

Retention Panel: CF Health Services & the Primary Reserve

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Dir HS Res/HS Res Advisor
24 Apr 10



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SCOPE

- Overview of Res Injuries/Fatalities from TF Afghanistan
- PRes Health Benefits: Ombudsman Report 2008
QR & O 34.07
Periodic Health Assessments
Immunizations
Medical Records
Annuitant Breaks
- Surgeon General's Interim Guidance
- New Veteran's Charter - VAC



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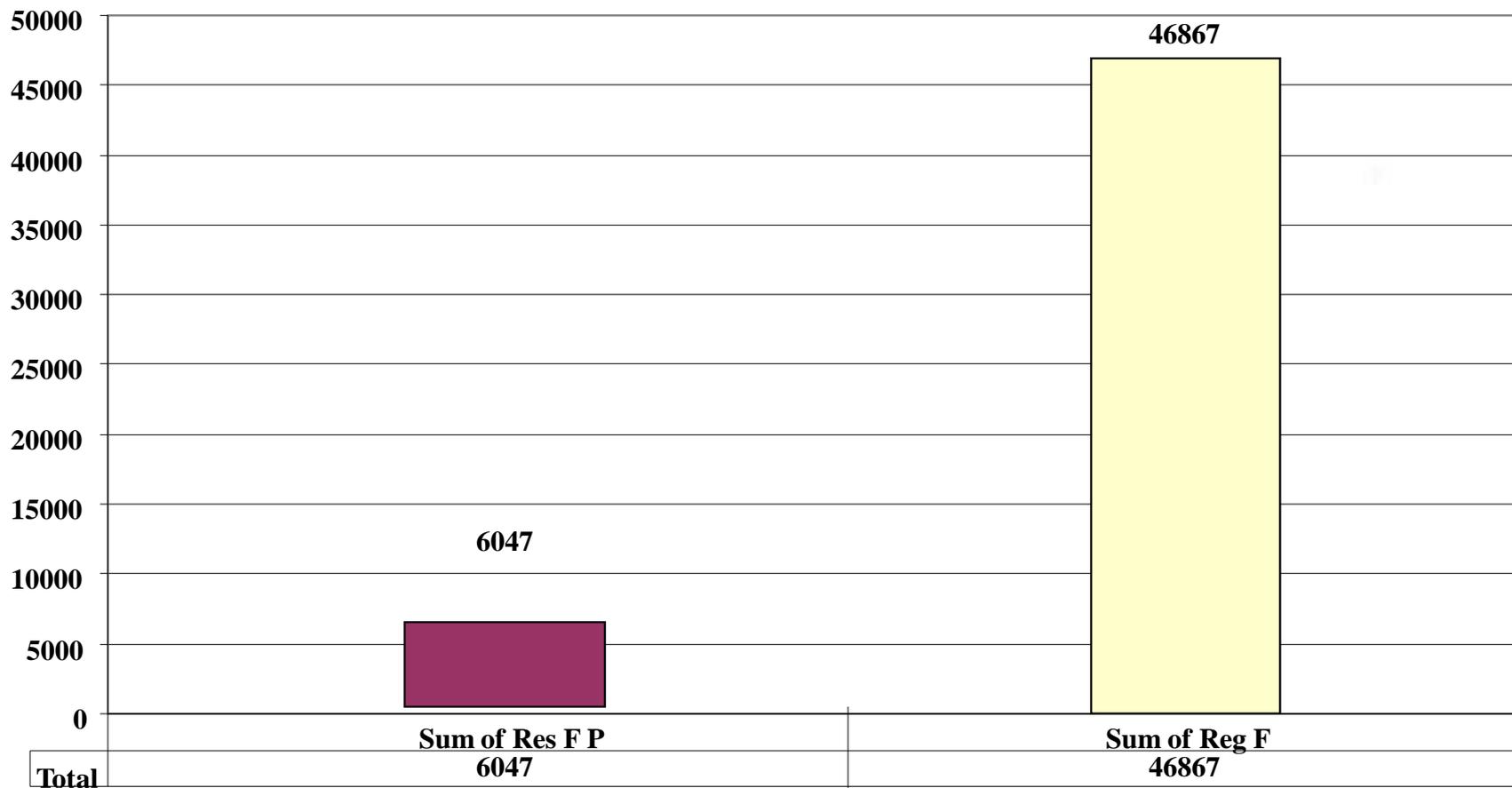
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PRes/Reg F Deployment Comparison Afghanistan Mission



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PRes/Reg F Deployment Comparison

Afghanistan Since ROTO 1 Kandahar & RC South

ROTO	PRES	REG F
1	366	2421
2	351	2254
3	439	2816
4	425	3205
5	662	3040
6	651	3174
7	598	4254
8	669	3565
9	696	2873
10	338	2495
11	5	27



