



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

FY14 October Business Meeting Minutes Doubletree Hotel Washington, D.C.-Crystal City

Monday, 28 October 2013

The meeting began at 9:00am with Mrs. Suzanne Crockett-Jones providing opening remarks and inviting the members in attendance to conduct introductions. Mrs. Crockett-Jones' opening statement started with an overview of the extensive efforts that have led to the 77 total recommendations from the Task Force to the Secretary of Defense. She then discussed the recent meeting with staff from the House and Senate Armed Service Committees regarding the fiscal year (FY) 2013 recommendations and mentioned several points of interest highlighted during the conversation. The Armed Service Committees' staff showed particular interest in recommendations related to the centers of excellence, Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) care, information resources, and family member outreach. The staff also provided their opinion on the Task Force's interest in a holistic change to the Integrated Disability Evaluation System (IDES), stating that they do not see where major reforms to compensation and benefits would receive support. Mrs. Crockett-Jones ended her remarks with a summary of the various topics being presented at this business meeting. Vice Admiral (VADM) Matthew Nathan was scheduled to arrive later in the morning while Dr. Steven Phillips, Command Sergeant Major (CSM) Steven DeJong, and Dr. Russell Turner were scheduled to be absent the first day of the business meeting.

At 9:08am, Ms. Denise Dailey, the Task Force Executive Director, led the members through a discussion on the Department of Defense (DoD) implementation plan specific to the FY2012 Task Force recommendations. Ms. Dailey explained DoD's documented response to each of the 35 recommendations. Out of the 35 recommendations, DoD either fully or partially concurred with over 70% of them. Throughout the implementation plan, there were numerous references to the Interagency Care Coordination Committee (IC3) and their various initiatives being undertaken in response to the Task Force recommendations. The Task Force members commented on the DoD's response to recommendation #12 stating that the documented plan did not address the Reserve Service member population, which was the Task Force's main concern. The Task Force also commented on the response to recommendation #35. The members believed that DoD needed to provide improved accessibility to the understanding of both the benefit services and health care services of the Department of Veterans Affairs (VA). Ms. Dailey concluded her discussion with the Task Force members at 10:15am, which was followed by a short break.



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

The meeting resumed at 10:31am with Dr. Suzanne Lederer from the Task Force's Research Team who reviewed moderator protocol with the members in preparation for the scheduled FY2014 installation visits. Dr. Lederer discussed background information that influenced the development of the current focus group protocols and reviewed important facilitating techniques. Dr. Lederer also highlighted the minimal changes to the FY2014 protocols based on the previous years. The Members ended the session addressing a common issue they have dealt with concerning Service members wanting to participate in family member focus groups and vice versa. VADM Matthew Nathan arrived to the business meeting at 10:45am and Dr. Lederer concluded her presentation at 11:00am.

Immediately following Dr. Lederer's presentation, the Task Force welcomed Mr. Stephen Wurtz and Ms. Kristan Hoffman from the VA Insurance Center as well as Coast Guard Commander (CDR) Kirsten Martin from the Office of the Under Secretary of Defense for Military Personnel Policy. Mr. Wurtz and Ms. Hoffman briefed their presentation on the Servicemembers' Group Life Insurance Traumatic-Injury Protection Program (TSGLI) through teleconference while CDR Martin attended in-person. The TSGLI program is overseen by the VA but each branch of Service provides its own adjudication system to process claims. Ms. Hoffman began the briefing discussing the purpose and benefits of the program as well as conditions for exclusion and qualification. She then expounded on the application process before Mr. Wurtz provided the Task Force with a history of the TSGLI program. During the presentation, the Task Force inquired about the VA having an additional oversight body regarding TSGLI and its similarity in funding to SGLI. Mr. Wurtz explained that TSGLI funding came from member premiums and the additional oversight was needed because of the additional medical information necessary for TSGLI than for SGLI. The Members also addressed the spending of TSGLI payments and how it was being monitored. During installation visits, cadre had noted to the Task Force the questionable spending choices made by the Service members who receive TSGLI. Mr. Wurtz and Ms. Hoffman stated that there is no law which restricts how the TSGLI funds are spent and that financial planning services are available to the beneficiaries. Each beneficiary is notified of the financial services before they receive any payment. The Members then inquired about outreach to Recovering Warriors in the National Guard or Reserves. Ms. Hoffman confessed that the National Guard and Reserve population was the most challenging to identify but they do so through social media, work with service liaisons at the Office of the Secretary of Defense, and attendance at VA or military Service conferences. The TSGLI program briefing completed at 12:04pm, followed by a lunch break.

