

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

Review of Way Forward

Denise F. Dailey
Executive Director





The Task

Review 2011-2013 recommendations against a global/not a tactical outline of requirements

- Determine what global areas have not been addresses by the Task Force.
- Explore how RWTF FY14 report can address these global areas using Dr. Phillips' framework



Harmonization

- National Plan to Harmonize DoD, VA and DHHS, civilian Sector
 - Possible Recommendation for the National Academy of Science and /Institute of Medicine coordinate a Task Force to address this interagency issue.
 - It could address the EHR issues cross the three agencies
 - Universal best practices and evidence based medicine the spectrum.
- Unified Medical Command Recommendation
 - The Task Force was briefed on the Defense Health Agency by MG Robb in April 2013. An overall concept and implementation plan was presented.
 - The Task Force was briefed by the individual Enhanced Multiservice Market (eMSM) offices that support this concept in each region this year, Hawaii and San Antonio Region.



DoD / VA

- End state: Better integrate (Align) Common Policies & Programs
 - EHR consider civilian medical information and the integration of their medical information for Service members
 - Single IDES Process simplified/efficiencies
 - Members 2014 Consolidated Observations captures global recommendation
- Previous Task Force Recommendations that address EHR and IDES
 - 2011: Recommendation 19 (IDES), Recommendation 20 (EHR)
 - 2012: Recommendation 29 EHR as a electronic case management process for the IDES system
 - 2012: Recommendations 30, 31, 32, 33 (IDES)
 - Language in the 2013 Executive Summary to emphasizes implementation interoperable EHR system.
- However no recommendations have been done on the system; holistically changing a system that addresses benefits and disabilities.



DoD / VA

- Detailed policy to insure “warm hand off”
 - This recommendation was present in the first draft of the 2013 recommendations and the members elected to eliminate it
 - Re-crafted in 2014 as a global harmonization policy statement covering both agencies
- RW Caregiver Every Step (active process)
 - Inform and Educate
 - Medical & Non-Medical Benefits / Processes
- 2011: Recommendation 14
- 2012: Recommendation 15
- 2013: Recommendation 20
- Recommendation in 2014 addresses caregiver needs as part of a holistic recovery approach



Military Services

(including Reserve, Guard)

Integrate & Align

- Programs, Policies, Regulations
 - Common Terminology (At least a thesaurus)
 - 2011: Recommendation 1
- Same standards / Same outcomes
 - Training, Tour of Duty
 - 2011: Recommendations 3, 8, 12
 - 2012: Recommendations 21, 22
 - 2013: Recommendations 5, 6, 7, 8, 9



Warrior Transition Locations

- Selection for a RW
 - Based on availability of medical services needed
 - Not based on location of parent unit
- Recommendation 2 (2011) did not support the above criteria; Task Force went in a different direction.
 - 2011: Recommendation 6, Entrance Criteria
- Members 2014 consolidated observations include recruiting practices language



Behavioral Health

(PTSD/TBI)

- Centralize to DCoE for PH and TBI
 - Guide research efforts
 - Evaluate & Collate DoD / Civilian
 - Research
 - Best practice efforts
 - Disseminate & Update Best Practices
- 2011: Recommendations 9, 10
- 2012: Recommendations 8, 9
- 2013: Recommendations 3, 4
- Recommend recruitment screening practices
 - Try to reduce inappropriate enlistments with potential BH problems
- Army and Air Force Briefings in 2012 indicated enlistment standards had been reviewed for BH criteria, number of waivers granted, etc, but no recommendations have been made.



Comprehensive Transition / Recovery Plan

- What improvements are planned? Good idea not implemented as desired
 - Additional briefings to update planned revisions?
- 2011: Recommendation 4
- 2012: Recommendation 11
- The Army has a CRP and the rest of the Services use a CTP designed by DoD. Task Force made a recommendation for one single document in 2012.
- DoD and VA have not gone in the direction of one same document, but requires all CTP/CRPs to have common elements.
- CTP/CRP emphasis is included in holistic, strategic harmonization recommendation



Information and Education

- “One Stop shop” person /1-800 number, 24/7 for information
- 2011: Recommendation 13
- 2012: Recommendation 15
- 2013: Recommendation 10
- Progress on this in that the Interagency Care Coordination Committee (IC3) and the concept of the lead coordinator was briefed April 2013 by Dr. Guice. It addressed a one stop coordinator for the Very Seriously wounded, ill and injured (CAT 3). In prototype test site evaluation now.
- Does not address Category 2 Seriously, wounded ill or injured
- Task Force reviewed a recommendation in 2013 of consolidating all these resources into one center, but the Task Force did not go in that direction.



Conclusion

- Interagency Harmonization is probably the most unworked area for the Task Force. Task Force has made numerous recommendations for DoD and VA Harmonization, Recommendations 4 and 35 (2012), but has not included other agencies.
- Major Changes to the Benefits and Disability systems has visibility and no support.



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



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*
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."	
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).	

*  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.



Count of All Recommendations by Functional Area

- **IDES – 14**
- **Non-Medical Case Management – 12**
- **Reserve Component Resources – 11**
- **Support to Family Caregivers – 9**
- **DoD/VA Overall Coordination – 8**
- **Information Resources – 5**
- **PTSD and TBI – 5**
- **Vocational Training – 5**
- **Policy Updates – 3**
- **Centers of Excellence – 2**
- **Medical Care Case Management – 2**
- **IPO – 1**

TOTAL = 77 Overall Recommendations



Contact Information

Ms. Denise F. Dailey:

Phone: 703-325-6651

Email: denise.f.dailey.civ@mail.mil

Recovering Warrior Task Force Office:

Phone: 703-325-6640

Fax: 703-325-6710

Email: rwtf@mail.mil

Website:

<http://rwtf.defense.gov>

Meeting Information and Briefings:

<http://rwtf.defense.gov/rwtf/meetings.aspx>

RWTF Reference Handbook (as of January 2014):

<http://rwtf.defense.gov/Links.aspx>