
Reorganizing The Military Health System Should There Be A

A Consolidated Military Health Care System

Congressional Record

Essays in the History of Therapeutics

The Report of the Quadrennial Defense Review Independent Panel

CHAMPUS Mental Health

Reorganization of the Department of Defense

Protecting Our Forces

Transformation of the Military Health System

Policy and Politics in Nursing and Healthcare - Revised Reprint - E-Book

Military Medical Care System

Reorganizing the Military Health System

Hearings on CHAMPUS and Military Health Care Before Subcommittee No. 2 of the Committee on Armed Services, House of Representatives, Ninety-third Congress, Second Session ...

Reorganizing the Military Health System. Should There Be A Joint Command?

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A Plan for the Reorganization of the Family Practice Program at Irwin Army

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Triage for Civil Support

Defense health Care; DOD Needs to Address the Expected Benefits, Costs, and Risks
for Its newly Approved Medical Command Structure

To Establish a Department of Health

Department of Defense Appropriations for 2013: Military Health Systems governance
review; Fiscal year 2013 Department of Defense budget overview; Fiscal year 2013

Navy

Federal Role in Health

Annual Report, the Surgeon General, United States Army

Challenges in Military Health Care

Improving the Deployment of Army Health Care Professionals

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2013, MAY 11, 2012,
112-2 HOUSE REPORT 112-479

United States at Large
Policy and Politics in Nursing and Healthcare - Revised Reprint
Tri-service Medical Transformation
Military Medical Care
The Medals of the United States Army Medical Department and Medals Honoring
Army Medical Officers
Opportunities to Reduce Potential Duplication in Government Programs, Save Tax
Dollars, and Enhance Revenue
Public Statutes at Large of the United States of America
Status of the Reorganization of the Veterans Health Administration and Related
Initiatives to Improve VA Health Care Delivery Methods
The Chemical Warfare Service
The Army Medical Department, 1775-1818
United States Statutes at Large

*Reorganizing The
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WOODARD ELAINE

A Consolidated Military Health Care

System Reorganizing the Military Health
System

The desirability of centralization of
military health care functions has been
argued for repeatedly since World War II.

The arguments for and against such centralization have not changed significantly over that period, but the military, social, and Congressional climates have changed such that a considerably larger audience is currently convinced of the advantages potentially offered by consolidation. As one cited review notes "a general consensus (exist) among DOD officials (excepting the ASD(HA) and the Surgeons General) and other observers that the military health services system would benefit from increased consolidation and more centralized management." This paper begins with an analysis of those arguments. Should such a unification effort be found desirable, a model of such an organization is offered. The impediments and secondary effects of

such a reorganization. are significant and are therefore explored; and some preliminary steps necessary to a consolidation effort are suggested. Congressional Record Createspace Independent Pub

There has been long-standing debate regarding a unified military health system versus individual service medical systems. This paper reviews the history of the service medical systems, and major reports spanning more than fifty years on this issue. The preponderance of report conclusions urge unification of the military health system. The service medical systems' counter-arguments are also reviewed and analyzed. That debate, conducted throughout the period of the Cold War, has been fundamentally changed by our entry into a new

geopolitical and economic era. Changes in the economic, security, and strategic landscapes, along with profound changes in the national mood, must drive different conclusions than those that impelled policy and organizational structure in the Cold War. To meet the strategic and security challenges of the next quarter-century, the service medical systems must unify under a single accountable command and control structure.

Essays in the History of Therapeutics

BRILL

This report documents research on the organization of the Military Health System (MHS). This research was initiated as part of a larger project to assess the organization and cost of the Department of Defense's TRICARE health

benefits program. A focus of this initial work was identifying organizational models in the civilian managed-care sector that might be applied to TRICARE. Subsequently, the research expanded when the National Defense Authorization Act for Fiscal Year 2000 requested a study of the expansion of joint medical operations, including an assessment of the merits and feasibility of establishing a joint command. Responding to this request required further investigation of medical readiness and joint organizations and the development of alternative joint-command structures. This report should be of interest to those in the Congress, the Department of Defense, and elsewhere who are interested in the Military Health System. Portions of this report may also interest

those concerned about the design of health-care organizations, especially in the public sector.

