NAVY MEDICINE
REPORT TO THE RECOVERING WARRIOR TASK FORCE

25 February 2014

RWTF Recommendation 13

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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.

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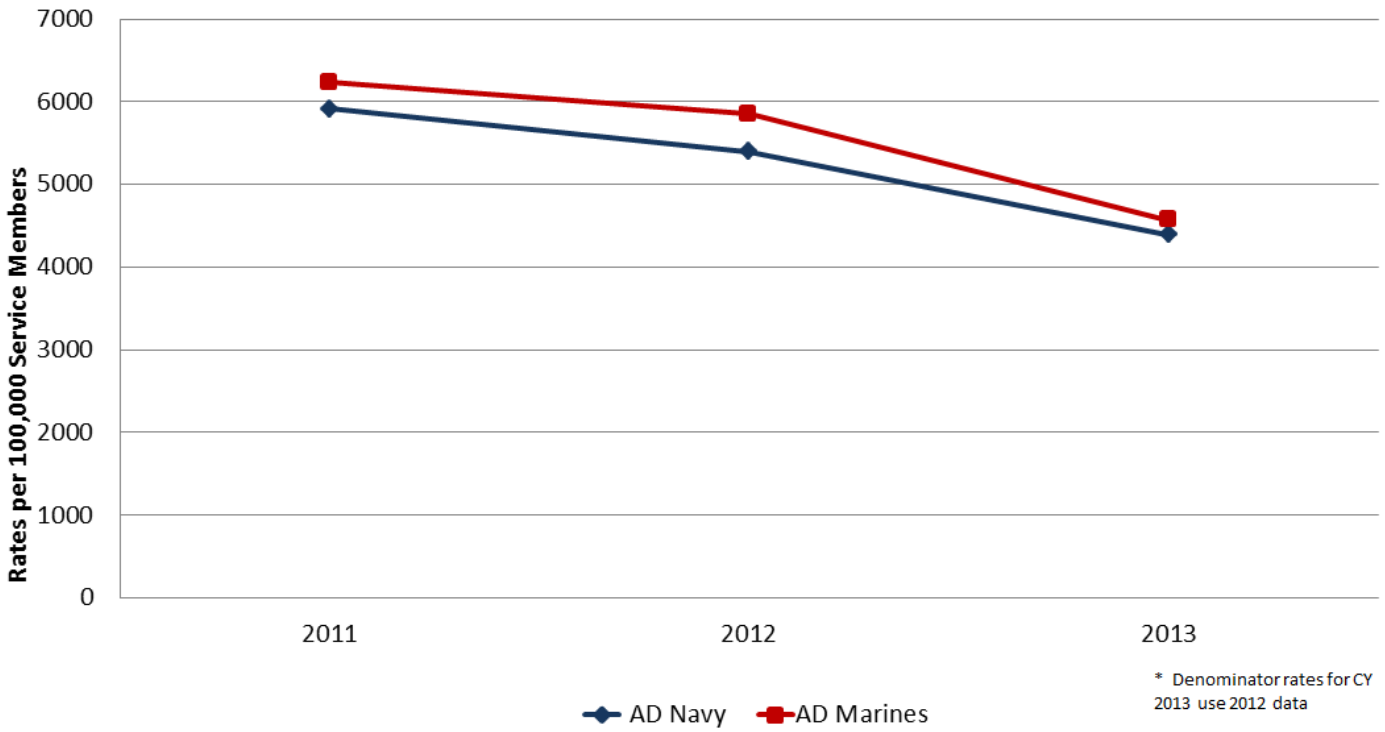
Figure 1: Incidence rates of behavioral health, active duty DON, 2011-2013



