Lessons Learned from the Ohio River Medical Mission and Suggested Practices for Future Innovative Readiness Training Missions

Prepared for Buckeye Hills Hocking Valley Regional Development District
by Ohio University's Voinovich School of Leadership and Public Affairs

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In June of 2015, the Ohio River Medical Mission (ORMM) brought no-cost medical, vision, and veterinary services to people in Meigs County, Ohio and the surrounding area. Over 2,000 people received services valued at over $730,000. The ORMM was part of the Innovative Readiness Training (IRT) program through which military reserve units deploy to sites across the U.S. and provide medical, vision, veterinary, and/or engineering services to local populations. IRTs provide operational readiness training to military reserve units, while at the same time bringing much-needed resources to underserved communities.

The ORMM involved the coordination of hundreds of volunteers, the sustained engagement of countless community agencies, the coordination of state and federal funding, the navigation of multiple state licensing requirements, and coordination among multiple military units and civilian agencies. While the Department of Defense (DOD) provides information to sites selected to host IRTs, there is no such toolkit or collection of planning materials drawn from the experiences of civilian communities. This document is a first step toward compiling such a resource. Drawing on interviews with the organizers of the ORMM, as well as interviews with individuals who have coordinated similar missions in Alabama, Maryland, Missouri, and New York, this document provides a summary of lessons learned from past IRTs and suggested practices for future IRTs. Final suggestions are provided by Ohio University's Voinovich School based on the information gathered from IRT sites.

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Applying for IRTs

- Select a community with sufficient capacity, including an existing culture of collaboration.

- Prepare to wait.

- Keep in contact with your DOD program officer.

- Keep your key funders in the loop during the application process.

Select a community with sufficient capacity

IRTs are designed to serve communities that are isolated and underserved. In practice, locating communities with these characteristics is not typically difficult. The more common challenge is finding underserved communities with sufficient capacity to successfully host such a complex event.

According to past IRT coordinators, one of the most important capacities needed in a host community is the willingness to take the risks that hosting an IRT entails. When asked how her organization selected from among potential communities in its service area, one IRT coordinator replied, "Actually it was more who was willing to work with us, and who was interested in having such an event." An Ohio IRT coordinator similarly recounted, "We knew we had need everywhere…What it came down to [was]…where do we feel that we have commissioners in place that can work with us, local officials that would work with us…willing participants outside of the government realm that would be willing to contribute…On the data side the need was everywhere. Need-wise we could have had two or three of these simultaneously."

Past IRT coordinators also stress that there must be leadership in the community capable of carrying out a large-scale, complex operation. Another coordinator put it more succinctly: "You need to have doers." Another key capacity needed in IRT communities is a culture of collaboration. An IRT requires that community members, community organizations, private businesses, local government agencies, state government agencies, and federal government agencies work together toward a common goal. A community not already characterized by a high degree of collaboration is not likely to be successful in planning and implementing an IRT. When explaining why the Ohio IRT was located in Meigs County, an ORMM coordinator explained, "Their cohesiveness [in Meigs County] is outstanding. Trying to do that type of event in some of our other places in the region, there may have been more obstacles just with local politics and lack of communication among the big players. And Meigs County was really primed for that. They all come to the table and work together to get a project done."

Prepare to wait

Because of the complexities of assembling units and supplies tailored to specific community needs, those applying for IRTs should expect to wait a considerable amount of time between submitting an application and receiving a final decision. For example, it took two years before the planners of the ORMM application received word that they were going to host an IRT, and it took three years in the case of the Appalachian Mountain IRT in Cumberland, Maryland.

Maintain contact with DOD program officer

During the application period, it is helpful to check in periodically with the DOD program officer assigned to your organization. As the coordinators of the Ohio IRT explained, the military will require additional information along the way, and staying in close contact with the program officer increases the chances that the community will hear about informational needs in a timely way.

Communicate with other potential funders

Lining up funding for the event can be made more complicated by the long application period. IRT coordinators recommend keeping lines of communication open with potential funders to explain delays and keep them on board with the project. Including funders in preliminary planning can also be helpful so that they understand the process and timeline.