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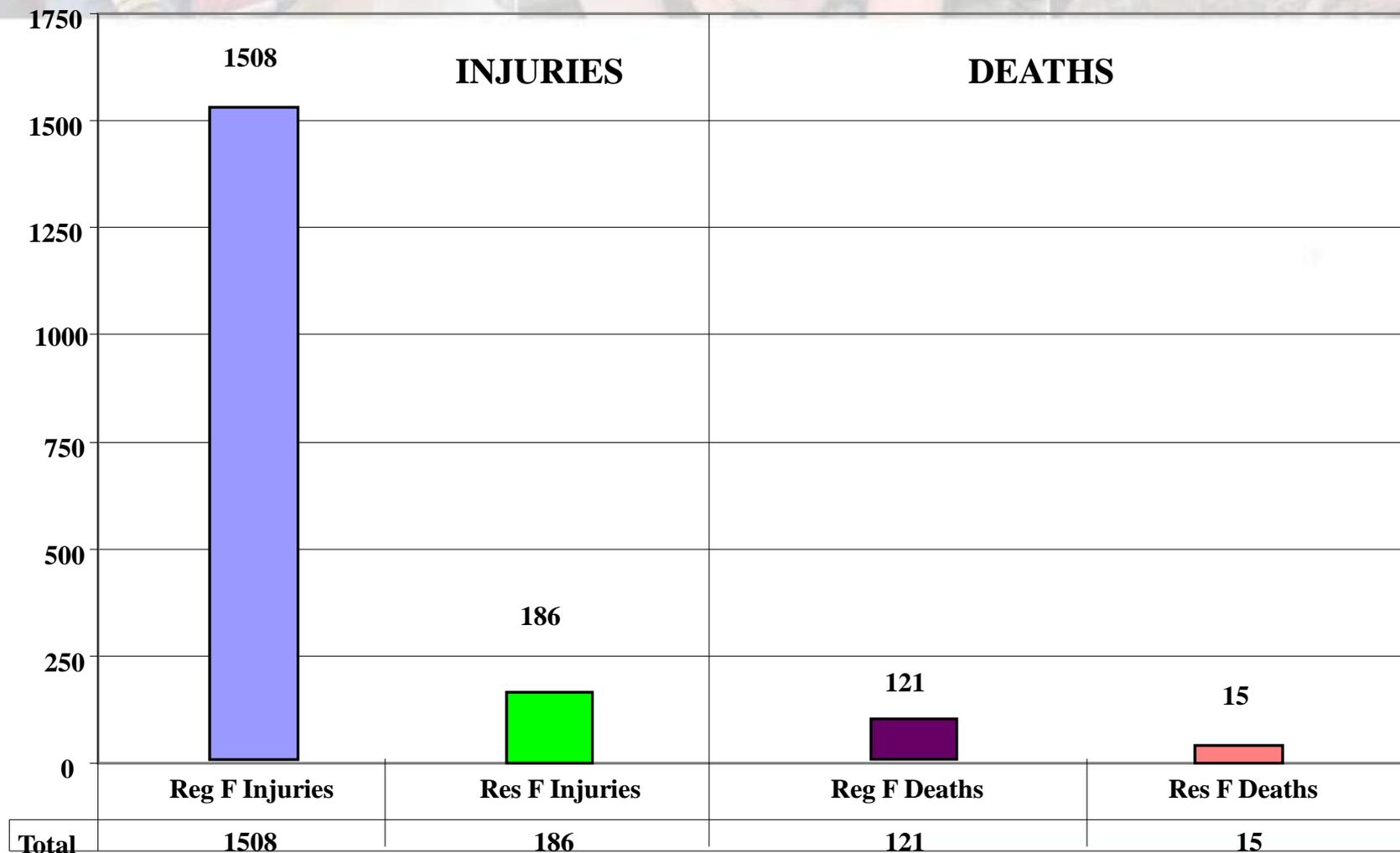


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PRes/Reg F Injuries & Deaths – (eff 15 Apr 10)

Afghanistan – Since ROTO 1 Kandahar & RC South



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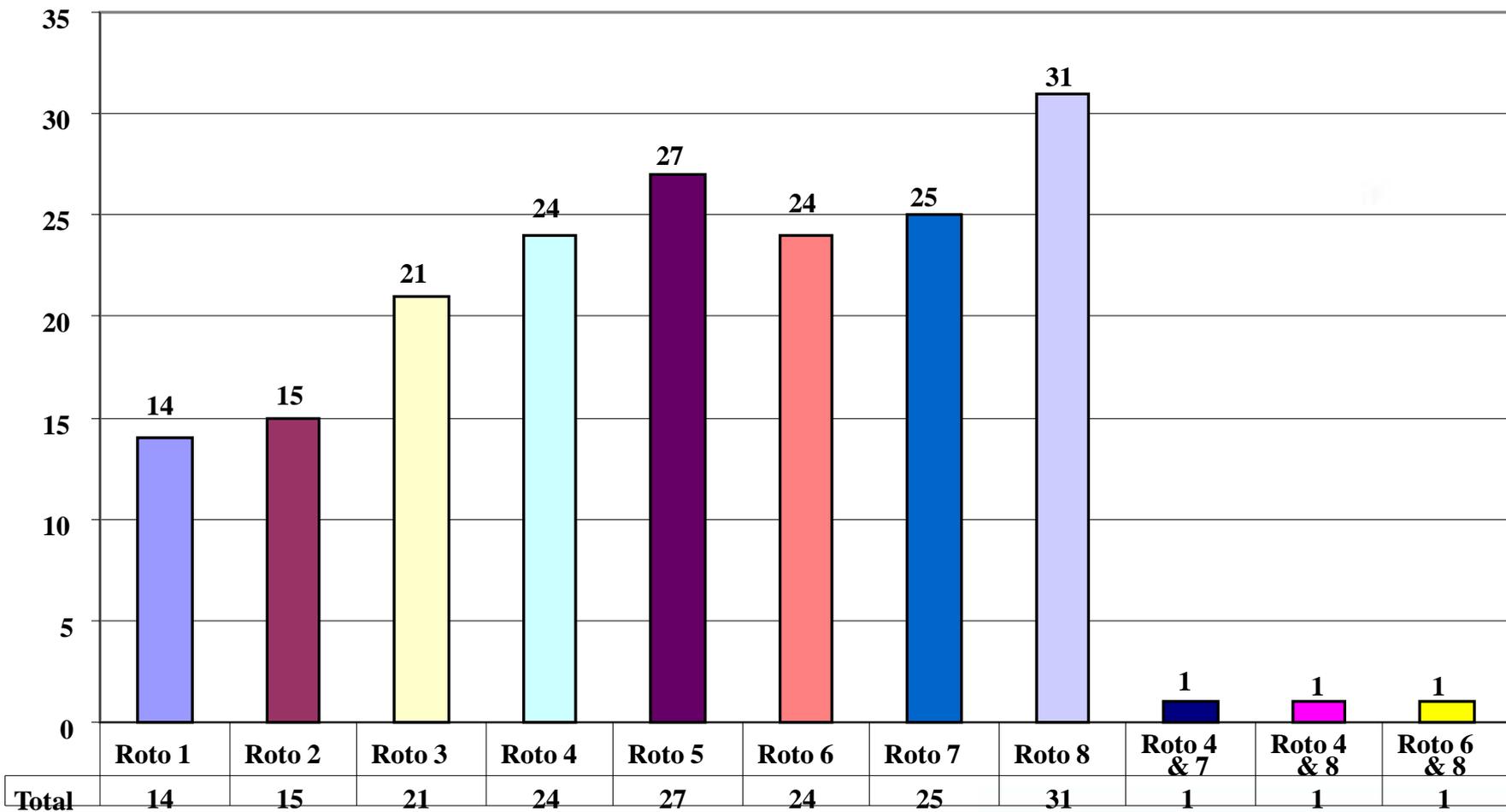


