



The U.S. Army Physical Disability Agency

"Never Leave a Fallen Comrade"



**U.S. Physical Disability Agency
(USAPDA)
&
Reserve Components Soldier Medical
Support Center
(RC SMSC)**

Recovering Warriors Task Force

December 4, 2012



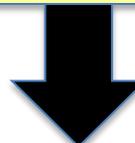
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USAPDA Reorganization

Problem: The Army lacked unity of command and a single responsible agency to assure oversight, direction, and integration of Active and Reserve Components execution of the Disability Evaluation System (DES).



Line of Effort #1 – Governance

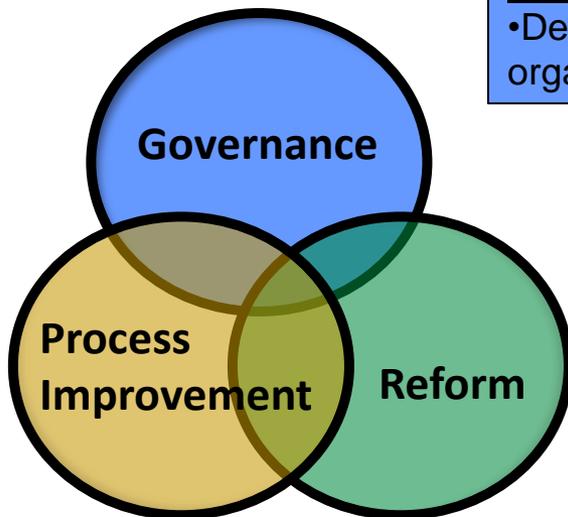
- Dedicated, integrated and empowered organization with a single General Officer lead.

Line of Effort #2 – Process Improvement

- Sync and implement best practices
- Manage strategic, performance and operational metrics
- Implement interagency coordination

Line of Effort #3 – Reform

- Identify and advance OSD and Army-level reform measures
- Army's advocate for DES reform