The Report of the Quadrennial Defense Review Independent Panel Transaction Pub

The current U.S. military medical service structure is redundant and inefficient. Each service trains, equips and organizes its own medical force under the direction of a Surgeon General and medical department (the Navy Bureau of Medicine and Surgery - BUMED, the Army Medical Command - USAMEDCOM, and the Air Force Medical Service - AFMS). Yet all these medical departments are interwoven in and subordinate to the Defense Health Program (DHP) and its peacetime health care delivery system - TRICARE. This

paper assesses the current Department of Defense (DOD) medical support organization and proposes the development of a unified medical command (USMEDCOM) that will provide health care across the services more efficiently through the common training, organizing and equipping of a joint medical force.

CHAMPUS Mental Health Rand Corporation

Even before September 11, 2001, threat assessments suggested that the United States should prepare to respond to terrorist attacks inside its borders. This monograph examines the use of military medical assets to support civil authorities in the aftermath of a chemical, biological, radiological, nuclear, or conventional high explosives

attack inside the United States. The authors focus on key questions, including under what circumstances military medical assets could be requested and what assets are likely to be requested.

Reorganization of the Department of Defense DIANE Publishing

Featuring analysis of healthcare issues and first-person stories, *Policy & Politics in Nursing and Health Care* helps you develop skills in influencing policy in today's changing health care environment. 145 expert contributors present a wide range of topics in policies and politics, providing a more complete background than can be found in any other policy textbook on the market. Discussions include the latest updates on conflict management, health

economics, lobbying, the use of media, and working with communities for change. The revised reprint includes a new appendix with coverage of the new Affordable Care Act. With these insights and strategies, you'll be prepared to play a leadership role in the four spheres in which nurses are politically active: the workplace, government, professional organizations, and the community. Up-to-date coverage on the Affordable Care Act in an Appendix new to the revised reprint. Comprehensive coverage of healthcare policies and politics provides a broader understanding of nursing leadership and political activism, as well as complex business and financial issues. Expert authors make up a virtual Nursing Who's Who in healthcare policy, sharing information and personal

perspectives gained in the crafting of healthcare policy. Taking Action essays include personal accounts of how nurses have participated in politics and what they have accomplished. Winner of several American Journal of Nursing "Book of the Year" awards! A new Appendix on the Affordable Care Act, its implementation as of mid-2013, and the implications for nursing, is included in the revised reprint. 18 new chapters ensure that you have the most up-to-date information on policy and politics. The latest information and perspectives are provided by nursing leaders who influenced health care reform with the Patient Protection and Affordable Care Act of 2010. *Protecting Our Forces* National Academies Press

The Department of Defense Military Health System dates back to 1775 when it supported the Continental Army. The purpose of the Military Health System (MHS) is to provide medical care (preventive and resuscitative care) for our Soldiers, Sailors, Airmen, and Marines, who may be deployed in operations such as Operation Enduring Freedom and Operation Iraqi Freedom or assigned around the world in support of our national interests. MHS beneficiaries have grown to a population of over nine million. MHS delivers medical care in over eighty hospitals and more than five hundred medical clinics throughout the world, making it one of the largest medical infrastructures of this great nation. In the MHS organizational structure, each Service Component has a

Surgeon General and a separate medical command structure and the Department of Defense oversees medical support via the Assistant Secretary of Defense for Health Affairs. Given the President's emphasis on transforming the way the Department of Defense runs, should the Department of Defense now establish a Joint Medical Command or a Unified Medical Command? If so, should this Joint Medical Command operate at the strategic, operational, and tactical levels?

Transformation of the Military Health System National Academies Press

There has been long-standing debate regarding a unified military health system versus individual service medical systems. This paper reviews the history

of the service medical systems, and major reports spanning more than fifty years on this issue. The preponderance of report conclusions urge unification of the military health system. The service medical systems' counter-arguments are also reviewed and analyzed. That debate, conducted throughout the period of the Cold War, has been fundamentally changed by our entry into a new geopolitical and economic era. Changes in the economic, security, and strategic landscapes, along with profound changes in the national mood, must drive different conclusions than those that impelled policy and organizational structure in the Cold War. To meet the strategic and security challenges of the next quarter-century, the service medical systems must unify under a

single accountable command and control structure.