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PRes Injuries – (eff 15 Apr 10)

Afghanistan – Since ROTO 1 Kandahar & RC South



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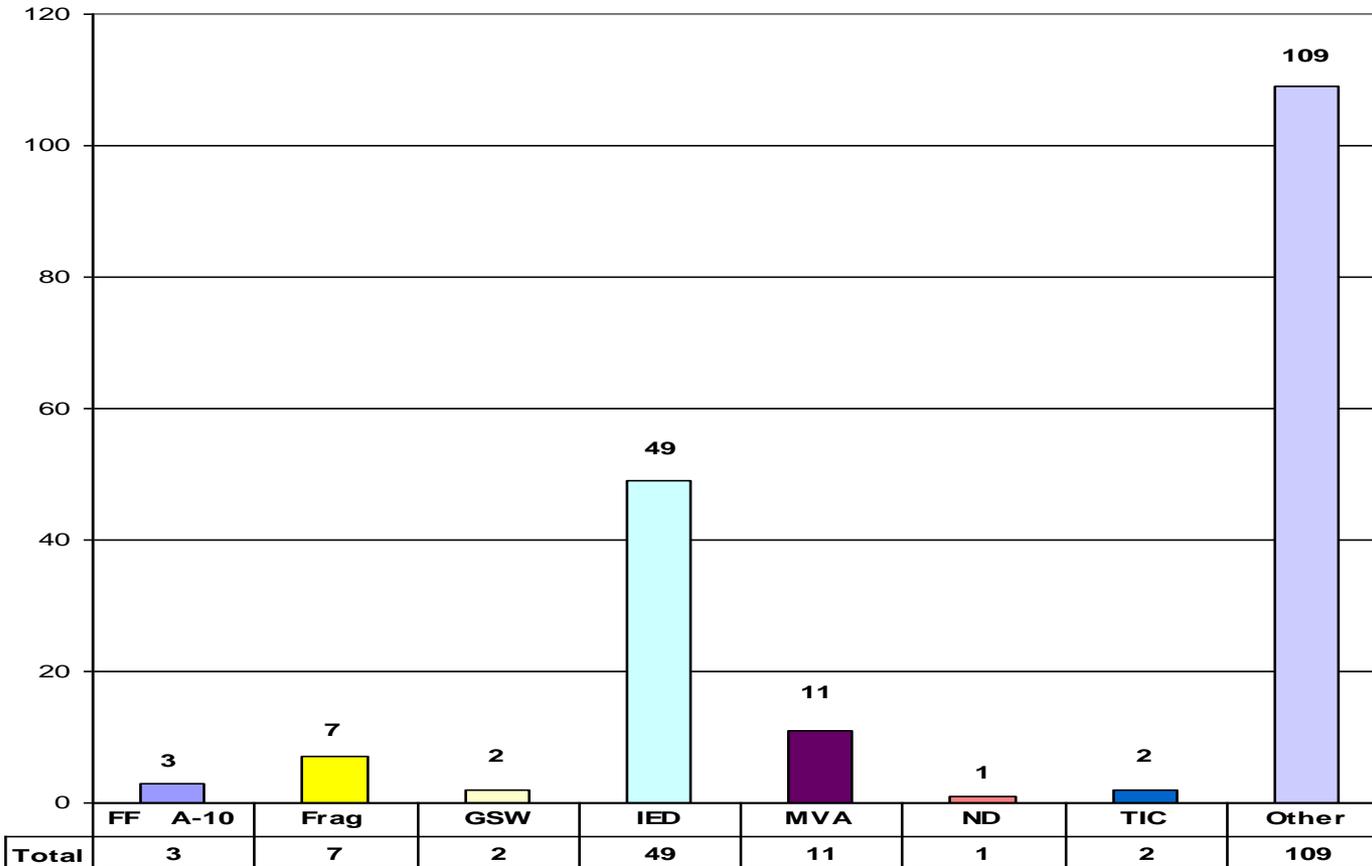
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Reserve Injuries by Mechanism of Injury



FF–Friendly Fire
Frag–Fragmentation Injury
GSW– Gun Shot Wound
IED–Improvised Explosive Device
MVA–Motor Vehicle Accident
ND–Negligent Discharge
TIC–Troops in Contact
Other–Non Battle Injury/Disease