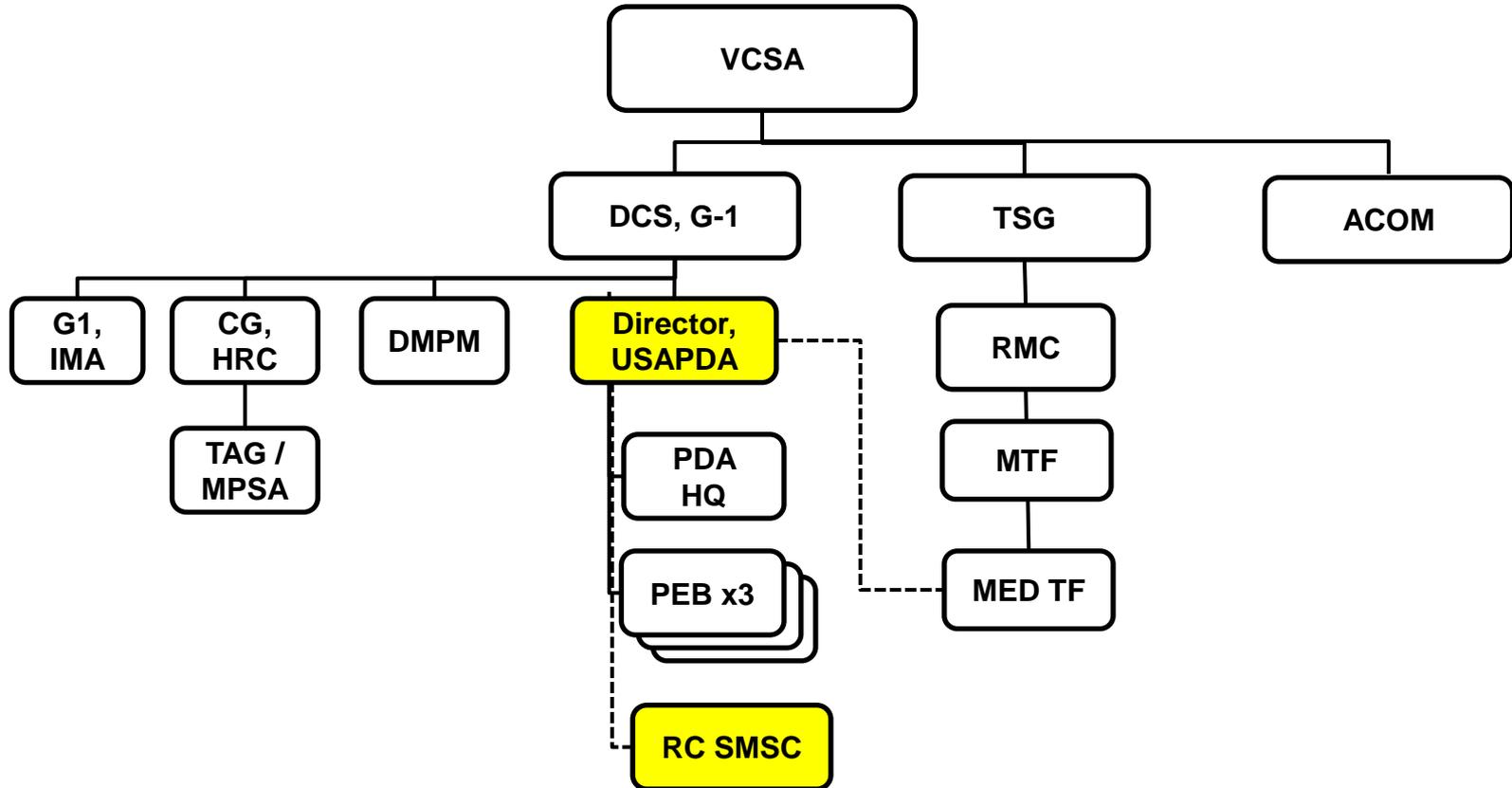


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Proposed USAPDA Organizational Structure



Effective 01 October 2012

- **BG Lewis Boone** assigned USAPDA Director
- **COL Keith Knowlton** assigned RC SMSC Officer in Charge



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RC SMSC Background

- The RC SMSC was established in January 2011 as directed by the VCSA
- ALARACT 156/2011, Subject HQDA EXORD 180-11, Execution of the RC SMSC, released on 16 Apr 11
- Initial receipt of MEB packets came from Southern Regional Medical Command catchment area
- ALARACT 302/2011, FRAGO 1 to EXORD 180-11 expanded RC SMSC services to all States/ Territories and RSCs, released on 10 Aug 11
- RC SMSC draft concept plan completed in Oct 11
- RC SMSC Appian internal tracking tool implemented 1 Dec 11
- RC SMSC reached FOC Jan 12



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RC SMSC

Mission, Purpose and End State

Mission

Serve as the gateway for reserve component (RC) medical processing support; developing, coordinating, and integrating administrative and medical efforts for wounded, ill, and injured RC Soldiers.

Purpose

Provide a vital link between the RC Soldiers and the Army Medical System ensuring they receive timely, efficient and effective access to medical evaluation through the physical evaluation board processes.

End State

Facilitate elimination of the backlog of RC MEB/PEB cases that have yet to enter DES.



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Process improved through standardization

- MEDCOM produced standardized checklist based on MEB and PEB requirements
- Standardized process to move packets through the MEB and PEB system
- Implemented the **Integrated Disability Evaluation System (IDES)**

