Chapter 68

BARRIERS TO TREATMENT OUTSIDE THE CONTINENTAL UNITED STATES

Mary J. Coy, PA-C, MPAS, MSHS, and Antonio F. Chang, PA-C, MPAS, MSHS

Introduction

The landscape of military medicine is evolving in an environment that is volatile, uncertain, complex, and ambiguous. The multi-domain battlefield, emerging diseases, disruptive technologies, and ever-changing regulatory environment present myriad opportunities and challenges.[1] Barriers to treatment outside continental United States (OCONUS) include a thinly spread force largely reliant on local resources; a limited internal medical logistic supply chain; and distances between areas of operation that are generally outside the range of most rotary-wing aircraft, extending transport times with transfer of patients at fixed-wing airfields.[2] Due to the unique nature of the overseas operational environment, health service support principles consist of conformity, proximity, flexibility, mobility, continuity, and control.[3]

Host Nation Medicine

The Military Health System is transforming to improve readiness and enhance the quality of care. One outcome may be a reduction in available services at overseas military medical treatment facilities (MTFs), requiring beneficiaries to visit host nation (HN) facilities for their health care. Most overseas military hospitals and clinics are staffed with patient liaisons to help patients navigate the overseas health care system, from the language barrier to insurance forms. The liaisons facilitate an easy and comfortable visit to an HN medical provider.

Culture differences may exist with outpatient and inpatient approaches to care and medical treatment. Differences may exist in medicines, treatment protocols, languages, or customs. It is important for physician assistants (PAs) to understand the variations in order to provide a smoother experience and advocate for the patients, when necessary. For example, the PA may need to explicitly request specific laboratory, radiological, or diagnostic tests as required for an evaluation instead of leaving it up to the HN health care provider to evaluate and treat the condition based on their education and training.

Medication is an area in which the PA may notice divergence from the standard military formulary. Overseas, more medications may be available over the counter and the pharmacists may have an expanded scope of practice to prescribe antibiotics and pain medication based on symptoms. PAs must become familiar with some of the commonly used medications at the local pharmacy and within the community.

If the MTF does not have the capability to provide treatment, Tricare beneficiaries must receive an International SOS (ISOS) authorization letter to the network provider before delivery of care. All medical notes and consult findings should be sent back to the MTF within 10 working days for routine consultation reports, or within 24 hours for urgent consultation reports. However, HN health care summary processing and translation from native language to English can take anywhere from 2 to 12 weeks. It is important for PAs working overseas to know the practices and processes for their MTF, especially those used to mitigate consultation report delays.

Tricare Overseas Program and International SOS

The Tricare Overseas Program provides health care to active duty service members and Department of Defense (DOD) beneficiaries who are OCONUS. The provider network may be limited, depending on location and available services. ISOS supports Tricare to fill this gap and ensue that beneficiaries receive the highest quality of care overseas.

ISOS provides a broad range of services such as a provider network for care, telephonic language assistance services, patient movement, and inpatient medical management.[4] ISOS screens all network providers to ensure they have practical knowledge and experience to deliver quality care. The added complexities associated with foreign health systems and variable quality of care requires more active patient

care management to ensure compliance with basic Tricare policy and expected US quality standards.[5] For all medical encounters, the ISOS telephonic language assistance services can provide over-the-phone, real-time translation when a patient receives medical care in non-English speaking countries. Services are available in over 200 languages and can be used at the time of any medical appointment. ISOS assists MTFs with the medical management of active duty service members and their families hospitalized in a medical facility. The organization performs continued stay reviews, status updates, and discharge information for the entire inpatient episode of care. They then assist in coordinating medical transfers back to the MTF. While beneficiaries may have to pay out-of-pocket when visiting non-network providers, they can file a Tricare claim for reimbursement. Typically, network providers file claims for beneficiaries, but this may be different in some overseas locations.

ISOS also assists the Defense Health Agency (DHA) in its role as a combat support agency. Through a comprehensive portfolio, including medical capability reports, health assessment planning, network development, and medical intelligence and surveillance services for moderate and high-risk overseas locations, ISOS assists the DHA and the combatant command with predeployment and strategic planning initiatives for operational support.[4]

Patient Movement

PAs must be prepared to treat, stabilize, and hold patients for up to 72 hours while awaiting evacuation to the next role of care, which varies from location to location. In Africa, evacuation was to a Role 2 facility, but in Europe, it may be to a Role 3 facility. The US Transportation Command (USTRANSCOM) surgeon serves as the Department of Defense single manager for the development of policy and standardization of procedures and information support systems for global patient movement.[6] USTRANSCOM's Theater Patient Movement Requirements Center (TPMRC) validates patient movement requests, coordinates transportation, and communicates between agencies to ensure mission execution. The TPMRC surgeon is the decision authority on where the patient is evacuated. If TPMRC cannot execute the mission, ISOS will evacuate the patient. ISOS conducts concurrent planning while awaiting TMPRC's decision.