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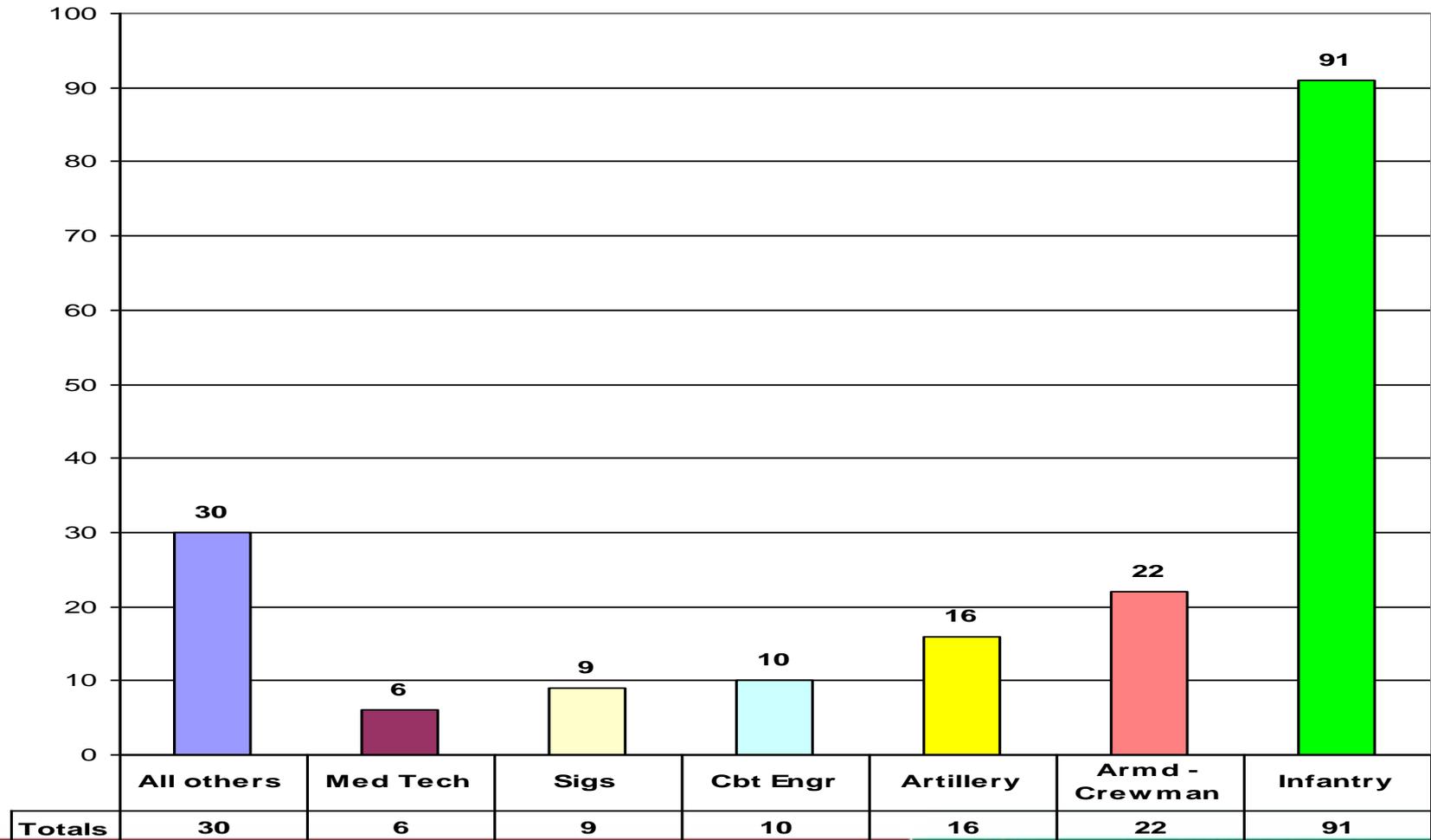
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Reserve Injuries by Occupational Group



