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**Introduction**

As one of the largest health systems in the United States, the Military Health System (MHS) delivers health services to over 9 million eligible patients all over the world (MHS, 2018). This is achieved through nearly 700 military treatment facilities (MTF’s) that include hospitals and clinics around the globe and civilian partnerships through the Tricare health plan. One such MTF is the Naval Branch Health Clinic Saratoga Springs, located in Upstate New York. The parent command is U.S. Naval Health Clinic New England located in Newport, Rhode Island. The clinic is a tenant command of the Naval Support Activity Saratoga Springs New York.

The branch clinic was established in 1986 with a mission to maximize the readiness, health, and well-being of U.S. military forces stationed in the New York Capital Region. Despite the clinic designation, the parent command with its branch clinics provides medical care to over 200,000 beneficiaries. The Naval Branch Health Clinic Saratoga Springs has 15,000 beneficiaries. Most of the beneficiaries are active duty military, reserve, and National Guard but also caters for retired military and dependents through pharmacy and lab services only. The MTF is served by 42 staff members both civilian and military under the leadership of Commander Christopher Parks who is the Officer-In-Charge.

**The Internship**

My internship started with required computer-based training for healthcare workers. I took the Health Insurance Portability and Accountability Act (HIPAA) course, the Protected Health Information (PHI) course, and the Personally Identifiable Information (PII) course. The privacy officer taught me how to safeguard information and conduct assessments to ensure compliance with the privacy laws.

In the Health Benefits Office, I learnt how to submit in network and out of network referrals, billing, explanation of benefits. We reviewed medical referrals, contacted patients to advise them on approvals or disapprovals for referrals. Participated in a meeting with Humana personnel who partner with Tricare to provide insurance for uniformed services members and their families to discuss health benefits and how to better assist beneficiaries.

In the Human Resources Office, I assisted with payroll timecards reconciliation, verification, and certification. I also learnt how to create physical and electronic personnel records, and the process of onboarding new hires and updating personnel files.

In the Administration Office, I learnt how to create dashboards and put together performance metrics for presentation to the leadership. Also learnt how to write official correspondence including medical and business letters, and routing via chain of command. We reviewed medical programs that are Joint Commission inspected, and those that are Navy Medical Inspector General inspected to ensure that they were complying. We reviewed nominations for the Daisy Award (an award to recognize extraordinary nurses) and forwarded our recommendations to the clinic leadership to determine the nurse to be awarded. Attended an Executive Steering Committee meeting that was solely focused on the COVID-19 response and what the local response would be. Participated in an All Hands meeting to brief the staff on the measures being taken in response to the COVID-19. Also attended Plan of the Week meetings where staff members were briefed on the metrics, talked about accomplishments, areas of improvement and where they were able to give leadership feedback on issues they needed addressed.

I assisted in setting up Video Teleconferencing equipment to facilitate various meetings with parties that were in different geographic locations. We also reviewed computer trouble tickets, assisted staff with software/hardware issues and elevated tickets to higher levels for issues not resolved. In the supply office, we conducted a wall to wall inventory of the medical supplies and completed an annual equipment inventory. Performed an inventory of all the personal protective equipment (PPE) as required by the COVID-19 working group. Worked with the Facilities Manager to evaluate work tickets submitted, make calls to get repairs done, documentation, filing, and follow-up.

As a part of a COVID-19 local working group, we were tasked with coming up with measures and streamline responses to the COVID-19. Formulated a plan for how the clinic would carry out operations without jeopardizing staff and patient safety. The task consisted of working with local health departments, State health department, and the Navy and Marine Corps Public Health Center (NMCPH) in terms of reporting, resources, and guidance. Participated in a teleconference with the Comptroller to discuss financing/budget shortfall as a result of increased supplies for COVID-19 response.

