

**Department of the Navy  
REPORT TO THE RECOVERING  
WARRIOR TASK FORCE**

Business Meeting  
April 17, 2014

# RWTF Recommendation #5

DoD will issue policy guidance for Services to ensure continuous active duty orders for RC RWs encompass a complete period for care, as guided primarily by a medical care plan. In addition, Services must establish a mechanism that enforces renewal of orders prior to 30 days of expiration.

**Naval Reserves** : Navy Personnel Command (PERS-95) and Reserve Component Command Medical Hold Units are ensuring continuous active duty orders for Navy Reservists who are retained on active duty for medical treatment as a result of a condition or injury that was incurred or aggravated while on orders of greater than 30 days that has resulted in them being Unfit for Duty in accordance with SECNAVINST 1770.3D. Initial Medical Hold orders are written for a 6 month period. As members approach the end of MH period, they are identified, the cases are reviewed and Medical Hold status is extended to accommodate the continued care/IDES process as required. The cases requiring extension are communicated on a weekly basis via regularly scheduled communications between the commands and, once approved, extension requests are processed and communicated to PERS-4G for members on Mobilization Orders or to COMNAVRESFORCOM for members on ADT. Orders are issued and the Medical Hold Units coordinate with the Personnel Support Detachments to adjust personnel records and ensure continuity of benefits. Orders are continued until a member is found Fit For Duty and is demobilized or upon final PEB Index receipt directing final actions to be taken.

Although DOD policy guidance is not yet promulgated, Navy Reservists are closely monitored to ensure no break in active duty orders occurs and Navy is meeting the spirit and intent of this recommendation.

# RWTF Recommendation #19

## Navy Reserves

There is a disparity in the ambient knowledge of the RC as compared to the AC as to non-medical case management. The Services will establish a protocol that ensures non-medical information is resident, current, and accessible in RC organizations.

**Navy Reserves:** Robust and multidimensional communication system to disperse information to its returning and recovering warrior population through verbal, written, and internet based media in order to capture all returning/recovering warriors in a timely and relevant manner. BUMED continues to identify resource requirements and facilitate access to required care and services for RC RWs. All RC Unit and Navy Operational Support Center Commanders attend the Navy Reserve Unit Management Course, facilitated by Navy Safe Harbor to ensure Navy Reserve Component leadership is aware of this program. Navy RC process requires all RC members to attend Deployment Readiness Training prior to deployment (families are invited to attend), where post deployment medical and non-medical benefits and programs are briefed. Following return from deployment at the NMPS demobilization site, the RC are briefed on all medical and non-medical benefits and programs available. If medical issue is identified, then RC is retained at the NMPS site on active duty and works through the medical process. Every RC member with a known medical issue is considered for enrollment by Safe Harbor as appropriate. All returning RC warriors are offered the Returning Warrior Workshop (RWW) at which facilitators answer questions and refer Sailors and families to the appropriate programs. Navy RC keeps the Reserve website current with all resources available to Navy returning and recovering warriors and communicates through all social media sites. Periodic articles are published in monthly publications provided to all Navy Reservists. Marketing efforts across the entire Navy to increase knowledge of non-medical case management will continue. Navy Reserve is continually improving their communication efforts in response to feedback from the members, RWW evaluations, surveys and the like. Most recently, Navy Reserve implemented a program by which bound guides are mailed to deploying sailors and their families. These binders, entitled "Deployment and Transition Guide; Preparing Families for the Road Ahead", are comprehensive information and resource guides addressing all things deployment related; giving Sailor's and their families direction when issues or a need for services arise.

**BUMED**  
**REPORT TO THE RECOVERING**  
**WARRIOR TASK FORCE**

April 17, 2014



# RWTF Recommendation #13

DoD must ensure that all medical conditions are documented by MEBs and the quality of the documentation for each condition will facilitate timely and accurate decisions by the PEB and ratings by VA. MEB processes must be standardized across Services and measures of effectiveness established to ensure application of this policy.

**BUMED Response:** BUMED is supporting the DoD Office of Warrior Care Policy (WCP) in its efforts to implement a quality assurance program for IDES. This multilayer, metric-based approach will provide assurance that all MEB processes are meeting the highest standards. This program should be operational by the summer of 2014.



# RWTF Recommendation #18

Services must resource locations that have difficulty recruiting civilian staff with predominantly uniformed providers as clinical and non-clinical behavioral health staff.”

**BUMED Response:** While the DoD has previously non-concurred with this recommendation, preferring to compensate for staffing shortages through telehealth initiatives, BUMED has taken steps to increase active duty assets in those locations that are difficult to staff with civilians. In particular, at Naval Hospital Camp Lejeune, several active duty billets have been added as a result of the Navy Medicine CONUS Hospital Study. This initiative will result in staffing changes at 8 Navy MTFs. Billets will be redistributed in response to changing needs at each facility. At Camp Lejeune, a variety of active duty billets have been added, which were made available through reduced services at other MTFs. We anticipate that these added billets will result in significant improvements in access to care for wounded warriors.