MEB DOCUMENT CHECKLIST	
<i>MEB Documents (** To be completed by Assigned MTF)</i>	
<i>MEB Proceedings (DA Form 3947) and Narrative Summary (NARSUM) w/ supporting documentation will be added to the MEB packet by the MTF.</i>	
<i>No other MEB Document Checklist is authorized. Deviation from the below order of documents is not authorized. Failure to provide all required documentation (to include statements of non-availability or explanation) will result in the case being returned without action. Do not send with the intent of forwarding missing documents at a later date.</i>	
1**	MTF MEB Proceedings (DA Form 3947 or appropriate Interservice/Triservice MEB)
2**	MTF NARSUM
3**	MTF Additional Medical Documents supporting NARSUM or Addendum (i.e. Medication Profile, Photos as appropriate), STR and associated clinical records
Required Documents (in the following order)	
1	Complete Service Treatment Record (including any Civilian medical treatment and Medication Profile from pharmacist as applicable; Statement summarizing where and when attempts were made to locate all STRs)
2	PHA/ Physical Exam (DD Form 2808, DD 2807-1, current within previous 6 months) / VA C&P Exam (current within previous 12 months) (all available as applicable) Include any VA Ratings
3	Physical Profile (DA Form 3349) completed IAW AR 40-601
4	Commander's Performance and Functional Statement (DA Form 7852)
5	Copy of MMRB Proceedings (if applicable)
6	Approved LODs with decisions (DD 261-signed by CG/DA Form 2173) (as required)
7	Previous MEB/PEB Decisions (if applicable)
8	Copy of Last 3 evaluation reports (OER/NCOER/Development Counseling or statement explaining non-availability)
9	Current PQR / ORB / ERB (Officer/Enlisted Record Brief, Personnel Qualification Record) **as applicable must be an updated copy reflecting current PULHES
10	Current end of month LES (DFAS Form 702)
11	All Orders (Attachment/Extension/Mobilization/ADME/IRP-E/IRP-ICBWTU/AGR with all amendments)
12	Orders for promotion/demotion if demoted within the last 2 years
13	Previous Discharge Documents -- DD 214 & DD 215 / NGB-22 (if applicable for all AD service)
14	Retirement Orders or 15/20 Year Retirement Letter (as applicable)
15	Retirement Points Statement (NGB Form 23 or ARPC Form 249-2-E) -- Thru current RYE
16	Other:

Last Name: _____	First Name: _____	Rank/Grade: _____	Date: _____
Soldier's Home Phone #: _____		Soldier's Cell Phone #: _____	
Unit Name & Address: _____			
Unit POC Name: _____		Unit POC Phone: _____	
POC Officer/NCIC Signature & Date: _____			

