RESOURCE ALLOCATION

Resource Allocation and Tiered Medical Service Adaptations in the IDF Healthcare Services Center During Operation Roaring Lion

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TAKE-HOME MESSAGE

A formalized, tiered "traffic-light" model, combined with rapid digital-health adoption and flexible budgeting, enabled the IDF Medical Corps to preserve operational capacity and patient safety under severe uncertainty. Future resilience depends on pre-authorized emergency procurement, protected infrastructure for critical diagnostics, and standardized civilian-military coordination.

FROM REAL-TIME CONSTRAINTS TO RESILIENT TIERED CARE

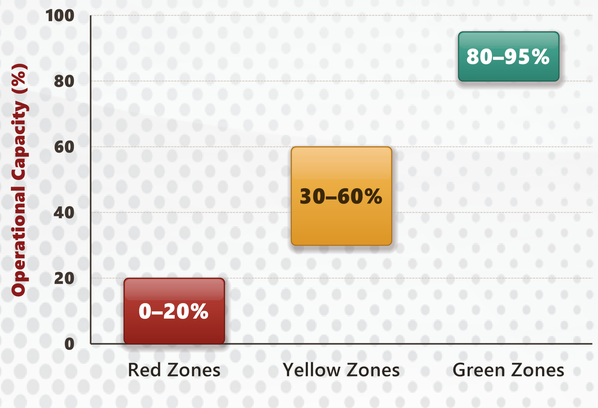
1. **ASSESS** — Threat levels, personnel constraints and infrastructure risks
2. **TIER** — Red/yellow/green service model matched care to operational risk
3. **REALLOCATE** — Utilization, attendance, diagnostics and flexible budget data guided shifts
4. **INTERPRET** — 19 interviews with medical personnel and command staff captured decision rationale
5. **ADAPT** — Safety protocols, digital platforms and service delivery adapted in real time

Resource allocation learning: 19 interviews plus tiered red/yellow/green service adaptation during Operation Roaring Lion

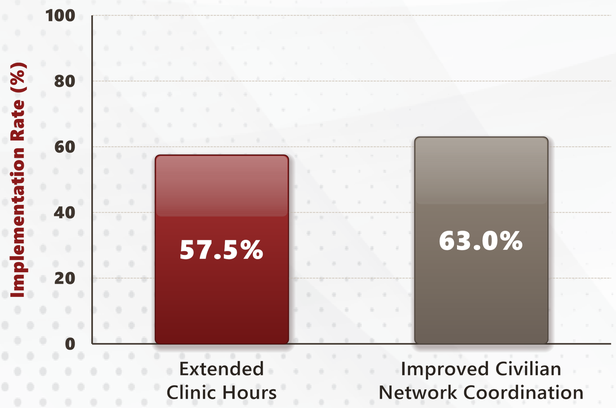
Quantitative Results

Based on a complete cohort analysis (100% of patients), 1 March – 15 June 2026

Tiered Coverage Operational Capacity



Service Expansion Initiatives



Qualitative Results - Four Themes Emerged, n = 19

Resource Allocation & Tiered Medical Service Adaptations

01. **Prioritization of patient safety**
02. **Effectiveness of traffic-light method**
03. **Value of night/Friday service shifts**
04. **Importance of preparedness exercises and civilian collaboration**

From Findings to the Field: What Actually Changed

- **150% INCREASE** — 150% increase in utilization of night and weekend telemedicine shifts
- **3 CIVILIAN CENTERS** — 3 civilian centers repurposed as clinics delivering military medical response within population centers
- **100% ASSESSMENTS** — 100% of twice-daily situation assessments (March 1 - June 20) incorporated the traffic-light policy status and actions taken into decision-making
- **4 PROCESSING CONVERSATIONS** — 4 Processing conversations, peer discussion, and sharing of work and task content

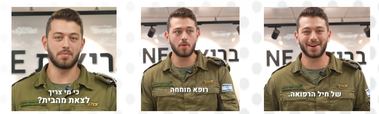
WHY IS THIS IMPORTANT?

Addressing the "Human Element" of Telemedicine

Technical deployment is only half the battle. Sustaining a remote clinical workforce demands active management of provider burnout, emotional strain, and the need for professional recognition — not merely the rollout of infrastructure.

SCIENTIFIC RIGOR & LIMITATIONS

This study integrated a substantial qualitative component — 19 in-depth interviews with content experts — with quantitative data capturing 100% of the medical services delivered. However, findings were not benchmarked against external comparators, and the design does not support causal inference.



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At the moment of truth,
IDF MEDICAL CORPS.