# RWTF Recommendation 20

To increase both family member involvement in the recovery process and family member awareness of available resources, there should be 100 percent outreach to attend in-processing and IDES orientation for family members or designated caregivers. 100% outreach is defined as positive contact and two-way communication between the person providing the outreach and the person receiving it. Communication will be consistent across Services and within the programs that family member and caregiver participation is expected. Measures of effectiveness will be implemented to document family involvement and attendance.

**BUMED Response:** This requirement has been in existence for quite some time. Our PEBLOS are required to perform this outreach and to document this activity in the case file. Case file reviews performed during BUMED site visits have confirmed that these steps are being taken. However, we have not collected enterprise-wide metrics related to these activities.



# Patient Census 2011-2014

Incidence rates per 100,000 service members of behavioral health disorders, AD Navy and Marine Corps, 2011-2013

	2011	2012	2013
<b>Behavioral Health (overall)</b>			
Navy	5,916	5,400	4,395
Marine Corps	6,232	5,849	4,568
<b>Depressive Disorder</b>			
Navy	1,923	1,825	1,525
Marine Corps	1,811	1,766	1,516
<b>PTSD</b>	508	519	451
Navy	1,108	1,160	827
Marine Corps			
<b>Alcohol Use Disorder</b>			
Navy	1,125	1,094	883
Marine Corps	1,563	1,528	1,132
<b>Substance Use Disorder</b>			
Navy	298	253	206
Marine Corps	455	387	263

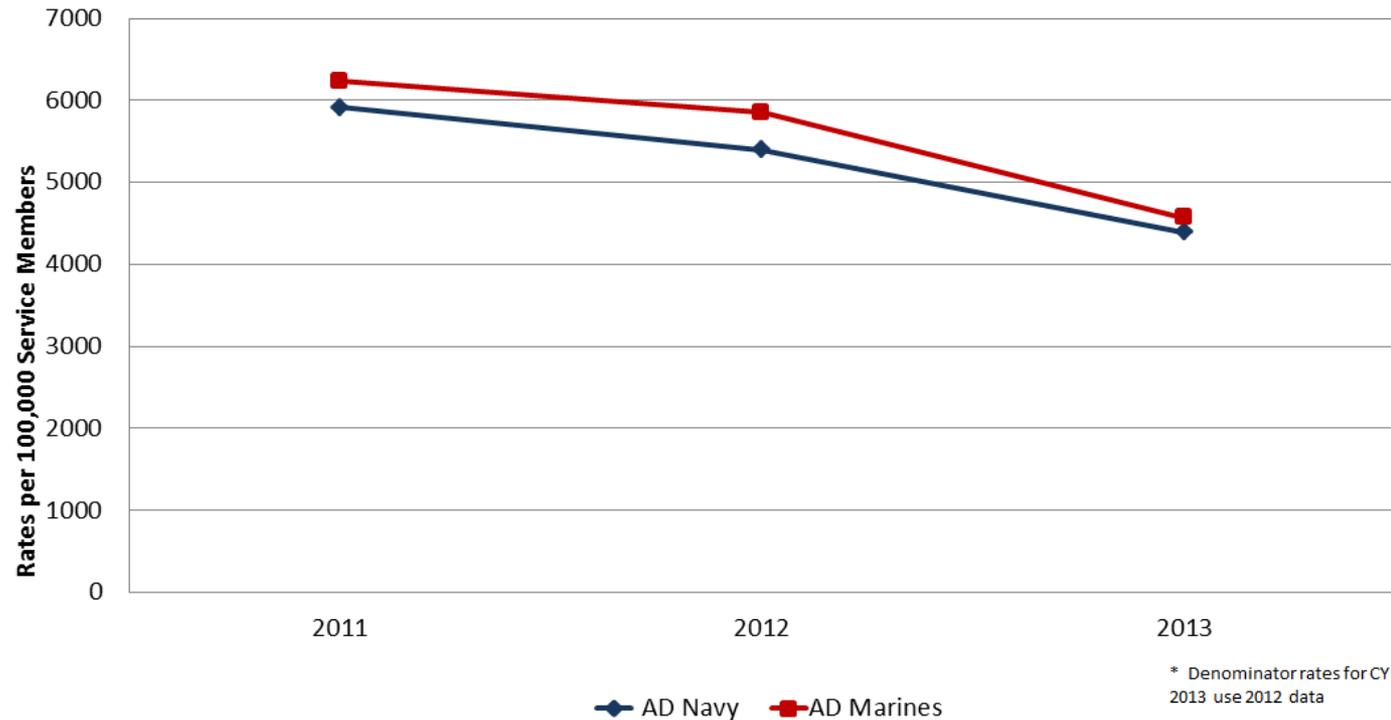
See backup slides for corresponding graphs

Data Source: Ambulatory(SADR)/ Professional Encounters Record(CAPER), and Inpatient (SIDR). Prepared by EpiData Center Department, NMCPHC On 12 Feb 2014



# Incidence Rates – Behavioral Health

**Figure 1:** Incidence rates of behavioral health, active duty DON, 2011-2013



Cases required two outpatient or one inpatient encounter. Individuals were counted the year that they were first identified as a case. Data Source: Ambulatory(SADR)/ Professional Encounters Record(CAPER), and Inpatient (SIDR). Prepared by EpiData Center Department, NMCPHC on 12 February 2014.



