

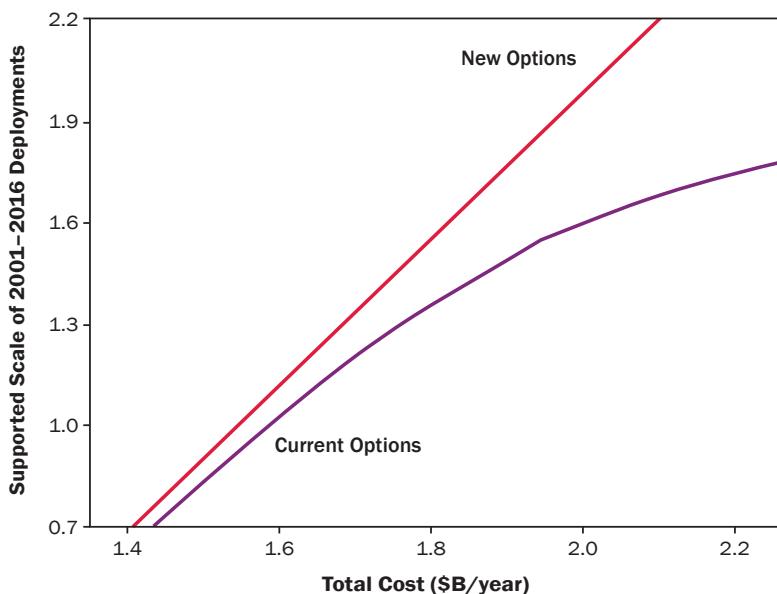
Managing Readiness and Cost of the Medical Total Force

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Military treatment facilities (MTFs), where active-duty physicians support the medical needs of military beneficiaries (including family members and dependents), **do not offer enough medical workload to keep all active component physicians ready for deployment**, causing a readiness challenge for the U.S. military medical force. Focusing on eight military physician specialties vital to critical care—anesthesiology, emergency medicine, general surgery, and five surgical specialties—IDA researchers found that the current total force (active and reserve components) could sustainably support 0.7 times the monthly series of deployment levels from 2001 through 2016 with ready providers. If all providers were ready, the current total force could support 2.2 times those deployment levels. **Expanding the reserve component (RC) would increase readiness, but with diminishing returns since only active component (AC) physicians can satisfy the most urgent deployment demands.**



IDA researchers developed four new force mix options with the potential to increase operational readiness at reduced cost: (1) expand the number of AC physicians at MTFs and increase their workload to include treatment of civilian patients, (2) station some AC physicians in civilian or military-civilian



hospitals, (3) inspect more rigorously the readiness of RC physicians, and (4) retain some RC physicians for extreme circumstances only. For each of the eight specialties of interest, IDA applied linear optimization to find the combinations of these options that achieve higher readiness levels at minimum cost (see graph). **These new force mix options would allow higher levels of readiness at savings of a few hundred million dollars per year.**

Our results were moderately sensitive to changes in the values of various cost parameters, such as the duration of or

lead time for RC physician deployments, the share of cost that civilian facilities pay for AC physicians stationed there, and the cost of more rigorous readiness requirements for RC physicians. **Over wide ranges of parameters, the lowest-cost force mix would have greater RC representation than does the current force mix.**

NS D-10425

Based on IDA Paper [P-8805](#), *Medical Total Force Management: Assessing Readiness and Cost*, J. E. Whitley, J. M. Bishop, S. K. Burns, K. M. Guerrera, P. M. Lurie, B. Q. Rieksts, B. W. Roberts, T. J. Wojtecki, and L. Wu, May 2018. Research sponsored by the Director, Total Force Manpower and Resources, Office of the Under Secretary of Defense for Personnel and Readiness.