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USMEPCOM CORBT Executive Board



COL Megan Stallings, Commander

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Purpose and Outline

Freedom's Front Door

- Purpose: To update the CORBT on current and future USMEPCOM policies and activities with potential impacts to Initial Entry Training operations.
- Outline:
 - Shipper Hand Off Under MHS GENESIS
 - Medical Accession Record Pilot (MARP)
 - Recruit Travel Update



Shipper Hand Off Under MHS GENESIS



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- MHSG full deployment initiated 10 Mar 2022
- USMEPCOM receiving anecdotal reports raising concerns regarding medical readiness of some shippers
- USMEPCOM actions at shipping inspect
 - MHSG Grandfathered Shippers
 - DEP-in prior to full implementation, paper medical records uploaded into MHSG
 - Shippers processed under paper should be rare due to >365 days since full rollout. IET sites will continue to see paper records on overseas shippers and shippers with DEP extensions past 365 days
 - Closing shipping inspect encounters
 - HIE not pulled at shipping inspect
 - “Live” nature of MHSG HIE



Shipper Hand Off Under MHS GENESIS



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■ Shipping Inspection

➤ Reasons for the shipping inspection

- Inspect for tattoos - now a service specific responsibility
- Do a final height/weight - no longer done
- Check for final changes in health status - happens 1-2/month/MEPS (anecdote)
- Complete a pregnancy test for females - another pregnancy test is administered immediately after arrival at IET (eliminates the safety concern but not the financial cost)

➤ Current Process

- Visual skin examination in underwear
- Provider individually questions each applicant regarding any changes in health status and/or about finding from skin check

➤ Future of shipping inspect

- USMEPCOM reinforcing HIE procedural training
- Future analysis will inform shipping inspect actions
- Accessions Policy is authority for final decision on shipping inspect status



Shipping Hie Query Study



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- Analysis of 100 Shippers Processed in MHS GENESIS
 - New interval HIE (material) discovered at query: 0%
 - CW enabled but no HIE query run: 9% (Q-5, DQ-0, METR-4 {vertebral fracture, inhaler, depression})
 - Initial HIE done, but no annotation of significant medical conditions: 3% (Inhaler, ADHD, Depression)
 - Annotation of both Disqualifying and Significant but Qualifying medical conditions needs improvement
 - Medical history data obtained through MHS Genesis and JLV is redundant in nature, although packaged differently
 - MHSG allows for easy uploading of external documents (important encounters) into the record c/w JLV
 - MHSG offers a reconcile tool for organizing data (med conditions, allergies)
- Next Steps
 - Reinforce lessons learned from shipper study via training
 - Perform new shipper study following completion of sustainment training
 - Bring recommendation to Accession Policy for review and possible decision



Medical Accession Record Pilot (MARP)



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MARP Usage By Service						
Service	Regular	Guard	Reserve	Total	Exams	%
Air Force	180	26	12	218	31,349	0.70%
Army	274	119	27	420	83,515	0.50%
Coast Guard	38		4	42	3,861	1.09%
Marines	143		29	172	32,507	0.53%
Navy	202		12	214	32,257	0.66%
TOTAL	837	145	84	1066	183,489	0.58%

Note: Usage = Exams

DAZ	DFZ	GPZ	DMZ	DNZ	DSR	Total
3	13	5	4	10	2	37

Source: Direct USMIRS Data Pull, 20230403



Medical Accession Record Pilot (MARP)

MARP Code Usage



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Summary of instances of qualifying medical profile categories by MARP ICD Code as of 04/03/2023			
MARP Code	ICD Code	ICD Description	# Instances
2	F90.1	History of attention deficit hyperactivity disorder	1138
1	R87.81	History of urethral condyloma acuminatum	158
46	Z72.81	History of conduct disorders, oppositional defiance disorders, and other behavior disorders	119
14	M94.9	History of cartilage surgery	41
43	R39.13	History of bladder augmentation, urinary diversion, or urinary tract reconstruction	35
7	Z99.11	History of nocturnal ventilation support, respiratory failure, or any requirement for chronic supplemental oxygen use	24
6	Q40.9	History of deformities, or conditions or anomalies of the upper alimentary tract, mouth, tongue, palate, throat, pharynx, larynx, and nose, that interfered with chewing, swallowing, speech, or breathing	19
3	H44.70	History of intraocular foreign body	12
4	H71.10	History of cholesteatoma	12
16	M67.80	History of recurrent tendon disorder, including but not limited to tendonitis, tendonopathy, tenosynovitis	10
8	K31.84	History of gastroparesis of greater than 6 week's duration, confirmed by scintigraphy or equivalent test	10
5	J38.02	History of vocal cord dysfunction with respiratory symptoms or exercise intolerance	7
12	N32.9	History of interstitial cystitis or painful bladder syndrome	7
21	H40.9	History of glaucoma, ocular hypertension, pre-glaucoma, or glaucoma suspect	5
11	N50.9	History of chronic or recurrent scrotal pain or unspecified symptoms associated with male genital organs	5
24	Z46.1	History of using hearing aids	4
29	K25.1	History of surgery for peptic ulceration or perforated ulcer	4
37	H17.9	History of any incisional corneal surgery including, but not limited to, partial or full thickness corneal	4
33	N39.9	History of abnormal urinary findings in the absence of urinary tract infection: Gross hematuria., Persistent microscopic hematuria (3 or more red blood cells per high-powered field urinalyses, Pyuria (6 or more white blood cells per high-powered field	4
39	H27.9	Any history of opacities of the lens, including cataract	4
40	H55.89	History of restrictive ophthalmopathies	3
13	M93.20	History of osteochondral defect, formerly known as osteochondritis dissecans	3
15	N00.8	History of acute nephritis	3
18	H44.139	Any history of uveitis or iridocyclitis	3
34	R80.0	History of proteinuria with a protein-to-creatinine ratio greater than 0.2 in a random urine sample, more than 48 hours after strenuous activity	2
35	G47.421	History of narcolepsy, cataplexy, or other hypersomnia disorders	2
17	B00.52	History of herpes simplex virus keratitis	2
25	Q22.8	History of dysmotility disorders to include but not limited to diffuse esophageal spasm, nutcracker esophagus, and achalasia	2
19	H53.10	History of abnormal visual fields	2
36	H11.069	History of pterygium recurrence after any prior surgical removal	1
10	N45.3	Current or history of recurrent orchitis or epididymitis	1
23	H81.0	Any history of Ménière's Syndrome, recurrent labyrinthitis, or other chronic diseases of the vestibular system	1
			1647

