

# ***Headquarters U.S. Air Force***

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## **Air Force Wounded Warrior Program**



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**Mr. H.L. Larry  
Program and Non-Medical Care  
Col Todd Poindexter  
Medical Care  
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# Acronyms

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AC	Active Component	MCM	Medical Case Manager
AFPC	Air Force Personnel Center	MEB	Medical Evaluation Board
AHLTA	Armed Forces Health Longitudinal Technology Application	MEDCON	Medical Continuation
ANG	Air National Guard	MTF	Military Treatment Facility
CRP	Comprehensive Recovery Plan	NMA	Non-Medical Attendant
DoD	Department of Defense	NMCM	Non-Medical Case Manager
DTS	Defense Travel System	PEB	Physical Evaluation Board
EFMT	Emergency Family Member Travel	PEBLO	Physical Evaluation Board Liaison Officer
HA	Health Affairs	RC	Reserve Component
IDES		RCC	Recovery Care Coordinator
IPEB	Informal Physical Evaluation Board	RCP-SS	Recovery Care Program – Support Solution
ITO	Invitational Travel Order	RW	Recovering Warrior
JFTR	Joint Federal Travel Regulations	SCAADL	Special Compensation for Assistance with Activities of Daily Living
JTR	Joint Travel Regulations	VA	Veterans Affairs



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# Overview

- **Recommendation #5: Renewal of Active Duty Orders for RC RWs**
- **Recommendation #13: Standardization of MEB Process**
- **Recommendation #15: Consistent ITO/NMA Orders for Families**
- **Recommendation #16: Implementation of SCAADL Benefit**
- **Recommendation #17: Length of Tour for Air Force Liaisons**
- **Recommendation #18: Clinical/Non-clinical Behavioral Health Staff**
- **Recommendation #19: Non-Medical Service Info to RC Orgs**
- **Recommendation #20: 100% Outreach to Families for IDES Inbrief**
- **Recommendation #21: Publish Guidance for Standardized Care**



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# ***Renewal of Active Duty Orders for RC RWs (Recommendation #5)***

DoD will issue policy guidance for Services to ensure continuous active duty orders for RC RWs encompass a complete period of 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.

- **AF supports active duty orders for duration of care guided by medical care plan**
- **AF non-concurs on a mechanism that enforces renewal prior to 30 days of expiration in all cases**
  - **Medical profile may not be updated with enough time to renew orders at least 30 days prior to expiration**
  - **MEDCON orders cannot be published beyond a medical profile expiration date**
  - **RSM Cases are reviewed at least once every 30 days**
  - **For major illness/injury this is not a significant factor and orders will be issued appropriately to minimize pay delays, barriers to medical care and other orders-based entitlements**



# ***Consistent ITO/NMA Orders for Families*** ***(Recommendation #15)***

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The Office of the Under Secretary of Defense for Personnel and Readiness (OUSD(P&R)) should ensure implementation of the Joint Federal Travel Regulations (JFTR) and Joint Travel Regulations (JTR) for family members of RWs is consistent across Service branches. Utilization of Invitational Travel Orders (ITO) and Non-Medical Attendant (NMA) orders, services provided, and payment processes should be the same across Services.

- **Air Force concurs with development of specific language in the JTR and JFTR to provide consistency in regards to:**
  - **Emergency Family Member Travel (EFMT Orders)**
  - **Services Provided**
  - **Payment Processes**
- **AF provides round-trip and per diem for up to 3 travelers**
- **Order processed/travel arranged within 24 hours stateside and 48 hours overseas**
- **Reconciliation for family travel completed through DTS**



# ***Implementation of SCAADL Benefit*** ***(Recommendation #16)***

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Implementation of the SCAADL benefit must be optimized through:

- A legislative change to exempt SCAADL from income taxes
- Enhanced marketing to the eligible population
- Electronic application process in AHLTA for Primary Care Manager (PCM) access

- **Air Force concurs with the following comments**
- **AF MCCMs, NMCs, and RCCs work together to ensure the eligible population is aware of, applies for, and receives SCAADL**
- **Marketing efforts have resulted in an increase of 198% enrollment**
- **Marketing Plan includes**
  - **Word-of-mouth**
  - **Information articles published online and through AF related media**
  - **Pamphlets, flyers, business cards and direct discussions with Airmen/Caregivers**
- **AF/SG supports automation in the SCAADL application process and will work with tri-service and HA representatives to implement in electronic medical record**



# ***Non-Medical Service Info to RC Orgs*** ***(Recommendation #19)***

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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.

