Navy Medicine's Reserve Utilization Program (MEDRUP)

Concept of Operation

1.0 Purpose

The purpose of Navy Medicine's Reserve Utilization Program (MEDRUP) is to establish an integrated Navy Medical Department in compliance with Total Force Policy, SECNAVINST 1001.37A, to meet the full spectrum of Navy Medicine's operational requirements.

2.0 Background

The traditional role of the Naval Reserve was focused on meeting the cold war global threats with little or no notice. Today, the National Military Strategy calls for the seamless integration of active and reserve components into a Total Force. The Navy Total Force Policy expands the role of the Naval Reserve from its traditional role of mobilization into the full spectrum of the Navy's operational requirements, including routine operations, exercises, contributory support, forward deployment and other peacetime contributory support missions. It is essential that the investment in the Reserve Forces be used to augment Navy fleet operations.

There are dramatic changes taking place in military medicine impacting the mission of the Navy Medical Department. The implementation of the Department of Defense managed care program, TRICARE, has changed the way we provide health care to our military members, their families and retirees. There has also been a significant change in expectations of health care users and the technologies available to provide care. The Military Health System Optimization Plan has been developed to guide Military Medical Departments in meeting these increased demands and expectations. The need for the Medical Reserve to evolve from a "Force in Reserve" to a "Part Time Staff" is required to meet the additional responsibilities of the Navy Medical Department.

Like many large organizations, Navy Medicine faces the challenge of effectively managing and allocating a vast array of highly skilled personnel resources. If the challenge is not met, the result is under utilization of critical manpower resources needed to meet the requirements of the Navy Medical Department. The Surgeon General is the resource sponsor for Program 32 Naval Reserve Naval Hospitals (NRNHs), Program 46 Naval Reserve Fleet Hospitals (NRFHs), and Dental Augmentation Naval Reserve Dental Commands (NRDCs). Support for the Military Health System Optimization Plan and the operational medical requirements specified by the Fleet CINCs require the Total Medical Force. The recent transfer of the operation control (OPCON) of the NRNHs, NRFHs and NRDCs to BUMED will greatly facilitate integration of the Medical Reserve into the mission of Navy Medicine.

The Submarine Community pioneered the integrated Total Force organizational model in which OPCON is assigned to the Active Component and administrative control (ADCON) is retained by the Commander, Naval Reserve Force (CNRF). While this is a unique arrangement in the reserve world it is a common organization for the active component. The Submarine Force program has demonstrated significant improvement in the amount of contributory support provided by reserves. They have also enhanced retention and readiness of the reserves. To manage this integrated organization, the Submarine Community created a management information system called Reserve Order Assignment Management Reporting System (ROAMRS). MED-07 working closely with the Submarine Community, has deployed a Medical ROAMRS (MROAMRS) to support phase one of the Medical Reserve Utilization Program (MEDRUP).

3.0 Operational Requirements

Navy Medicine's MEDRUP concept of operations (CONOPS) is based on the principle that BUMED has operational control of NRNHs, NRFHs, and NRDCs. The change in reporting command allows BUMED to integrate over 7,000 medical reservists into direct support of the mission of Navy Medicine. This model, which was pioneered by the Submarine Community, has shown dramatic positive results in terms of optimizing reserve contributory support, readiness, and retention.

3.1 Phase 1 – Modified Submarine Access Data Base

The management tool of the Submarine Reserve Utilization Program (RUP) is the ROAMR Information Management System. MED-07 has modified ROAMRS to begin the MEDRUP in October 2000. The Submarine Community is working closely with MED-07 to enhance the existing ROAMRS Access Database to meet Navy Medicine's unique requirements. While MROAMRS is not scalable or easily adapted to web-based delivery it will serve as a functional requirements pilot for a Phase 2 web accessible system.

The Phase 1 MROAMRS has been deployed to the Reserve Liaison Officers (RLOs) at the MTFs with NRNHs, the NRFHs, MED-06 and MED-07. The beta test was conducted at the National Naval Medical Center, Bethesda and the Naval Medical Center, San Diego. N931, MED-31, and MED-06 will perform requirements validation. To effectively utilize this management tool, the Reserve Liaison Officers will be provided reserve manpower information from the Reserve Training Support System (RTSS) managed by the CNRF. In addition, information will be provided from the Inactive Manpower Personnel Management Information System (IMAPMIS) for specialty information, and the Centralized Credentials and Quality Assurance System (CCQAS) for current clinical privileges of health care practitioners.