PAs responsible for conducting or coordinating patient movement, which can be a very cumbersome process, should receive training on TRANSCOM Reporting and Command & Control Evacuation System (TRAC2ES). Flexibility and persistence is important with patient movement. For example, it can take over 24 hours to coordinate a routine movement from Italy to Germany. ISOS also establishes relationships with the TPMRC and the direct care referral facility, ensuring continuity of care if patient movement is required.[4]

Virtual Health

Virtual health brings the remote expert's knowledge and experience to the point of need. It can augment the capabilities of PAs working overseas using synchronous or asynchronous technology to optimize the care of patients who require specialist care or advanced level of care.[7] The military is currently developing a full spectrum of virtual health support options.

Credentialing and Privileging

All PAs must be credentialed and privileged to practice within their assigned environment. When PAs (including active duty and reserve components) are assigned temporarily for clinical practice (eg, MTF to MTF or MTF to deployed assignment), the base organization must convey all relevant credentials and privileging information to the temporary duty organization. The Inter-Facility Credentials Transfer Brief (ICTB) is the approved mechanism for conveying information between organizations in these cases. A provider with active privileges at a base organization should apply for clinical privileges at the temporary duty location. The temporary duty organization retains full responsibility and authority for making privileging decisions, but may request assistance from the base organization with respect to privileging decisions.

For routine temporary duty, annual training, or manning assistance, PAs should initiate the ICTB application at least 60 days in advance, completed by the provider and submitted to the temporary duty organization, whenever possible. PAs going on temporary duty to locations without Joint Centralized Credentialing and Quality Assurance System access must hand carry a hard copy ICTB.[8]

PAs are not recognized as health care providers in every country; therefore, it is important to check with the supporting organization and the US Department of State to learn the scope of the international practice and credentialing requirements for providing medical care to non-Tricare beneficiaries.

Medical Logistics

Overseas, the medical equipment and supplies may be slightly different than those used in typical MTFs in the United States. Due to increased delivery time in many locations, medical supplies should be ordered well in advance of need, depending on the stock level and procurement location. HNs may have many medications and supplies not found in the United States. PAs are resourceful and should discuss medication differences with the MTF pharmacist or explore the HN pharmacy to learn about medication treatment options or substitutions.

Training

When possible, PAs should train in the environment and with the type of equipment that will be used while overseas. PAs should look for training opportunities with the actual assigned unit. If that is not possible, PAs should look for a similar type unit that can provide necessary training. The following list represents commonly recommended training; in addition to Department of Defense Instruction 1322.24, *Medical Readiness Training[9]*; for overseas operational medicine or MTF assignments:

- Advanced Burn Life Support
- Advanced Life Support
- Advanced Trauma Life Support
- Pediatric Advanced Life Support
- Tactical Combat Casualty Care
- Tactical Combat Medical Care
- Global Medicine or Tropical Medicine course
- TRANSCOM Regulating and Command & Control Evacuation System (TRAC2ES): https://trac2es.transport.mil/
- Defense Medical Logistics Standard Support Customer Assistance Module (DCAM)

- Theater Medical Data Store (TMDS)
- Medical Situational Awareness in the Theater (MSAT)
- Blood Inventory Management
- Electronic Medical Record
- Combatant Command Deployment Limiting Condition Guidelines: https://info.health.mil/hco/phealth/deployment_health/ DeploymentHealthProductLine/Forms/AllItems.aspx
- Force Health Protection—field sanitation, hygiene, disease prevention and vector control; occupational and environmental hazard recognition, assessment, mitigation, and reporting
- Disease and Injury and tri-service reportable medical events reporting

American Academy of Physician Assistants Guidelines for International Practice

In 2001, the American Academy of Physician Assistants adopted policy HP-3700.3.1*, Guidelines for PAs Working Internationally*, outlining what PAs need to do when working globally.[10] Just as in the continental United States, PAs should establish and maintain an appropriate physician–PA team, accurately represent their professional credentials, and provide services within the scope their education and experiences. Most importantly, PAs should provide the best standards of care and strive to maintain quality while abroad.

Lessons Learned

These are some important lessons learned in working OCONUS. PAs should:

- learn and respect the culture, values, beliefs, and expectations of the patients, local health care providers, and HN;
- learn the language;
- understand the health service support plan, Tricare, and ISOS;
- prepare to advocate and play an active role in the case management of their patients;
- remain flexible; and
- enjoy the unique and rewarding experience.

Tips for Success

Along with lessons learned, the following tips will enable the PA working OCONUS to succeed beyond expectations. PAs should:

- recognize the strong link between health and security and get involved in global health engagement activities with the HN;
- take advantage of diverse training opportunities;
- be resourceful and know policy, regulations, authorities, and funding; and
- readily adapt to extraordinary medical crises or events.

Conclusion

Working OCONUS provides a unique and exciting opportunity for PAs. They are an integral part of the health system, involved with efforts to enhance communication, coordination, and integration of patient care, force health protection, and medical operations. Awareness and appreciation for OCONUS barriers to care will allow PAs to be engaged in research, clinical practice, and education to promote quality patient care.

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