Planning for IRTs

- Whenever possible, visit another IRT event early in your community's planning process.

- Select a site with utilities, nearby housing for the military, storage space, parking, and internet.

- Identify one point of contact between the military and the community, especially during early planning stages.

- Involve community agencies and area care providers from the start of the planning process.

- Acquire appropriate licensure for incoming military service providers.

- Plan a robust advertising strategy based on advertising strategies that traditionally work in the community.

- Recruit and adequately prepare volunteers.

- Prepare for shortages and adverse events.

- Address the social conditions of patients in addition to addressing physical needs.

- Make sure the procedure for accessing care is one that will be perceived as fair.

Learn from other IRTs

IRT coordinators from Maryland, Ohio, and New York all stressed the utility of visiting another IRT site in progress in order to better understand the scope and complexity of an IRT. This type of peer learning addresses what one coordinator termed "the biggest obstacle" to planning effectively: "the lack of understanding of what an IRT actually is…actually finding out what one looks like in person is hard. When you're trying to plan this you're trying to imagine it and just getting a concept of the event itself is difficult from the current information available." IRT coordinators report that it is difficult to convey on paper the full magnitude of the organization and effort required to implement an IRT. According to coordinators of the Ohio IRT, the ORMM was significantly improved because organizers visited an IRT in Maryland: "We were blown away when we saw that operation going on there. I think

that it worked out better on our end for the military because we knew what to expect and so we anticipated some of the things they were going to need before they even knew they were going to need them."

Select an appropriate site

According to a coordinator of multiple IRTs, "choosing the site is one of the biggest ordeals that [communities] have." In communities that are isolated and lacking in resources, finding sufficient facilities can be difficult. Among the important requirements for a site are: utilities, including water and internet; storage space for supplies; sufficient space for patient parking; space to house the military, or nearby hotels or motels with sufficient capacity to house the military. The Army typically houses their soldiers in hotels or motels, while the Air Force and Navy more frequently stay on site during an IRT.

Schools are often selected as sites because they typically have sufficient parking, an auditorium or gymnasium that can hold a large crowd, and locker rooms and showers that can be used by the military. IRT coordinators agree that co-locating the military and the clinics saves both time and money, which frees up resources that can then go toward serving patients. IRT coordinators should know that it is not uncommon for schools or other locations to be hesitant to allow the military to use their facilities, and often repairs may need to be undertaken before a facility can be used.

Maintain good communication with the military

Multiple IRT coordinators recommended that communities planning an IRT should select a point person who is responsible for most of the communication with the military, especially in the early stages of the planning process. This helps to coordinate the messages being sent to the military about the event, and reduces the confusion caused by many people asking the same questions or providing conflicting information. One IRT coordinator warned, "As you get farther in the process that kind of breaks down, but at least from the start [there should be] just one or two sources of information so there's not a bunch of conflicting stuff and decisions being made or information shared that hasn't been shared with the group."

One coordinator observed that it was sometimes difficult to get timely answers from the military because of the need to secure approval from military superiors before responding to communities' questions. Because of this, he advised, "If you haven't heard from them in a while…reach out to them and say 'Do you have any updates?' because there's a lot of stuff going on on their end that is helpful to know, but they're so busy that getting that information from them can be slow sometimes." Another IRT coordinator who also has experience serving as a military service provider at an IRT said, "There is nothing wrong with contacting your military representatives to say 'Hey. I don't know what this means'…or 'I have some hesitancies here.'"

IRT coordinators also stressed the importance of recognizing that the military units at each IRT are different, and are not necessarily drawing on their own experiences when planning an IRT. Understanding that the military is training (in terms of transporting equipment, adapting to new site requirements, and other logistical issues) is important, as is understanding the magnitude of the logistical process that the military is undertaking in order to bring the IRT to the community.

Multiple IRT coordinators said that future IRT coordinators should "know that you don't have to wait for military approval to proceed." Another IRT coordinator observed, "It would be helpful if the military or someone emphasized more that this was a community event and they leave it up to the community plan a lot of it. That wasn't clear at the beginning and we kept waiting for information from the military."