After returning from lunch at 1:02pm, the Task Force resumed the meeting and welcomed Mr. Kevin McDonnell, the Director of the U.S. Special Operations Command (USSOCOM) Care Coalition. Mr. McDonnell focused his presentation on the various transition



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

and vocational initiatives the Care Coalition has undertaken. After providing the Task Force a brief overview of the mission and goals of the Care Coalition, Mr. McDonnell expanded upon their capabilities. The capabilities discussed included USSOCOM programs such as Special Operation Forces (SOF) X-Roads, Team Room, and Wounded Warrior Athlete Reconditioning Program (WWARP). Mr. McDonnell further explained that SOF X-Roads is a career placement program to assist Wounded Warriors while the Team Room and WWARP programs are geared towards recovering Service member mentorship and support throughout their transition. Mr. McDonnell then discussed a program called Human Exploitation Rescue Operative (H.E.R.O.) Child Rescue Corp, which is a collaborative program training Recovering Warriors on computer and cyber forensics. Mr. McDonnell also spoke about the 157 partnerships USSOCOM has with civilian companies as well as university partnerships with institutions such as the University of Southern Florida. The Task Force members later inquired about the SOF X-Roads and the civilian partnerships. The Task Force asked Mr. McDonnell how employers get involved in the SOF X-Roads program. Mr. McDonnell explained that the program is an analytical tool used to access company databases with permission from the employers. The Task Force also questioned about the development of the 157 civilian partnerships. Mr. McDonnell replied that there is a memorandum of understanding in place for each partnership that was established through a lot of in-person time with the companies. Mr. McDonnell completed his briefing at 2:05pm. The Task Force paused the meeting for a short break.

At 2:19pm, the Task Force returned from their break and introduced the IDES lawyer panel participants. Each Service provided subject matter experts to express their thoughts on the IDES process and legal support during the Medical Evaluation Board (MEB) phase. Mr. Lakandula Dorotheo, the Army representative, was the first panelist to present. Mr. Dorotheo stated that improving transparency, reducing the Temporary Disability Retired List (TDRL) backlog, enhancing the quality of IDES documentation, increasing commander involvement, and providing legal counsel access to all databases involving Service member IDES information would be the top changes he would like implemented in the IDES process. Major William Collins, the Marine Corps representative, briefed information with Ms. Karen Morrisroe and Ms. Elizabeth Moores, the Navy representatives. Their combined briefing stated that possessing a centralized electronic case management system and having attorney contact with Service member at referral facilitated by the medical treatment facility were the top changes they would recommend to improve the IDES process. Mr. Rick Becker, the Air Force representative, briefed to the Task Force that improving the line of duty (LOD) process, improving the independent medical reviews, expanding manning control points, improving Service member time with attorneys, and expanding opportunities for limited assignment status were top changes he would like made. The Task Force then asked the panelists about the process to identify Service members who need to go through the MEB but were not medically referred as well as the



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

panelists' thoughts on TDRL. The Task Force ended the panelist session and the first day of the business meeting at 3:09pm.



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

Tuesday, 29 October 2013

The second day of the meeting began at 9:10am with CSM DeJong and Dr. Turner scheduled to be absent and VADM Nathan scheduled to attend the meeting later in the day. The Task Force members immediately began the public forum session with oral remarks from Mr. Michael Parker and Mr. John Richardson. Mr. Parker, a wounded warrior advocate, provided a statement regarding Service members being administratively discharged for conditions he felt required DES processing. Mr. Parker further discussed how he views the Navy and Marine Corps considering compensable disabilities as a condition instead of properly labeling as a disability. Mr. Richardson, a Navy Reservist Lieutenant Commander and wounded warrior, provided the Task Force with a statement about his challenges with TDRL and his federal government employer due to his current disability. The public forum ended at 9:28am.

Immediately following the public forum, the Task Force welcomed Dr. Lucile Beck, Dr. David Chandler, and their staff members who briefed on the VA Polytrauma System of Care. Dr. Beck began her presentation with a short video on TBI which was followed by a discussion of polytrauma and rehabilitation services through the VA system of care. Dr. Beck focused her briefing on their keys to success, continuum of integrated healthcare, and major challenges. The Task Force had several questions about the TBI screening process at the polytrauma rehabilitation centers as well as programs for individuals identified with mild TBI (mTBI). The members also inquired about the VA's vision for long term support on polytrauma cases. Dr. Beck and her staff assured the Task Force that the VA is the long term provider and there are a number of extended care programs available to assist with long term care. VADM Nathan arrived to the meeting at 10:58am. At 11:13am, Dr. Beck completed her presentation and the Task Force took a short break.

