The Las Vegas military-civilian partnership: An origin story and call to action

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BACKGROUND

Military-Civilian Partnerships (MCPs) in urban American trauma centers have existed for more than 60 years to assist in the development and maintenance of wartime skills of military medical professionals. It was recognized in the early 1990s that the military medical corps was unprepared for battlefield medicine in conflicts such as Operation Restore Hope in Somalia.[1-2] During the peacetime of the mid-90s, the United States Congress first established a plan for military trauma training in civilian trauma centers via the National Defense Authorization Act (NDAA) of 1996.[3] Since that time, much attention has been paid to mitigating the "peacetime effect" - maintaining our current level of expertise and preparing for the next conflict during times of relative peace and a lower deployment tempo.[4]

In the last five years, MCPs have gained Congressional support, and their number and variety have grown substantially. The historical impact of these flagship trauma MCPs is well documented, with bi- directional benefit in the advancement of trauma care deployed and stateside.[5] The majority of data regarding MCPs, however, focus on trauma care and are biased towards surgeons.

PURPOSE

The LV-MCP is an example of a fully integrated and inclusive MCP which supports both local and national efforts in trauma and non-trauma medicine. AF medics from LV have deployed nationally and abroad in response to illness and war. In addition, AF medics have been able to respond to local disasters, including the 1 October 2017 mass shooting and COVID-19 pandemic.

METHODS

With the increasing footprint of diverse military personnel at UMC, the AF found itself with three separate organizations working with the same civilian partners. Coordination of personnel, schedules, and assignments, in addition to synchronizing future growth, became increasingly challenging. The OMM-LV was established to address this issue and uses a market-based approach, organizing the whole of LV as a single entity irrespective of military organization, through which all MCP activity is coordinated. This ensures lines of effort amongst the military organizations and civilian partners are fully synchronized and synergistic- and that readiness opportunities are maximized.

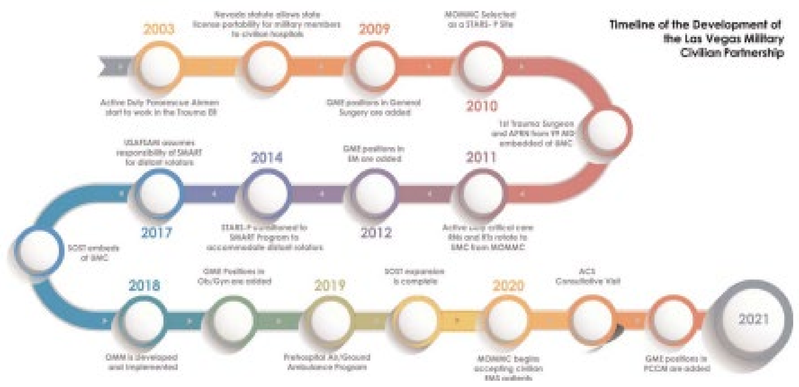
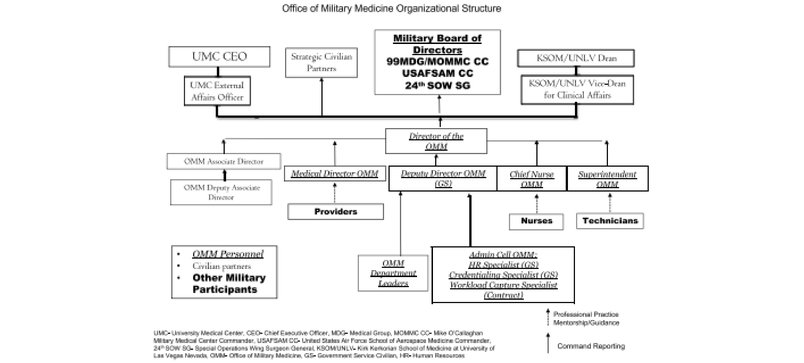


TABLE 2. The OMM's Current Composition, Demonstrating the Breadth and Depth of Integration of Military Personnel Into the High Acuity Civilian Healthcare Setting

Military Medical Personnel at University Medical Center Las Vegas							
Providers	**Number**	**Nurse**	**Number**	**Enlisted Technicians**	**Number**	**GME Positions**	**Number**
Acute care nurse practitioner	2	ICU nurse	4	OR Technician	6	General Surgery	10
Otolaryngology	2	ER nurse	4	AMT	3	General Surgery Preliminary	3
Trauma surgery	4	Med-surg Nurse	1	Respiratory Therapy	8	Obstetrics and Gynecology	8
General surgery	5	OR nurse	2	Respiratory Therapy Student	3	Emergency Medicine	12
Plastic surgery	2					Pulmonary and Critical Care Medicine	3
Obstetrics and gynecology	4						
Pulmonary and critical Care medicine	5						
Emergency medicine	8						
Colorectal surgery	1						
Internal medicine	1						
Orthopedic surgery	1						
Emergency medicine Physician assistant	2						
Anesthesiology	6						
Totals	43		11		20		36
Rotators per year	40		120		150		

ICU, intensive care unit; ER, emergency room; OR, operating room.

TABLE 1. The OMM's current organizational structure, demonstrating lines of reporting through the newly created position of the director of the OMM



The presence of dedicated OMM personnel represents the AF investment into the Las Vegas Military-Civilian Partnership and has been vital to its success.

RESULTS

The 2016 National Academies of Sciences, Engineering, and Medicine report calling for a national trauma care system presented a comprehensive vision for fully integrated MCPs[14].

These MCPs contribute to a "learning health system," which thrives on continuous improvement in trauma care in both the military and civilian sectors[15]. Put into action via the NDAAs of 2017-2021, Congress outlined a plan to strengthen MCPs and bolster MTFs, recognizing the Nation's need for an integrated trauma system and the military's need for ready medics.

The scope and complexity of MCPs are currently evolving as it is recognized that they are vital to the national interest. Historically, most MCPs have focused on embedding hospital- based medical personnel into civilian trauma centers, despite evidence that most potentially preventable combat deaths occur before the patient reaches surgical capabilities[16]. In addition, future conflicts may involve peer or near-peer adversaries, and will likely require a shift towards prolonged field care performed by the full spectrum of military medics[17].

While the recent NDAAs emphasized trauma care, the importance of all types of critical care was also recognized, as data show that nearly 50% of patients medically evacuated from combat theaters are for non-traumatic medical illnesses[18]. Further, the ongoing COVID-19 pandemic has demonstrated the need for MCPs to be prepared for a comprehensive medical response and has brought a renewed focus on the intersection of the U.S. healthcare system and national security[19]. Clearly, to meet the future needs of the military and the nation, MCPs will need to address further military and civilian medical integration and to expand to the full spectrum of preparedness and disaster medicine.

CONCLUSIONS

The LV-MCP consists of an array of partners that span the spectrum of medical specialties and have been developed to synergistically benefit health care professionals, the employing entities, and taxpayers while improving care for all patients.

A consistent finding of the LV-MCP is that the complexity inherent to large federal programs present an obstacle to synergy, and even cooperation, between these systems. In addition, there are varying state and local requirements for portability of licensure, privileging and credentialing, and payer certification which can challenge MCPs ability to operate to their full potential. While Congress has enthusiastically supported and mandated MCPs in the NDAAs, barriers still exist which require legislative solutions at both the State and Federal level for MCPs to realize their full potential.

REFERENCES

Reference available upon request