Involve community organizations and area service providers, and do so early in the planning process

Community organizations

Community organizations can support and add significant value to an IRT, but the prospect of participating in an IRT can be anxiety-inducing for many of these organizations. To address this, IRT coordinators recommend including community organizations in the planning process from the very beginning. Meeting in the community and listening to concerns is an important step in gathering needed support. For example, the Meigs County Job and Family Services Executive Director reported that his organization had some trepidation about participating in the ORMM (including questions about whether they would need to set up remote access to their computers, whether it would increase their workload beyond their capacity, and whether they would have to create new forms). When his organization was able to participate in the planning process early on, he reports that their fears were allayed.

One particularly important type of organization to include in the planning process is the local medical center. These organizations often provide staff to help with the events, can provide supplies such as sharps boxes, gloves, and gauze, and can serve as emergency resources in case of supply shortages. According to one IRT coordinator, "Even though the military ships in a lot of equipment and medication and things….we had a delay and [without] a relationship where our health system could provide some of the things for our military to utilize… we would have been delayed in opening."

Area providers

In most cases, area doctors, ophthalmologists, opticians, psychologists, veterinarians, and other professionals are fully supportive of IRTs and volunteer their time and resources to the event in order to help their communities. In some cases, though, professional service providers may view IRTs as a potential threat. In those cases it is important to involve providers early on in the process. IRT coordinators suggest conveying the message that IRTs are intended to supplement services that are being provided in the community, not to take away business from providers operating in the community. Another IRT coordinator stressed, "The community has to have a place to go to get any sort of follow-up care they may need. So essentially they may be boosting their business." It can also be useful to point out that, "A lot of the people who are getting services, especially the veterinary, probably would not be getting services if it was not free. So it's not necessarily taking anything away, it is just helping the situation."

Secure appropriate credentials/licensure

Military service providers must have the proper licensure to provide services in the state in which the IRT is being held, and it is the responsibility of the community to arrange this. Not securing appropriate licenses and

credentials can cause significant delays once the military arrives. Local health systems can be of assistance in credentialing military medical providers in the state in which the IRT is taking place. In the case of the ORMM, the Governor's Office of Appalachia helped secure the proper licenses. Understanding which credentials are needed in order to provide which services can also facilitate planning for staffing and patient flow.

Advertise the event

The military will provide publicity assistance, but IRT coordinators indicate that the difficulties of coordinating with the military may slow down publicity efforts. Also, the logistical challenges behind bringing an IRT to a community may mean that the Battle Roster (or list of providers who will be coming) is not finalized very far in advance, which makes advertising services challenging. IRT coordinators suggest that communities should "do what your gut says locally," or advertise in ways that have proven to be successful in that community in the past.

Recruit and prepare volunteers

Recruiting and organizing volunteers requires a very high degree of coordination. Among the recommendations from IRT coordinators and participants about this process are:

- Create job descriptions for volunteer positions.
- Use specialized software to sign up and schedule volunteers online.
- Screen volunteers to make sure that placements are appropriate, especially for sensitive areas where personal health information might be discussed. For example, have someone who is used to intake procedures and who understands the importance of confidentiality do intake screenings.
- Provide specialized training for volunteer roles.
- Have volunteers from the same agencies be involved in a single part of the IRT process, not scattered throughout. This allows volunteers to develop a good understanding of their role, and helps the agency prepare its staff.

Prepare for shortages and adverse events

Throughout the process of coordinating with community organizations and professional service providers, it is important to identify potential partners and area vendors who can provide equipment and supplies if any shortages are experienced during the IRT. As one coordinator observed, "There are always unknown variables every time you do [an IRT]…Inevitably you're going to run out of something and then you're so remote you have to find a way of getting that something to you." Having already identified sources for supplies and equipment can save valuable time.

All IRT coordinators report that unexpected events happen. In one case an animal passed away during surgery, and it was important to have support resources for the animal's owners. In another case, a provider in the dental clinic was stuck by a needle, and proper medical protocols were needed to address the situation. Planning for possibilities such as these help coordinators to respond quickly and effectively. Having a staff member trained in mental health first aid is good preparation for adverse events. Knowing and being prepared to follow emergency medical protocols is vital.