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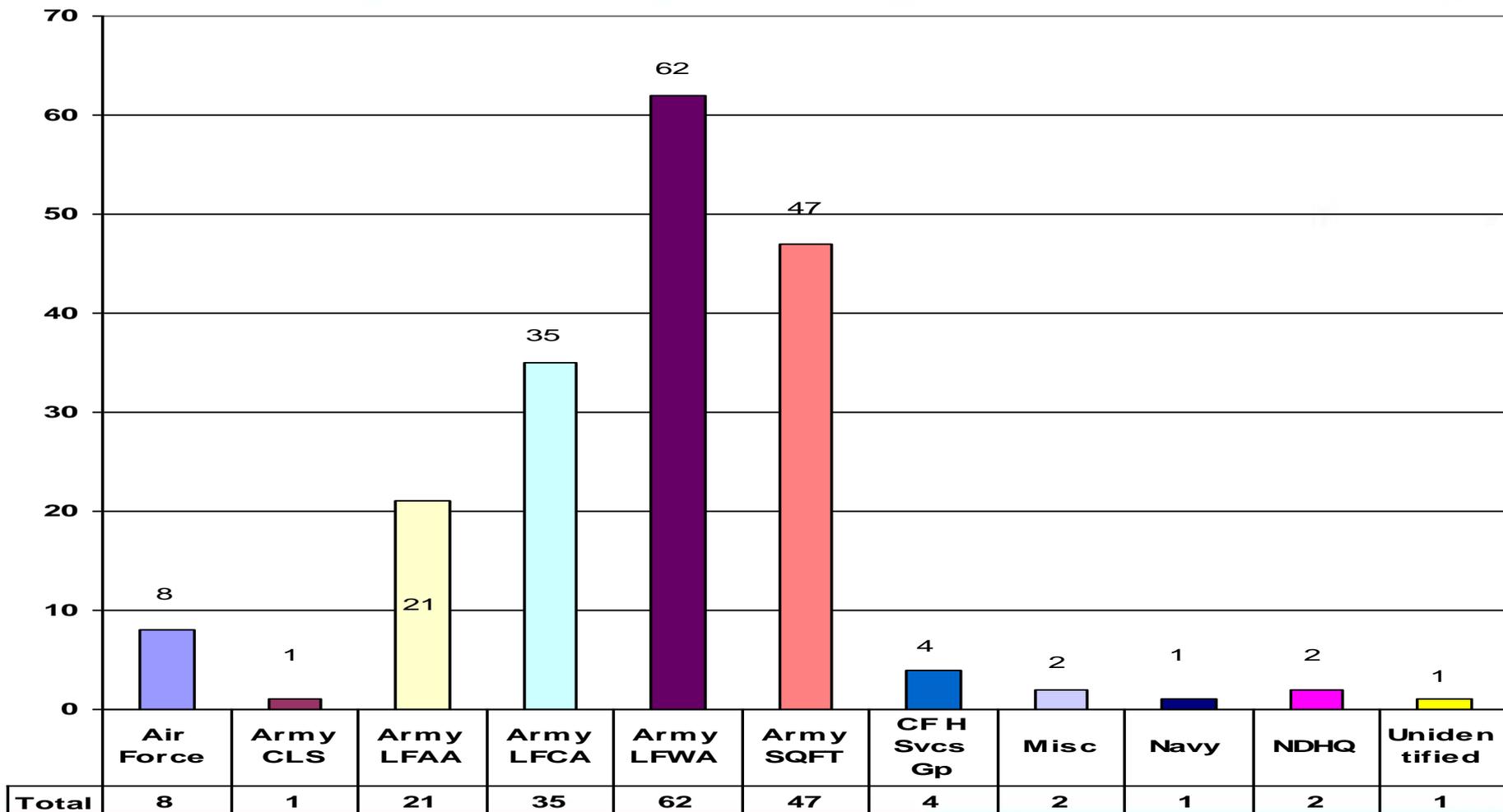
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Reserve Injuries by Force Generator



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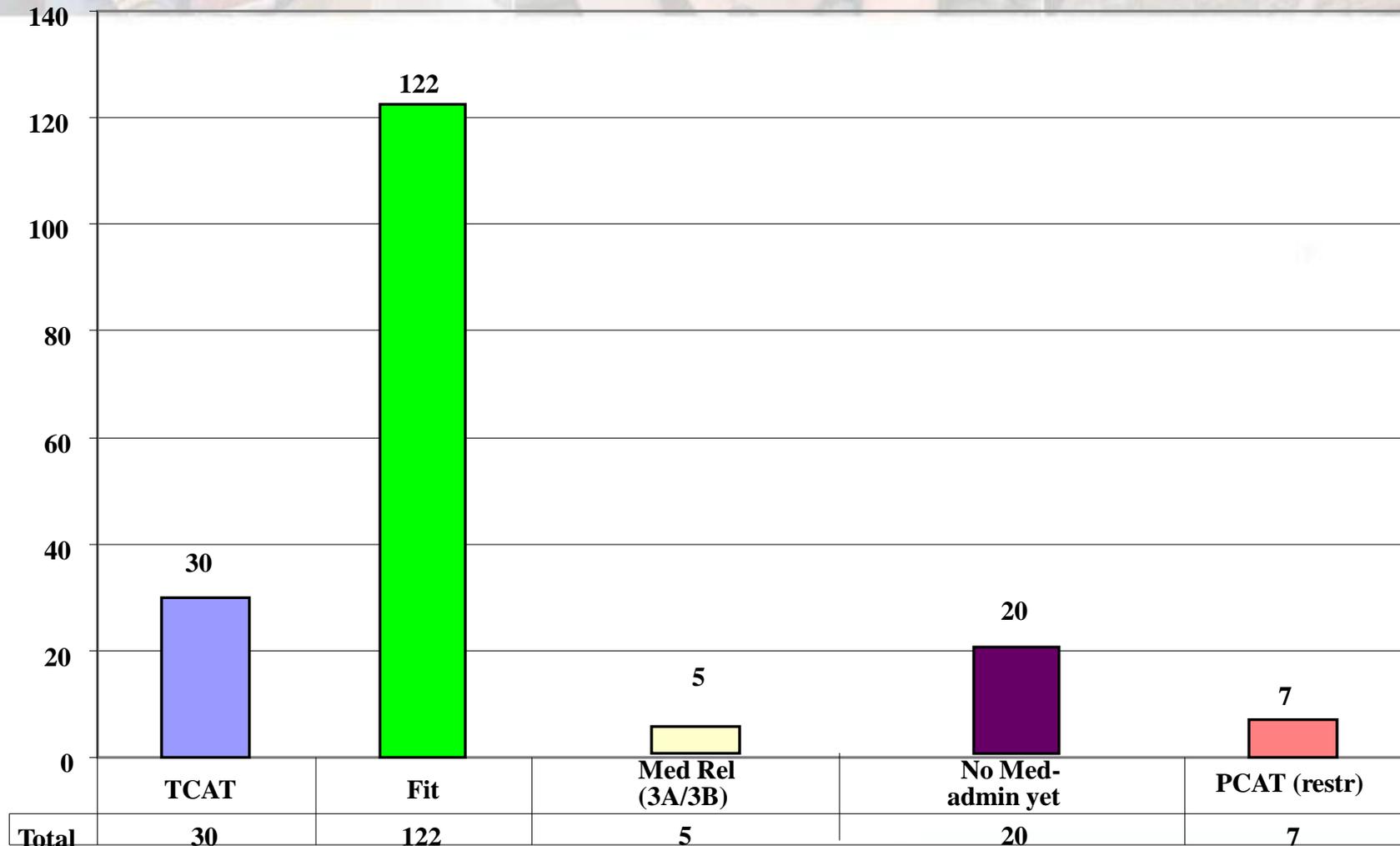
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Disposition of Res Injuries (eff 15 Apr 10)