The Task Force resumed their meeting at 11:34am; Ms. Dailey led them in a discussion on global recommendations initially provided by Dr. Phillips. The focus of this discussion was to look at global areas that the Task Force had not previously addressed and look at how to mention these areas in the FY2014 annual report. Ms. Dailey and the members began by addressing DoD/VA collaboration for the integration of electronic health records (EHR) and the IDES process as well as implementation of a detailed "warm handoff" process policy. They further spoke in detail about challenges with Warrior Transition Unit (WTU) locations and how to improve access to major medical facilities and treatments. Regarding behavioral health, they addressed improvements seen in standardized care for TBI treatment but not with PTSD. Ms. Dailey and the members then discussed the IC3's efforts in improving the Comprehensive Transition Plan (CTP) and Comprehensive Recovery Plan (CRP). The Task Force ended the session at 12:28pm and took a break for lunch.



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

The Task Force returned from lunch at 1:05pm and introduced Mr. Jim Davis, the President of the Physical Disability Board of Review (PDBR). Mr. Davis provided a brief overview of the PDBR, discussed the PDBR intake and review process, and provided updated metrics from data provided in December 2012. Mr. Davis highlighted that the Air Force was the executive agent for the PDBR, and the board's function is to provide recommendations to the respective Services on cases which it reassess. He also went into detail when discussing the DoD/VA collaborative outreach conducted through mailings to the total PDBR eligible population. The Task Force members inquired about mental health cases and the type of mental health issues that are commonly reviewed by the PDBR. Mr. Davis answered stating that most mental health cases reviewed by the board are for PTSD. The Task Force also inquired about trends or indicators the PDBR notices from the Services. In answering, Mr. Davis discussed the issues with the bundling and unbundling of conditions. Mr. Davis ended his briefing at 1:45pm, which was followed by a short break.

At 1:58pm, the Task Force returned from their break and introduced Army Colonel (COL) Jill Faris, Deputy Surgeon for the Army National Guard, and Mr. Raymond Holdeman, Deputy Division Chief for Personnel for the Army National Guard G-1. They briefed updates to the Medical Management Processing System (MMPS) and Reserve Component Managed Care (RCMC). COL Faris began her briefing with an overview of MMPS before focusing on the MMPS workflow. She also discussed additional options for care for both Line of Duty and non-Line of Duty Service members. COL Faris then briefed about the RCMC options for active duty healthcare but stressed that RCMC is not for complex issues that require WTU admission. She further highlighted how RCMC reduces the use of incapacitation (INCAP) pay and provided information resulting from the pilot program. While discussing IDES tracking challenges, COL Faris and Mr. Holdeman presented the iDES Dashboard as the current solution to tracking Army National Guard member's through their IDES process. The presentation concluded at 2:41pm and the Task Force took a short break before the next briefing.

The Task Force returned from their break at 2:54pm and welcomed Army COL Carl Johnson, the director of the Army Physical Disability Agency. COL Johnson discussed performance information pertaining to the Army's informal and formal Physical Evaluation Boards (PEB) during FY2013. He also talked about key improvements that were implemented over various fiscal years to improve the overall processes. COL Johnson highlighted several times during his presentation that the Army is exceeding the standard in the phases of the PEB that it controls. The Task Force inquired about the Army's ability to get IDES numbers under control during FY13. The members also asked about the VA backlog at the Disability Rating Active Site (DRAS). COL Johnson stated that the Army committed leadership attention and additional personnel resources in order to gain control of their IDES numbers. He



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

further explained that the Army is working with the VA, and the VA is confident in reducing the backlog by the end of 2nd Quarter, FY2014. COL Johnson concluded his briefing and the Task Force ended the meeting at 3:46pm.

Verified by:

Department of Defense Co-Chair:

Vice Admiral Matthew L. Nathan, M.D.

Date: 11 DEC 2013

Verified by:

Non-Department of Defense Co-Chair:

Mrs. Suzanne Crockett-Jones

Date: 9 DEC 2013



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

Appendix A:

Monday, 28 October 2013

Members Present:

- Mr. Ronald Drach
- 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)
- Mr. David Rehbein

Members Not Present:

- CSM Steven D. DeJong
- Dr. Steven Phillips
- Dr. Russell Turner

Members Arrived Late:

- VADM Matthew Nathan (10:45am)

Members Left Early:

- None



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

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- None



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MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL,
AND INJURED MEMBERS OF THE ARMED FORCES**

Appendix B:

Sign-in Sheet:



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

RWTF Business Meeting Tuesday, October 29, 2013

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

RWTF Business Meeting Tuesday, October 29, 2013

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

RWTF Business Meeting Tuesday, October 29, 2013

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

RWTF Business Meeting Monday, October 28, 2013

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

RWTF Business Meeting Monday, October 28, 2013

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

RWTF Business Meeting Monday, October 28, 2013

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