Plan to address social needs as well as physical needs

An IRT provides an opportunity not just to address the physical needs of community members, but to address their social needs as well. Bringing in representatives of the health department and area social service organizations can make it possible to provide support for much more than patients' physical health. This can make the impact on IRT patients more comprehensive and lasting. According to one ORMM coordinator, one way to connect patients with needed social services is to "look at what the available community resources are and then implant questions" throughout the intake and health screenings. These questions serve as triggers that specially trained checkout staff can use to identify patients in need of services. Doing this at checkout is advisable because "by the time they made it to checkout they [are] very comfortable and they [are] a little more disclosing." An ORMM coordinator stressed that IRT planners should look beyond community resources, and call in state agencies to provide information as well. IRTs that used social service providers at checkout unanimously identified this feature of their IRT as one of the most valuable parts of the IRT process for patients.

Make sure the procedure for accessing care will be perceived to be fair

ORMM used a first come, first served procedure for providing access to care. Color-coded, numbered lanyards were given out to patients upon arrival, and a certain number of slots were available for each specialty every day. Both ORMM coordinators and the military at the event reported this to be a successful system. The potential down side of a first come, first served system is that wait times may be long. Two of the advantages of this system are that it allows for flexibility (if providers can see more patients, more lanyards can be given out) and it avoids the problems of no-shows for appointments.

Other sites have used appointment-based systems, with varying degrees of success. Having an appointment system requires staff, a phone system, considerable volunteer time, and it cannot guarantee that those who make appointments will show up. One IRT coordinator who used an appointment-based system suggested using appointments only for those specialties that tend to have long wait lines (dentistry and vision) and recommended having a call list prepared so new patients could be called in if those with appointments did not show up.

One IRT coordinator who has seen both methods in use says that neither system is inherently better: "I don't think anything in particular works better… [But] whatever you do, you have to be fair. That's probably one of the biggest challenges during the actual IRT process—how do you keep it fair?" Long wait times can tax patients' patience, and there will be a limited number of appointments available. Because of these factors, it is important to make sure that everyone trusts that the system that is determining if and when they will be seen is fair.

Managing the Event

- Expect slower traffic on the first day or two of the event. While this reduces the amount of services that are provided, it also provides time to work out problems.

- Be flexible.

- Track data carefully and systematically.

- Ensure that all participants go through the checkout process.

- Consider making appointments at checkout.

Expect a slow start

IRT coordinators widely reported that attendance was low for the first day or two of their events. This was true whether the services were provided by appointment or on a first come, first served basis. This was also true whether the advertising campaign had been robust or small and informal. While a sluggish start reduces the amount of services that the military can provide, it also creates some space in which coordinators can work out any kinks in their systems. One coordinator advised: "Have flexibility in scheduling the first few days. Realize that there are going to be some hiccups and you want to make yourself some room to deal with those issues."

Multiple IRT coordinators observed that an initial delay may be unavoidable. IRTs are typically new and unfamiliar events for community members. According to one organizer, "People were waiting for their friends to go, and come back and say if it was good or bad." Advertising campaigns during the days of the IRT can feature testimonials from initial patients in order to encourage more participation.

Maintain flexibility in plans

IRT coordinators were unanimous that a high degree of flexibility is a requirement for successfully implementing IRTs. One phase which appears to require a good deal of flexibility is the time period in which the IRT site receives materials from the military. Scheduling personnel and equipment to offload supplies can be a challenge when materials are often delayed. One IRT coordinator reported that in subsequent IRTs, they have made sure materials will only be delivered on weekdays.

Track data carefully and systematically

Some IRT sites use paper records for patients, while others use electronic systems for tracking patient data. While there is no agreement on a single best system for tracking patient data, IRT coordinators did make some specific suggestions for data tracking:

- If using paper records, assign patient numbers that go on every page of records. This ensures that people are not double-counted if they leave the event and then return. It also allows records to be reconfigured later if they are separated.
- Maintain all paperwork in one packet, so that participants are not carrying around loose or redundant papers.
- Do not attempt to do data entry on site unless data is collected on a scannable form such as TeleForm.

