

4N051, Module 1, Aerospace Medical Service



Lesson 1: Doctrine, Mission, and Duties



Lesson 2: Medical Service Capabilities



Lesson 3: Military Health System



Lesson 4: Evidence-Based Practice and Process Improvement

Lesson 1: Doctrine, Mission, and Duties

After completing this lesson, the student will be able to identify medical doctrine, mission, and duties in accordance with prescribed guidance and publications.



4N0 Introduction Video Transcript.pdf

167.5 KB



CONTINUE

United States Air Force Surgeon General (USAF/SG)



Office of the Surgeon General Patch

To understand the mission of the United States Air Force Medical Service (USAFMS) we must first answer this question: “What are we here to do?” Answering that question reveals our mission, vision, and goals. Without a clear mission, people spend time trying to accomplish “something” but have no real direction or purpose. Just like a football team’s game plan, a mission defines our direction and gives us a common goal. So whose responsibility is it to establish and define our mission? Obviously, we can’t all be the ones responsible.

In our system, we have an appointed leader who lays the foundation for the USAF Medical Service and defines our direction as it relates to the overall mission of the entire Air Force. This person is the USAF Surgeon General (USAF/SG). The USAF/SG establishes our overall mission and must ensure that it supports the mission of the Air Force.

Each organization within the USAFMS must establish mission statements that support the USAF/SG defined mission. Air Force Medical Service leaders rely on tried and true guidance to formulate and conduct their mission. This guidance is known as “doctrine”.

CONTINUE

Doctrine Primer

Doctrine Primer establishes general guidance for the application of air and space forces in operations across the full range of military operations. **Click on the PDF** below to learn more about doctrine primer. In order to understand Air Force Medical Service doctrine, it is important to understand first what doctrine is and where its guidance originates. A Doctrine Primer contains established general guidance for the application of air and space forces in operations across the full range of military operations.



A Primer on Doctrine 8 Oct 20 v2.pdf

612.7 KB



Doctrine is extremely valuable as it combines the lessons of Air Force history, technology, and insight to the future. To put it in basic terms, doctrine is a principal or teaching that governs certain operations. It is an accumulation of knowledge that is obtained from actual combat, contingency operations, and exercises and is designed to give us a common understanding that we then use to make decisions.

Doctrine is authoritative but not directive, meaning it is a document that holds an enormous amount of guidance and experience, but does not state what or how you must complete a task or mission. AFMS doctrine applies to all active duty, Air Force Reserve, Air National Guard, and civilian Air Force personnel. AFMS commanders use the Air Force Doctrine Publication (AFDP) Annex 4–02 Health Services, to accomplish their missions.



CONTINUE



Guiding the Use of Airpower

Air Force Medical Service (AFMS) commanders use Air Force assets, such as people, information, and support systems across the range of military operations with guidance from Air Force Doctrine Publication (AFDP) Annex 4-02, *Health Services*.

Levels of Doctrine



There are three levels of doctrine. Scroll to learn more about each level.

1

Basic



00:30



Provides broad and continuing guidance on how Air Force forces are organized, employed, equipped, and sustained. Basic doctrine changes more slowly than other levels of doctrine.

Operational



00:30



Guides organization and employment of air and space forces within distinct objectives, force capabilities, broad functional areas, and operational environments. It provides the focus for developing the mission and task that will be executed through tactical doctrine.

Operational doctrine changes quicker than basic doctrine but is usually discussed through an internal Service debate prior to change.

3

Tactical



00:23



Describes the proper employment of specific Air Force capabilities, individually or with other assets to accomplish a specific objective. Changes may occur faster than basic or operational doctrine and may be classified due to their sensitive nature.

CONTINUE

Matching

Drag the doctrine level to the corresponding statement.

≡ Basic

Belief that guides the proper use, presentation, and organization of Air Force health.

≡ Operational

Guiding the proper organization and employment of forces.

≡ Tactical

Changes relatively quickly compared to the other levels of doctrine.

SUBMIT



Complete the content above before moving on.



AFDP Annex 4–02, *Health Services*

- The guide for the Air Force Medical Service
- Applies to *all* Air Force personnel

- Provides guidance for the commander to make decisions and appropriately use assets

Click the PDF below to read the Air Force Doctrine Publication
4-02 - Health Services.



4-02-AFDP-Health-Services.pdf
709.5 KB



CONTINUE

Global Medical Readiness

Medical doctrine guides Air Force medical forces in providing seamless health service support to Air Force and the joint force. This includes, assisting in sustaining the performance, health, and fitness of every Airman at home station and while deployed within the continental United States or outside of the United States in support of global operations.

This capability is summarized by the phrase “global medical readiness” which includes the full spectrum of medical operations, including expeditionary deployment operations, humanitarian

assistance, all-hazards response, and global health engagement to support building partnerships and stability operations.



CONTINUE

Fill in the Blank

The _____ physician works under the operational direction of the medical crew director for mission management and the aircraft commander for operational management.

Type your answer here

SUBMIT

Fill in the Blank

Tasked medical units have a support relationship with the requesting commander while ensuring the unit commander retains _____ control of their organic medical capability.



Type your answer here

SUBMIT

Fill in the Blank

In a joint environment, _____ capabilities includes a tactical-level medical regulation function that directs ground and rotary-wing medical evacuation of casualties.

Type your answer here

SUBMIT

Fill in the Blank

The _____ assists the Air Force Surgeon General (AF/SG) in the development of, and execution of operational policy, plans, and decisions impacting the Air Force Medical Service operational readiness mission.



Type your answer here

SUBMIT

END OF LESSON

Lesson 2: Medical Service Capabilities

With provided references, describe the correlation between medical doctrine and AFMS capabilities, in accordance with Air Force Medical Service policies and guidelines.

AEROMEDICAL EVACUATION SYSTEM	EXPEDITIONARY MEDICAL SUPPORT	EMEDS/AFTH CAPABILITIES
<p>Airmen should be prepared to work across the whole spectrum of conflict. The Aeromedical Evacuation (AE) System is comprised of three sections: definitive care, Expeditionary Medical Support System (EMEDS) and Air Force Theater Hospital (AFTH), and request for movement. AE includes all elements of medical care, time-sensitive movements and can operate far forward, across a full range of military operation, and in all operating environments.</p> <p>A key component of the system is the aeromedical evacuation crew member (AECM) provides inflight patient care and they are the expert on the interface between aircraft systems and medical equipment.</p>		



**AEROMEDICAL EVACUATION
SYSTEM**

**EXPEDITIONARY MEDICAL
SUPPORT**

EMEDS/AFTH CAPABILITIES

Aeromedical Evacuation (AE) mission expansion and Air Force reorganization to become a light, lean, fighting-forward support division resulted in expeditionary medical support and Air Force Theater Hospital (AFTH) capabilities.

Expeditionary Medical Support (EMEDS) and AFTH packages provide individual bed-down and theater-level medical services for deployed forces or select population groups. The primary mission is to provide forward stabilization, resuscitative care, primary care, dental services, and force health protection and prepare casualties for evacuation to the next level of care.



AEROMEDICAL EVACUATION SYSTEM

EXPEDITIONARY MEDICAL SUPPORT

EMEDS/AFTH CAPABILITIES

Expeditionary Medical Support (EMEDS) and Air Force Theater Hospital (AFTH) packages provide individual bed-down and theater-level medical services for deployed forces or select population groups. Below is a breakdown of the packages:

- EMEDS Health Response Team (HRT)
- EMEDS +10
- EMEDS +25
- Air Force Theater Hospital (AFTH)

Each package is manned and supplied with specific unit type code (UTC) billets and each functional unit has a specific scope of care and capabilities, which includes immediate lifesaving measures, and disease and non-battle injury prevention and care roles.



CONTINUE

Casualty Management Care Roles

Click on the hotspots below to learn more about casualty management care roles.





Role 1



The first medical care military personnel receive is provided at Role 1 (also referred to as unit-level medical care). This role of care includes:

- Immediate lifesaving measures.
- Disease and nonbattle injury prevention and care.
- Combat and operational stress preventive measures.
- Patient location and acquisition (collection).

- Treatment provided by designated combat medics, treatment squads, or animal care specialists for working animals. (Major emphasis is placed on those measures necessary for the patient to return to duty or to stabilize them and allow for evacuation to the next role of care.

These measures include maintaining the airway, stopping bleeding, preventing shock, protecting wounds, immobilizing fractures, and other emergency measures, as indicated.)



Role 2



Role 2 provides advanced trauma management and emergency medical treatment including continuation of resuscitation started in Role 1. Role 2 provides a greater capability to resuscitate trauma patients than is available at Role 1.

If necessary, additional emergency measures are instituted, but they do not go beyond the measures dictated by immediate necessities. Role 2 care has the capability to provide packed blood products, limited x-ray, laboratory, dental support, combat and operational stress control.

EMEDS HRT and EMEDS +10 are Role 2 medical facilities.



Role 3



In Role 3, the patient is treated in an Military Treatment Facility (MTF) or veterinary facility (for working animals) that is staffed and equipped to provide care to all categories of patients, to include resuscitation, initial wound surgery, specialty surgery (general, orthopedic, urogenital, thoracic, Ear Nose Throat (ENT), neurosurgical) and post-operative treatment.