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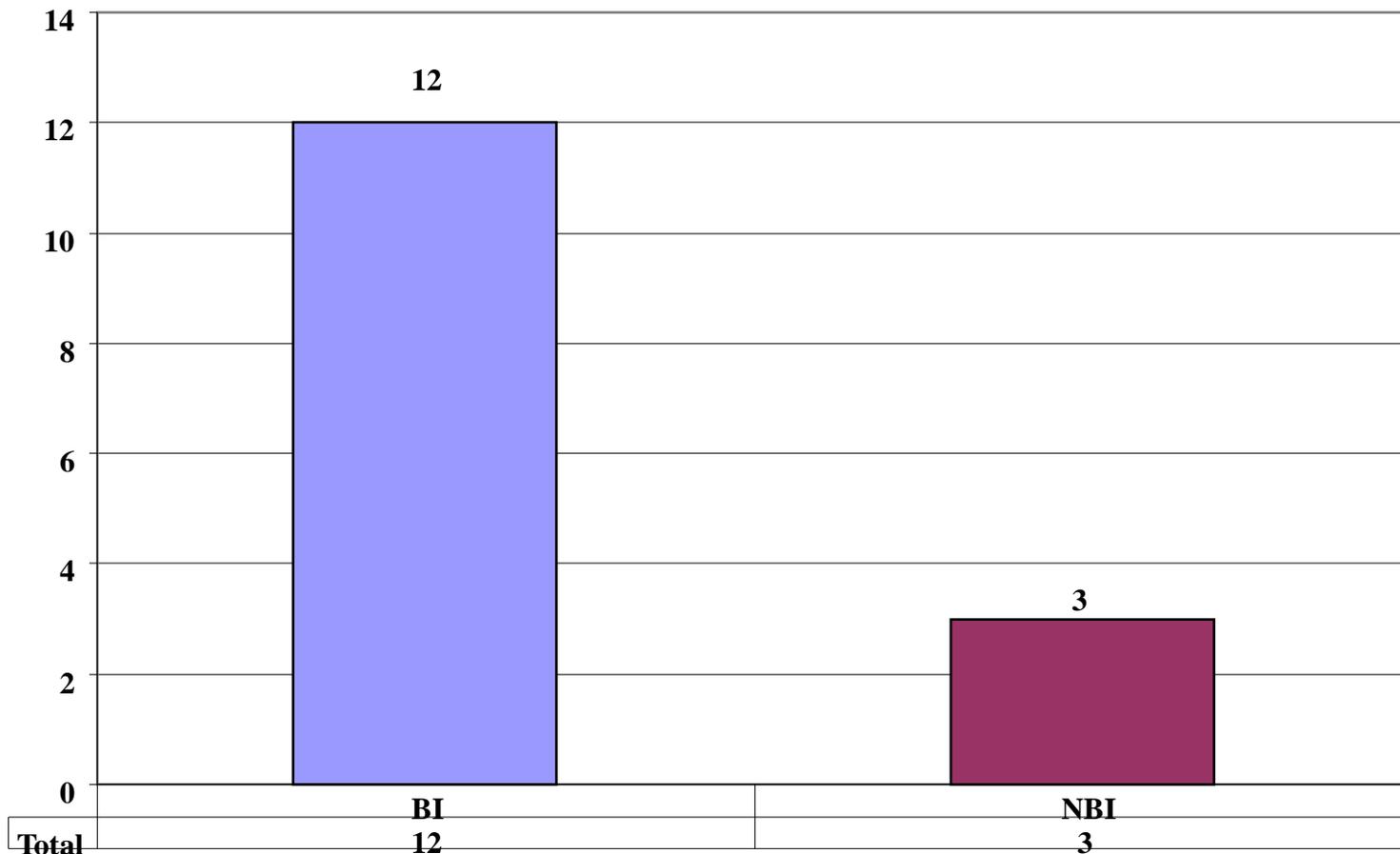
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Res Fatalities by Type