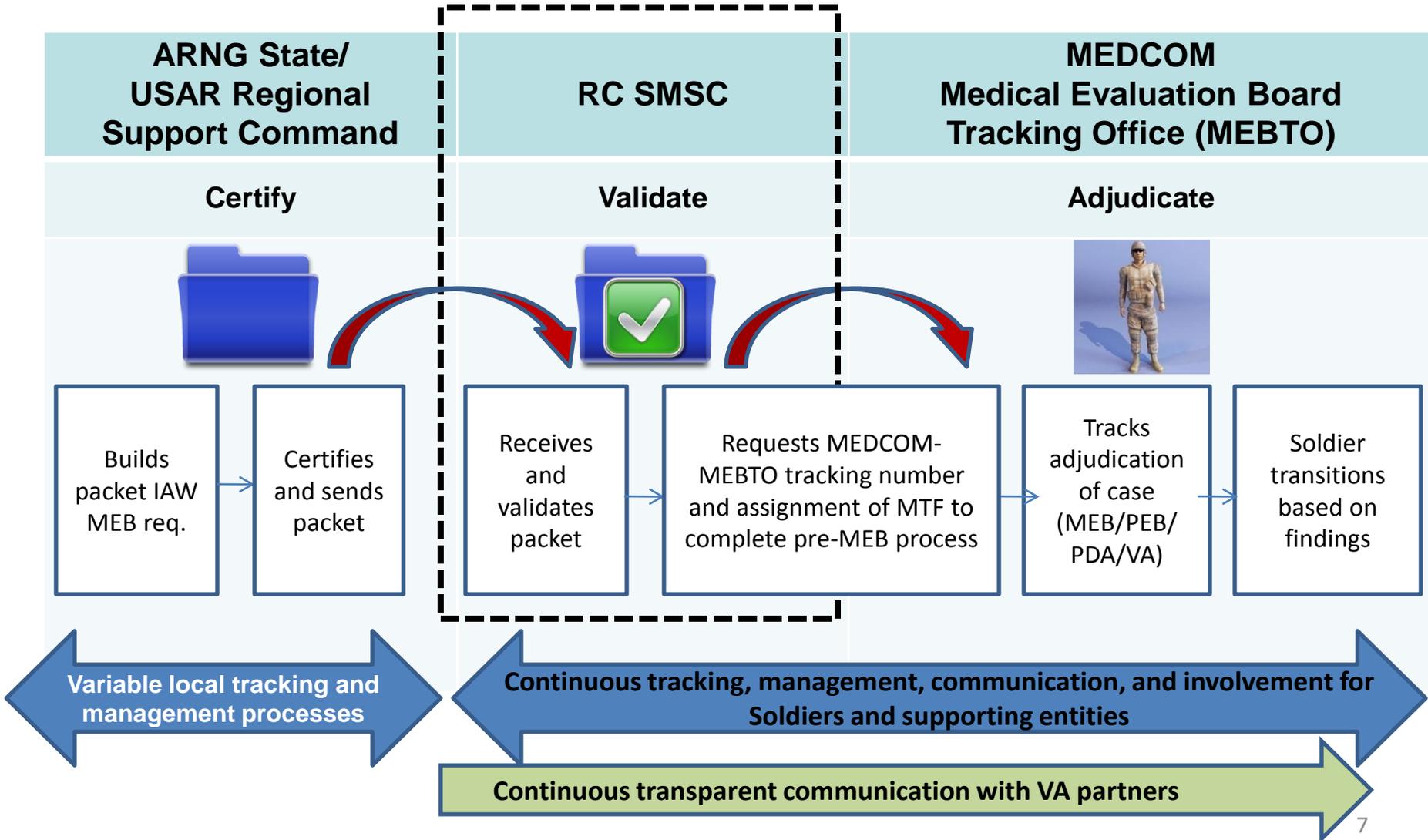


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RC DES Process



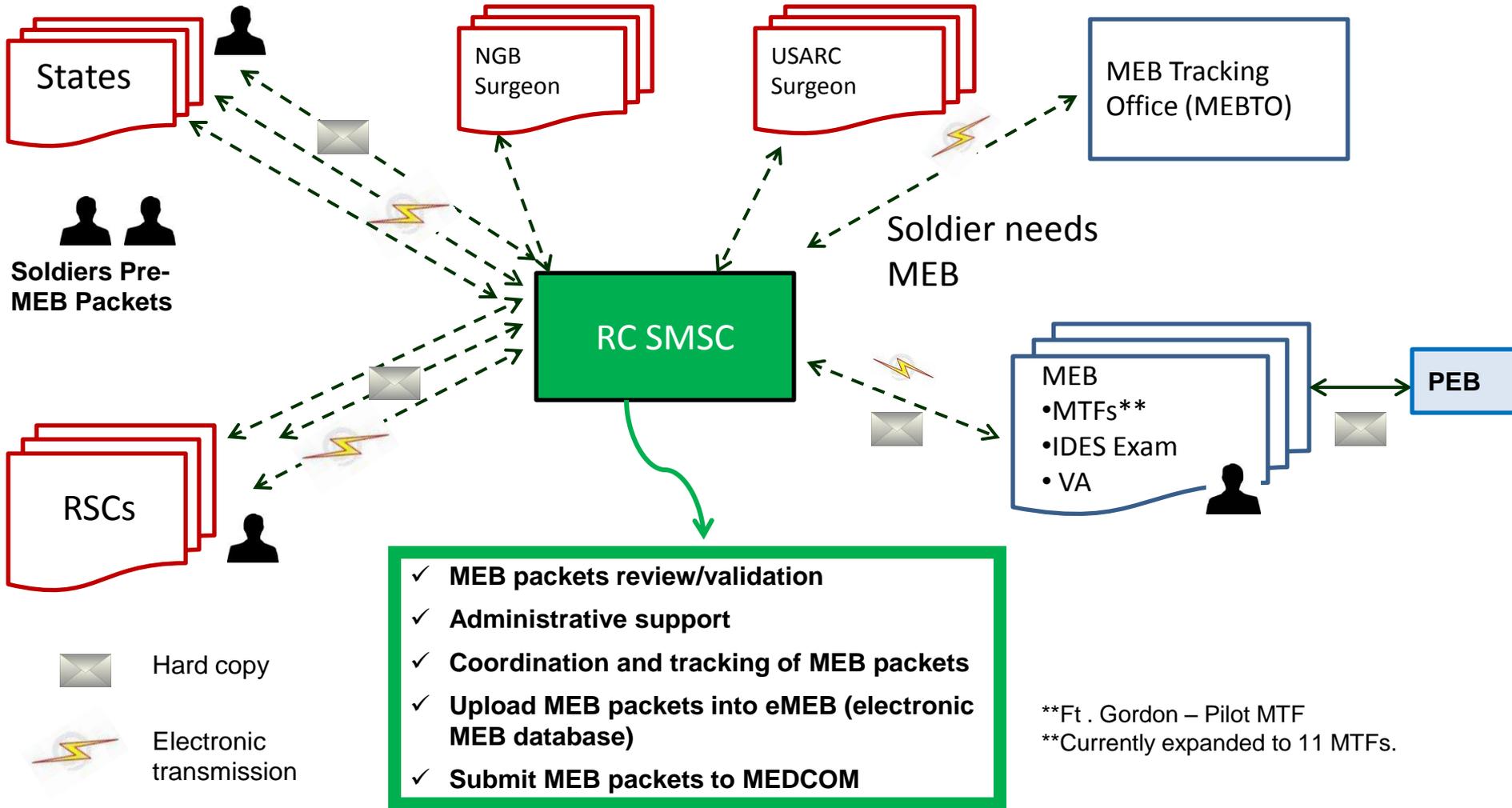


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RC SMSC Interface



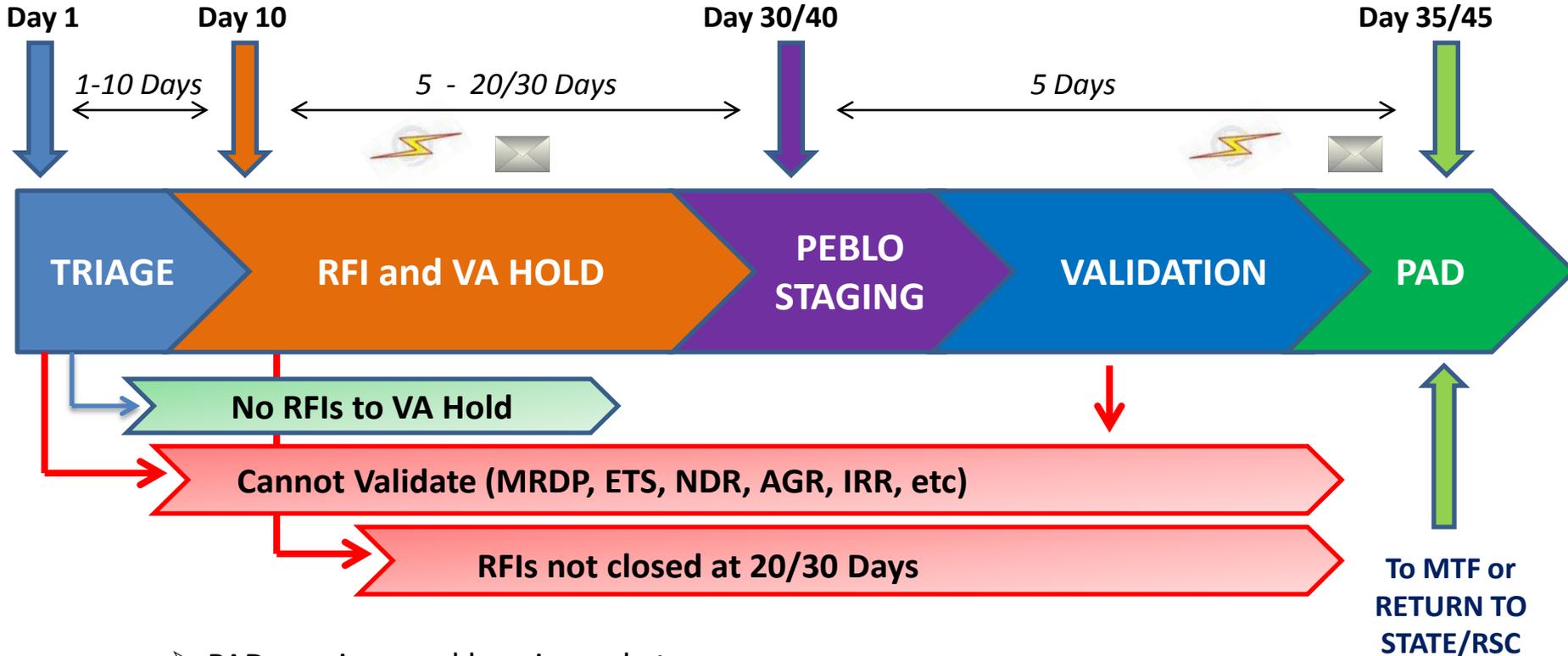


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MEB VALIDATION PROCESS



- PAD receives and logs in packets
- Triage completed by 42A, 68W, and nurse case manager
- RFI's sent and received via e-mail (Appian)
- Notifications sent twice: Email to State and Unit, Letter to Soldier (Appian)