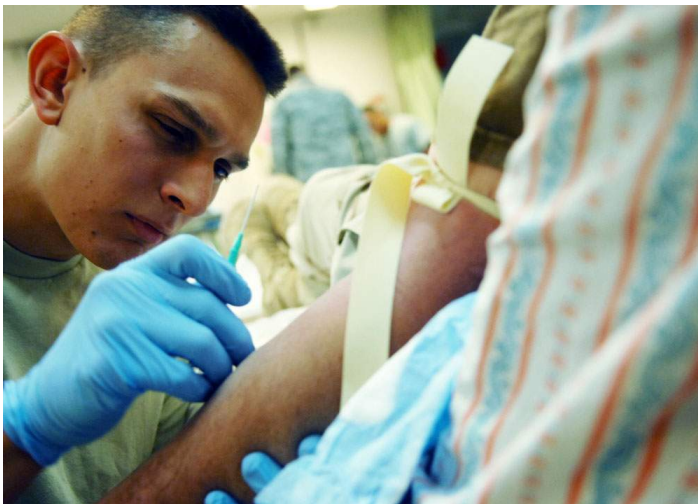
This may include definitive surgery for local nationals depending on the current rules of engagement. This role of care expands the support provided at Role 2. Patients who are unable to tolerate and survive movement over long distances receive surgical care in a hospital as close to the supported unit as the tactical situation allows. This role includes provisions:

- Evacuating patients from supported units.
- Providing care for all categories of patients in an MTF with the proper staff and equipment.
- Providing support on an area basis to units without organic medical assets.

EMEDS +25 and AFTH are Role 3 medical facilities.



Role 4



Role 4 medical care is found in US base hospitals and robust overseas facilities. Mobilization requires expansion of military hospital capacities and the inclusion of Department of Veterans Affairs and civilian hospital beds in the National Disaster Medical System to meet the increased demands created by the evacuation of patients from the area of focus.

The support-base hospitals represent the most definitive medical care available within the medical care system.

CONTINUE

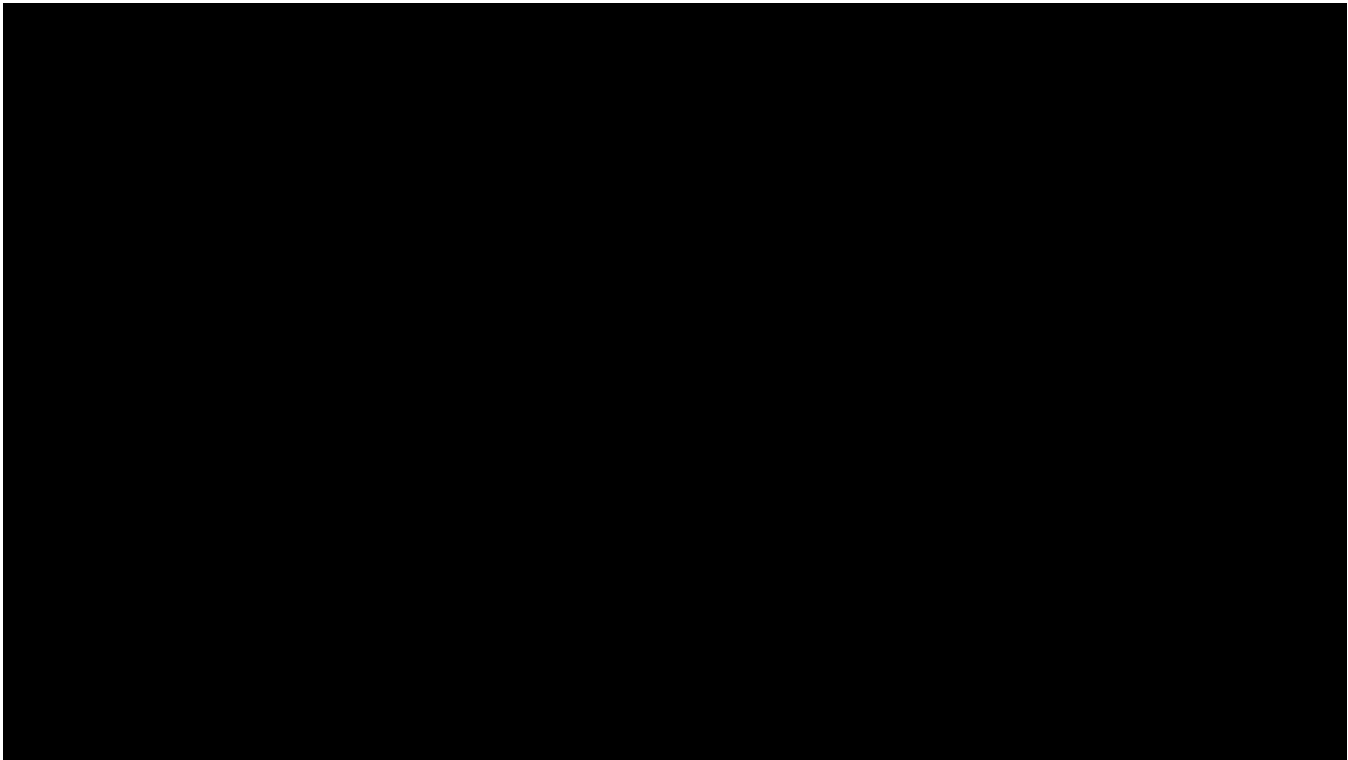
Unit Type Codes (Augmentation UTCs)

Additional personnel and equipment Unit Type Codes are available to provide expanded medical capability tailored to a specific theater requirement, deployment scenario, or anticipated casualty rate. Below are some of the augmentation UTCs you may have to work with or be a part of.

- Chemical, Biological, Radiological, and Nuclear (CBRNE) Casualty Management and Prevention Teams
- Mental Health Teams
- Contagious Casualty Management Teams
- Air Forces Surgeon (AFFOR/SG) Medical Support Staff



Watch the video below to learn more about the Health Response
Team and EMEDS



Air Force Medical Service - EMEDS Video Transcript.pdf
159.8 KB



EMEDS HRT

EMEDS +10

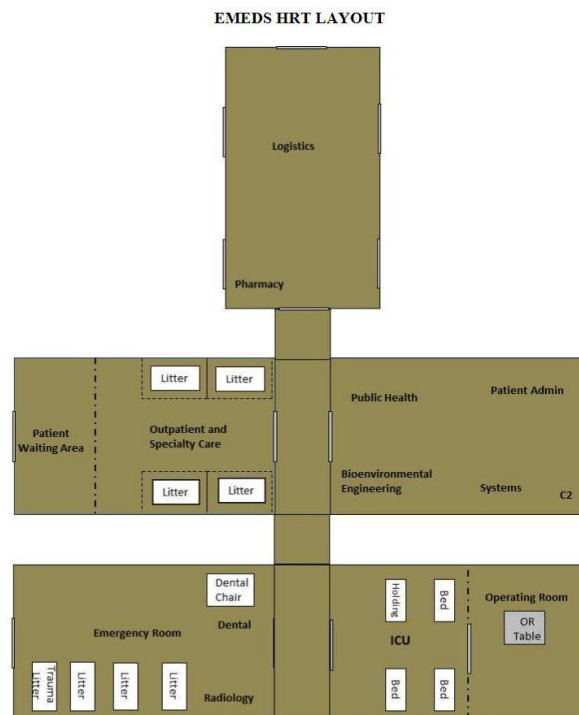
EMEDS +25

AFTH

Role 2 Casualty Management capabilities:

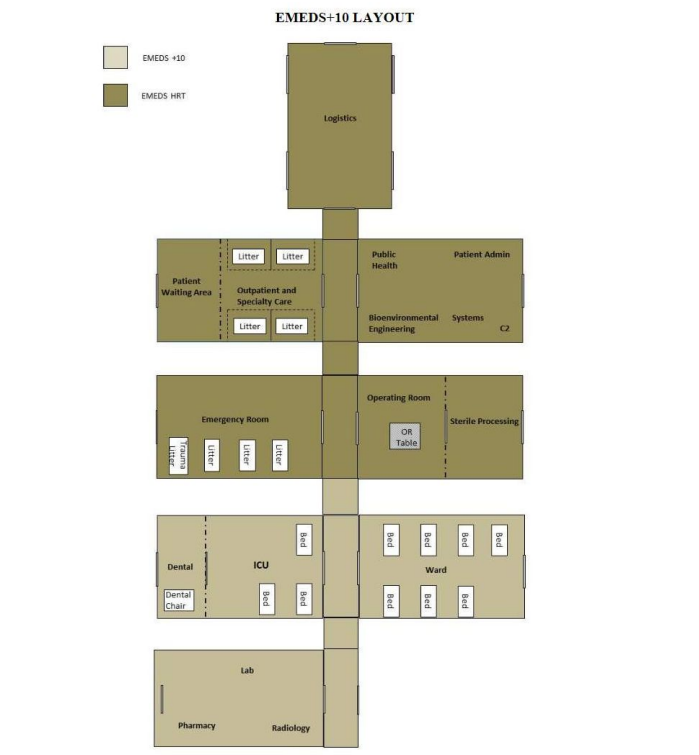
- Five tents
- Supports population at risk (PAR) up to 3,000 with ten days of supplies; five days of supplies for Humanitarian Assistance (HA)/Disaster Relief (DR)HA/DR and Stability Operations can treat 350 patients per day with a surge capacity of 500
- Maximum 40 personnel assigned