Policy and Politics in Nursing and Healthcare - Revised Reprint - E-Book
Elsevier Health Sciences

Featuring analysis of healthcare issues and first-person stories, *Policy & Politics in Nursing and Health Care* helps you develop skills in influencing policy in today's changing health care environment. Approximately 150 expert contributors present a wide range of topics in policies and politics, providing a more complete background than can be found in any other policy textbook on the market. Discussions include the latest updates on conflict management, health economics, lobbying, the use of media, and working with communities for change. With these insights and

strategies, you'll be prepared to play a leadership role in the four spheres in which nurses are politically active: the workplace, government, professional organizations, and the community. Comprehensive coverage of healthcare policies and politics provides a broader understanding of nursing leadership and political activism, as well as complex business and financial issues. Expert authors make up a virtual Nursing Who's Who in healthcare policy, sharing information and personal perspectives gained in the crafting of healthcare policy. Taking Action essays include personal accounts of how nurses have participated in politics and what they have accomplished. Winner of several American Journal of Nursing "Book of the Year" awards! 18 new chapters ensure

that you have knowledge of the most up-to-date information on policy and politics. The latest information and perspectives are provided by nursing leaders who influenced health care reform with the Patient Protection and Affordable Care Act of 2010.

Military Medical Care System Elsevier Health Sciences

Problems stemming from the misuse and abuse of alcohol and other drugs are by no means a new phenomenon, although the face of the issues has changed in recent years. National trends indicate substantial increases in the abuse of prescription medications. These increases are particularly prominent within the military, a population that also continues to experience long-standing issues with alcohol abuse. The problem

of substance abuse within the military has come under new scrutiny in the context of the two concurrent wars in which the United States has been engaged during the past decade—in Afghanistan (Operation Enduring Freedom) and Iraq (Operation Iraqi Freedom and Operation New Dawn). Increasing rates of alcohol and other drug misuse adversely affect military readiness, family readiness, and safety, thereby posing a significant public health problem for the Department of Defense (DoD). To better understand this problem, DoD requested that the Institute of Medicine (IOM) assess the adequacy of current protocols in place across DoD and the different branches of the military pertaining to the prevention, screening, diagnosis, and treatment of

substance use disorders (SUDs). Substance Use Disorders in the U.S. Armed Forces reviews the IOM's task of assessing access to SUD care for service members, members of the National Guard and Reserves, and military dependents, as well as the education and credentialing of SUD care providers, and offers specific recommendations to DoD on where and how improvements in these areas could be made.

Reorganizing the Military Health System

Government Printing Office Vols. for 1950-19 contained treaties and international agreements issued by the Secretary of State as United States treaties and other international agreements.

Hearings on CHAMPUS and Military Health Care Before Subcommittee

No. 2 of the Committee on Armed Services, House of Representatives, Ninety-third Congress, Second Session ...

DIANE Publishing
Reorganizing the Military Health System
Rand Corporation
Reorganizing the Military Health System. Should There Be A Joint Command?
Rand Corporation

The primary objective of the military health system, which includes the Defense Department's hospitals, clinics, and medical personnel, is to maintain the health of military personnel so they can carry out their military missions and to be prepared to deliver health care during wartime. The military health system also covers dependents of active duty personnel, military retirees and their dependents, including some

members of the reserve components. The military health system provides health care services through either Department of Defense (DOD) medical facilities, known as “military treatment facilities” or “MTFs” as space is available, or through private health care providers. The military health system currently includes some 56 hospitals and 365 clinics serving 9.7 million beneficiaries. It operates worldwide and employs some 58,369 civilians and 86,007 military personnel. Since 1966, civilian care to millions of dependents and retirees (and retirees' dependents) has been provided through a program still known in law as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), but more commonly known as TRICARE. TRICARE

has four main benefit plans: a health maintenance organization option (TRICARE Prime), a preferred provider option (TRICARE Extra), a fee-for-service option (TRICARE Standard), and a Medicare wrap-around option (TRICARE for Life) for Medicare-eligible retirees. Other TRICARE plans include TRICARE Young Adult, TRICARE Reserve Select and TRICARE Retired Reserve. TRICARE also includes a pharmacy program and optional dental plans. Options available to beneficiaries vary by the beneficiary's duty status and location. This report answers several frequently asked questions about military health care, including: How is the military health system structured? What is TRICARE? What are the different TRICARE plans and who is eligible? What are the costs