- **AF has already taken steps to address these concerns**
- **AF has imbedded an RCC in the Air Force Reserve Center HQ at Dobbins AFB to facilitate program visibility**
  - **RC referrals are up and communications with RC leadership and field units has increased**
  - **Still have gaps to fill, but improvement is significant**
- **AF has placed RCCs at two ANG bases to provide direct support in dense guard population where no active installation is close by**
  - **Support helps build knowledge of programs available**
- **Growth in AFPC programs has expanded our reach to RC RWs**
- **Additional efforts are continuing to be developed to strengthen support**



# ***Publish Guidance for Standardized Care*** ***(Recommendation #21)***

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DoD, VA, and the Services should publish timely guidance to standardize care to RWs

- **AF agrees that timely guidance is important**
- **With new programs being developed and new laws passed, it is imperative we get current guidance to the field quickly**
- **Will continue to work with DoD and the other Services**

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## **SG Related Recommendations**





# ***Standardization of MEB Process***

***(Recommendation #13)***

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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.

- **AF ensures all medical conditions are documented by the MEB**
- **MEB president is responsible for quality documentation at the MTF level**
- **IPEB provides performance feedback to HHQ allowing refinement of training for our MTFs**
- **AF supports standardization to the fullest extent possible taking into account service-specific variances**



# ***Length of Tour for Air Force Liaisons*** ***(Recommendation #17)***

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Air Force liaisons at Walter Reed National Military Medical Center (WRNMMC) and Landstuhl Regional Medical Center (LRMC) must have a minimum tour length of 24 months to provide more continuity for WII Airmen and their families.

- **AF partially concurs**
- **AF is looking into whether we can make these permanent 2 to 3 year special duty assignments**
- **Tour length for our patient liaisons is currently one year**
  - **This tour length has been extended when possible**
- **No permanent positions programmed**
  - **Liaisons are matrixed from servicing medical wing**
- **AF bridges the gap during transition to make Airmen and families as comfortable as possible with new liaison support**



# ***Clinical/Non-clinical Behavioral Health Staff (Recommendation #18)***

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

- **AF supports staffing remote locations with full time uniformed providers**
- **Staffing mix impacted by several factors:**
  - **Location**
  - **Base Populace**
  - **Mission of each installation**
- **Remote and hard to fill locations are analyzed on a case-by-case basis; filling positions to meet the mission and the needs of the community**
- **Recommend DoD working group identify root causes and propose tri-service solutions**



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# ***100% Outreach to Families for IDES Inbrief*** ***(Recommendation #20)***

There should be 100% outreach to attend in-processing and IDES orientation for family members or designated caregivers. Measures of effectiveness will be implemented to document family involvement and attendance. Invite and encourage family member/caregiver to attend the initial unit/program orientation and initial briefing upon entering IDES. Encourage family member/caregiver to accompany RW on all other appointments if RW is amenable.

- **Family members/caregivers are welcome to attend IDES briefings**
- **AF will invite and encourage attendance**
  - **PEBLO checklist will be updated to prompt invite**
- **Attendance will be with agreement of the Airman for any meetings/briefings**
- **Members enrolled in Recovery Coordination Program have families included throughout continuum of care as a matter of policy, however, we cannot mandate attendance/involvement**
- **If family members are not able to attend, RCCs attend**