- Four holding beds assigned
- Deployable within 24 hrs after notification
- Fully operational within 12 hrs after notification
- Emergency Room within 2 hrs
- Operating Room within 4 hrs
- Critical care support 6 hrs



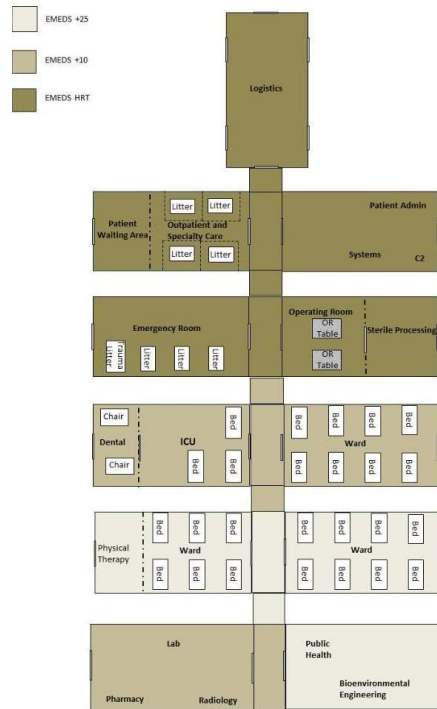
EMEDS HRT	EMEDS +10	EMEDS +25	AFTH
Builds on EMEDS Health Response Team (HRT) and provides medical/surgical and critical care augmentation.			
Role 2 Casualty Management capabilities:			

- Eight tents
- Supports a population at risk (PAR) of 3000–5000 up to ten days
- Maximum of 67 personnel assigned
- Ten holding beds assigned
- Fully operational within 36 hrs
- Additional Support
 - Advanced Cardiac Life Support (ACLS)
 - Advanced Trauma Life Support (ATLS)
 - Medical ward
 - Laboratory/blood bank



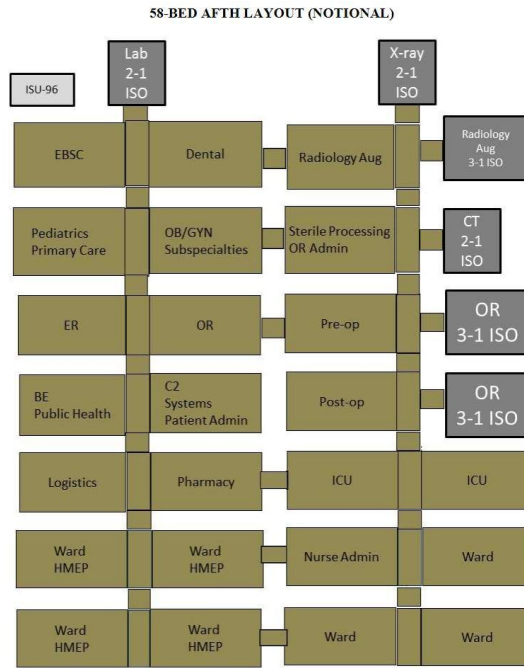
EMEDS HRT	EMEDS +10	EMEDS +25	AFTH
<p>Builds on EMEDS+10 and EMEDS HRT.</p> <p>Role 3 casualty management capabilities:</p> <ul style="list-style-type: none"> • Eleven tents • Can support a Population at Risk (PAR) of 5,000–6,500 up to ten days • Maximum 97 of assigned personnel • 25 holding beds assigned • Fully operational within 60 hrs after arrival • Additional Support <ul style="list-style-type: none"> ◦ Physical therapy ◦ Enhanced dietary services 			

EMEDS+25 LAYOUT



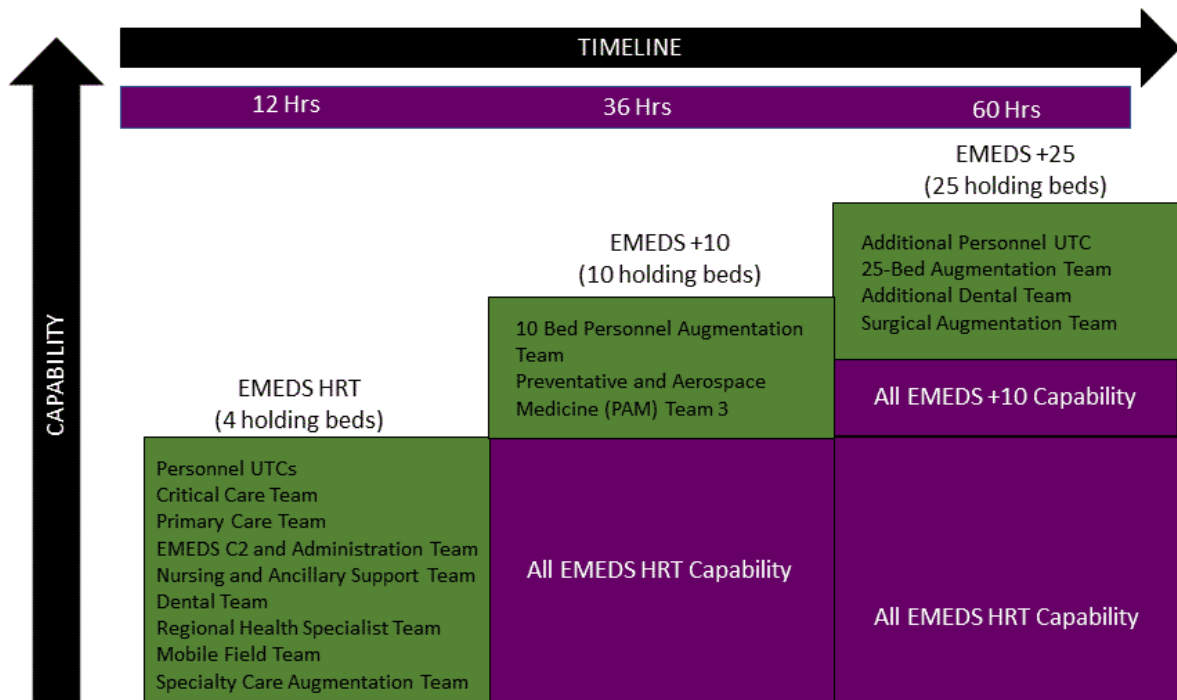
EMEDS HRT	EMEDS + 10	EMEDS +25	AFTH
<p>Provides dedicated in-theater and en-route support.</p> <p>Role 3 casualty management capabilities:</p> <ul style="list-style-type: none"> • Supports a population at risk (PAR) of 6,500 and above • Maximum 260 assigned personnel • Minimum 58 beds:12 critical care, 46 medical/surgical, and 6 operating tables • Additional Support <ul style="list-style-type: none"> ◦ Infectious disease control ◦ Mental health triage and combat stress management ◦ Ophthalmology 			

- Blood support center
- Computed tomography (CT)
- Optometry





EMEDS Modular Build Up



CONTINUE

Multiple Choice

Which Casualty Management Care role is referred to as unit-level medical care?

☐ Role 1

☐ Role 2

☐ Role 3

☐ Role 4

SUBMIT

Matching

Drag the attribute to the correct EMEDS category.



