WG 2 (Preventive Medicine and Healthcare Policies)

Association of Healthcare Services Utilization After Recruitment and Early Discharge from Military Service

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Background:
Health-related attrition significantly affects active-duty personnel in the Israel Defense Forces (IDF). Early identification of soldiers at high risk of attrition could enable targeted interventions and optimize workforce efficiency.
Rationale:
IDF soldiers receive full medical coverage with no out-of-pocket costs. We hypothesized that higher medical service utilization correlates with attrition. Understanding this relationship could help identify those at higher risk of service discontinuation. Assessed the association between early post-enlistment healthcare utilization and attrition risk.
Methods:
Using the medical-corps electronic health records, we included all IDF enlistees (2004–2024) who served for at least 90 consecutive days. We identified enlistees deemed ineligible for service by a certified medical board. We assessed the association between healthcare utilization within the first 90 days of service and attrition afterward.
Preliminary Findings:
We included 987,975 soldiers (392,709 [39.7%] women). Among men, 44,737 (7.5%) experienced attrition, and 16,370 (4.2%) among women. The means (SD) primary-care visits per patient-year for those with versus without attrition were 22.9 (17.5) versus 16.2 (14.1) for men and 27.1 (19.7) versus 17.5 (14.7) for women. The respective means expert consultations were 2.9 (5.4) versus 2.2 (4.6) for men and 2.7 (5.2) versus 1.9 (4.0) for women.
Statement of Importance:
This study will highlight different healthcare utilization patterns among newly recruited soldiers. Its findings could support early identification of those at risk for medical-related attrition, enabling timely medical and command intervention to prevent discharge.

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What Is the Optimal Composition of Medications for Unit Clinics?

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Background:
The stocking of medications at all unit-level pharmacies in the Israel Defense Forces (IDF) follows a standardized regulatory framework (internally termed 'standard 15'). In addition, a 2024 policy reform provides soldiers' access to medications from nationally distributed civilian pharmacies, reducing soldiers' reliance on military clinics.
Rationale:
The rigid structure of 'standard 15' does not account for variations in clinic needs, soldier demographics, and accessibility to civilian pharmacies. As a result, unused medications may expire, leading to resource waste and added logistical challenges. Given the evolving healthcare landscape, a dynamic and responsive system can optimize medication distribution to the unit level, thereby minimizing waste and enhancing operational efficiency. We aim to assess dispensation data associated with the current "standard 15", and propose a more efficient, needs-based model for medication stocking for IDF unit-level pharmacies.
Methods:
We will conduct a retrospective analysis to assess dispensation trends across a sample of IDF unit-level pharmacies. Data will be categorized based on clinic location, soldier demographics, and degree of access to civilian pharmacies. Statistical modeling will be applied to assess the association of these factors with medication dispensation, guiding the development of an adaptive supply model.
Statement of Importance:
Optimizing medication management within the IDF may reduce unnecessary expenditures, enhance logistical efficiency, and ensure soldiers receive timely and appropriate medical care.