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Medical Validation

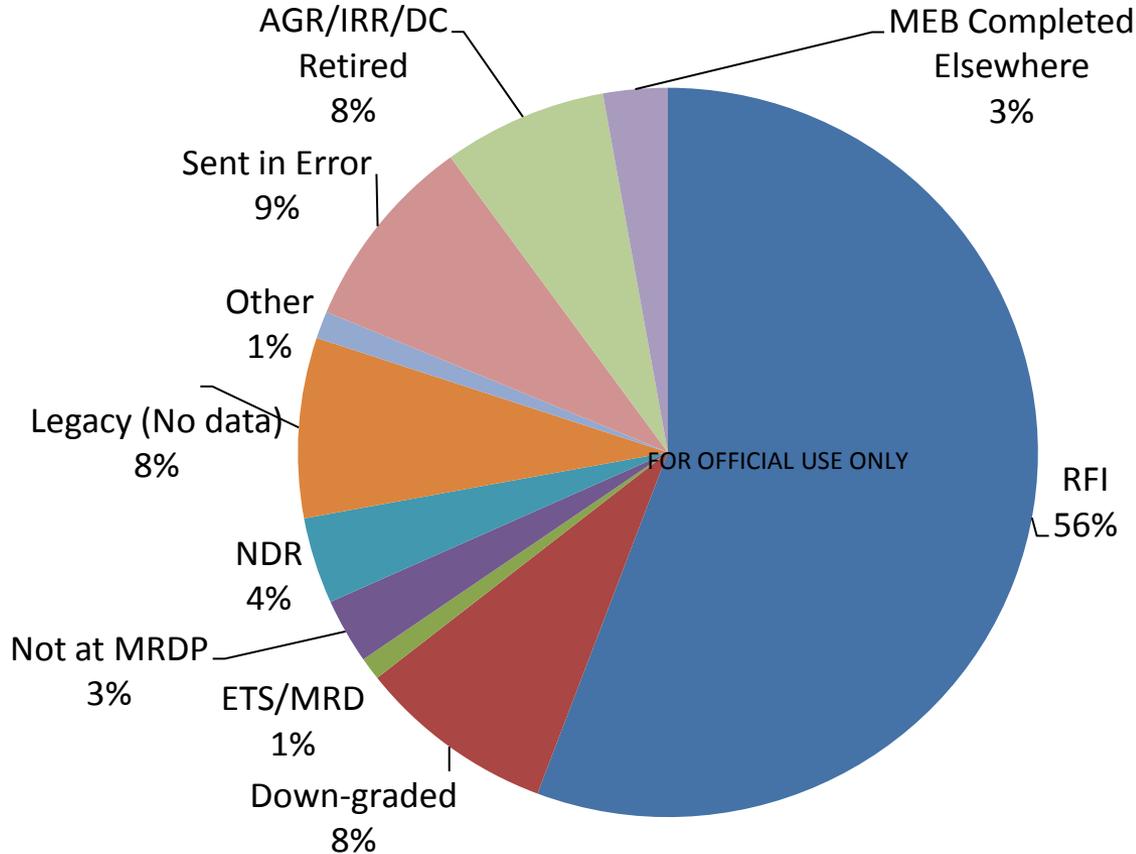
- Soldier contacted to review contact information, medical issues and profile
- Verification of medical issues, and validate that the Soldier's condition doesn't meet retention standards IAW 40-501
- Ensure LODs are present to validate injuries that were incurred in the line of duty
- Identify additional diagnoses
- Recommend VA C&P exams required for MTF to complete MEB Narrative Summary
- Summarized in the Validation Brief which becomes part of MEB packet sent to MEDCOM



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TOTAL PACKETS RETURNED – 1491 (4,107 received)



RFI	Down-graded	ETS/MRD	Not at MRDP	NDR	Legacy (No data)	Other	Sent in Error	AGR/IRR/DC'd/Retired	MEB Completed Elsewhere
831	129	15	43	57	119	18	130	107	42

