

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

Recommendations of Major Committees

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Outline

- The task
- RWTF's systematic literature search process
- RWTF Annual Reports: Use of other committees' recommendations
- Other committees' recommendations: Implementation status
- Implications for RWTF in FY14



The Task

- Examine linkage among recommendations of major task forces/committees focused on the needs of RWs, including RWTF
 - Review recommendations of other major task forces/committees
 - Track RWTF use of their recommendations
 - Determine which of their recommendations have not been implemented
 - Explore how RWTF FY14 report might build upon the unimplemented recommendations.



Systematic Literature Search Process

- Monthly review of the literature (using tools below) and identification of relevant reports, articles, etc.
 - Subscription to 18 RSS (Really Simple Syndication) feeds
 - Sample feeds: DoD American Forces Press Service, DCoE PH & TBI News, Warrior Care Blog, AFW2 News, Army WTC, GAO Reports – Brief
 - Search of 18 academic, professional, and news databases through Ebscohost
 - Sample databases: Academic Search Complete, Education Research Complete, MEDLINE, PsycARTICLES, PsycEXTRA, PsycINFO, SocINDEX
- Process yields a monthly average of 22 results that are reviewed and synthesized



2007-2013 Reports Relevant to RWTF

Since FY11, search process yielded 13 major reports

Author	Year	Report
DHB	2007	DoD Defense Health Board Task Force on Mental Health -- An Achievable Vision
Dole-Shalala	2007	President's Commission on Care for America's Returning Wounded Warriors
RAND	2008	Invisible Wounds of War - Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery
Franks	2009	I Will Never Leave a Fallen Comrade - GEN (Retired) Frederick Franks, Jr.: Recommendations to Better Fulfill the Army's Duty in MEB/PEB
CNAS	2010	Center for a New American Security Policy Brief Recommends New Approach to Warrior and Veteran Care
IOM	2010	Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Families
GAO	2011	DoD and VA Health Care
GAO	2012	GAO Recovering Servicemembers and Veterans - Sustained Leadership Attention and Systematic Oversight
GAO	2012	VA/DOD Warrior Care and Coordination Task Force 2012
IOM	2013	Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families
IOM	2013	Gulf War and Health, Volume 9, Treatment for Chronic Multisymptom Illness
DOD-VA-HHS	2013	Interagency Task Force on Military and Veterans Mental Health (DOD/VA/DHHS)
RAND	2013	Military Caregivers: Cornerstones of Support for Our Nation's Wounded, Ill, and Injured Veterans



RWTF Use of Other Committees' Recommendations

- RWTF reviewed all 13 reports in FY11, FY12, or FY13
- RWTF cited 7 of the 13 reports in RWTF Annual Reports
- Specifically, 5 of RWTF's 77 recommendations cited at least 1 of the 13 reports
 - FY11 Annual Report:
 - Rec 10 (2008 RAND), Rec 13 (2009 Franks)
 - Also, 2007 Dole-Shalala report cited in Introduction
 - FY12 Annual Report:
 - Rec 2 (March/Oct 2011 GAO, VA/DoD Warrior Care and Coordination Task Force), Rec 8 (2007 DoD Task Force on Mental Health, VA/DoD Warrior Care and Coordination Task Force)
 - FY13 Annual Report:
 - Rec 7 (Nov 2012 GAO)
- Additionally, RWTF cited 3 other significant reports across 5 recommendations:
 - FY13: Recs 3 & 18 (2013 Army Task Force on Behavioral Health), Rec 7 (Army Combined Arms Center for Army Lessons Learned), Recs 13 & 14 (May 2012 GAO)



Implementation of Other Committees' Recommendations

5 Select Reports

- President's Commission on Care for America's Returning Wounded Warriors (July 2007). Serve, support, simplify. Washington, DC: President's Commission on Care for America's Returning Warriors. (*Dole-Shalala*)
- Tanielian, T., & Jaycox, L. H. (Eds). (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Arlington, VA: Rand.
- GEN (Ret.) Franks, F. (April 29, 2009). I will never leave a fallen comrade. Washington, DC: U.S. Army.
- Center for a New American Security (2010). America's duty: The imperative of a new approach to warrior and veteran care. Washington, DC: Author.
- Institute of Medicine (2013). Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families. Washington, DC: National Academies Press.