≡ EMEDS HRT

Max 40 assigned

≡ EMEDS +10

Max 67 assigned

≡ EMEDS +25

Max 97 assigned

≡ AFTH

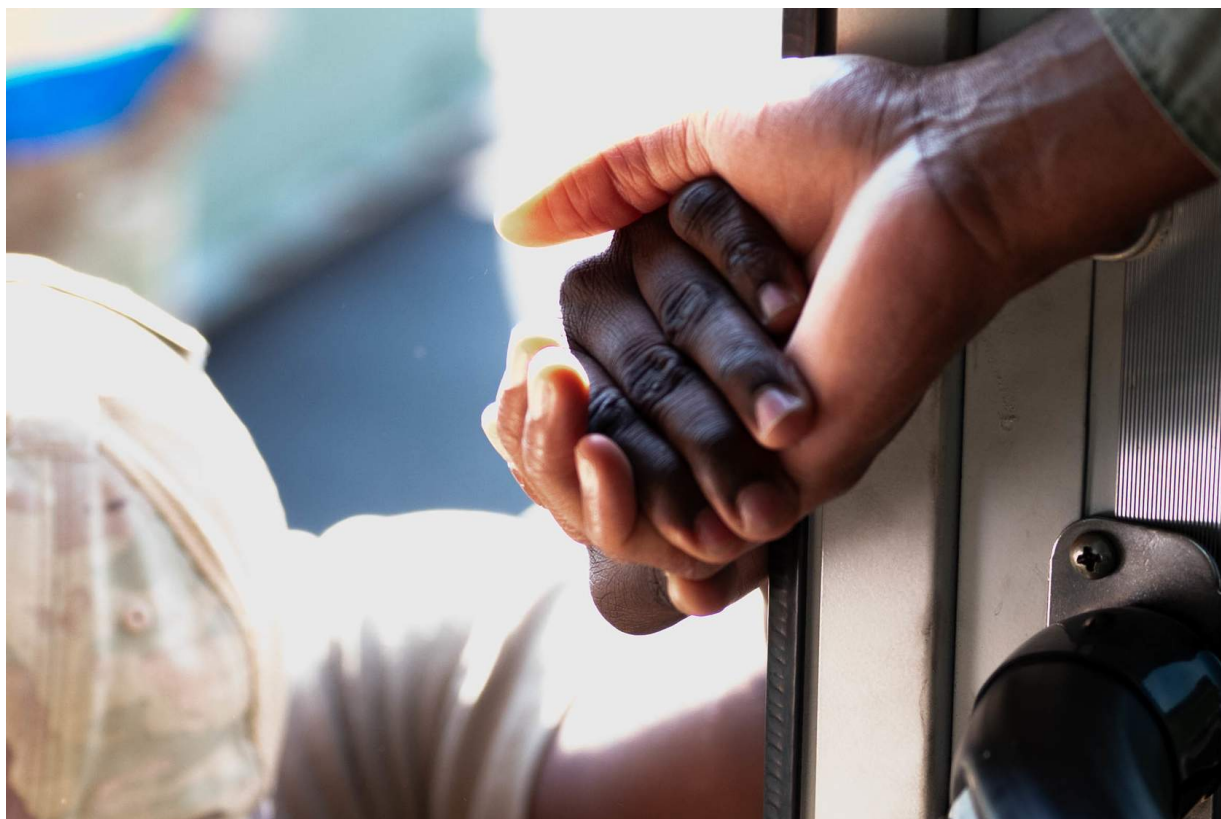
Max 260 assigned

SUBMIT

END OF LESSON

Lesson 3: Military Health System

With provided references, describe the functions of the Military Health System (MHS), IAW established policies and standards.



Giving a helping hand, the military health system.

The Military Health System

The Military Health System (MHS) is one of America's largest and most complex health care institutions, and the world's preeminent military health care delivery operation.

The Military Health System saves lives on the battlefield, combats infectious disease around the world, and is responsible for providing health services through both Military Treatment Facilities and Private Sector Care to approximately 9.6 million beneficiaries, composed of uniformed service members, military retirees, and family members.

The MHS enables the National Defense Strategy by providing a Medically Ready Force, a Ready Medical Force, and improving the health of all those entrusted to its care. We are more than combat medicine.

The MHS is a complex system that weaves together:

- Health care delivery
- Medical education
- Public health
- Private sector partnerships
- Cutting edge medical research and development

The missions of the MHS are complex and interrelated:

- To ensure America's active duty and reserve-component personnel are healthy so they can complete their national security missions.
- To ensure that all active and reserve medical personnel in uniform are trained and ready to provide medical care in support of operational forces around the world.
- To provide a medical benefit commensurate with the service and sacrifice of more than 9.6 million active duty personnel, military retirees and their families.

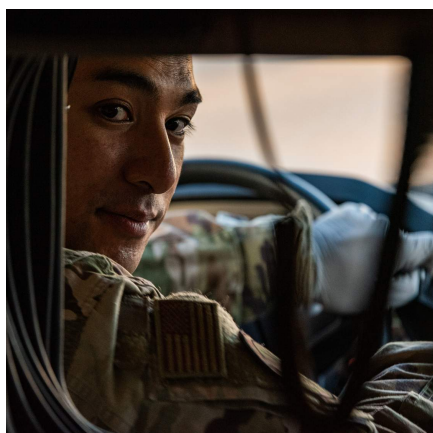
We do this by delivering primary care services through a concept referred to as patient centered medical home(PCMh). We can simplify PCMh in the phrase "Trusted Care Anywhere." This is the vision of the Air Force Medical Service (AFMS). The AFMS goals are to achieve its vision through optimization of readiness, better care, better health, and best value. The PCMh is a team-based model, led by a physician; which provides continuous, accessible, family-centered, comprehensive, compassionate and culturally sensitive health care in order to achieve the best outcomes.

For the PCMh concept to function fluidly, a team of health care experts must work in harmony to ensure the best care is given to our troops and beneficiaries. Although each team position has specific functions, every position is dependent on the other to ensure the maintenance of a fit and ready force. The goal of optimizing the team is to have all its members contributing at their highest level of scope of practice. As a medical technician they assist in provider support activities related to patient care, patient education, documentation of chronic medical conditions, documentation of preventive services, medication reconciliation, and coordination of patient check-out and follow-up. They receive direct guidance and supervision by both the nurse and provider.

We will begin this lesson by taking a look at the structure of the Military Health System, then shift

The model is based on the concept that the best healthcare has a strong primary care (PC) foundation with quality and resource efficiency incentives. The PCMH is a departure from previous, traditional healthcare models because it focuses on the “whole person” concept that includes preventive care, early intervention, and management of health problems rather than on high-volume, episodic, over-specialized, and inefficient care.

our focus on the various health care benefits it provides for eligible members.



CONTINUE

Elements of the Military Health System

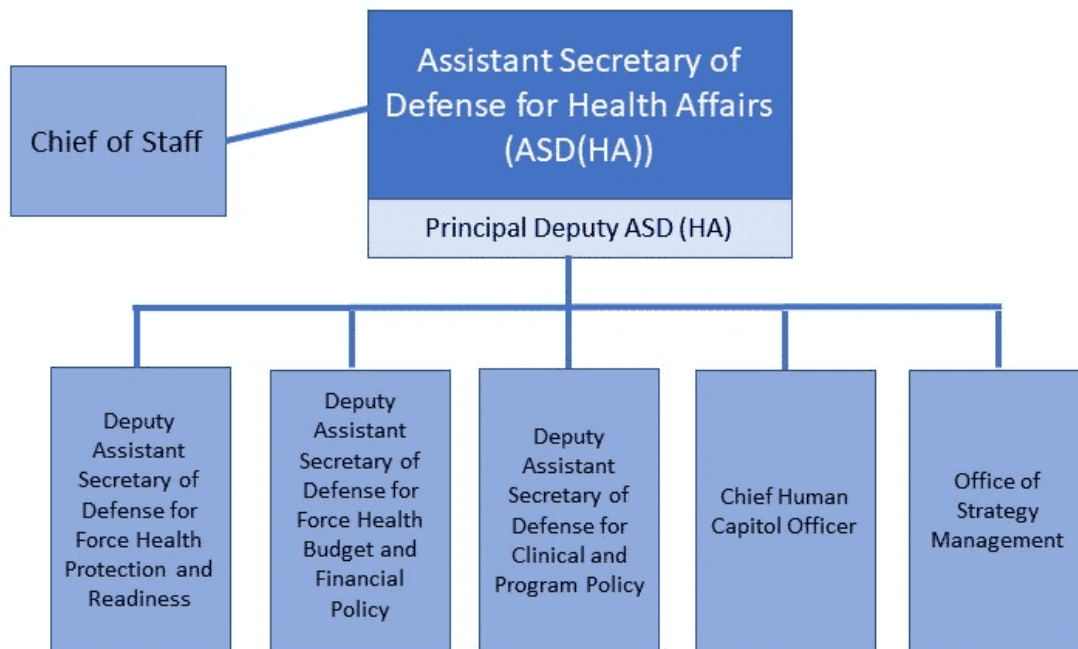
The Military Health System is led by office of the Assistant Secretary of Defense for Health Affairs under the Office of the Undersecretary of Defense for Personnel and Readiness, and is comprised of the following elements:

Office of the Assistant Secretary of Defense for Health Affairs

Leading the MHS, is the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)).

The ASD (HA) is a civilian who serves as the chief medical adviser to the Secretary of Defense for all Department of Defense (DOD) health and force health protection policies, programs, activities, and the Integrated Disability Evaluation System (IDES). In carrying out these responsibilities, the ASD(HA) exercises authority, direction, and control through the Defense Health Agency Opens to the main DHA page over the DOD medical and dental personnel authorizations and policy, facilities, programs, funding, and other consolidated resources.

The ASDHA ensures the effective execution of the DOD medical mission, providing and maintaining readiness for medical services and support to members of the Military Services, their families and others entitled to or eligible for DOD medical care and benefits. Learn more about ASDHA responsibilities and functions in DOD Directive 5136.01.



Defense Health Agency

The Defense Health Agency is a joint, integrated Combat Support Agency that enables the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to Combatant Commands in both peacetime and wartime. The DHA uses the principles of Ready Reliable Care to advance high reliability practices across the Military Health System by improving our system operations, driving innovative solutions, and cultivating a culture of safety.

The DHA's global workforce of almost 140,000 civilians and military personnel is committed to medical excellence, health care improvement, and ensuring military personnel are ready to perform combat operations and humanitarian missions at home and abroad.

- Lead Health Care Markets to manage military hospitals and clinics
- Provide Combat Support to Combatant Commands
- Deliver the TRICARE Health Plan to 9.6 million beneficiaries worldwide
- Deploy MHS GENESIS, the new electronic health record, to military hospitals and clinics
- Offer Education and Training to MHS providers to ensure a medically ready force
- On Oct. 1, 2018, began a four-year transition to assume authority, direction and control of the DOD's more than 400 clinics, hospitals, and medical centers.