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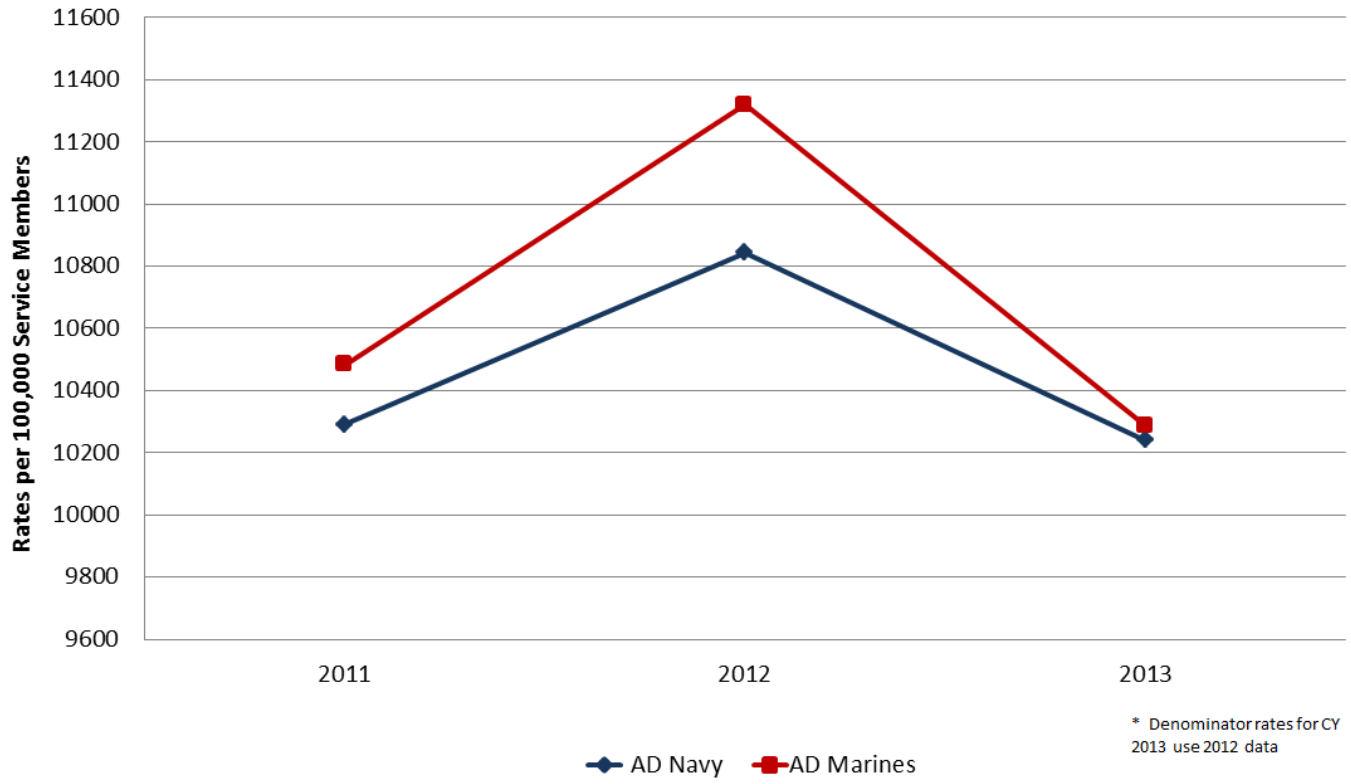

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Long Range Vision for Behavioral Health

- 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
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  - 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 CPGs 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).

Navy Safe Harbor Response to RWTF Recommendations

CAPT Steve Hall
N95
Director Navy Safe Harbor
25 Feb 2014

RECOMMENDATION 16: Optimize SCAADL implementation through:

1. Legislative change to exempt SCAADL from income taxes.
   - Partially concur. Reduced taxes would make the benefit larger.
2. 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.
3. Electronic application process in AHLTA for Primary Care Manager (PCM)
   - Non concur. Not required for Navy

Tasker 001137b

PEB Response 10FEB14

Secretary of the Navy
Physical Evaluation Board (PEB)