Implementation of Other Committees' Recommendations

Dole-Shalala

Recommendation	Implementation Status*
1. Immediately Create Comprehensive Recovery Plans to Provide the Right care and Support at the Right Time in the Right Place. <u>Action Steps</u> : Develop integrated care teams; Create Recovery Plans; Develop corps of Recovery Coordinators (with Public Health Service)	
2. Completely restructure the Disability and Compensation Systems. <u>Action Steps</u> : Clarify the objectives of DoD and VA disability programs; Create a single, comprehensive medical exam; Provide lifetime TRICARE benefits for combat-injured; Restructure VA disability payments; Determine appropriate length and amounts of transition payments; Update and keep current the disability rating schedule; Develop flexibility within Vocational Rehabilitation and Education (VRE) program.	
3. Aggressively Prevent and Treat Post-Traumatic Stress Disorder and Traumatic Brain Injury. <u>Action Steps</u> : Enable all Iraq & Afghanistan veterans who need PTSD care to receive it from the VA; Address shortage in mental health professionals; Establish and expand networks of experts in PTSD and TBI; Expand training regarding PTSD and TBI; Develop or disseminate clinical practice guidelines	

*  indicates implemented



Implementation of Other Committees' Recommendations

Dole-Shalala continued

Recommendation	Implementation Status*
4. Significantly Strengthen Support for Families. <u>Action Steps</u> : Expand eligibility for TRICARE respite care and aide and attendant care; Expand caregiver training for families; Cover family members under the Family Medical Leave Act.	
5. Rapidly Transfer Patient Information Between DoD and VA. <u>Action Steps</u> : Make patient information available to all personnel who need it, initially in readable form; Continue efforts for fully interoperable information system; Develop a user-friendly single web portal for service members and veterans.	
6. Strongly Support Walter Reed By Recruiting and Retaining First-Rate Professionals Through 2011. <u>Action Steps</u> : Assure adequate resources; Strengthen recruitment and retention of needed administrative and clinical staff.	

*  indicates implemented



Implementation of Other Committees' Recommendations

RAND

Recommendation	Implementation Status*
1. Increase the cadre of providers who are trained and certified to deliver proven (evidence-based) care, so that capacity is adequate for current and future needs.	
2. Change policies to encourage active duty personnel and veterans to seek needed care.	
3. Deliver proven, evidence-based care to service members and veterans whenever and wherever services are provided.	
4. Invest in research to close information gaps and plan effectively.	

*  indicates implemented



Implementation of Other Committees' Recommendations

Franks

Recommendation	Implementation Status*
1. Strategic: Eliminate dual adjudication (Services and VA) of disability ratings.	
2. Strategic: Begin a National dialogue concerning the duty of our Nation to Recovering Warriors (i.e., establish a paradigm shift away from outdated Disability Evaluation System).	
3. Strategic: Transform compensation and disability processes to address rehabilitation and transition back to Uniform or civilian service.	
4. Tactical: Place command emphasis on MEB/PEB (resources, understanding, performance goals) and make processes indistinguishable between combat and non-combat injury or illness.	
5. Tactical: Provide emphasis on education and training of Case Managers and PEBLOs; at ARNG and USAR, provide MEB/PEB training in pre-command and leader courses.	

*  indicates implemented



Implementation of Other Committees' Recommendations

Franks continued

Recommendation	Implementation Status*
6. Tactical: Provide training for physicians in writing Narrative Summaries (NARSUMs).	
7. Tactical: Increase awareness of legal assistance.	
8. Tactical: Improve education and understanding of family members in MEB/PEB.	
9. Tactical: Survey Service member and family member outcomes.	

*  indicates implemented



Implementation of Other Committees' Recommendations

CNAS

Recommendation	Implementation Status*
<p>1. The Obama administration should direct the design and implementation of a comprehensive "national homecoming plan" that will address the short-term and long-term deployment-related needs of troops and veterans, and attend to their successful reintegration with family, workforce, community and society. <u>Action Steps</u>: Define and establish national standards for warrior care from active duty to civilian integration; Provide access to health care, housing, education, employment, through a "Veterans Benefit Trust Fund" and a "Military Service Endowment."</p>	
<p>2. Implement partnerships with nonprofit service providers (foster community partnerships, abolish protocols that favor "official" VSOs, and invest in the infrastructure to support nonprofit military- and veterans support services).</p>	

*  indicates implemented



Implementation of Other Committees' Recommendations

CNAS continued

Recommendation	Implementation Status*
<p>3. DoD and VA should institute a Comprehensive Interagency Continuum-of-Care Model that empowers and adequately funds an accountable interagency office to oversee implementation of a bona fide strategic plan that:</p> <ul style="list-style-type: none">a) Creates consistent standards for determining need.b) Provides troops, veterans and their families with "civilian readiness" training and follow it with comprehensive case management.c) Implements automatic registration with VA for all service members.d) Tracks data consistently and promotes ease of transition through implementation of electronic records.e) Establishes a high-level Veterans Policy Board (VPB) to provide rigorous and uncompromised advice for the VA Secretary to lead a needed overhaul of systems and organizational culture at the VA.	