As Of 20120911



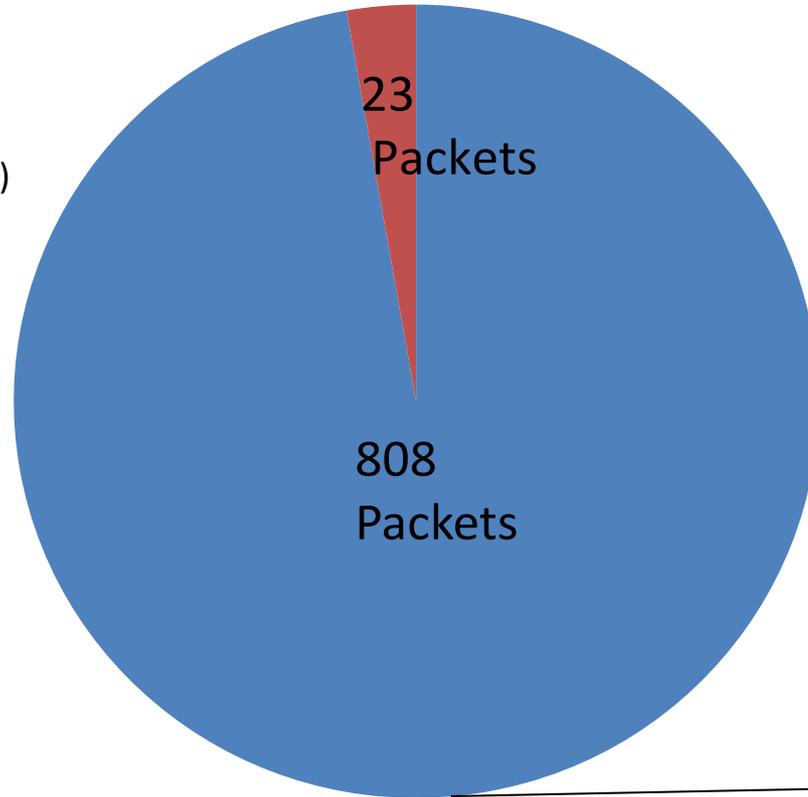
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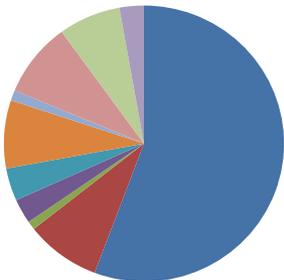
Packets Returned for Missing RFIs - 831

Items 2 and/or
9-16,
3%,
(PHA/Physical,
Admin Documents)



Items 1, 4 , and/or
6
97%
(Medical
documentation,
Commander's
Statement, LOD)

