

Navy Medicine's Reserve Utilization Program (MEDRUP)

Executive Summary

Background: The Navy Total Force Policy (SECNAV Instruction 1001.73 dated 08 April 1997) expanded the traditional mobilization role of the Naval Reserve into the full spectrum of the Navy's operational requirements. The policy states that the National Military Strategy calls for a seamless integration of the active and reserve components into a Total Force. The Medical Reserve Utilization Program (MEDRUP) is Navy Medicine's plan for achieving full integration of Medical Reserve into the Navy Medical Department. Prior to the Total Force Policy the Medical Reserve was considered a "Force in Reserve" to be called upon during national emergency. Today under the Total Force concept the Medical Reserve must be a "Part Time Staff" supporting the mission of Navy Medicine.

The Navy Medical Department is Resource Sponsor for the Naval Reserve Naval Hospitals (Program 32), the Naval Reserve Fleet Hospitals (Program 46) and Naval Reserve Dental Commands (Dental Augmentation). This comprises almost 9,000 billets. As stated in the SECNAV Total Force policy, "it is essential that the investment in our Reserve Forces be used efficiently to augment the Navy fleet operation". The MEDRUP provides a plan that will allow Navy Medicine to achieve that goal.

The MEDRUP is modeled after the Submarine Reserve Utilization Program, which has successfully integrated the reserve and active members of the Submarine Forces into "One Submarine Force". Since implementation, this organizational model has resulted in enhanced readiness and increased peacetime contributory support. The submarine model changed the traditional reporting relationship of the reserve by transferring operational authority from the Reserve Force to the Submarine Force. This allows Reserve COs to report directly to and receive regular fitness reports from their parent Commander. Integration has resulted in increased ability of the active commanders to employ reservists as an integral part of their commands.

The Commander, Naval Reserve Force has recently published the Vision Statement for the Naval Reserve. It states that the goal is "Support to the Fleet... Ready and Fully Integrated". The MEDRUP supports the goal of the Commander, Naval Reserve Force.

Purpose: The purpose of the MEDRUP is to implement the SECNAV Total Force Policy resulting in an integrated Navy Medical Department. This integration will provide more efficient utilization of reserve medical and dental professionals in support of the mission of Navy Medicine. The MEDRUP allows BUMED to directly manage the effectiveness and efficiency of personnel assigned to eight Naval Reserve Naval Hospitals, four Naval Reserve Fleet Hospitals, and eleven Naval Reserve Dental Commands comprising approximately 9,000 billets. This represents the programs and the reserve manpower for which Navy Medicine is the Resource Sponsor. The intent of the MEDRUP is to increase validated contributory support for operational and peacetime requirements, improve medical readiness of the Force, ensure proper skills match with billet requirements, enhance planning for reserve support, and improve retention of medical and dental reservists.

Action Plan: The MEDRUP is based on the agreement between the Navy Surgeon General and the Commander Naval Reserve Force transferring operational management authority for Naval Reserve Naval Hospitals, Naval Reserve Fleet Hospitals and Naval Reserve Dental Commands from the Reserve Force to Navy Medicine. On 05 November 2000 a Memorandum of Understanding was signed between the Chief, BUMED, the Commander, Naval Reserve Force and the Commander, Naval Surface Reserve Force. Policies and instructions will be written by both Reserve and Medical commands to reflect this change. The Submarine Community has pioneered some of this work, however program areas unique to the medical community such as support for medical/dental readiness and command of the commissioned Reserve Fleet Hospitals require special development.

One of the most significant results of implementation of the Submarine Force (SUBRUP) program was improved monitoring and performance assessment. The Submarine Community's information management system has been modified and beta tested at the National Naval Medical Center, Bethesda and Naval Medical Center, San Diego. The MEDRUP management information system will be used to collect Medical Department requirements, identify available reserve manpower, match requirements with manpower, and document contributory support. All requirements will be validated by MED-31 for hospital support, N931 for operational support, and MED-06 for dental. MED-07 will have overall responsibility for brokering global matches of available reserve manpower resources with unmet validated requirements.

A second phase Medical Reserve Utilization Program Management Information System (MEDRUPMIS) will be developed in partnership with the Naval Medical Information Management Command (NMIMC). This will be a web enabled relational database with global access. The MEDRUPMIS will be integrated within a planned upgrade of the Standard Personnel Management System (SPMS). This would provide MTF COs with one system (SPMS) to view active and reserve manpower assets, their mobilization assignments, the commands projected contributory support requirements, and the planned reserve support allocated to meet these requirements. This second phase information system should be ready for deployment by FY' 2002.

Benefits: The "One Medical Force" will provide Navy Medicine with part time medical staff to assist with implementation of the Military Health System Optimization Plan. The Optimization Plan establishes the guidelines for enhancing access to care, improving the provision of care, implementing and practicing population health for all Active Component and Reserve Component personnel, creating health business management systems, and ensuring medical readiness.

BUMED is currently establishing an integrated Fleet Hospital Program Office in MED-27 to coordinate all aspects of the Fleet Hospital Program. Implementation of the MEDRUP would bring all ten Fleet Hospitals, six active and four reserve under BUMED program management. This would allow Navy Medicine to establish consistent Fleet Hospital manpower management, training requirements, operating policies, and readiness reporting. It would also facilitate compliance with OPNAVINST 5430.48D which states the Surgeon General of the Navy "sponsors and coordinates the Navy's deployable medical systems (DEPMEDS), i.e., Fleet Hospital Program and Hospital Ships (T-AH)".