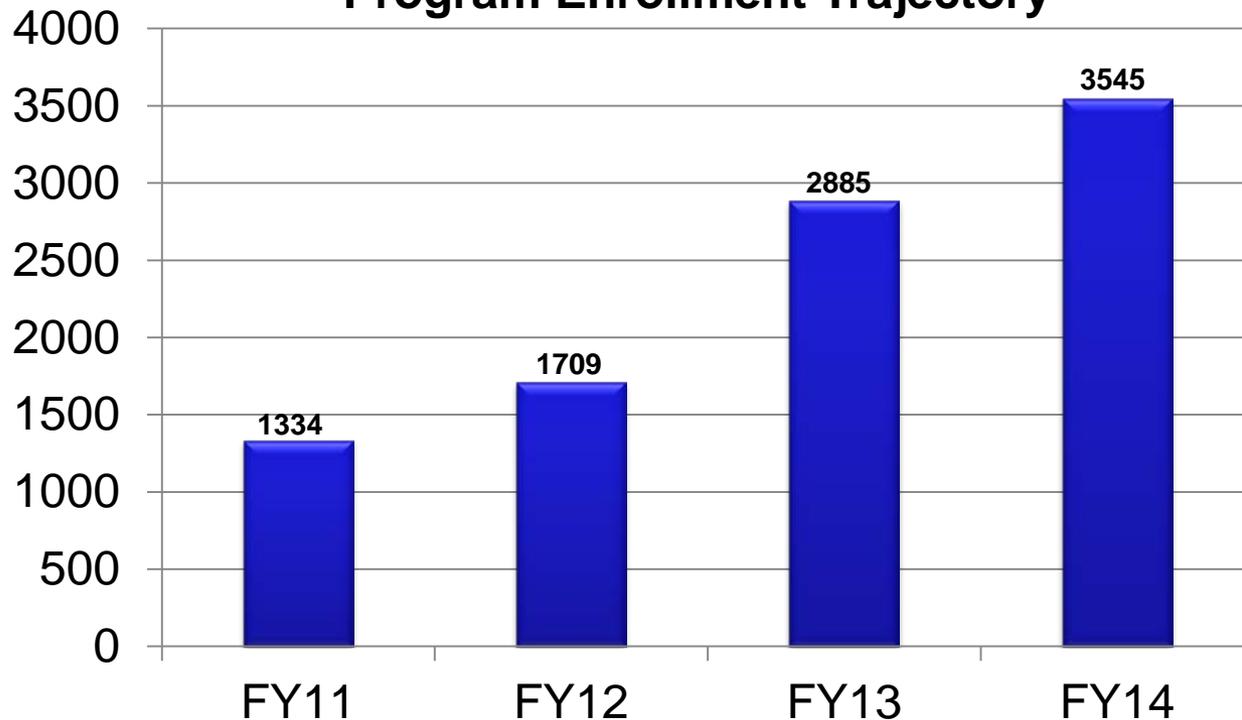


# Additional Questions (#1)

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Q - What is your patient census trajectory from 2011-2014?

**Air Force Recovery Coordination  
Program Enrollment Trajectory**





# *Additional Questions (#2)*

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Q – What is the long range vision for your organization for FY14 through FY19?

- **Continuous review of processes/procedures to enhance delivery of services to wounded, ill, and injured (WII)**
  - **On-time delivery of benefits and entitlements to facilitate successful transition to civilian community or return to duty**
  - **Seek to reduce timeframe for Recovering Service Member (RSM) and family to attain resilience and acceptance of their new normal**
- **Capitalize on existing and new partnerships to maximize RSM career readiness and employment opportunities**
- **Establish DoD and joint adaptive sports support programs and opportunities to facilitate RSM recovery and rehabilitation**
  - **Enhance RSM long term quality of life by partnering with community based Paralympic clubs, private organizations, and VA rehabilitative sports**

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# *Additional Questions (#3)*

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Q – What would you like to highlight for RWTF in its last year of operation?

- **Air Force designed our program within existing infrastructure providing sustainability beyond combat**
  - **Support from leadership minimizes chances of returning to legacy programs without corporate visibility**
- **Air Force developed an Acuity Assessment scale to determine a more accurate level of effort for RCC Case Management**
  - **Provides greater clarity on staffing and location than case load**
- **Vastly improved ability to identify, coordinate, and expedite services through centralized enrollment of RSMs into Recovery Care Program**
  - **Ensures complete Recovery team is engaged from the beginning**
- **IDES Case Management is 100% electronic from MTF to IPEB to FPEB to SAFPC using electronic case file transfer**

