



**DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE,
MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL,
AND INJURED MEMBERS OF THE ARMED FORCES**

**June Business Meeting Minutes
Doubletree Hotel Washington, D.C.-Crystal City**

Monday, 10 June 2013

The meeting began at 8:11am with Mrs. Suzanne Crockett-Jones providing a brief remark congratulating the Marine Corps for winning the Chairman's Cup at the 2013 Warrior Games, followed by member introductions. Mr. Justin Constantine was scheduled to be absent for both days of the business meeting and Dr. Russell Turner was scheduled to be absent for the first day of the meeting. Vice Admiral (VADM) Matthew Nathan then provided opening comments explaining that the Task Force would be discussing 12 topic areas for possible recommendations for the 2013 Annual Report. VADM Nathan further explained that to facilitate the discussions, the Members were seated in relation to the four topic groups they are affiliated with: Restoring Wellness and Function (Dr. Russell Turner, Dr. Steven Phillips, LtCol Sean Keane, TSgt Alex Eudy), Restoring into Society (CAPT Constance Evans, Mrs. Suzanne Crockett Jones, CSM DeJong), Optimizing Ability (Mr. Ronald Drach, Mr. Justin Constantine, MG Richard Mustion), and Enabling a Better Future (MG Richard Stone, Ms. Karen Malebranche, Mr. David Rehbein). The opening comments were immediately followed by a review of the fiscal year (FY) 2012 recommendations which were presented by Mrs. Denise Dailey, the Task Force Executive Director. Mrs. Dailey also provided the Members with her insights of the current statuses of these recommendations. The review ended at 9:10am in order to provide the topic groups time to gather their thoughts on the 12 focus areas before conducting recommendation development.

At 9:40am, the Task Force returned from their break. Before proceeding into the first topic area, VADM Nathan and Mrs. Crockett-Jones set the expectations on the Task Force's recommendation development. The Co-chairs shared the idea of having fewer recommendations this year, specifying approximately 15 recommendations, but ensuring they carry more weight. They further stated preparing up to 5 recommendations that covered larger systems and policy issues while preparing up to 10 that covered more specific, centralized issues. The other Members welcomed the approach and suggested focusing more on standardizing outcomes despite each Service's individual processes.

The Task Force Members immediately began conducting a review of Centers of Excellence (CoE). The discussion of this focus area was facilitated by the Restoring Wellness and Function group. The Members addressed concerns regarding the CoE's abilities to deploy research and best practices to the Services. They further discussed how the current command and control structure of the CoEs is not effective in quickly providing useful findings and research. Dr. Warren Lockette, who serves as the Chair of the CoE Oversight Board, was seated



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in the audience and was asked by the Task Force to add to their discussion. Dr. Lockette focused his comments on wanting the CoEs to be attentive to the effectiveness of items within the clinical practice guidelines (CPG) as part of their research. The Task Force ended this review at 10:37am.

The Task Force continued the meeting with a review of transition outcomes and Department of Defense/Department of Veteran Affairs (DoD/VA) overall coordination. The review of this focus area was facilitated by the Enabling a Better Future group. The Members began their discussion evaluating some of the lessons learned from their visit to the James A. Lovell Federal Health Care Center (JALFHCC) in Illinois, which is a DoD/VA joint facility. They concluded that JALFHCC demonstrated great leadership for a joint facility but does not currently have systems that can be duplicated at other facilities. The Members then transitioned into discussing concerns over DoD and VA providing a more seamless transition and warm handoff. They further discussed the necessity of the Services adopting a common comprehensive plan, as stated in recommendation #10 of the FY 2012 annual report, as well as the need for one information technology system between DoD and VA. The Members agreed that these items would be critical advances to establishing a seamless transition. The Task Force Members also discussed the need to improve the transitioning process for low acuity care patients and the overall need to start the transition between DoD and VA sooner in the recovery process. The Task Force's review concluded at 11:32am and the Members took a break for lunch.

The Task Force Members reconvened at 12:22pm to review non-medical case management. The Restoring into Society group facilitated the discussion for this topic. Members began their discussion reiterating the need for a standardized comprehensive plan across the Services. They continued their conversation by addressing the lack of educational and outreach resources to the families and Recovering Warriors, especially those in remote locations or those not being seen at a military treatment facility. As the Members focused on methods to improve resource availability, they discussed in detail utilizing technological tools to educate Recovering Warriors and their families, especially junior Service members. The Members then addressed cadre staffing, specifically discussing the placement of Service liaisons at facilities for a 24 month length. Other topics, such as Traumatic Servicemembers' Group Life Insurance (TSGLI) and Overseas Contingency Operations (OCO) funding, were mentioned as important topics to be addressed by the Task Force next fiscal year. The non-medical case management review ended at 1:46pm and the Task Force Members took a 15 minute break.