**TOTAL PACKETS
RETURNED – 1491**





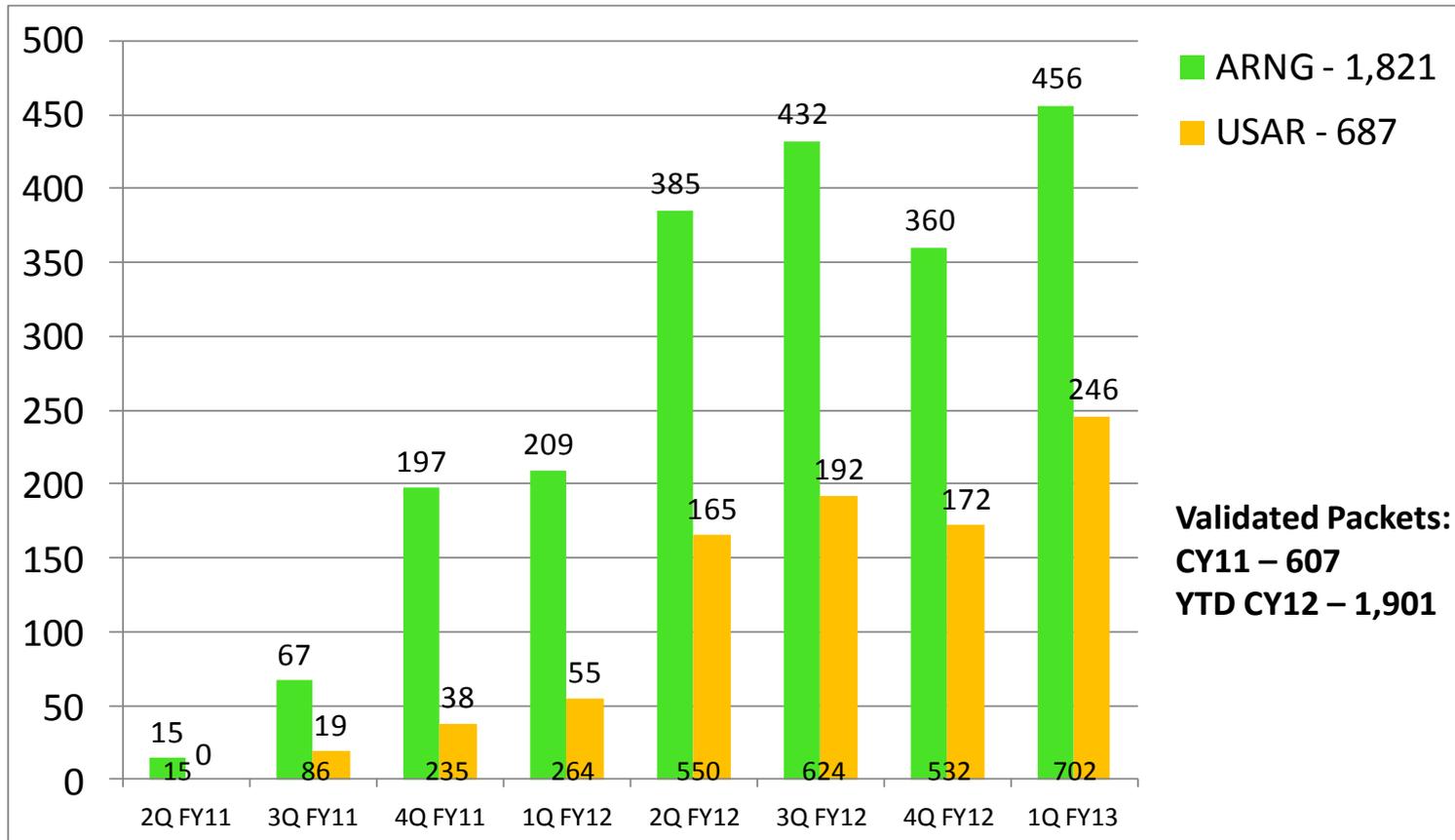
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MEB Packets Validated

As of 26 NOV 2012

2,808





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Lessons Learned

- USARC's Medical Management Activity (MMA)
 - 57 % of 7,822 profiles reviewed did not meet criteria for a P3/P4 profile
 - Remaining 3,335 profiles (43%) required a board (MEB, NDR-PEB, MAR2)
- TX ARNG completed 8 week AT summer 2012 using their MEDCOM
 - Prior to Operation Endless Summer, had approx. 1,170 P3/P4 profiles
 - Review prior to operation removed approx 400 profiles for a variety of reasons
 - Average 30 personnel on orders throughout operation (9,600 Soldier hours)
 - Reviewed remaining 773 P3/P4 permanent profiles at 4 sites over 8 weeks.
 - Tasks was to validate profile itself (conditions, etc) and to validate case appropriate for MEB by ensuring valid MRDP with medical documentation and presence of all ILODs.
 - Only 260 of 773 cases found valid for MEB at this time (34%)
 - When using initial 1,150 profiles as base, 22% appropriate for MEB at this time



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RC Soldiers' cases have unique challenges

- Command
 - RC Soldiers are often remote from commands and MTFs
 - RC Soldiers have limited duty time/drill weekends, some do not drill because of medical issues
 - Command emphasis makes a difference
- Process
 - Proper case identification
 - Quality of supporting documents
 - Quantity of cases available to RC SMSC



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RC Soldiers' cases have unique challenges

- Training
 - Comprehensive DES training for health care providers
 - Command familiarization with DES process and requirements
 - Soldier education regarding individual requirements
- Policy
 - A line of duty determination is required for extended care and MEB processing, even for injuries incurred while in a title 10 or Compo 1 status
 - Variation in MEB processes and training at MTFs receiving RC packets