Presentation to

DoD Task Force on Recovering Warriors

by

CAPT Larry Grippin USN

Deputy, Physical Evaluation Board (PEB)
Secretary of the Navy,
Council of Review Boards

February 2014

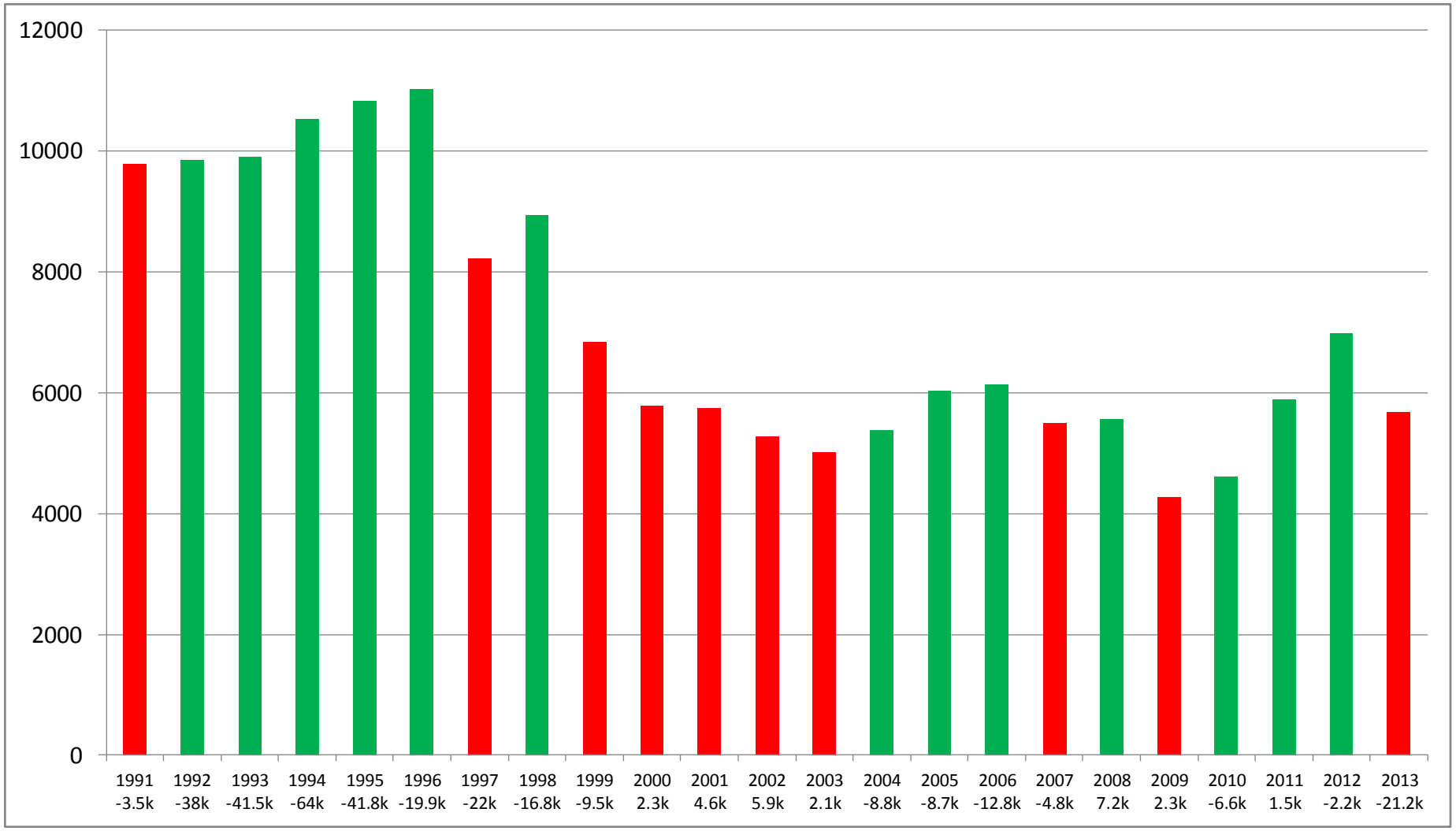
Query→ 1850 Update

- 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.


