



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMED NOTICE 6110

From: Chief, Bureau of Medicine and Surgery

Subj: INDIVIDUAL MEDICAL READINESS METRICS, GOALS, AND DEPLOYMENT
RELATED HEALTH ASSESSMENT COMPLIANCE

Ref: (a) DoD Instruction 6025.19 of 13 Jul 2022
(b) CNO WASHINGTON 222101Z of Feb 2023 (ALNAV 015/23)
(c) OPNAVINST 6100.3A
(d) BUMEDINST 6110.14A
(e) BUMEDINST 6320.104

1. Purpose. To set expectations for commanders to implement references (a) through (e).
2. Scope and Applicability. Budget Submitting Office 18 commands under the authority, direction, and control of the Surgeon General of the Navy, who also performs the duties of Chief, Bureau of Medicine and Surgery (BUMED).
3. Background. Reference (a) establishes the Department of War Individual Medical Readiness (IMR) Program, assigns responsibilities for oversight and management of IMR, and sets specific metrics and goals of compliance with specific direction for commanders to focus required actions on ensuring their Service members correct IMR deficits and are fully medically ready. Reference (b) provides Department of the Navy (DON) specific guidance for the implementation of reference (a) and establishes additional DON metrics and goals for unit commanders to use as targets in the continual assessment of their unit's medical readiness. Reference (c) provides Service policy on the execution of the deployment related health assessments and their mandated timelines for compliance. References (d) and (e) provide guidance on how Navy Medicine will assess, document, report and support IMR for all DON units.
4. IMR Program. As defined in references (a) and (b), IMR is a military Service, command, and individual Service member responsibility. IMR is an ongoing assessment of a Service member's health and identifies an individual's readiness for rapid deployment. Per references (d) and (e), Navy Medicine has an obligation to support medical readiness for Active Component (AC) and Reserve Component (RC) Service members to maximize the IMR of units under their medical cognizance (MEDCOG).

a. DON IMR Goals and Metrics, per reference (b):

(1) Total Force Medical Readiness: 90 percent or greater for both AC and RC. Total Force Medical Readiness is comprised of fully medically ready personnel, defined as having zero IMR deficiencies or deployment limiting medical conditions, plus partially medically ready (PMR), as defined in paragraph 4a(2).

(2) PMR: 15 percent or less for AC and 25 percent or less for RC. A Service member is PMR if they have at least one (1) deficiency in at least one (1) IMR element and no deployment limiting medical conditions.

(3) Health Assessment Element: Five percent or less overdue for both RC and AC. For DON, the health assessment element is calculated by both an overdue annual periodic health assessment (PHA) for all Service members and overdue post-deployment health re-assessment, if indicated. Per reference (b), PHAs will be completed during the birth month, unless operational requirements preclude it. This will not result in a PHA becoming overdue (greater than 90 days past its due date) if done incrementally to move towards birth month alignment.

(4) Dental Readiness: The sum of Dental Readiness Classification 3 and 4 is 5 percent or less for both AC and RC.

b. IMR elements. A full listing of the six IMR elements, their components, and their required timelines is available in references (a) through (e).

c. IMR Monitoring and Reporting. Specific guidance regarding the actions required of medical departments to monitor and report readiness can be found in references (d) and (e). The information outlined in subparagraphs 4c(1) through 4c(3) amplifies guidance in reference (a) regarding the tools that exist that monitor and report IMR.

(1) The current official DON tracking system for IMR monitoring and reporting is the Medical Readiness Reporting System (MRRS). This tool supports commanders' oversight of their units' IMR compliance via command deficiency reports. Additionally, this tool supports medical departments in the proactive management of resources to support IMR execution and to maximize every healthcare encounter as an opportunity to correct IMR deficiencies. For any concerns with accessing or using this system, contact MRRS at (800) 537-4617.

(2) BUMED has made available an IMR dashboard, a common access card-enabled Web site available via the Google Chrome web browser. This dashboard is updated monthly from MRRS and supports commands in projecting demand for PHAs, evaluating IMR compliance overall or by individual element, and can be further refined to reflect the IMR compliance by service, component, Budget Submitting Office, MEDCOG, and individual units. The dashboard can be accessed at Web site, https://bitab.health.mil/#/views/IMR_Final/TotalForce.

(3) BUMED has developed the Navy Surgeon General Medical Readiness Annual Report, per reference (b). The report can be accessed at Web site, <https://esportal.med.navy.mil/bumed/rh/m3/M34/SMMR/PublishingImages/default/Surgeon%20General%20Medical%20Readiness%20Annual%20Report%20FY%202025.pdf>.

5. Actions. Navy Medicine Readiness Training Command commanders, commanding officers (CO), and Navy Medicine Readiness Training Unit officers in charge (OIC) play an integral role in ensuring the force is meeting IMR standards. Roles and responsibilities of commanders, COs, OICs, and medical staff for documenting and reporting IMR data are outlined in reference (d). Commanders, COs, and OICs will be familiar with IMR policies, guidelines, and metrics to meet DON IMR goals with particular attention to the PMR goal, as well as Post-Deployment Health Reassessment compliance timeline as directed in references (a) through (d). Navy Medicine Readiness Training Command leadership will ensure they support medical readiness execution for the commands under their MEDCOG, including those with organic medical departments, if supported command needs exceed capacity, as directed in reference (e).

6. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

7. Information Management Control. Reports required in paragraphs 3, 4, and 5 of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.



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Releasability and distribution:

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