- Currently Operates 10 enterprise support activities at the DHA Headquarters level to ensure standardization across the Military Health System.
- Manages procurement and distribution of an \$11 billion a year medical supply chain including about 560,000 medical devices, for the Joint Force.
- Enables a global network of military and civilian health care professionals to provide care to 9.6 million service members, retirees and family members.

DHA is committed to ensuring uniformed service members are healthy and safe from potential health threats, and health care professionals who provide care for our forces, receive optimized training, education, and relevant clinical settings to build skills for deployment. Without our people, the MHS cannot deliver the optimal care our beneficiaries expect and deserve.

DHA supports the Military Departments and the Combatant Commands through the provision of enterprise support activities, providing medical capabilities across the Joint Force. Those activities include:

- Pharmacy services
- TRICARE health plan
- Health information technology
- Medical budgeting and resource management
- Medical logistics
- Medical facilities
- Medical procurement
- Medical research and development
- Public health
- Medical education and training

Joint Staff Surgeon —

The Joint Staff Surgeon is the chief medical adviser to the Chairman of the Joint Chiefs of Staff, providing advice to the Chairman, the Joint Staff, and the Combatant Commanders, coordinating all issues related to Health Services to include operational medicine, force health protection, and readiness among the Combatant Commands, the Office of the Secretary of Defense, and the Services.

 JCS



Official Website of the Joint Chiefs of Staff

The official website of the Joint Chiefs of Staff, U.S. Department of Defense

READ MORE JCS >

Uniformed Services University of the Health Sciences —

The Uniformed Services University of the Health Sciences (USU) is the nation's federal health professions academy — akin to the undergraduate programs of the U.S. military academies at West Point, Annapolis and Colorado Springs. Like the academies, students are not charged tuition; they repay the nation for their education through service.



Military Hospitals and Clinics —

Military treatment facilities (MTF) are the heart of military medicine, where military, civilian and contract personnel provide care for TRICARE beneficiaries and gain the skills and training to support operational units.

With 55 full-service hospitals and more than 370 clinics, located on military installations around the world, the MHS is one of the nation's largest health systems — it operates more hospitals than

any nonprofit hospital system in the nation, and would rank among the top five for-profit systems.



Expeditionary Care —

Army, Navy and Air Force medical professionals help ensure those in uniform are medically ready to deploy anywhere around the globe on a moment's notice.

These medical professionals are also ready to go with them. There isn't another military medical force like it in the world—with the expertise, the assets and the global reach of our health system.



TRICARE —

Operated by the Defense Health Agency, TRICARE is designed to provide the integrated, high quality care that millions of military families, past and present, deserve.

As such, it offers one of the most comprehensive and affordable health benefits available to any American. Integrated health care is offered through military treatment facilities and through networks of civilian providers operated by civilian managed care support contractors in the United States and abroad.



Defense Health Agency (DHA) Video Transcript.pdf

148.5 KB



Multiple Choice

Which agency is a combat support agency that provides a host of shared health services across the MHS, from operating the TRICARE health benefit to providing pharmacy and medical logistics, performing medical research and development and operating health information technology systems, with a goal of providing integrated and efficient service to the joint force.



The Military Treatment Facility

☐

The Defense Health Agency

☐

The Office of the Assistant Secretary of Defense for Health Affairs

☐

The Air Force Career Development Academy

SUBMIT



Complete the content above before moving on.



Military Healthcare System Beneficiaries

Now that you are familiar with the structure of the Military Health System, let's look at who the eligible beneficiaries are and what options are available to them.

Military Treatment Facilities will administer healthcare benefits to:

- Uniformed service members
- Family members
- Retirees
- And other eligible persons in accordance with Department of Defense Directive 6010.04, Healthcare for Uniformed Services Members and Beneficiaries, and Health Affairs Policy 11-005, TRICARE Policy for Access to Care.

CONTINUE

TRICARE

TRICARE is the health care program for uniformed service members, retirees, and their families around the world and provides comprehensive coverage to all beneficiaries, including:

- Health plans
- Special programs
- Prescriptions
- And Dental plans

TRICARE offers several different health plans for eligible members to choose from, each featuring select options for medical and dental services.



Let's take a look at these plans and who is eligible for them.



TRICARE Prime

TRICARE Prime is a managed care option available in Prime Service Areas (geographic areas in the U.S. where TRICARE Prime is offered). Prime Service Areas ensure medical readiness of active duty by adding to the capability and capacity of military hospitals and clinics.

TRICARE Prime Remote (TPR)

TPR is a managed care option available in remote areas in the U.S. By law, sponsors can only use TPR if both their home and work addresses are more than 50 miles (or one hour's drive time) from a military hospital or clinic.

TRICARE Prime Overseas

TRICARE Prime Overseas is a managed care option in overseas areas near military hospitals and clinics.

TRICARE Prime Remote Overseas

TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations: Eurasia-Africa, Latin America and Canada, and the Pacific. TRICARE Prime Remote Overseas meets or exceeds the requirements for minimum essential coverage (basic health

TRICARE Select

TRICARE Select is a self-managed, preferred provider organization plan available in the U.S. Members must show as eligible for TRICARE in the Defense Enrollment Eligibility Reporting System (DEERS).

US Family Health Plan

The US Family Health Plan is an additional TRICARE Prime option available through networks of community-based, not-for-profit health care systems in six areas of the United States.

TRICARE for Life

TRICARE For Life is Medicare-wraparound coverage for TRICARE-eligible beneficiaries who have Medicare Part A and B.

TRICARE Select Overseas

TRICARE Select Overseas provides comprehensive coverage in all overseas areas. Members must show as eligible for TRICARE in the Defense Enrollment Eligibility Reporting System (DEERS).

TRICARE Young Adult

TRICARE Young Adult is a plan that qualified adult children can purchase after eligibility for "regular" TRICARE coverage ends at age 21 (or 23 if enrolled in college).

TRICARE Young Adult-Prime Option

The participant must be an unmarried, adult child of an eligible sponsor
At least age 21 but not yet 26 years old. If enrolled in a full course of study at an approved institution of higher learning and sponsor provides more than 50 percent of the financial

TRICARE Reserve Select

A premium-based plan available worldwide for qualified Selected Reserve members and their families.

Extended Care Health Option

The Extended Care Health Option (ECHO) provides financial assistance to beneficiaries with special needs for an integrated set of services and supplies.

Matching

Match the correct TRICARE plan with the eligible member.



A 24-year-old dependent.

TRICARE Young Adult-Prime Option



A qualified reservist

TRICARE Reserve Select



Active duty member who is stationed overseas

TRICARE Overseas Prime

SUBMIT



Complete the content above before moving on.



Take a look at the website below to learn more about the different TRICARE plans available to service members, their families, and veterans.



Find a TRICARE Plan

Use this tool to find which TRICARE plans you eligible for.

READ MORE TRICARE >

Health Care Benefits Options National Guard/Reserve

TRICARE RESERVE
SELECT

LINE OF DUTY
CARE

WHEN INACTIVE

WHEN ACTIVATED

DE

TRICARE Reserve Select

A premium-based plan available worldwide for qualified Selected Reserve members and their families

Who Can Participate?

Members of the Selected Reserve (and their families) who meet the following qualifications:

- Not on active duty orders
- Not covered under the Transitional Assistance Management Program
- Not eligible for or enrolled in the Federal Employees Health Benefits (FEHB) program

How It Works

- Appointments are scheduled with any TRICARE-authorized provider
 - Non-network provider: member will pay higher cost shares and may have to file his or her own health care claims
 - Network provider: member will pay lower cost shares and the provider will file health care claims
- Or, request an appointment at a military hospital or clinic if space is available.
- Referrals are not required for any type of care
- Member may need pre-authorization from his or her regional contractor for some types of services

What Are the Costs?

- Monthly premiums
- Annual deductible
- Cost share (or percentage) for covered services

TRICARE RESERVE SELECT	LINE OF DUTY CARE	WHEN INACTIVE	WHEN ACTIVATED	DE
<div> <div>Line of Duty (LOD)</div> <div> <div> <div>Qualifications</div> <p>Guard/Reserve members may qualify for line of duty care if they incur or aggravate an injury, illness, or disease while in the LOD (performing ADT, IDT, drill weekend, or any other training while on orders). This includes when traveling directly to or from your place of duty.</p> <p>To get line of duty care, member's unit must issue a LOD determination (or a Notice of Eligibility [NOE] for the U.S. Coast Guard).</p> </div> <div> <div>Determinations</div> <p>LOD determinations are used to establish, manage, and authorize health care for any specific injury, illness or disease that results in emergency or urgent care while serving on drill weekends or annual training.</p> <p>LOD/NOE coverage is separate from any other TRICARE coverage, including:</p> <ul style="list-style-type: none"> • Benefits provided under the Transitional Assistance Management Program (TAMP) • Coverage under TRICARE Reserve Select • Pre-activation benefits you may qualify for upon Federal activation </div> </div> </div>				

TRICARE RESERVE SELECT	LINE OF DUTY CARE	WHEN INACTIVE	WHEN ACTIVATED	DE
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When Inactive

Member is "inactive" (on military duty for 30 days or less) when on orders for inactive duty for training (weekend drills), annual training, or active service for 30 days or less.

