection Council (DASD FHP&R)





# Fully Medically Ready Reserve Component (Goal 75%)





# Reserve Health Care Continuum

## ■ Healthcare for Activated RC

Health Coverage	Military Duty 30 Days or Less	Pre-Activation* (90 days early eligibility)	Active Duty Benefits	De-Activation (upon leaving active duty)
Guard/ Reserve Member	Line of duty care only	Full TRICARE coverage as active duty service members	Full TRICARE coverage as active duty service members	TAMP followed by CHCBP or TRS
Family Members	None	Full TRICARE coverage as active duty family members	Full TRICARE coverage as active duty family members	TAMP followed by CHCBP or TRS

## ■ Healthcare for Non-Activated RC

- TRICARE Reserve Select (TRS)





# TRICARE Reserve Select (TRS)

- A premium-based health plan for purchase by qualified Selected Reserve Members
  - Members pay **28%** of total premium cost
  - 2008 monthly premium rates
    - \$ **81** TRS Member-Only coverage
    - \$ **253** TRS Member-and-Family coverage
  - NDAA 09 changed methodology to set premium rates
    - 2009 premium rates are anticipated to be significantly lower than 2008
    - New rates to go into effect Jan 1<sup>st</sup>, 2009
- Restructured and simplified 01 Oct 2007
  - **All** Selected Reservists may qualify to purchase coverage **except** those “eligible for or enrolled in” the Federal Employees Health Benefit (FEHB) program
- Comprehensive health care coverage
  - Comparable to TRICARE Standard/Extra
- Participation as of September 31, 2008
  - 30,242** TRS plans in effect
  - 79,348** Covered beneficiaries (including family members)





# Procedures to Purchase Coverage

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- Access TRICARE Reserve Select (TRS) Guard/Reserve web portal @ <https://www.dmdc.osd.mil/appj/trs/index.jsp>
  - Answer questions to complete TRS request form
  - Includes self-certification of non-eligibility for FEHB
- Print-out completed form and sign
- Submit completed form with 1 month payment to TRICARE Regional Contractor





# Back-up Slide





# Fully Medically Ready Active Components, Goal 75%