BI – Battle Injury

NBI-Non Battle Injury



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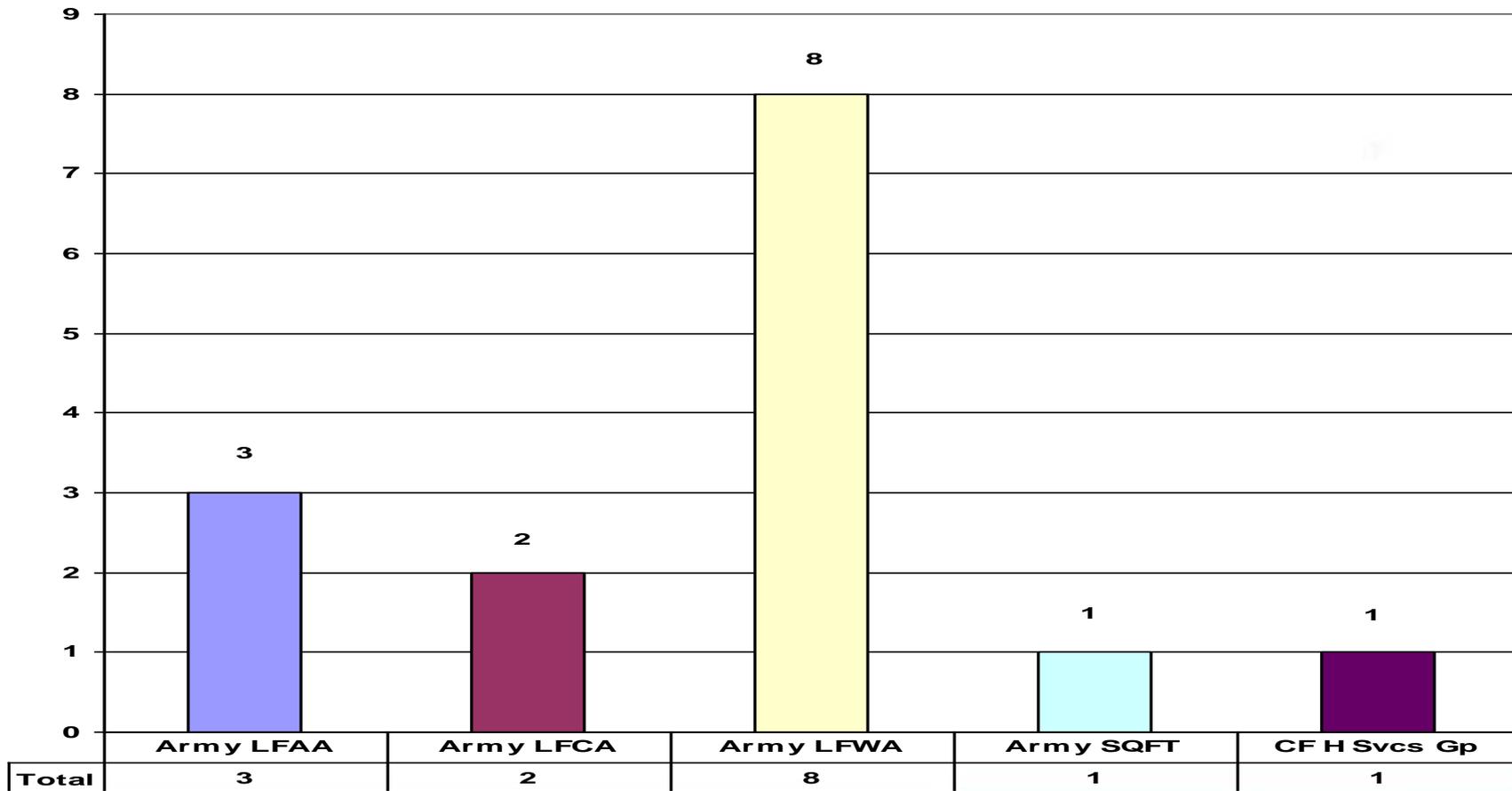
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Res Fatalities by Force Generator



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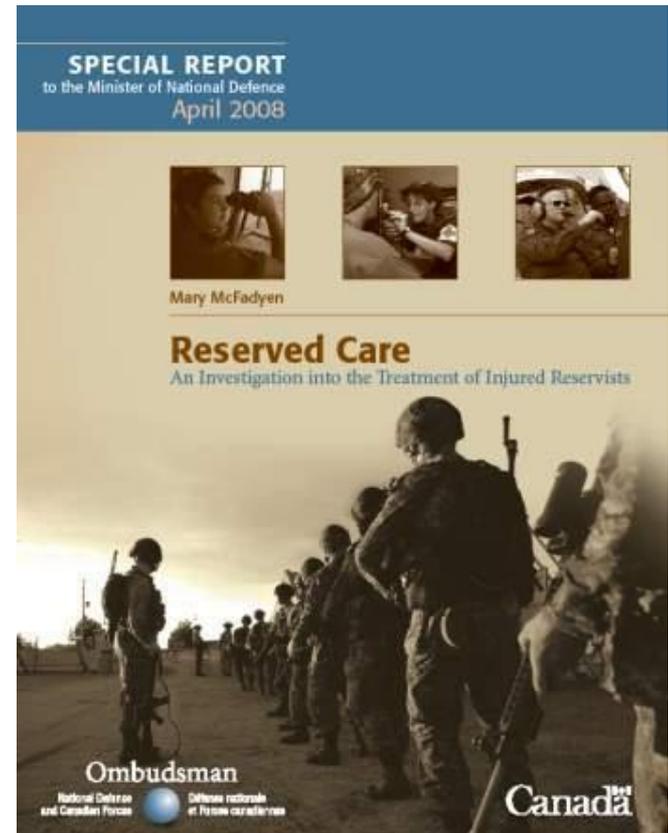


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Health Benefit Framework - Reserves

- Provision of health care to Reservists
- Consistency in Standards
- Benefits for injured Reservists
- Reserve Administration – Health Records



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Challenges/Action

Challenges:

- QR and O Ch 34 does not have flexibility to support required changes
- QR and O 34.07 revision process: final auth for QR and O 34.07 rests with MND

Action:

- New Governance framework to cover entitlement/provision of health services to PRes
- Modify QR and O 34.07
- Interim guidance CF H Svcs 16 Jul 09



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Challenges/Action

Challenges:

- Provide Periodic Health Assessment (PHA) for Primary Reserve Force
- Not yet a funded activity

Action:

- Apply Reg Force Standard to the Primary Reserve
- Includes core immunizations/vaccines
- Includes PHA data entry into CFHIS



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Primary Reserve PHA status (as of Nov 09)