Health Plan Options

- TRICARE Reserve Select: a premium-based health plan that member can purchase
- Line of Duty Care: an injury, illness, or disease incurred or aggravated in the line of duty, including traveling to and from the place of duty

Prescription Drug Coverage

- Member can have prescriptions filled through the TRICARE Pharmacy Program if they purchased TRICARE Reserve Select.

Dental Options

- Member and their family can enroll in the TRICARE Dental Program.
- Member will enroll separately and pay separate monthly premiums.

TRICARE RESERVE
SELECT

LINE OF DUTY
CARE

WHEN INACTIVE

WHEN ACTIVATED

DE

When Activated

Members placed on orders for more than 30 days are authorized TRICARE benefits equal to the active duty component.

Member Coverage

When activated member becomes eligible for:

- TRICARE Prime
- TRICARE Prime Remote
- TRICARE Prime Overseas
- TRICARE Prime Remote Overseas

If enrolled in the TRICARE Dental Program:

- Member is automatically disenrolled from the TRICARE Dental Program
- Member will begin using active duty dental benefits

Family Member Coverage

When the service member is activated, family members become eligible for TRICARE as active duty family members and may use any of the following options depending on where they live:.

- TRICARE Prime
- TRICARE Prime Remote
- TRICARE Select
- TRICARE Prime Overseas
- TRICARE Select Overseas
- TRICARE Prime Remote Overseas
- TRICARE US Family Health Plan
- TRICARE Young Adult (up to age 26)

If enrolled in the TRICARE Dental Program before the service member was activated, their coverage will continue with reduced premiums. If not enrolled, they may enroll at any time

TRICARE RESERVE
SELECT

LINE OF DUTY
CARE

WHEN INACTIVE

WHEN ACTIVATED

DE

When Deactivated

When active duty benefits end, member will need new minimal essential coverage under the Affordable Care Act.

The transitional health benefits and TRICARE Reserve Select meet these requirements, but member can also search the Health Insurance Marketplace to find a plan that fits their budget and meets their needs.

Health Plan Options

If Activated, but Not for a Preplanned Mission or in Support of a Contingency Operation

If member was not activated for a preplanned mission or in support of a contingency operation, they do not qualify for TAMP. When member's active duty benefits end:

- Member may qualify to purchase TRICARE Reserve Select.
- If member does not qualify for TRICARE Reserve Select, they can purchase the Continued Health Care Benefit Program.
- Or, they can search the Health Insurance Marketplace for civilian health plan options to meet the requirements for minimum essential coverage.

Line of Duty Care

Member may be covered for any illness, injury, or disease sustained or aggravated in the line of duty.

[Children Enrolled in TRICARE Young Adult](#)

TRICARE RESERVE
SELECT

LINE OF DUTY
CARE

WHEN INACTIVE

WHEN ACTIVATED

DE

When Retired

Retired Reserve members and their families may qualify for different options based on the age of the sponsor.

Health Plan Options

Members may be eligible for dental coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP). If under age 60, members may qualify to purchase TRICARE Retired Reserve. At age 60, the member and their family are eligible for the same benefits as all other retired service members.



Health Care Benefits Options Contractors

MTFs will provide care in accordance with contract terms and applicable laws and policies to support contractor deployments and occupational health requirements.

Elective care is not authorized, and in most instances, routine care is not authorized.

Always check the contract for specific terms.

CONTINUE

Dental Options

Dental Plan	Active Duty Dental Program	TRICARE Dental Program	FEDVIP Dental
Description	Covers civilian dental care	Voluntary dental insurance plan	Voluntary dental insurance plan
Who is Eligible	Active duty service members Service members who need line of duty care Foreign force members stationed in the U.S. National Guard and Reserve members who are: <ul style="list-style-type: none">On active duty ordersIssued delayed-effective-date ordersCovered by the Transitional Assistance Management Program (TAMP)	Family members of an active duty service member Family members of National Guard and Reserve members National Guard and Reserve members who aren't on active duty or covered by TAMP Survivors	Retired service members Family members of retired service members Retired Guard and Reserve members Family members of retired Guard and Reserve members Medal of Honor recipients Family members of Medal of Honor recipients Survivors

TRICARE Dental Options

Multiple Choice

Which dental option is for family members of Medal of Honor recipients?

- ☐ Active Duty Dental Program
- ☐ TRICARE Dental Program



FEDVIP Dental

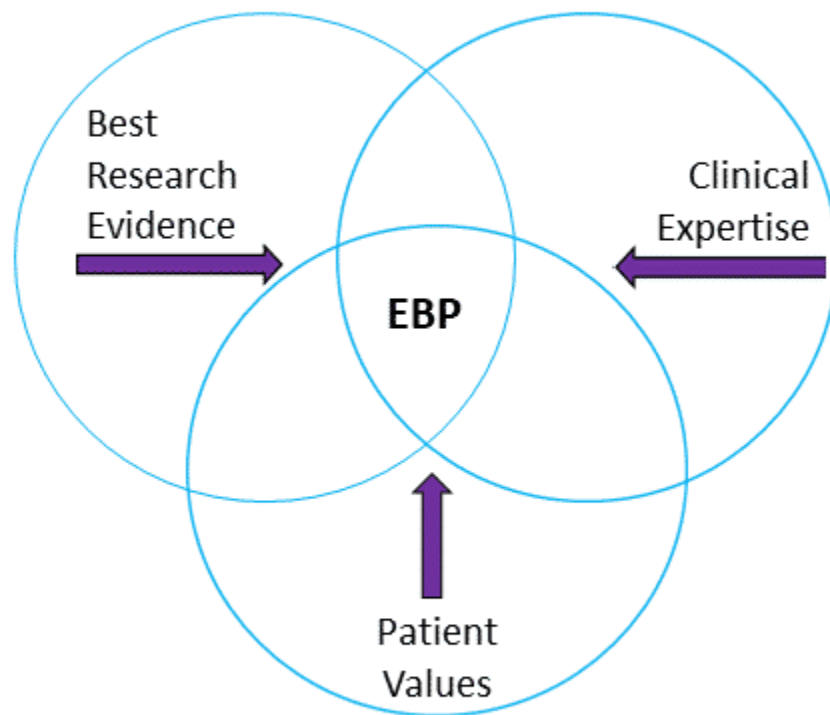
SUBMIT

END OF LESSON

Lesson 4: Evidence-Based Practice and Process Improvement

With provided references, describe the relationship between the principles of Evidence- Based Practice (EBP) and the Center for Clinical Inquiry (C2I), IAW established policies and standards.

This **lesson** covers the **principals of evidence-based practice**, and how it translates best evidence into best practice. Additionally, we explore how with the support of the **Center of Clinical Inquiry**, clinicians from all disciplines can implement an evidence-based practice approach with the **ultimate** goal of streamlining healthcare processes, **decreasing** healthcare costs, and **improving** quality patient care.



In everyday life, effectively solving problems often involves using a systematic decision making process to help make the best decisions. In determining solutions, the strength of evidence can play a significant role.

This assertion also holds true in the dynamic health care environment, where improving and providing the best health care possible, while also empowering medical personnel is a priority.

We will begin this lesson by examining the concept of evidence-based practice, or EBP, and its relation to quality health care. Next, we will discover how the Center of Clinical Inquiry supports evidence-based practice principles.

CONTINUE

Evidence Based Practice (EBP)

EBP is a problem solving approach that combines the conscientious integration of clinical expertise, best evidence, and patient values and preferences. It is translating evidence and applying it to clinical decision making. Studies show that EBP leads to higher quality care, improved patient outcomes, reduced costs, and greater nurse satisfaction than traditional approaches to care.

Clinical Expertise

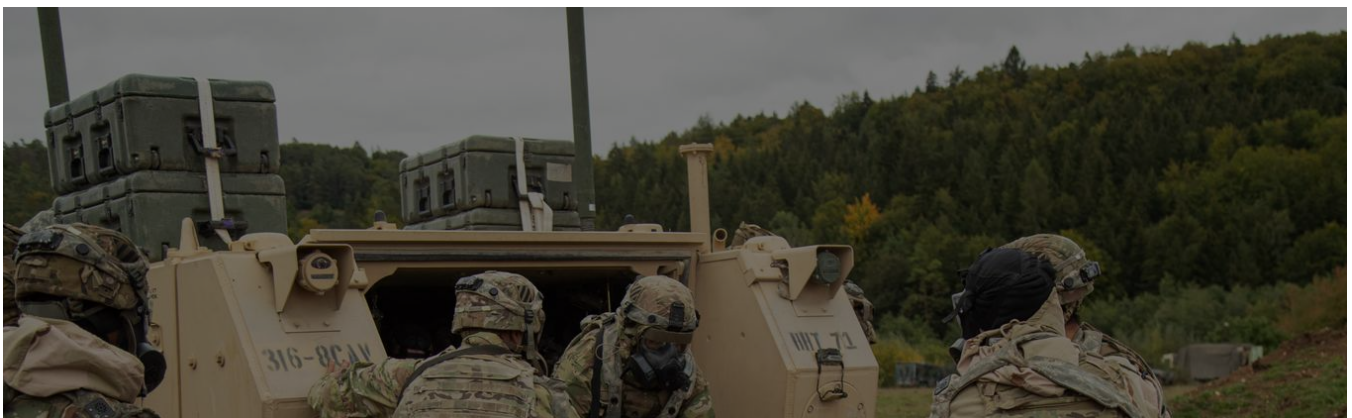
What does experience and knowledge reveal about the best way to care for a patient with a particular condition?