At 2:06pm, the Task Force resumed their session with the Restoring Wellness and Function group facilitating a discussion on the review of medical care case management. The Members discussed various disparities in understanding the role of case managers. The



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Members agreed that the role of the case manager should be geographically independent and needs to be better defined. They further discussed how there is currently no metric to measure case management satisfaction and effectiveness. The idea of the Services conducting surveys to gather this information was discussed. Another area addressed by the Members was the issue of Recovering Warriors being sent to Community-based Warrior Transition Units (CBWTU) before they were ready. In many cases, these Recovering Warriors were suffering from Post-traumatic Stress Disorder (PTSD) related conditions. The review ended at 2:41pm and the Members took a 15 minute break.

The Task Force returned at 3:02pm to review services for PTSD and Traumatic Brain Injury (TBI). This discussion was also facilitated by the Restoring Wellness and Function group. A focal point of the Members' discussion included ways to further promote spouse and family involvement in PTSD treatment. The Members also addressed the need to move beyond subjective diagnosis and define quantitative outcomes for PTSD. In regards to TBI, the Members discussed the need to standardize TBI outcomes and training across all Services. The Task Force Members transitioned the discussion on focusing more uniformed care providers at remote locations where it may be difficult to find qualified civilian providers. The Members then addressed the importance of policy that supports service animals for Service members with behavioral health issues, including challenges accessing federal property. This review concluded at 4:09pm.

The Members immediately continued with a review of the Interagency Program Office (IPO), which was facilitated by the Enabling a Better Future group. The Members noted the recent comments and news regarding the implementation of an integrated electronic health records system (iEHR). The Members agreed to focus more on the IPO next fiscal year but discussed the need to provide a recommendation this fiscal year to confirm the necessity of an iEHR for a successful continuum of care. The Members concluded this review at 4:35pm and closed the session for the day.



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The second day of the meeting began at 8:00am. Mr. Justin Constantine and MG Richard Stone were scheduled to be absent for the day and Dr. Russell Turner was joining the meeting later in the day through video conference. Ms. Crockett-Jones opened the public forum with an introduction of Mr. Michael Parker, a public forum participant. Ms. Dailey requested that Mr. Parker take 15 minutes to brief his Disability Evaluation System (DES) recommendations that he prepared for the Task Force. Mr. Parker highlighted that DES should compensate for a Service member's career being shortened by disability, not according to the severity of disability. Mr. Parker also discussed other DES process improvements focused on the quality of processing and adjudication.

At 8:35am, immediately following the Public Forum, the Task Force conducted a review of support to family caregivers. This review was facilitated by the Restoring into Society group. The Members noticed differences in each Service's invitational travel orders (ITO) and non-medical attendant (NMA) coverage and processes. Their discussion regarding this issue was framed around creating a standardized process across all the Services to remove any disparity. The Task Force further discussed Special Compensation to Assist with Activities for Daily Living (SCAADL) benefits. The Members had a discussion about the need of SCAADL payments to be taxed and whether the payments should be zip code dependent. They also discussed feedback regarding chokepoints in the SCAADL process for eligible Service members. The Task Force Members then discussed the challenges in keeping families informed and maximizing family participation through the recovery process. The Members discussed various strategies and analyzed the effects of being over aggressive in outreach to families. The support of family caregiver review ended at 9:50am and the Members took a 15 minute break.

The Task Force continued the meeting with a review of information resources. This portion of the meeting was also facilitated by the Restoring into Society group. The majority of the discussion focused around the National Resource Directorate (NRD). The Task Force Members addressed the overall issues surrounding the lack of knowledge and use of the NRD by Recovering Warriors and their families. The Members discussed having a web portal with an associated 800-number that consolidates non-medical support for all the Services. Although the NRD does have these attributes, the Members did not believe that the NRD was the appropriate platform. The Members also discussed the need to have an aggressive marketing campaign on any consolidated information resource that is used. This review ended at 11:00am and the Task Force Members took a 15 minute break.