**Issues, Problems, and Practices**

One of the issues the Military Health System faces is a lack of a centralized health technology thus creating inefficiencies. Shi & Singh (2017) defines medical technology as the practical application of scientific knowledge to create efficiencies in the delivery of medical care and improve people’s health. The MTF uses several systems such as the Automated Data System (ADS) to maintain clinical data. Providers also use Composite Health Care System (CHCS) and Armed Forces Longitudinal Technology Application (AHLTA) to generate, maintain, and document patient encounters and prescribe medications. They also use secure patient messaging whereby patients can communicate with their doctor to make follow-up appointments or request medications refills. Wang & Huang (2012) notes that future health systems must support more timely and continuous patient data entry that can be accessed anywhere by integrating it to an information cloud. A new system, MHS-Genesis, is set to be rolled out within the next two years with the aim of modernizing the Electronic Health Record (EHR) and provide improved secure technology to manage health information and communications in a centralized system available through the cloud.

Another issue faced is military staff turnover. The active duty personnel assigned at the MTF are subject to deployments during their tenure. Most of them are also assigned to the MTF straight from school without any experience and thus must be further trained to gain working experience. Shahin (2012) writes that MTF's do not have leverage in picking active duty military staff since there is no hiring process and the military rotates the troops based on needs and this leads to more time being spent on training new staff on skills, knowledge and enhancing their abilities.

Some of the best practices within the Military Health System is in access, quality, and cost of health care. Health care in the US is complicated and very expensive compared to other developed nations. Policy makers have struggled to strike a balance on access, quality, and cost as concentration on one tends to affect the other with undesired effects (McKenzie, Pinger, & Seabert, 2018). The military is not prone to this issue because it provides free healthcare for its active duty forces and beneficiaries often receive free or subsidized care. The pharmacy benefits which can be costly are provided free of charge to MTF beneficiaries. Military health benefits are regarded as some of the best in the country in terms of access, quality, and cost.

The US has experienced both natural and human made disasters which have caused injuries, disease, death, and economic losses. According to Low & Binns (2012), natural disasters and epidemics were the foundation on which public health was founded. The military has coordinated efforts with other stakeholders such as the federal government, state governments, local and community organizations to assist during disasters and pandemics such as the COVID-19 response. By providing medical augmentation and support, they play a role in ensuring a strong and resilient public health partnership not just in the US but across the globe. Thousands of military health personnel are at the forefront of responding to different crisis at home and abroad.

**Conclusion**

From management, law, human resources, employee relations, finance, community and public health, it was interesting to see a lot of the concepts that we have covered in the curriculum being applied in the healthcare setting every day. Learning about the unique mission that the military health system has and how their healthcare is delivered as compared to the civilian sector helped me to better understand some of the differences. My interaction with health care administrators and other healthcare providers gave me an opportunity to ask questions and experience up close what my future career will entail.

**References**

Military Health System (2018). Retrieved from https://www.health.mil/About-MHS

Tricare Benefits Guide (2018). Retrieved from https://www.tricare.mil/Publications

Shi, L., & Singh, D. (2017). *US Health Care System*. (4th ed). Burlington, MA: Jones and Bartlett.

Wang, C., & Huang, A. (2012). Integrating technology into health care: What will it take? *JAMA,* *307*(6), 569-70. Retrieved from [https://jamanetwork-com.proxy.lib.odu.edu/journals/jama/fullarticle/1104970](about:blank)

Shahin, M. E. (2012). Staffing challenges and military commitments.*Dental Assistant, 81*(4), 6-7. Retrieved from http://proxy.lib.odu.edu/login?url=https://search-proquest-com.proxy.lib.odu.edu/docview/1034599261?accountid=12967

McKenzie, J. F., Pinger, R. R., & Seabert, D. M. (2018). *An introduction to community & public health.* (9th ed). Burlington, MA: Jones and Bartlett.

Low, W., & Binns, C. (2012). Disasters and public health concerns. *Asia-Pacific Journal of Public Health, 23*(3), 277-279. doi:https://doi-org.proxy.lib.odu.edu/10.1177/1010539511409377