- Make sure records are in a form that will be useful to patients if they need follow-up care. Provide adequate documentation of medical needs so community providers do not need to repeat tests and procedures already performed at the IRT. This issue is most relevant for medical and dental services.
- To the extent possible, make sure the providers and volunteers filing out information on intake and screening forms understand why the question is being asked and how answers should be recorded.*
- Forms that limit the way in which answers can be recorded (through drop-down menus or forced-choice questions) can be helpful for standardizing data collection.*

Ensure that the checkout process catches everyone

Checkout is the place at which individuals can be linked to much-needed social services, and the place at which patient data can be collected. After waiting in line and undergoing medical procedures, patients may be eager to leave the event and go home. Nonetheless, it is important to ensure the flow of people through the event does not allow people to skip over checkout.*

Consider making follow-up medical appointments at checkout

One IRT site reported that it was able to call area providers and make follow-up appointments for patients going through the checkout process. While this is logistically very challenging, it is worth considering if it is possible for an IRT site. A more feasible (but still labor-intensive) way to link patients with care is to have social service agencies present at checkout to offer lists of area providers, especially those who accept Medicaid and Medicare, as well as lists of transportation assistance programs. This was provided from the beginning at the ORMM, and was informally incorporated at other IRTs as checkout staff identified the need for this type of assistance.

* This suggestion is provided by Ohio University's Voinovich School of Leadership and Public Affairs, based on the information collected from IRT sites. It is not a direct recommendation from IRT participants

Assessing Follow-Up Care and Impact

- Consider following up with patients to assess the impact of the IRT.

Assessing follow-up care

Some IRT coordinators expressed an interest in learning whether patients followed up on referrals and recommendations made by providers at the IRT, and in documenting the impact of the event on participants.

Provider feedback

IRT coordinators have tried various strategies to determine whether patients sought recommended follow-up care. The ORMM provided postcards for patients to give to follow-up care providers (who agreed to mail them

back to coordinators when a patient showed up for an appointment). Another IRT site made appointments on-site at the time of the IRT, and then reached out to clinics to find out whether appointments were kept. The first strategy (postcards) did not yield good results, and the second strategy (direct communication with providers) is dependent on the relationship between the organization coordinating the IRT and area providers. In cases where a strong relationship exists between event coordinators and local providers, this may be a fruitful way to gather information, but it will provide a picture that is limited to a small number of providers, and it will not yield information about lifestyle changes or patient perspectives.

Follow up with patients*

Another method for assessing follow-up care would be to get in touch with the patients themselves at pre-determined intervals after the event. For example, a phone call six weeks after the IRT could identify whether patients kept follow-up appointments, began making suggested lifestyle changes, and accessed the social services recommended to them. A phone call three months after the IRT could be used to find out whether care is being continued and lifestyle changes are being maintained. This method would be more costly and involved, but it would not be dependent on hard-to-reach service providers tracking patients, nor on patients remembering to bring materials to follow-up appointments. It would also provide the opportunity to ask other questions about the impact of the IRT in terms of lifestyle changes and improved social conditions.

For contact with patients to be possible, patients would need to provide consent to be contacted after the event, as well as contact information. As community service providers from the area will already know, it would advisable to secure alternate contact information for each person as well, in case cell phone numbers or addresses change. The number of patients who are asked for consent will depend upon the total anticipated number of patients, the budget for follow-up, and the type of questions that coordinators want to answer (e.g. questions about short-term activities or longer-term behavioral changes). It is also advisable to ask for consent toward the end of the event, when patients are more comfortable.

If checkout staff know which patients will be followed up with (if they are not asking the whole population for consent and instead are sampling participants), then it may be helpful to provide selected participants with more information about the follow-up procedures, such as a schedule card indicating the time frames within which they will be contacted, the purpose of the process, and the organizational affiliation of the person who will be contacting them.

While follow-up strategies require additional funding and labor, they allow a site to document the impact their IRT has had on the community. IRT sites bring unprecedented amounts of resources to communities in need, and documenting the impact of such an influx of resources can help inform future efforts to address community needs, and can add weight to future funding requests.

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