# Patient Census 2011-2014

Prevalence rates per 100,000 of behavioral health disorders, AD Navy and Marine Corps, 2011-2013

	2011	2012	2013
<b>Behavioral Health (overall)</b>			
Navy	10,291	10,844	10,242
Marine Corps	10,484	11,320	10,286
<b>Depressive Disorder</b>			
Navy	3,226	3,353	3,110
Marine Corps	2,945	3,000	2,955
<b>PTSD</b>			
Navy	885	981	935
Marine Corps	2,052	2,270	1,987
<b>Alcohol Use Disorder</b>			
Navy	1,673	1,698	1,541
Marine Corps	2,323	2,366	2,054
<b>Substance Use Disorder</b>			
Navy	361	324	272
Marine Corps	587	598	366

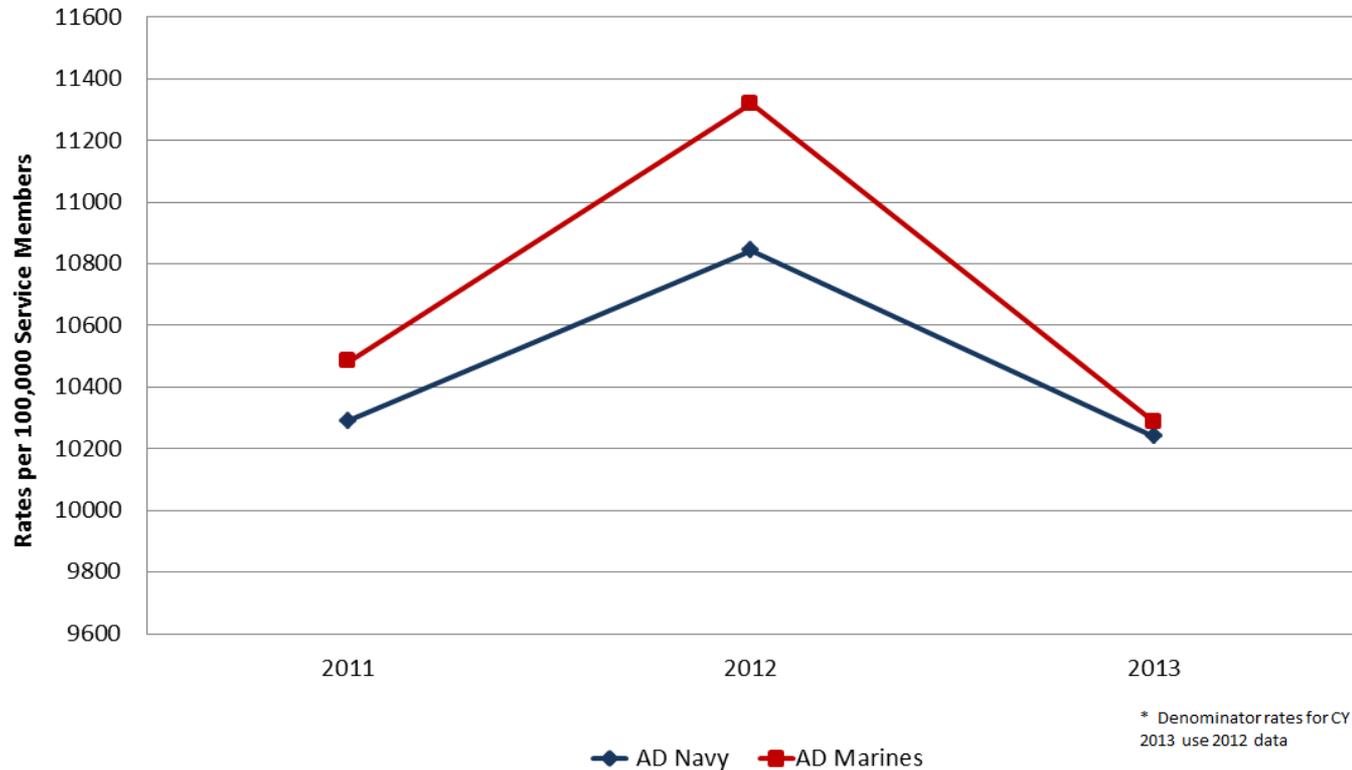
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# Prevalence Rates – Behavioral Health

Figure 1: Prevalence rates of behavioral health, active duty DON, 2011-2013



Cases required two outpatient or one inpatient encounter. Individuals were counted the year that they were first identified as a case. Data Source: Ambulatory(SADR)/ Professional Encounters Record(CAPER), and Inpatient (SIDR). Prepared by EpiData Center Department, NMCPHC on 12 February 2014.