- Naval Res 860 outstanding/ 4185 records
- Army Res 6574 outstanding/ 22816 records
- Air Res 407 outstanding/1900 records
- H Svcs 452 outstanding/ 1637 records
- Others* 514 outstanding/ 2554 records

Approx 9000 outstanding currently, plus estimate of those coming due this year
(5,200) = 14,200

Current Reg Force medical throughput approx 20,000/yr

*Combined Organizations like CEFCOM, RMC etc



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Challenges/Actions

Challenges:

- Immunizations

Action:

- Publish immunization/vaccination standards for all personnel involved in DOMOPs
- Create mechanism to provide vaccines to Primary Reserves



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Challenges/Action

Challenge:

- Inconsistent storage, transport and tracking of paper files

Action:

- Health records to travel with reservists during re-enrollment and component transfers.
- Reserve Health records to be safeguarded to same extent as Reg Force. These should resolve with the advent of CFHIS' electronic health record (18-24 months)



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Challenges/Action

Challenge:

- Health Care to Reservists on Annuitant Break

Action:

- Issues being addressed by DLaw Mil Pers and Surg Gen
- VCDS and DLaw Mil Pers tracking



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Interim Guidance Guiding Principles (issued Jul 09)

- Develop a culture of looking after our uniformed force
- Always meet the emergent and urgent health care needs
- Chronic care for members on contract <180 days – best served by their civilian care providers
- Level of care based on clinical need
- Need to better educate the Reserve Force on entitlements
- Must partner with civilian health care system to support the Reservist throughout their career.

Canadian Forces Health Services Living Headquarters 1747 Alta Vista Drive Ottawa ON K1A 8H6	Quartier général du groupe des Services de santé des Forces canadiennes 1747, promenade Alta Vista Ottawa (Ottawa) K1A 8H6
6610-2 (D H Santé Def)	6610-2 (D Svc Svc S)
06 July 2009	Le 06 juillet 2009
Distribution List	liste de distribution
INTERIM GUIDANCE FOR THE DELIVERY OF HEALTH CARE TO RESERVE FORCE PERSONNEL	DIRECTIVE PROVISOIRE RELATIVE À LA PRESTATION DE SOINS DE SANTÉ AU PERSONNEL DE LA FORCE DE RÉSERVE
BACKGROUND	CONTEXTE
1. In recent years the Canadian Forces (CF) has depended more and more on the Reserve Force for both domestic and international operations. Without the Reserve Force the CF would have a difficult time meeting the demands of the Canada First Defence policy and more specifically operations such as the mission in Afghanistan.	1. Ces dernières années, les Forces canadiennes (FC) comptent de plus en plus sur la Force de réserve pour des opérations nationales et internationales. Sans la Force de réserve, les FC auraient beaucoup de difficultés à satisfaire aux exigences de la politique de défense « Le Canada d'abord », et plus particulièrement à réaliser des opérations telles que la mission en Afghanistan.
2. The health of the Primary Reserve is fundamental to their success and the success of the CF. A sound policy on the delivery of health care to Class B Reservists not only allows for a fit fighting force, but also allows us to better serve the health needs of the Reserve population and provide better advice to the commanders of these units.	2. La santé des membres de la Première réserve est essentielle à son succès et à celui des FC. Une politique nationale sur la prestation des soins de santé aux réservistes en service de classe B permet non seulement d'avoir une force apte au combat, mais également de mieux répondre aux besoins en matière de santé de l'ensemble des membres de la Réserve et d'offrir de meilleurs conseils aux commandants de ces unités.
3. According to the recently published Ombudsman's report entitled <i>Reservist Care: An Investigation into the Treatment of Injured Reservists</i> our current policies on the entitlement to care for the Reserve Force has been deemed to be "obscure, complex and conflicting", and "conflicting	3. Selon le rapport de l'Ombudsman publié récemment et intitulé <i>Des soins sous tension réservistes</i> : <i>Enquête sur le traitement des réservistes blessés</i> , nos politiques actuelles sur le droit aux soins de santé de la Force de réserve sont jugées « obscures, complexes et contradictoires » ainsi que « conflictuelles et
18	



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Interim Guidance - Specific Care Direction

- ***All Res members that present to a clinic will, at a minimum, be evaluated***

- Class A Service

- All duty or training related injuries will be treated until it can be safely transferred to primary care physician. Any necessary spectrum of care benefits above provincial benefits will be covered by DND.

- Member will be informed and advised to seek civilian primary care for all chronic or non-duty/training related care



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Interim Guidance - Specific Care Direction

•Class B Service

- **> 180 days** = same benefits as Regular Force
- **< 180 days** but part of “**rolling**” contracts which equal service > 180 days = same benefits as Regular Force
- **< 180 days** with **duty/training related injury** will be treated until it can be safely transferred to primary care. Any necessary spectrum of care benefits above provincial benefits will be covered by DND
- **< 180 days** with **chronic or non-duty/training issues** will be treated by CF and advised to follow-up with civilian primary care provider. Entitlements (ie glasses, hearing aids, orthotics, CPAP machines) will not be provided as they typically apply to chronic or pre-existing conditions.



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Interim Guidance - Specific Care Direction

Class C Service

= same benefits as Regular Force



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VAC Service & Benefits

New Veterans Charter – implemented April 2006

Provides support in 3 main areas:

1. Helping Reservists get well, in collaboration with CF
2. Provide disability benefits as recognition for injuries related to service in the Reserves
3. Help the Reservist and his/her family plan their transition from military to civilian life

- Details at: www.vac-acc.gc.ca



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Health Services Group

- Leveraging Health Services Reserve F experience where possible
- Initiatives to support Reservists on-going
- Surgeon General willing to lean forward – cooperation key to success



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QUESTIONS?



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