



Best of Both Worlds: Sharpening Hospital Medicine Skills in High-Volume Military Civilian Partnership

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Introduction

Military internists are critical to providing prolonged casualty care in expeditionary settings. However, many Military Treatment Facilities (MTFs) lack the volume and acuity of inpatient cases to maintain essential clinical competencies. In 2022, the Las Vegas Military-Civilian Partnership (LV-MCP) integrated internal medicine physicians from Mike O’Callaghan Military Medical Center (MOMMC) into hospitalist rotations at University Medical Center of Southern Nevada (UMC), a civilian Level 1 trauma center.

Study Objective

To assess differences in clinical exposure and patient acuity between MTF and MCP settings to evaluate the impact of MCPs on military internist readiness.

Methods

Inpatient census data from January to June 2023 was analyzed to determine average daily inpatient encounters per internist. Additional metrics—including length of stay, critical care time, inpatient procedures, in-hospital mortality, and primary ICD-10 diagnoses—were compared between MOMMC and LV-MCP.

Results

Between January and June 2023, internists at the LV-MCP had an average of 11.7 inpatient encounters per day while those at MOMMC had 4.7. Patients seen at the LV-MCP had a longer average length of stay (9.3 vs 2.4 days) and had a higher likelihood of experiencing critical care time (20.5% vs 2.1%), surgical procedure (27.2% vs 10.5%), or death (1.3% vs 0.8%) during their hospitalization compared to MOMMC (Figure 1). The most frequent primary ICD-10 code at LV-MCP was (A41.9) Sepsis, compared to (N179) Acute Kidney Injury at MOMMC (Table 1).

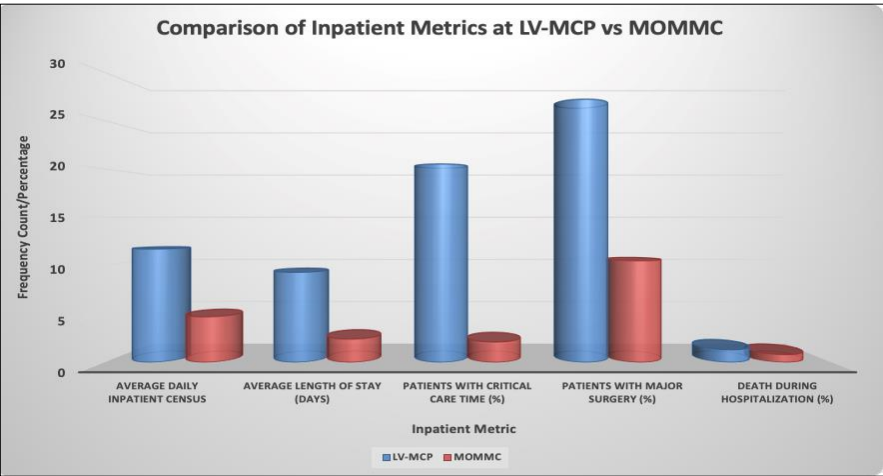


Figure 1: Comparison of key inpatient care metrics between the LV-MCP and MOMMC

Table 1: Comparative summary of inpatient care metric at the LV-MCP and MOMMC

Metric	LV-MCP	MOMMC
Average Daily Inpatient Census	11.7	4.7
Average Length of Stay (Days)	9.3	2.4
Patients with Critical Care Time	20.50%	2.10%
Patients with Major Surgery	27.20%	10.50%
Deaths During Hospitalization	1.30%	0.80%
Most Frequent Primary ICD-10 Code	A41.9 (Sepsis)	N179 (Acute Kidney Injury)

Conclusions

Internists who rotate at the level I trauma center through the LV- MCP have 2.5 times as many inpatient encounters per day compared to their MTF. Furthermore, the ward patients seen at the LV-MCP have higher acuity and complexity as evidenced by multiple proxy metrics. Internists who regularly practice hospitalist medicine through military-civilian partnerships have denser exposure to more critically ill patients, better equipping them for prolonged casualty care in austere environments.

References



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