

2011 Military Health System Conference

Public Health Service (PHS) Commissioned Corps

DoD/HHS Memorandum of Agreement (MOA) Status Report

The Quadruple Aim: Working Together, Achieving Success

Hans V. Ritschard, Lt Col, USAF, BSC

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Director, Psychological Health Strategic Operations
Office of the Deputy Assistant Secretary of Defense (FHP&R)
OASD(HA)

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DoD/HHS MOA



- Detail USPHS mental health professionals to serve in military MTFs
- To enhance access to care by providing continuity of care when AD providers are deployed/unavailable
- PHS officers are not be available for deployment outside the 50 states
- Funded by TMA PH/TBI programs—no cost to the Services
- PHS Officers must be mental health clinicians
- Officers can transfer from other billets or be direct civilian accessions

Officers in MOA



Force Strength		
	CAD	Transfer
Air Force	16	9
Army	37	36
Navy	12	11
Army TBI	10	9
DCoE	2	9
DoD/TMA	0	2

Discipline Strength	
Social Workers	56
Psychologists	41
Nurses	27
Psychiatrists	8
Physician Assistants	7
Physical Therapists	4
Occupational Therapists	3
Nurse practitioners	2
Speech pathologists	2
Clinical pharmacologist	1
Co-liaison officer	1
Neurologist	1
TOTAL	153

DoD Locations with PHS Officers



Air Force	Army	Navy
Wright Patterson AFB Travis AFB Eglin AFB Elmendorf AFB Andrews AFB Sheppard AFB Hill AFB Scott AFB McChord AFB MacDill AFB Lackland AFB Langley AFB Grand Forks AFB Maxwell AFB Seymour Johnson AFB US AF Academy Hurlbert Field Dover AFB	Fort Bragg Fort Belvoir Walter Reed Fort Carson Tripler AMC Fort Drum Fort Hood Fort Jackson Proponency Office Fort Sam Houston Fort Benning Fort Sill Fort Meade Fort Stewart Fort Campbell Fort Lee Fort Riley Camp Shelby FT Huachuca Schofield Barracks FT Lewis FT Myer/Henderson Hall	Camp Pendleton NMC Portsmouth Bethesda Naval Hospital NMC San Diego Naval Clinic, RI Camp Lejeune NH Pensacola

Evaluation of MOA



- 2010 Program Evaluation goals
 - Determine whether MOA supports DOD's mission
 - Enhance PHS officer development
 - Review recruitment approach
- Eleven 120 minute focus groups @ 6 MTFs
 - 6 with MOA PHS officers
 - 5 with non-PHS mental health professionals
- Survey to all PHS officers (MOA)
 - February – June 2010

DoD/HHS MOA Survey Findings



- 91% have collateral duties in addition to their primary duties
- 54% believe their primary duties have significantly changed since arriving at their duty stations.

Categories of Collateral Duties
Assistant Director for Residents
Briefings/ Presentations on Stress Management
Caregiver Occupational Stress Team
Chair for Recruitment and Retention
Chairperson of Education and Training Committee
Committees
Community Partnerships
Department Head
Drug and Alcohol Abuse Evaluations
Executive Officer for Neuropsychology
Nursing Supervisor
Officer in Charge
Program Manager
Quality Assurance Officer
Smoking Cessation Programs
Special Psychiatric Rapid Intervention Team
Supervisor
<i>57 of 64 respondents answered this question</i>

External Success Factors



- Improved patient relationships
- Credibility of and respect for the PHS uniform
- Significant leadership opportunities
- Seamless integration into the MTF
- Closing gaps in care
- Flexibility

Internal Success Factors



- Excellent work/life balance
- Strong support from Army for officers and their families
- Gratification that comes with serving a military population

Focus Group Recruiting Ideas



- **Pride in wearing the PHS uniform**
- **Opportunity to serve the underserved**
- **Financial benefits**
- **Flexibility**
- **Career control**
- **Deployment and leadership opportunities**

Way forward



- Continue support of DoD's Psychological Health mission—recruit to full 200 officers
 - Recruit and place PHS officers where most needed
- Conduct additional research to evaluate impact of PHS officers on patient care
- Officers will be evaluated by both PHS leadership and their MTF supervisors

Questions/Comments?



Hans V. Ritschard, Lt Col, USAF, Ph.D.
Director, Psychological Health Strat Ops

703-845-3313

Hans.Ritschard@tma.osd.mil