# Encounter Burden 2011-2013

**Table 3:** Encounter burden of behavioral health disorders, AD Navy and Marine Corps, 2011-2013

	2011	2012	2013
<b>Behavioral Health (overall)</b>			
Navy	327,535	354,827	366,143
Marine Corps	236,175	262,501	240,882
Total	563,710	617,328	607,025
<b>Depressive Disorder</b>			
Navy	76,517	79,199	81,270
Marine Corps	44,613	48,758	47,897
Total	121,130	127,957	129,167
<b>PTSD</b>			
Navy	32,912	37,342	35,256
Marine Corps	56,450	69,994	59,791
Total	89,362	107,336	95,047
<b>Alcohol Use Disorder</b>			
Navy	105,499	115,506	122,250
Marine Corps	68,460	73,918	64,734
Total	173,959	189,424	186,984
<b>Substance Use Disorder</b>			
Navy	15,703	17,562	15,272
Marine Corps	13,529	12,448	8,629
Total	29,232	30,010	23,901

Data Source: Ambulatory(SADR)/ Professional Encounters Record(CAPER), and Inpatient (SIDR). Prepared by EpiData Center Department, NMCPHC on 12 Feb 2014



# Long Range Vision for Behavioral Health

- Although there has been some decline in behavioral health diagnoses, demand for services is not expected to drop significantly when hostilities end. The elevated need for PH/TBI services will continue for some time.
- Strategic Imperatives:
  - Heightened focus on evidence-based care
  - Increased use of outcome measures for behavioral health care.
  - Efforts to standardize and expand programs that have shown clear ROI, while rescoping and eliminating those that have not. (example: Project OASIS)
  - Continued emphasis on programs that provide interdisciplinary care (NICoE satellites, OASIS)



# Highlights

- Navy Medicine has launched a more systematic effort to measure the use of Clinical Practice Guidelines in behavioral health care.
  - Ongoing reviews for both PTSD and Depression
- Navy Medicine is implementing the Army's Behavioral Health Data Portal in all of our specialty mental health clinics.
  - Provides standard pathways of care, outcome measures, CPG compliance rates, etc.
- NICOE satellite up and running at NHCL, personnel in place at NHCP.
- Several “best practice” programs identified through DCoE's psychological health effectiveness initiative (MORE Program, FOCUS).

## RECOVERING WARRIOR TASK FORCE



## NAVY SAFE HARBOR

CAPT Brent Breining  
Director

Navy Wounded Warrior – Safe Harbor CNIC N95



# RECOMMENDATION #16

**Optimize SCAADL implementation through:**

**Legislative change to exempt SCAADL from income taxes.**

- Partially concur. Reduced taxes would make the benefit larger.

**Enhanced marketing to the eligible population.**

- Developed a fact sheet which will be distributed as soon as OSD program changes take effect.
- Safe Harbor enrolls and tracks all CAT III patients
- Patients eligible for SCAADL are a subset of the CAT III
- ensuring that all eligible patients apply for SCAADL by close tracking of the CAT III patients.

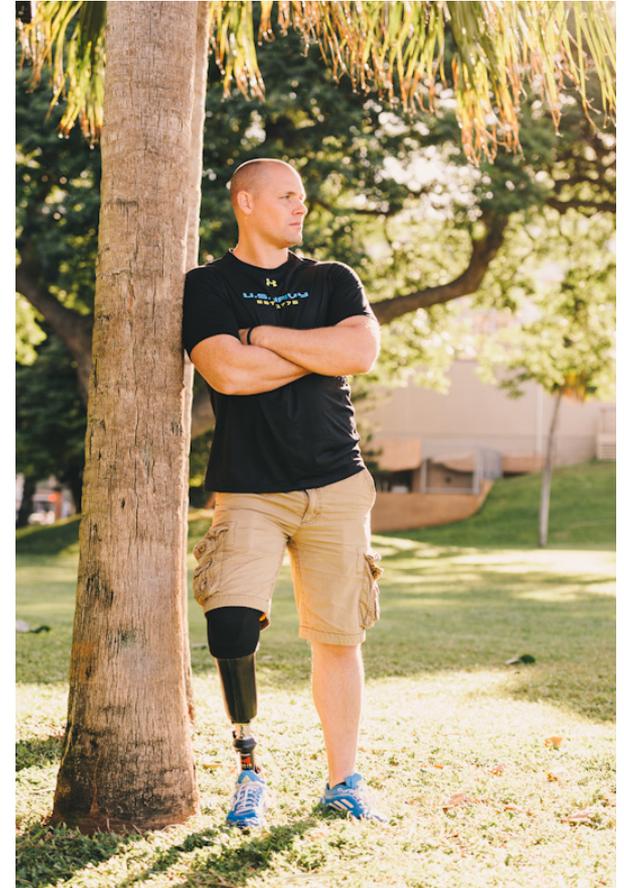
**Electronic application process in AHLTA for Primary Care Manager (PCM)**