3.2 Phase 2 – Web Accessible, Scalable, and Integrated Information System

The Navy Medical Information Management Center (NMIMC) and MED-07 will develop a web accessible integrated Medical Reserve Utilization Program Management Information System (MEDRUPMIS) that can be easily adapted to program changes. The MEDRUPMIS will be used to record contributory support requirements; integrate reserve manpower resources; provide an automated mechanism for matching requirements to resources and monitor assignment of Medical Department reservists to mobilization billets.

Additionally the information system shall document assignment of billet control numbers and report reserve contributory support. This system will be managed on a daily basis by the RLOs at the big eight CONUS MTFs and Fleet Hospital REDCOM Program Managers. There will be global access to information for Reserve Medical Commanding Officers, Commander Naval Reserve Force staff in New Orleans, and BUMED (MED-07, MED-31, N931, MED-06).

Interface with RTSS, IMAPMIS, CCQAS and TFMMS will be established for SELRES demographics and billet information. A view only interface with the Reserve Financial Management System (RESFMS) will be established to monitor and report executed contributory support. In addition, fields for comments and storage of essential information not found in other interfaced systems will be created. Types of additional data desired include medical readiness status, phone numbers, email addresses, language skills, civilian employment, availability, special traits, assigned work center, security clearance and training readiness.

4.0 Medical RUP Process

This section presents an overview of the MEDRUP information flow process and the relationship with other Reserve Force information management systems.

4.1 Requirements Acquisition

Requests for reserve augmentation will generally be in support of Medical Centers, Dental Centers, exercises, operations, and medical readiness. As such, the active duty command POMI will have input as well as review of MEDRUP submissions to BUMED. Staffs shortfalls due to CME, required conferences, support to other commands, annual and emergency leave, Fleet support and exercises, and PCS vacancies account for most of the urgent requirements for support. In addition, there are special project opportunities for which reservists are specially qualified that justify a medical requirement. The collection of requirements is the responsibility of the RLO and BUMED.

Sources of medical requirements for the MEDRUPMIS include:

- Reserve Liaison Officers from MTFs in cooperation with NRNHs will input requirements from the MTF annual planning process that are identified for contributory support.

- Program Managers for NRFHs will enter requirements that have been identified for their support directly into the MEDRUP System. These requirements are generally in support of exercises but may include any medical requirements that they have been requested to support.
- The MED-06 Reserve Liaison Officer will provide dental support requirements. Dental currently operates the Dental Directed Contributory Support System (DDCSS).
- MED-31 will input medical TAD support from all CONUS and OCONUS Medical Treatment Facilities (Claimancy 18). This may be a duplication of requests entered into the system by NRNH COs/ RLOs but will be picked up in the validation process.
- N931 will input operational and exercise medical support requests. Generally, these requirements will come directly from the Fleet CINCs or other Non-Claimancy 18 commands.
- The Readiness Command's Directors of Health Services (DHSs) will provide special medical readiness requirements to MED-07 for entry into the MEDRUP system. Coordination within Readiness Commands by DHSs working with MED-07 will identify the need for special or focused efforts to provide medical and/or dental examinations for the Reserve.
- Reserve unit Training Officers (TOs) will enter information into the system designating a reservist for training, thereby removing the individual from nomination availability for that fiscal year.

4.2 Requirements Validation

Requirements submitted from the sources listed above will be entered into MROAMRS and sent to MED-07 in Phase 1 by email message attachment. This information will be integrated into a global MED-07 database. N931, MED-31, and MED-06 will validate all requirements. Requirements that are not approved will be handled as exceptions and a message will be prepared by the validating code back to the originator with a copy to MED-07. MED-07 will track non-validated requirements to ensure RLOs remove them from the MEDRUP system. In Phase 2, medical support requirements validation will be done directly into the MEDRUPMIS by the validating codes (N931, MED-31, MED-06).