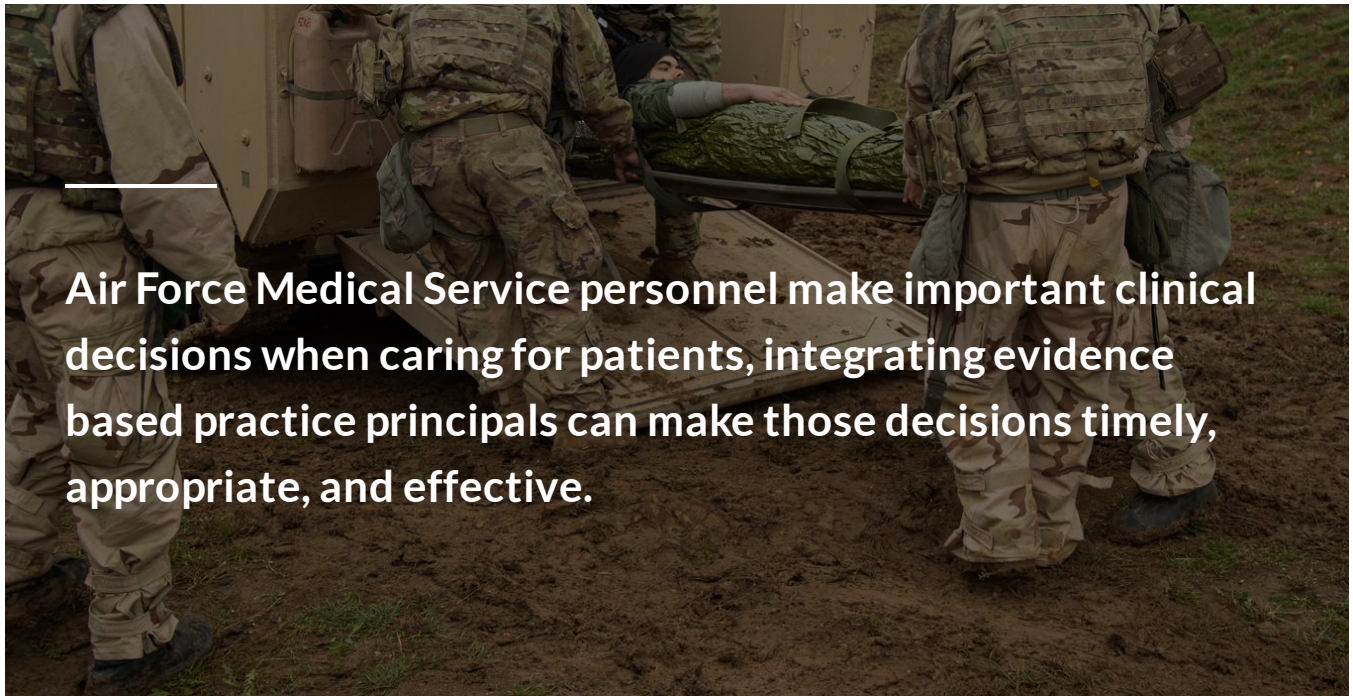
Research Evidence

What does the research say about best practices?

Patient Values and Preferences

What are the values and expectations of the patients and are patients willing to accept treatment methods?



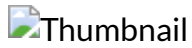


Air Force Medical Service personnel make important clinical decisions when caring for patients, integrating evidence based practice principals can make those decisions timely, appropriate, and effective.

CONTINUE

Evidence-Based Practice (EBP) Steps

Click through the steps below to learn more about the EBP process and how to formulate a proper clinical question.



CONTINUE

Matching

Match the correct step with the corresponding number.

≡ Step 0

Cultivate Spirit of Inquiry

≡ Step 1

Ask Clinical Questions

≡ Step 2

Collect Evidence

≡ Step 3

Critically Appraise Evidence

≡ Step 4

Integrate the Evidence



Step 5

Evaluate Outcomes



Step 6

Share Outcomes

SUBMIT



Complete the content above before moving on.

Nursing Research-Filling in Knowledge Gaps

After completing a thorough review and critique, you might not have enough strong evidence to make a practice change. Instead you may find a gap in knowledge that makes your PICOT question go unanswered. When this happens, the best way to answer your PICOT question is to conduct a research study.

The knowledge provides a scientific basis for nursing practice and validates the effectiveness of nursing interventions. There are two research methods that you can use. Those are Translation Research and the Scientific Method.

Scientific Method

The systematic step-by-step scientific method is the most reliable and objective of all methods. It minimizes the chance that bias or opinion will influence research results.

CONTINUE

Scientific Approaches

Quantitative Research focuses on numerical data, statistical analysis, and controls to eliminate bias in findings. **Select each tab** to reveal more information on these approaches.

EXPERIMENTAL

NON-EXPERIMENTAL

SURVEY

EVALUATION

Tightly controls conditions to eliminate bias with the goal of generalizing the results of a study to similar groups of subjects.

Subjects have an equal chance of being randomly assigned to a control group or treatment group. Control groups receive standard care and treatment groups receive the experimental intervention.

The goal is to determine if the intervention lead to better outcomes than the standard of care. The design and execution of this study has potential for bias. This approach is not always the best for testing nursing interventions.

EXPERIMENTAL

NON-EXPERIMENTAL

SURVEY

EVALUATION

Descriptive studies that describe, explain, or predict phenomena.

Example: a case control study examining factors that lead to an adolescent's decision to smoke cigarettes. Researchers will conduct a case-control study or a correlational study.

- **Case-control study** – studying one group of subjects with a certain condition at the same time as another group of subjects without the condition to determine an association between one or more predictor variables and the condition.
- **Correlational study** – determining if the relationship between two variables are correlated or associated with one another and to what extent.

EXPERIMENTAL

NON-EXPERIMENTAL

SURVEY

EVALUATION

Obtains information regarding the frequency, distribution, and interrelation of variables among subjects in a study.

Obtains information about practices, perceptions, education, experience, opinions, and other characteristics of people.

The most basic function of a survey is description. Surveys gather a large amount of data to describe the population and the topic of study. It is important in survey research that the population sampled is large enough to keep sampling error at a minimum.

EXPERIMENTAL	NON-EXPERIMENTAL	SURVEY	EVALUATION
<p>A form of quantitative research that determines how well a program, practice, procedure, or policy is working.</p> <p>Determines why a program or some components of the program are successful or unsuccessful. When programs are unsuccessful, evaluation research identifies problems with the program and opportunities for change or barriers to program implementation.</p>			

Qualitative research is the study of phenomena that are difficult to quantify or categorize. It describes information obtained in a nonnumeric form (e.g., data in the form of transcribed written transcripts from a series of interviews). Aim to understand patients' experiences with health problems and the contexts in which the experiences occur. Involves inductive reasoning to develop generalizations or theories from specific observations or interviews.



Research Process

This is an orderly series of steps that move from asking a research question to finding the answer. It provides knowledge from a variety of settings to provided evidence-based nursing care.



Research and Nursing Process Steps

Step 1 Assessment

Identify area of interest or clinical problem.

1 of 5

Step 2 Diagnosis

Develop research question(s).

**Step 3
Planning**

Determine how the study will be conducted.

**Step 4
Implementation**

Conduct the study.

Step 5 Evaluation

Analyze results and then use the findings.

can reveal problems that lead to EBP projects.



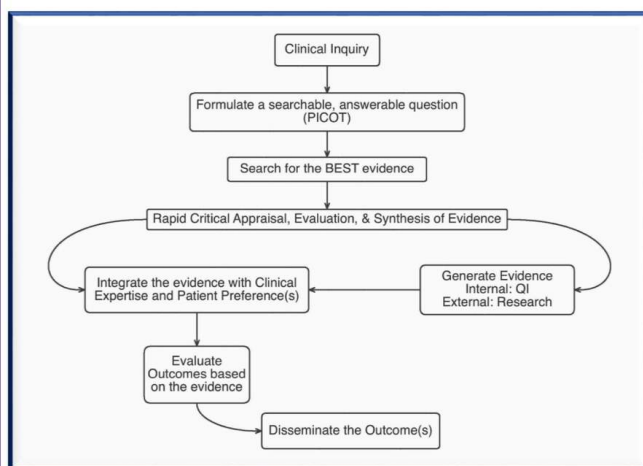
The Relationship Between EBP, Research, and Quality Improvement (QI)

All three processes require the best evidence to provide the highest quality of patient care. When implementing an EBP project review evidence from appropriate research and QI data to help understand the extent of a problem in practice and within an organization. QI data provides information on how processes work within an organization and offer information about how to make EBP changes. EBP and QI sometimes provide opportunities for research.

This relationship is compared by the following items:

- Purpose
- Focus
- Data Sources
- Who conducted the activity?
- Is the Institutional Review Board approval needed?
- Funding Sources

Evidence-based Practice, Research, or Quality Improvement?



Evidence-based Practice: Evidence of Best Practice is available and useful for a change or confirmation of Policy, Procedure, or Practice.

Research: A search of the literature concludes little to no Evidence is available for a Best Practice decision.

Quality Improvement: Evidence-based Policy, Procedures, or Practice are in place but does not result in Best Outcomes.