- Non concur. Not required for Navy



# Agenda – Discussion Topics

- Business Process Improvements
  - Standardized Metrics
  - Quality Assurance & Inspection Team
  - Program Restructure
- Benefits
  - Special Compensation for Assistance w/Activities of Daily Living (SCAADL)
- CY14 Initiatives
  - An Enduring Mission
  - Strategic Communications
  - Recovery Care Program
  - Transition Initiative



**A year of transformation & standardization – serving wounded warriors**



# Business Process Improvements

## Standardized Metrics

### ➤ Standardized Program Metrics

#### ▪ Background/Objective:

- Develop enterprise wide metrics to establish standard data reporting requirements to meet congressional mandates and validate non-medical care

#### ▪ Results:

- Approved program metrics, aligned to DoD policy
- Collected 4 months worth of data
- Ability to identify best practices and areas of focus

Case Load Summary By Region							
REGION	Staffing			RSM Workload	Assist	RSM/NMCM	RSM/RCC
	N95	RCC	NMCM	CASES	CASES	Ratio (40:1 max)	Ratio (40:1 max)
NDW*	1	2	2	56	6	28	28
NRMA*	1	2	5	90	17	18	45
NRSE	1	2	4	46	6	12	23
NRNW*	1	1	1	26	2	26	26
NRSW*	1	2	3	71	17	24	36
NRMW*	1	0	0	28	7	28	28
NRH	1	1	0	12	2	10	12
Total	7	10	15	329	57	N/A	N/A

Notes: \*N95 and/or RCC work as a NMCM dependent on case load and case acuity.

➤ Safe Harbor meets the congressionally mandated case ratios of 40:1; Recovering Service Member to NMCM

➤ Based upon experience, program has determined a case load ratio of 20:1 required to provide required services



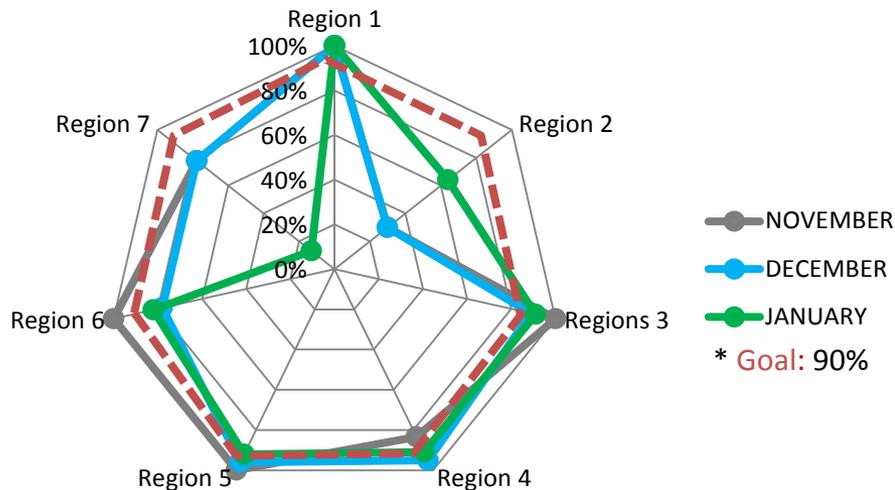
# Business Process Improvements Standardized Metrics

## ➤ Standardized Program Metrics - Samples

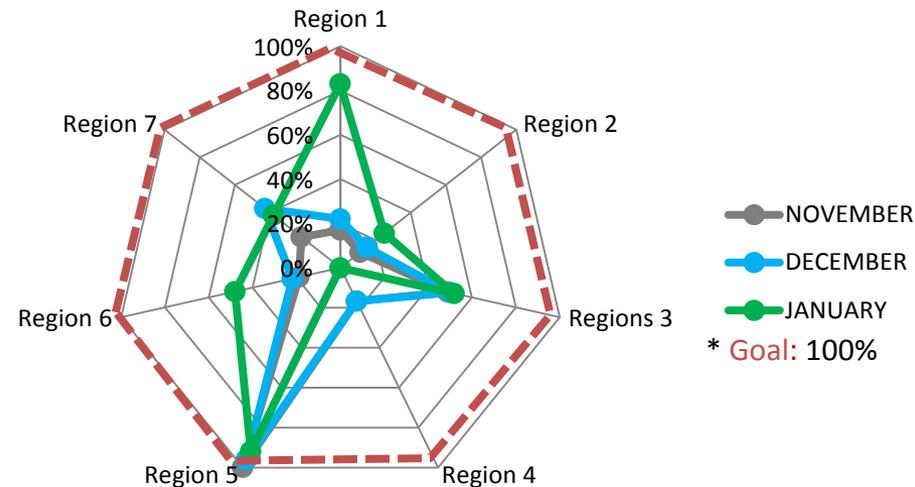
- Congressionally mandated Comprehensive Recovery Care Plans
- Validation of face to face communication and evaluation between the recovering service member and the regional staff.