of military health care to beneficiaries? What is the relationship of TRICARE to Medicare? How does the Affordable Care Act affect TRICARE? What are the long-term trends in defense health care costs? What is the Medicare Eligible Retiree Health Care fund, which funds TRICARE for Life? The Government Accountability Office (GAO) and the Congressional Budget Office (CBO) have also published important studies on the organization, coordination and costs of the military health system, as well as its effectiveness addressing particular health challenges. The Office of the Assistant Secretary of Defense for Health Affairs Home Page, available at <http://www.health.mil/>, may also be of interest for additional information on the military health system.

The Army Lawyer Elsevier Health Sciences

Since the end of WWII, the question of whether to create a unified military health system has arisen repeatedly. Despite a variety of answers to this question, the system has largely retained its traditional structure, with separate Army, Navy and Air Force medical departments. This book documents research on the organization of the military health system. It considers 5 alternative organizational structures for their likely impact on peacetime health care and wartime readiness.

Substance Use Disorders in the U.S. Armed Forces

Infectious diseases continue to pose a substantial threat to the operational

capacity of military forces. Protecting Our Forces reviews the process by which the U.S. military acquires vaccines to protect its warfighters from natural infectious disease threats. The committee found that poorly aligned acquisition processes and an inadequate commitment of financial resources within the Department of Defense vaccine acquisition process "rather than uncleared scientific or technological hurdles" contribute to the unavailability of some vaccines that could protect military personnel and, implicitly, the welfare and security of the nation. Protecting Our Forces outlines ways in which DoD might strengthen its acquisition process and improve vaccine availability. Recommendations, which include combining all DoD vaccine

acquisition responsibilities under a single DoD authority, cover four broad aspects of the acquisition process: (1) organization, authority, and responsibility; (2) program and budget; (3) manufacturing; (4) and the regulatory status of special-use vaccines.

Unification of the Military Health System

This is the first compendium on sociological research on health and the armed forces. The core reality is that both health care and the military reflect social systems in transition. In essence, Challenges in Military Health Care is about the intersection of two institutions in flux.

Policy & Politics in Nursing and Health Care - E-Book

Therapeutics has been central to the

medical enterprise in all times and all places, but a subject that is all too often neglected by historians. The essays in this volume follow a range in chronology from antiquity to the 1980s and in geography from the Mediterranean Basin to the New World. They touch on such matters as diet and drugs, magic and surgery, orthodox and unorthodox approaches. What they share is an attempt to get beyond the easy dismissal of almost all therapeutics before the twentieth century as meaningless and harmful and to examine concrete dimensions of the therapeutic encounter in its social, professional, religious and scientific reverberations.

A Plan for the Reorganization of the Family Practice Program at Irwin

Army Community Hospital Using a Managed Care Model

The Army Medical Department uses the Professional Filler System (PROFIS) to manage the deployment of health care professionals and their assignment to military treatment facilities when not deployed. This report describes the functionality of PROFIS in the current operating environment of ongoing deployments and assesses potential modifications and improvements to the system.

The Military Health System

Featuring analysis of healthcare issues and first-person stories, Policy & Politics in Nursing and Health Care helps you develop skills in influencing policy in today's changing health care environment. 145 expert contributors

present a wide range of topics in policies and politics, providing a more complete background than can be found in any other policy textbook on the market. Discussions include the latest updates on conflict management, health economics, lobbying, the use of media, and working with communities for change. The revised reprint includes a new appendix with coverage of the new Affordable Care Act. With these insights and strategies, you'll be prepared to play a leadership role in the four spheres in which nurses are politically active: the workplace, government, professional organizations, and the community. Up-to-date coverage on the Affordable Care Act in an Appendix new to the revised reprint. Comprehensive coverage of healthcare policies and politics provides

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are provided by nursing leaders who influenced health care reform with the

Patient Protection and Affordable Care Act of 2010.

Triage for Civil Support

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