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Optimising Military Civilian Health Partnerships: a Comprehensive Exploration of Delivery Models

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Effectively providing peacetime medical care to military personnel poses a complex challenge, considering the diverse requirements of military healthcare systems. The following analysis critically evaluates both traditional and emerging delivery models in militarycivilian partnerships, with a specific focus on the singular militarycivilian partnership model and the evolving multiple military-civilian partnership model.

What is the optimal model for delivering peacetime medical care to military personnel? There is not a one-size-fits-all approach to healthcare delivery. The healthcare delivery landscape is nuanced, with each Military Healthcare System (MHS) having its own intricacies, challenges, and unique demands. While options such as healthcare solely delivered by MHS and a single Military-Civilian Partnership (MCP) model have long been successfully in play, the multiple MCP model has recently gained traction.

Delivering healthcare exclusively through the MHS enhances coordination, fostering efficient communication for effective medical service delivery. This centralised approach proved adaptable during the COVID crisis, surpassing civilian systems in flexibility. However, as evidenced in Public Health Ontario's (PHO) report on Canadian Armed Health Services, quality and access to healthcare are confined to MHS capabilities within this model, necessitating frequent referrals to civilian services or medical leave. This is especially prevalent in situations involving geographic or occupational constraints, prompting Canada to explore alternative models. The single MCP model, historically prominent in healthcare, involves a large civilian health organisation offering a range of services — from hospital contracting to on-base medical care, research, and network access. Partnerships with civilian providers, exemplified by the Australian Defence Force (ADF) with insurers like Bupa and Medibank, enhance knowledge exchange and transitions for military personnel. This model broadens access to civilian healthcare, providing specialised care beyond MHS capabilities, and demonstrating improved "return-to-work outcomes for sick and injured military personnel". Despite its merit, the single MCP model reveals challenges in accessibility, quality, and service efficiency due to a reliance on a single civilian organisation's capabilities. The U.K. Ministry of Defence, reliant on the NHS, acknowledges these challenges and has responded with additional "contractual arrangements to provide accelerated access to healthcare".

The multiple MCP model addresses many of the concerns of the other models by partnering with providers aligned with base locations and care needs. This fosters proximity, personalised services, and optimal accessibility, alleviating strain on MHS facilities and yielding significant cost savings. The U.S. TRICARE program engages civilian healthcare providers to establish a comprehensive network of professionals, institutions, pharmacies, and suppliers. Despite the challenges posed by the COVID-19 pandemic, TRICARE demonstrates the resilience of this approach, maintaining or enhancing access to healthcare services for military personnel over the last five years. The multiple MCP model in military health requires the careful consideration of several obstacles to ensure seamless implementation. Firstly, the scale of the provider network depends on the selected organisation, introducing variability. Secondly, operationalising and coordinating multiple providers may escalate costs and hinder standardised care. Lastly, providers external to the military network may face challenges in accessing Military Health records, threatening continuity of care. These challenges emphasise the need for strategic planning and comprehensive solutions if implementing the multiple MCP model in the military health system.

When evaluating the three military healthcare delivery models the uniqueness of each MHS demands a tailored approach. As military healthcare evolves, embracing innovative models is crucial for personnel wellbeing and healthcare delivery efficiency in an ever-changing landscape.