### CRPs Certified by Region N95



### CRPs Signed by Enrollee



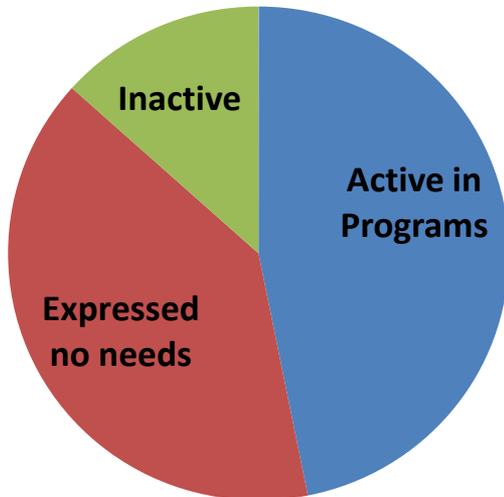


# Business Process Improvements Standardized Metrics

## Transition Program CY 2013 Highlights

### Transition Program Summary

Total Cases: 779



**Metric:** 100% of all Transition Service members contacted once a month during first year of separation/retirement

#### EMPLOYMENT/EDUCATION:

- From connecting them to scholarship programs, to linking them to resume writing resources, to providing direct employer contacts, N95 personnel provided critical support to wounded warriors and their families.
- 321 enrollees requested and received employment & education assistance

#### ANCHOR PROGRAM:

- Provide transitioned service members a peer mentor from a local Reserve component Sailor, and a senior mentor selected from a pool of community veterans and retirees.
- 140 participants in 2013

#### 24/7 CALL CENTER:

- The N95 Call Center connects people to the catalog of services provided by the Navy's sole wounded warrior support program
- Handled more than 1,630 calls throughout its first year of operation.

#### ADAPTIVE ATHLETICS:

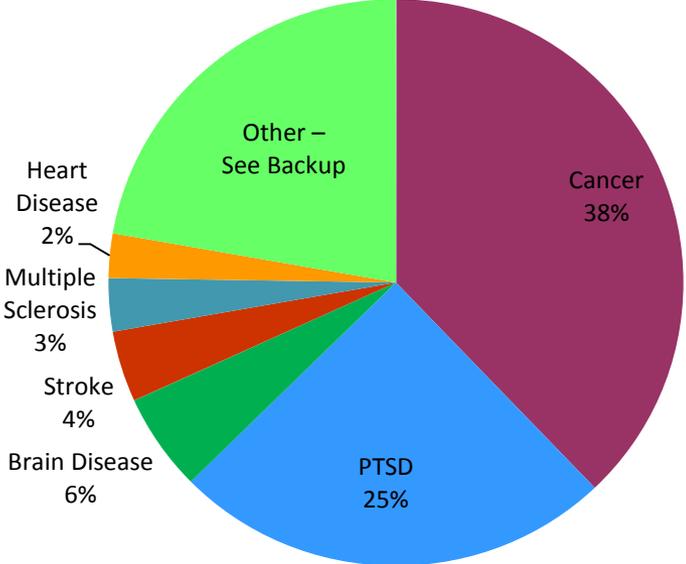
- Adaptive athletic reconditioning – athletic activities that are modified to meet the abilities of injured or ill individuals – are essential to the recuperation of wounded warriors.
- Hosted 14 camps/clinics
- 2013 Annual Warrior Games Results:
  - 23 Medals: 8 gold, 5 silver and 10 bronze



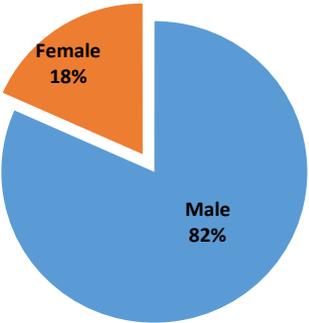
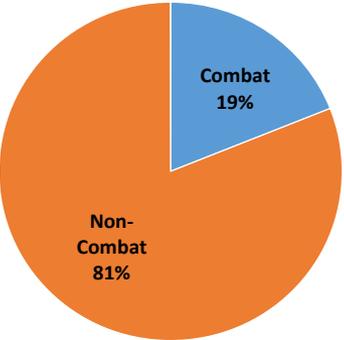
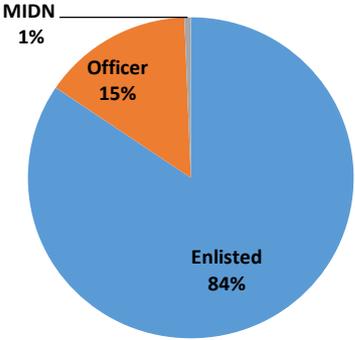
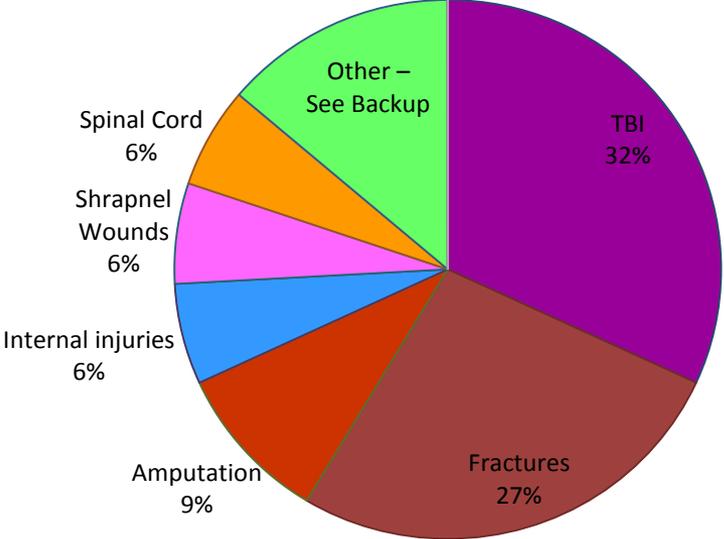
# Business Process Improvements Standardized Metrics