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# Update on CRP Options

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- Air Force RCCs provided iPads to access RCP-SS
  - iPads equipped with CAC readers
- RCP-SS is moving to DISA
  - iPads expected to work well once move is complete
  - Current configuration on Marine Corps servers does not allow full access to the program
- Initiative provides capability to access, display, and update CRP with Airman and family/caregiver on a real-time basis

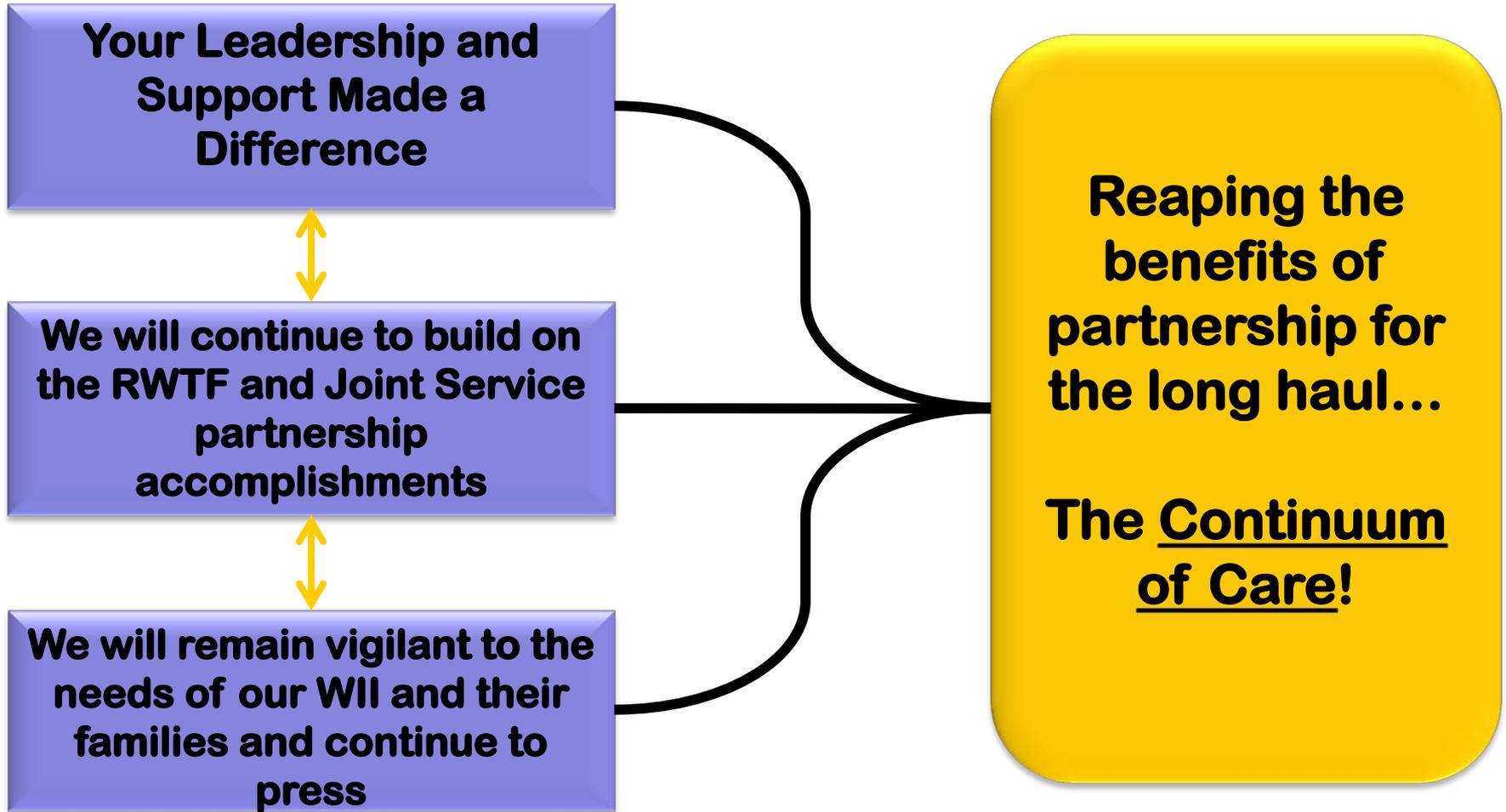






# Recovering Warrior Task Force

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# QUESTIONS?

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