At 11:23am, the Task Force began a review of the Integrated Disability Evaluation System (IDES). The Enabling a Better Future group facilitated the discussion relating to this



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focus area. At the beginning of the discussion, the Members addressed the lack of accessibility to the Veterans Tracking Application (VTA) as a tool to track the status of Service members going through IDES. Currently, the Physical Evaluation Board Liaison Officer (PEBLO) has the most access to the VTA but the Members discussed the need to expand the overall access. The Members also spoke about their concerns with the Temporary Disability Retired List (TDRL). The Members agreed that TDRL reviews were a complex, time consuming process that rarely benefits the Recovering Warriors. As the Members discussed the non-medical assessment (NMA), they agreed that commanders writing these assessments need training on how to develop an effective NMA. The Members also discussed the need to invite all Recovering Warriors to complete each phase of the IDES survey. The IDES review concluded at 12:42pm and the Task Force Members took a break for the lunch. MG Mustion also left the meeting for the day following lunch.

At 1:32pm, following lunch, the Task Force Members reviewed legal support for IDES. At this time, Dr. Turner also joined the meeting through Video conference. This review was facilitated by the Enabling a Better Future group. The Members commented on the IDES lawyers receiving high accolades at every installation visit conducted this fiscal year for being great advocates to the Recovering Warriors. The Members then discussed the idea of having a legal support working group for IDES lawyers to share their knowledge and recommendations regarding laws and processes. They also discussed training opportunities for the IDES lawyers and ways to standardize the training opportunities. This review concluded at 2:07pm.

The Task Force continued their session with a review of resources for Reserve components, which was facilitated by the Restoring into Society group. The discussion began addressing concerns of Reserve component Recovering Warriors falling off or nearly falling off orders before completing their care plan. The Members identified the need to have more senior leader visibility on the status of orders to avoid this type of risk from occurring. The Task Force Members then discussed concerns over Reserve component leadership and staff needing more training on Recovering Warrior non-medical benefits. Within this discussion, the Members voiced ideas surrounding centralized management training and centralized case management opportunities. The Members then addressed the need to modify laws to ensure Reserve component and active component Recovering Warriors have the same protections, especially in regards to PTSD. After a 15 minute break, the Task Force reconvened and discussed Service-specific data pertaining to Reserve component access to Recovering Warrior units, programs, and resources. This discussion was followed by a discussion regarding Line of Duty (LOD) process and the need for standardization across all of the Services. The Reserve component review ended at 4:18pm.



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The Task Force Members immediately transitioned into their review of vocational training. This topic was facilitated by the Optimizing Ability group. The Members spent a majority of the time discussing concerns over providing timely guidance and measuring effectiveness of programs. The Members addressed a number of Directive-type Memorandums (DTM) and Policy Memos that were expiring in 2013. The top concerns of the Members included the lack of progression in publishing permanent guidance and having programs with without a method to measure their overall success. VADM Nathan left the meeting for the day at 4:39pm. The Task Force concluded this review as well as the business meeting at 5:00pm.

Verified by:

Department of Defense Co-Chair:

Vice Admiral Matthew L. Nathan, M.D.



Date: 25 JUL 2013

Verified by:

Non-Department of Defense Co-Chair:

Mrs. Suzanne Crockett-Jones



Date: 25 JUL 2013



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Appendix A:

Monday, 10 June 2013

Members Present:

- CSM Steven D. DeJong
- Mr. Ronald Drach
- CAPT Constance Evans
- TSgt Alex Eudy
- Mrs. Suzanne Crockett-Jones (Non-DoD Co-Chair)
- LtCol Sean P. K. Keane
- Ms. Karen Malebranche
- MG Richard Mustion
- VADM Matthew Nathan (DoD Co-Chair)
- Dr. Steven Phillips
- Mr. David Rehbein
- MG Richard Stone

Members Not Present:

- Mr. Justin Constantine
- Dr. Russell Turner

Members Arrived Late:

- None

Members Left Early:

- None



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- Ms. Karen Malebranche
- MG Richard Mustion
- VADM Matthew Nathan (DoD Co-Chair)
- Dr. Steven Phillips
- Mr. David Rehbein
- Dr. Russell Turner (via Video conference)

Members Not Present:

- Mr. Justin Constantine
- MG Richard Stone

Members Arrived Late:

- Dr. Russell Turner (via Video conference at 1:32pm)

Members Left Early:

- MG Richard Mustion (12:42pm)
- VADM Matthew Nathan (DoD Co-Chair) (4:39pm)



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Appendix B:

Sign-in Sheet:



DEPARTMENT OF DEFENSE TASK FORCE (THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES)

RWTF Business Meeting Monday, June 10, 2013

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Last Name	First Name	Zip Code	Organization	Email
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