- 1103 Applicants involved
- 668 Enlistments



Medical Accession Record Pilot (MARP)

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- Preponderance of MARP usage for ADHD related standards
- Initial six-month pilot period extended in Dec 22 for additional 6 months.
 - USMEPCOM required to deliver second assessment to Accessions Policy in June 2023
- USMEPCOM continues to refine data collection and reporting procedures to support accurate data capture and analysis
- 11 additional standards accepted by services for adjusted time standards and approved by Accessions Policy in April 2023
 - Additional conditions include: Circadian rhythm disorders, clinically diagnosed anterior knee pain including Patellofemoral syndrome, rescind provider note requirement for Depo-Provera or birth control patches



Recruit Travel Update

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- Digital System Modernization efforts
- ATL - CLT Airport Change Proposal
- Shipper Briefing updates
- RTC instruction sheet revisions
- Enhanced Support
 - DTMO assistance for Phase II Shippers
 - Preparation for Summer Surge
- MEPS Ground Route management
- TA Continuing Education and Training
- Base Renaming and Recruit Travel Orders



Back Up Slides

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Shipper Hand Off Under MHS GENESIS



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■ Shipping Inspection

➤ Background (DoDM 1145.02 Section 5.2c(10)p):

- (p)Physical Inspection. A physical inspection consists of an interval medical history interview, reviewing of interval medical documents, and a focused medical exam as needed by a medical provider to determine if there are changes in an applicant's medical qualification determination for meeting DoDI 6130.03 medical standards; the inspection may include medical testing as prescribed in USMEPCOM regulation.
- 1. An applicant for enlistment and an individual processing through a MEPS under a commissioning program who has undergone a medical examination and has been found qualified, will undergo a physical inspection when processing for entry on AD or AD training in the Military Services in accordance with approved policies and procedures of the Commander, USMEPCOM.



Conditional Delayed Enlistment Program (ConDEP)



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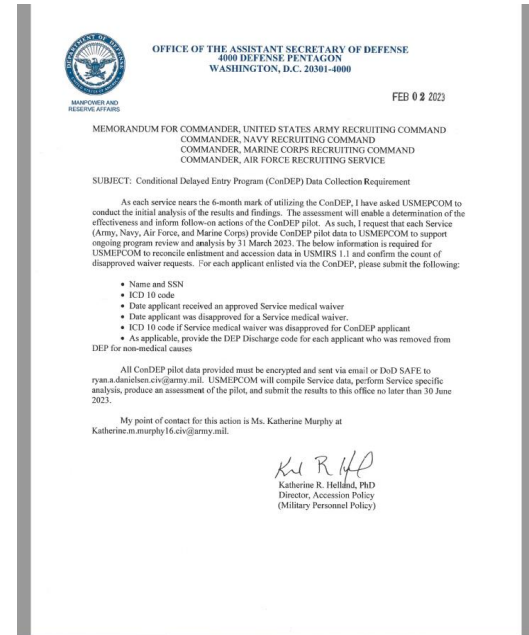
- By 11 Oct 2022, all services participating in Conditional DEP
- Enables applicants disqualified under selected diagnoses to contract and enter DEP status while awaiting service waiver review
 - Addresses “walkaway” concern of recruiting services
- Service SMWRAs, in coordination with USMEPCOM, developed a list of conditions which:
 - Are associated with medical conditions that are at a low risk to cause serious harm or death to an applicant
 - Pose a low first term non-EAS attrition risk
 - Normally result in a high approval rate from service waiver authority
- Applicants contracted under the pilot program will not ship until granted a waiver by the SMWRA. MEPCOM has built appropriate safeguards in its applicant processing system (USMIRS 1.1).
- USMEPCOM responsible for delivering initial program review & analysis to Accessions Policy. Review will consider IET results



Conditional Delayed Enlistment Program (ConDEP)

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Utilization of program remains steady and offers services an avenue to mitigate “walkaways” due to extended medical processing times. 6-month assessment will inform follow on actions for the program’s future



Distinct Applicants Thru 3 Apr 23	ConDEP Admin Hold	ConDEP w/ Signed Contract	ConDEP w/ Medical Waiver	ConDEP w/ DEP Discharge	ConDEP Shipped
Army	396	373	216	13	225
Air Force	445	395	151	3	87
Navy	337	293	153	12	95
Marine Corps	615	577	378	7	138
Total	1793	1638	898	35	545