

Military-civilian partnerships aim to help meet military medical readiness needs

May 23 2018

A growing partnership between the Military Health System and permanent civilian trauma institutions is well under way that will create, for the first time, a fully integrated military-civilian trauma system with the ability to train military surgeons prior to deployment, retain the critical skills of military surgeons while they're deployed, and then bring lessons from the battlefield back home to enhance civilian trauma care.

Expanding civilian trauma centers as a critical resource for combat medical readiness and designing a collaborative process between trauma centers and the military to bolster civilian mass casualty and disaster response are among the goals of the Military Health System Strategic Partnership American College of Surgeons (MHSSPACS) to address challenges facing military surgery and civilian trauma care. These efforts were the focus of an MHSSPACS meeting held in December 2017, which brought together military personnel and representatives from civilian trauma centers.

The deliberations of the meeting are now published as an "article in press" on the website of the *Journal of the American College of Surgeons* ahead of print.

MHSSPACS, launched in December 2014, is a strategic partnership between ACS and the U.S. Department of Defense Military Health System to facilitate collaboration and the exchange of information between ACS and MHS to advance high-quality, cost-effective care for surgical patients. M. Margaret (Peggy) Knudson, MD, FACS, is Medical

Director of MHSSPACS.

"The ACS has a long history of partnering with the military. Our role as the College is to assist our military colleagues with preserving the lessons learned over the past 17 years of conflict through preservation of the Joint Trauma System (JTS) and by expanding military-civilian training platforms to assure combat readiness," said Dr. Knudson.

In December 2016, President Barack Obama signed into law the National Defense Authorization Act, which provided for the development and sustainment of the JTS—uniting the three branches of the Medical Corps to improve standards of trauma care. Dr. Knudson and coauthors note the prolonged conflicts during Operation Iraqi Freedom and Operation Enduring Freedom gave rise to an unprecedented improvement in military combat casualty care and the development of the JTS. However, between conflicts there is a risk of losing skills and proficiencies learned during those periods. A major focus of MHSSPACS is to preserve the JTS and establish a fully integrated military-civilian trauma system.

Learning from already established trauma training platforms, the next step is to develop a blueprint of standards for each center including performance measures that will assist the MHS in selecting and evaluating these joint ventures. A meeting is scheduled for July 30, bringing together a team lead by Dr. Knudson to begin developing these standards. According to Dr. Knudson, this manual will help serve the federal government when they are looking at possible trauma centers to partner with, providing criteria and guidelines for what should be present at a trauma center if it is to be an effective partner with the MHS.

There are a number of challenges facing military surgeons, including lack of standard pre-deployment training and the proficiency and retention of critical surgical skills needed for the expeditionary surgeon.

To address these issues, MHSSPACS has developed a Clinical Readiness Project, which includes four key components:

1. Periodic assessment of knowledge and abilities aligned with a relevant curriculum
2. Pre-deployment assessment of procedural skills
3. Appropriate training and retraining when necessary, focused on areas of need identified using a standardized assessment
4. Development of a measurable "readiness" value of pre-deployment practice

Beyond the readiness and skills retention of military surgeons, unique challenges exist for military surgical recruitment and retention, such as dissatisfaction amongst military surgeons with case-mix index and a gap between military and civilian pay scales, among other issues. The authors propose a number of potential solutions, including strengthening bonds between military surgeons and professional surgical societies, developing the ability to incorporate the military workforce in civilian surgery and vice-versa, and partnering with academic institutions to allow for academic development of military surgeons who are stationed outside of the larger military treatment facilities.

A fully integrated trauma system is also the focus of a 2016 National Academies of Sciences, Engineering, and Medicine report. Enactment of the report's recommendations would ensure a ready trauma surgical force capable of providing the best available care for both military and civilian casualties, Dr. Knudson notes in the article.

Each branch of the military medical force already has a training center incorporated into civilian [trauma](#) centers. For the Army, that center is the Ryder Trauma Center in Miami, the Navy has partnered with the University of Southern California, and the Air Force has three such centers including the University of Cincinnati, the University of

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.