4.3 Matching Reserve Manpower

MROAMRS RLOs will be provided monthly electronic RTSS manpower reports by MED-07 in the Phase 1 system. This information will be used to match requirements with reservists possessing the required skills. RLOs will also be provided with access to IMAPMIS and CCQAS, which will facilitate validation of medical skills and current clinical privileges. NRNH, NRFH and NRDC COs will direct contributory support of unit members via OICs based on training needs and validated medical support requirements. This matching will be documented in the MROAMRS and provided weekly to MED-07 by email in Phase 1. The requirements matching process will be conducted by first requesting a nomination list of available reservists for each validated requirement, and then selecting the person to fill the requirement. This information will be communicated to the respective OIC to coordinate completion of the AT or other

request with the reservists and the local Reserve Center. If a reservist is unable to accept the assignment, this information will be communicated to the NRNH, NRFH, and NRDC CO and RLO. The requirement will be matched with other available reservists to obtain a match and initiate the orders process.

MED-07 and the BUMED 106 Unit will review unmet requirements and available manpower on a monthly basis. MED-07 will work with N931, and MED-31 to establish priorities for limited reserve manpower. MED-06 will perform the same duties for Dental Augmentation personnel. Working with the NRNH, NRFH, and NRDC COs and RLOs, available manpower will be directed to high priority unmet requirements. If special circumstances are recognized it may be appropriate to override the system assignment and redirect reservists.

4.4 Monitoring Reserve Utilization

The MEDRUPMIS will have the capability to record Billet Control Numbers (BCNs). This information will be used to monitor the matching process by RLOs and Reserve Unit COs for management purposes. In Phase 1, changes and updates in the local databases will be provided to MED-07 by email on a weekly basis. BCNs are issued by the command that is receiving the support.

4.5 Execution of Reserve Support

RLOs will record execution of individual reserve support in the MEDRUP system. This will include annual training (AT), active duty training (ADT), and active duty for special work (ADSW). Information on inactive duty training (IDT) and inactive duty training with travel (IDTT) will be collected in the Phase 2 system. Reserve COs and RLOs will be responsible for input of support provided by their reserve unit on a monthly basis. Members of the BUMED 106 Unit will manage information in the MEDRUP System at BUMED.

4.6 Reserve Utilization Reporting

Preprogrammed reports will be part of the MEDRUP System in order to provide management information to COs and RLOs. They will include reports on validated requirements, manpower, requirements match, Billet Control Number utilization, and contributory support by type and reserve category. There will also be the capability to do ad hoc reporting. Information from the reserve order writing system (RESFMS) will be used to monitor and report contributory support.

5.0 Web-Enabled RUP Information Management System (Phase 2)

The modified Submarine Access Database will be replaced in FY 2002 by a scalable, secure, web accessible system based on existing hardware/software already in place at

NMIMC. The MEDRUPMIS will be integrated into the Standard Personnel Management System (SPMS). SPMS was developed to allow MED-27 to distribute contingency support staffing requirements to MTFs and DTFs. It has a master personnel system, which allows active command Manpower Departments to maintain accurate records of personnel within the command. Integration of the Reserve supports the concept of Total Force.

6.0 Program Evaluation

Each segment of the MEDRUP evaluation process will utilize measurable criteria, if available, based upon the needs of Navy Medicine. Commands will identify, justify and prioritize all their contributory support needs and through the MEDRUP process, the amount and type of support will be determined. The level of contributory support provided will be based upon established priorities, operational policies, and available resources (financial and human). This process will also evaluate the overall readiness of the Naval Reserve Medical Community as it relates to meeting the needs of Navy Medicine and to identify areas where there are discrepancies or shortfall. Included in the program evaluation will be recommendations to modify or change manpower requirements, develop incentives to retain qualified and competent SELRES who occupy critical medical billets and to work with the Recruiting Command to bring on board those individuals who will fill identified voids in the SELRES Medical Community.

Measures of effectiveness and associated metrics that will be used to evaluate program success include:

- Increased Reserve contributory support
- Improved Reserve Force medical/dental readiness
- Improved billet to body match to mobilization billets
- Improved retention
- Reduced vacant officer and enlisted billets in NRNHs, NRFHs and NRDCs
- Reduced supplemental TRICARE cost