## Enrollment Criteria: Illness vs Injury

### Illness Types



### Injury Types



- Data from 2008 to present
- Gain awareness of supported population



# Business Process Improvements Quality Assurance & Inspection Team

## ➤ Quality Assurance & Inspection Team

### ■ Background:

- Department established 1 OCT 2013
- 3 person team

### ■ Results:

- Created regional inspection criteria
- Established customer satisfaction surveys (Qualitative & Quantitative)
- Developed region wide metrics and data collection
- Determined overarching training needs
- Achieved approved program metrics
- Conducted 1<sup>st</sup> regional inspection





# Business Process Improvements Program Restructure

## ➤ N95 HQ Restructure:

### ■ Background:

- Prior to realignment to CNIC, program headquarters focused on day-to-day case management – less focus on policy and program

### ■ Results:

- Developed HQ structure that best supports the Regions & Wounded Warriors
- Utilized programmed billet hierarchy to facilitate continuity
- Aligned assets to current skill sets
- Built in civilian continuity within chain of command
- Established 4 Departments – focus on improving processes
  - Policy/Enrollment
  - Quality Assurance/Inspection
  - Pay & Entitlement Support
  - Cross Functional
- Drafted program instruction to institutionalize business model



# Business Process Improvements Program Restructure

## ➤ N95 REGIONALIZATION EFFORT

### ■ Background:

- Field staff conceived, planned and executed during FY-13
- Utilized a spiral implementation plan which allowed the organization to test each region and identify any areas of concern as each region presents different challenges

### ■ Results:

- Separated out the roles & responsibilities for the Non-Medical Care Manager (NMCM) and Recovery Care Coordinator (RCC)
- Established on-site supervisor for each region
- Tested the regional construct to determine optimal alignment in each field location
- Established all 7 N95 regions on-time
- Experienced instant synergies with the regional marketers to reach the bases & installations
- Streamlined case management between the NMCM's and RCC's with delineated duties and an established case flow process
- Embedded N95 within the network of regional CNIC leadership





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# Benefits - SCAADL

## **Implementation/Management:**

- The application has to be completed by a doctor and reviewed by Safe Harbor Medical Officer
- We track all the Cat III's and make sure they have an application for SCAADL if they qualify
- Pay & Entitlement Department manages, tracks and submits all SCAADL submissions

## ➤ **Data/Stats:**

- 84 Wounded Warriors have received SCAADL since inception
- 35 currently receiving benefit
- Average age 28 (current SCAADL recipients)
- Average monthly payment - \$1,436
- Types of injuries/illnesses: Acute Leukemia; Amputations; Colon Cancer; Burns; Severe Back/Spinal injuries; Kidney Cancer; Chronic Pain Syndrome; Throat Cancer; Lung Cancer; Bladder Cancer; MS; Paraplegia; PTSD; Quadriplegia; Stroke; TBI

## ➤ **Market:**

- Developed SCAADL fact sheet posted on website and social media platforms and available in hard copy
- Educate the benefit via Wounded Warrior Family Newsletters



# CY14 Initiatives

## ➤ **An Enduring Mission**

- Establish a 5 Year Strategic Plan
- Maintain program visibility and relevance

## ➤ **Strategic Communications**

- Establish a fully-branded web site
- Execute a Navy region road show
- Host a series of educational webinars to military and civilian communities

## ➤ **Recovery Care Program**

- Improve enrollment process to reduce case age (time from injury/diagnosis to enrollment)
- Formalize a referral process with BUMED
- Track case loads to ensure adequate capacity in each Region
- Migrate database to TWMS platform for enhancements

## ➤ **Transition Initiative**

- Implement Transition Coordinator services at regional level
- Increase Call Center outreach to Veterans
- Expand Anchor Program participation



# Questions

**navywoundedwarrior@navy.mil**  
**<http://safeharbor.navylive.dodlive.mil>**  
**855-NAVY WWP (628-9997)**



# Secretary of the Navy Physical Evaluation Board (PEB)



## **DoD Task Force on Recovering Warriors**

### **CAPT Larry Grippin USN???**

Deputy, Physical Evaluation Board (PEB)