*  indicates implemented



Implementation of Other Committees' Recommendations

IOM

Recommendation	Implementation Status*
<p>1. IOM recommends that VA conduct research to determine the potential efficacy and cost effectiveness of developing protocols for the long-term management of service members who have polytrauma and traumatic brain injury. The approaches should include:</p> <ul style="list-style-type: none"> a) Prospective clinical surveillance to allow early detection and intervention for health complications. b) Protocols for preventive interventions that target high-incidence or high-risk complications. c) Protocols for training in self-management aimed at improving health and well-being. d) Access to medical care to treat complications. e) Access to rehabilitation services to optimize functional abilities. 	
<p>2. IOM recommends that DoD and VA quantify the number and distribution of mental health professionals needed to provide treatment for disorders, such as PTSD, major depression, and substance abuse, so that service members can readjust to life outside of theater.</p>	

*  indicates implemented



Implementation of Other Committees' Recommendations

IOM continued

Recommendation	Implementation Status*
3. IOM recommends that DoD and VA continue to implement programs for the recruitment and retention of mental health professionals, particularly to serve those in hard-to-reach areas and provide treatment to the full population of returning service members, veterans, and their families.	
4. IOM recommends that DoD and VA oversee coordination and communication of the multitude of programs that have been created in response to the needs of Operation Enduring Freedom and Operation Iraqi Freedom service members, veterans, and their family members in an effort to maximize their reach and effectiveness. IOM also recommends that there be independent evaluation of these programs with standardized evaluation designs and assessment of outcomes.	

*  indicates implemented



The Unimplemented Recommendations

Recommendations concerning generational change to DES

Report	Recommendation
Dole-Shalala	Completely restructure the Disability and Compensation Systems. <u>Action Steps</u> : Clarify the objectives of DoD and VA disability programs; Create a single, comprehensive medical exam; Provide lifetime TRICARE benefits for combat-injured; Restructure VA disability payments; Determine appropriate length and amounts of transition payments; Update and keep current the disability rating schedule; Develop flexibility within Vocational Rehabilitation and Education (VRE) program.
Franks	Strategic: Begin a National dialogue concerning the duty of our Nation to Recovering Warriors (i.e., establish a paradigm shift away from outdated Disability Evaluation System).
Franks	Strategic: Transform compensation and disability processes to address rehabilitation and transition back to Uniform or civilian service.



The Unimplemented Recommendations

Recommendations concerning harmonization between agencies and non-profits

Report	Recommendation
Franks	Strategic: Begin a National dialogue concerning the duty of our Nation to Recovering Warriors (i.e., establish a paradigm shift away from outdated Disability Evaluation System).
CNAS	The Obama administration should direct the design and implementation of a comprehensive "national homecoming plan" that will address the short-term and long-term deployment-related needs of troops and veterans, and attend to their successful reintegration with family, workforce, community and society. <u>Action Steps</u> : Define and establish national standards for warrior care from active duty to civilian integration; Provide access to health care, housing, education, employment, through a "Veterans Benefit Trust Fund" and a "Military Service Endowment."
CNAS	Implement partnerships with nonprofit service providers (foster community partnerships, abolish protocols that favor "official" VSOs, and invest in the infrastructure to support nonprofit military- and veterans support services).



The Unimplemented Recommendations

Harmonization continued

Report	Recommendation
CNAS	<p>DoD and VA should institute a Comprehensive Interagency Continuum-of-Care Model that empowers and adequately funds an accountable interagency office to oversee implementation of a bona fide strategic plan that:</p> <ul style="list-style-type: none">a) Creates consistent standards for determining need.b) Provides troops, veterans and their families with "civilian readiness" training and follow it with comprehensive case management.c) Implements automatic registration with VA for all service members.d) Tracks data consistently and promote ease of transition through implementation of electronic records.e) Establishes a high-level Veterans Policy Board (VPB) to provide rigorous and uncompromised advice for the VA Secretary to lead a needed overhaul of systems and organizational culture at the VA.
IOM	<p>IOM recommends that VA conduct research to determine the potential efficacy and cost effectiveness of developing protocols for the long-term management of service members who have polytrauma and traumatic brain injury. The approaches should include:</p> <ul style="list-style-type: none">a) Prospective clinical surveillance to allow early detection and intervention for health complications.b) Protocols for preventive interventions that target high-incidence or high-risk complications.c) Protocols for training in self-management aimed at improving health and well-being.d) Access to medical care to treat complications.e) Access to rehabilitation services to optimize functional abilities.



Implications for RWTF in FY14

What are the implications of other committees' unimplemented recommendations for FY14 RWTF Annual Report?