<https://kx.health.mil/kj/kx2/CenterForClinicalInquiry/Pages/EBP-or-Research-or-QI.aspx>

Evidence-based Practice: Evidence of Best Practice is available and useful for a change or confirmation of policy, procedure, or practice.

Research: A search of the literature includes little to no evidence is available for a best practice decision.

Quality Improvement: Evidence-based Policy, procedures, or practice are in place but does not result in best outcomes.

Let's take a closer look at each one of these topics and the similarities and differences with each.

Purpose —

Evidence-Based Practice

Use of information from research, professional experts, personal experience, and patient preferences to determine safe and effective nursing care with the goal of improving patient care and outcomes.

Research

Systematic inquiry answers questions, solves problems, and contributes to the generalizable knowledge base of nursing; it may or may not improve patient care.

Quality Improvement

Improves local work processes to improve patient outcomes and efficiency of health systems; results usually not generalizable.

Focus —

Evidence-Based Practice

Implementation of evidence already known into practice.

Research

Evidence is generated to find answers for questions that are not known about nursing practice.

Quality Improvement

Measures effects of practice and/or practice change on specific patient population.

Data Source —

Evidence-Based Practice

Multiple research studies, expert opinion, personal experience, patients.

Research

Subjects or participants have predefined characteristics that include or exclude them from the study; researcher collects and analyzes data from subjects.

Quality Improvement

Data from patient records or patients who are in a specific area such as on a patient care unit or admitted to a particular hospital.

Who conducted the activity? —

Evidence-Based Practice

Practicing nurses and possibly other members of the health care team.

Research

Researchers who may or may not be employed by the health care agency, and usually are not a part of the clinical health care team conduct it.

Quality Improvement

Employees of a health care agency such as nurses, physicians, pharmacists.

Is the activity part of regular clinical practice? —

Evidence-Based Practice

Yes

Research

No

Quality Improvement

Yes

Is the Institutional Review Board approval needed? —

Evidence-Based Practice

Sometimes

Research

Yes

Quality Improvement

Sometimes

Funding Sources —**Evidence-Based Practice**

Internal, from health care agency.

Research

Funding is usually external, such as a grant.

Quality Improvement

Internal, from health care agency.

Multiple Choice

This is a formal approach for the analysis of health care-related processes that does not introduce new practice, but can review the effectiveness of interventions.

☐ Quality Improvement (QI)

☐ Process Improvement (PI)


☐ Project Manager Review

☐ Process Research Review

SUBMIT



Complete the content above before moving on.



The Center For Clinical Inquiry

DHA HEALTH.MIL TRICARE DHQ

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Nursing Research
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Centers
for
Clinical
Inquiry

Welcome to the Centers
for Clinical Inquiry (C2I)!

This is the official Kx page for Air Force Centers for Clinical Inquiry.
It is a place to inspire clinical inquiry, foster best practice healthcare, and facilitate resources for Evidence-Based Practice (EBP).

AF/SG Evidence-Based Practice Consultant Team

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- Lt Col David Bradley (deputy), david.bradley@usuhs.edu
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AF/SG Nursing Research Consultant


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<https://kx.health.mil/kj/kx2/NursingResearch/Pages/home.aspx>

Clinical EBP Immersions

- Ohio State University offers a 5 day intensive EBP course to help clinicians translate research into clinical practice. Participants learn a step-by-step process to effectively implement EBP into their clinical setting. They currently offer a military discount-registration is \$1K for both virtual and in person sessions.
 - February 20-24, 2023, Columbus, Virtual & In-Person (8:00 AM EST start)
 - June 26-30, 2023, Columbus, Virtual & In-Person (8:00 AM EST start)
 - October 16-20, 2023, Columbus, Virtual & In-Person (10:00 AM EST start)
- Check out: <https://nursing.osu.edu/ebp-immersion> for more information.
- Free Foundations of Evidence-based Practice in Healthcare, enrollment open 31 Jan- 30 Jun 2023
<https://openlearning.catalog.instructure.com/courses/56241/enrollment/new>
- Johns Hopkins offers several EBP courses: <https://www.hopkinsmedicine.org/evidence-based-practice/ebp-education.html>
- University of Iowa offers a 4 day virtual institute: <https://uihi.org/evidence-based-practice>
 - Feb 2023

Upcoming Events

- 1) TSNRP Research and EBP Dissemination Hybrid Course, 4-6 Apr 23
 - Flyer [here](#)
- 2) EBP Poster Session at 11-14 Apr 23 Nursing Practice Oversight Course (NPOC) in Orlando, FL
 - Abstracts submission-closed; selection notifications have been sent
 - Flyer located [here](#)
 - Letter of Support template located [here](#)
- 3) 2023 TSNRP Grant Rounds: <https://event.mil/bmXING/>



Resources and Funding Opportunities

- TSNRP offers a mini-EBP award to provide up to \$10,000 for equipment and supplies in support of local, nurse led EBP initiatives. Applications accepted [through August 2023.](#)
 - TSNRP Mini EBP Award Thru Aug 2023 [pdf](#)
- Check out the newly redesigned TSNRP/RIG website: <https://www.triservicenurse.org>
- 2022 TSNRP Research & EBP Dissemination Course recorded sessions and poster presentations available here: <https://www.triservicenurse.org/2022-dissemination-course>

News

- Check out the new EBP directory on the quick links bar. The directory will let you find clinicians who have EBP experience/training. Feel free to add your contact info and share this resource with colleagues!
- Are you working an EBP initiative? We'd love to highlight it in the monthly NEM call or in the quarterly TMF newsletter. Upload your progress to the Leading Practice Management site and/or email Lt Col Anderson.

Need help with a clinical question? You can ask the C2I!
Simply submit an e-consult using the 'ask a C2I' button below.

Ask a C2I

- <https://kx.health.mil/kj/kx2/CenterForClinicalInquiry/Pages/home.aspx>

Centers for Clinical Inquiry (C2I)

Improving the quality of care, minimizing variation, and delivering exceptional outcomes to all beneficiaries is pivotal to the goal of providing Trusted Care, Anywhere.

In support of this goal, the Center for Clinical Inquiry validates and assures that evidence-based practices are disseminated across the Air Force Medical Service.

The Center for Clinical Inquiry aligns evidence-based practice experts, and clinical research scientists, to support Air Force clinicians integrating science and evidence as the foundation for patient centered care.

The screenshot displays the website for The Center For Clinical Inquiry, part of the Defense Health Agency. The page features a navigation bar with links to Headquarters View, Functional View, MAJCOMs & MTFs, Restricted Access, CAIB & IDS, and a search bar. Below the navigation bar is a large blue banner with the title "Evidence-based Practice Process".

Under the banner, there are several sections of resources:

- American Journal of Nursing Series**: A list of links to various articles, including "Igniting a Spirit of Inquiry: An Essential Foundation for EBP", "The Seven Steps of Evidence Based Practice", "Asking the Clinical Question: A Key Step in EBP", "Searching for the Evidence", "Critical Appraisal of the Evidence: Part 1", "Critical Appraisal of the Evidence: Part 2", "Critical Appraisal of the Evidence: Part 3", "Following the Evidence: Planning for Sustainable Change", "Implementing and Evidence-Based Practice Change", "Rolling Out the Rapid Response Team", "Evaluating and Disseminating the Impact of an EBP Intervention: Show & Tell", and "Sustaining EBP Practice Through Organizational Policies & Innovative Model".
- EBP Process Steps-click here for Step 0-6 details**: A link to a page detailing the steps of the EBP process.
- Toolkit Folder-click here for below resources**: A link to a folder containing various templates and guides, including "Sample PICOT Questions", "PICOT Fillable Template", "Guide to Search Strategy", "Evidence Table Template", "EBP Presentation Template", "Rapid Critical Appraisal Tools", "Leading Practice Management Kx EBP Upload Guide", "Return on Investment Article", "eIRB EBP How To Guide and Template", "Standardized EBP Charter Template", "Gantt Template", "EBP Council - Meeting Slides Template", "EBP Project Quad Chart Template", "EBP Council Meeting Minutes Template", "EBP Project Poster Template", and "EBP Council Tracker Template".
- Educational Tools-click here for customizable tools**: A link to a page with educational tools, including "EBP Basics Presentation", "PICOT Basics", and "Recorded Example EBP Presentations".
- Example Newsletters-click here for example newsletters**: A link to a page with example newsletters, including "Navigate to the above folder to find example EBP newsletters from the 316 MDG" and "You will find a publisher template (where the newsletters were developed) as well as multiple pdf examples".

On the right side of the page, there is a vertical flowchart titled "Evidence-based Practice Process" with seven steps, each in a colored box with a downward arrow:

- Step 0 – Spirit of Inquiry
- Step 1 – Ask the PICOT Question
- Step 2 – Search the Evidence
- Step 3 – Critical Appraisal
- Step 4 – Integrate the Evidence
- Step 5 – Implementing Change
- Step 6 – Disseminate

<https://kx.health.mil/kj/kx2/CenterForClinicalInquiry/Pages/Resources.aspx>

EBP Toolkit

The Center for Clinical Inquiry is a one-stop-shop for EBP detailed process, a large toolkit of resources, and templates to guide you through the process.

END OF LESSON