Secretary of the Navy,

Council of Review Boards

**February 2014**



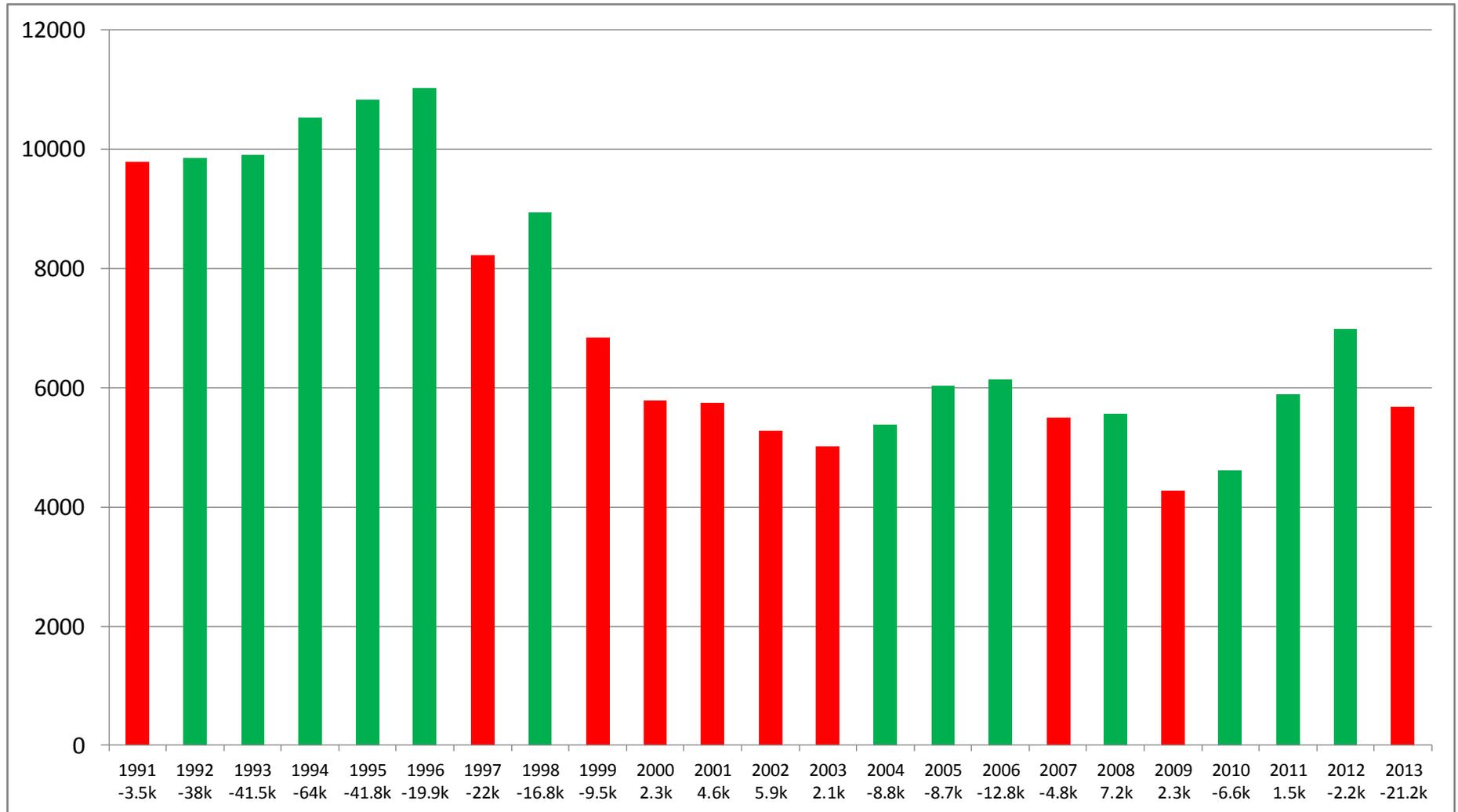
# Recommendation #21

- SECNAV is ensuring that the Navy Disability Evaluation Manual (SECNAVINST 1850.4 series) is updated as soon as possible.
- PEB is in the process of staffing and rewriting the SECNAVINST 1850.4 series with an expected completion date of October 1, 2014.



# Query → 2011-2014 Patient Census Trajectory PEBs v. Chg in End strength

1991 – 2013 (TDRL not included)





# Query → Areas of Highlight for RWTF

- Approval & Assignment for increased Permanent Structure request to sustain IDES performance.
- Monitoring/matching overall goals and expectations expressed by Senior Leadership through DoD Recovering Warrior Task Force.
- Monitoring/meeting prospective impact on PEB case-load:
  - ✓ End Strength Drawdown
  - ✓ Improve case monitoring of the Limited Duty Program
  - ✓ Improve case monitoring of the TDRL cases
- Obtaining an IDES enterprise Case Management System that encompasses: 1) e-file transfer; 2) case tracking; 3) document amendment/version control; and 4) provides permanent storage.