SECRETARY OF THE NAVY
Juris Aequitas
Compatior
COUNCIL OF REVIEW BOARDS

Questions?

Navy Reserves
REPORT TO THE RECOVERING WARRIOR TASK FORCE

25 February 2014

RWTF Recommendation #5
Navy Reserves

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.

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

Recommendation 19: 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 Reserve has a 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.

BUMED
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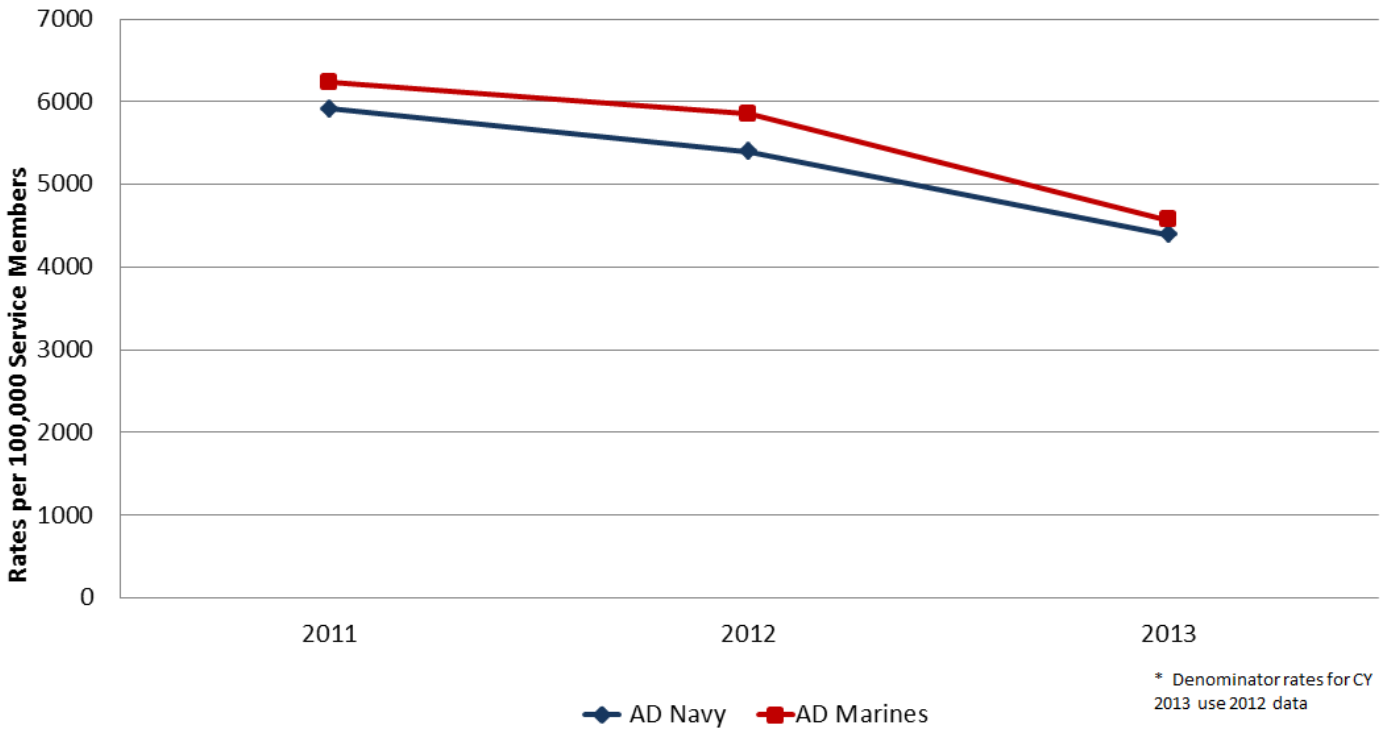

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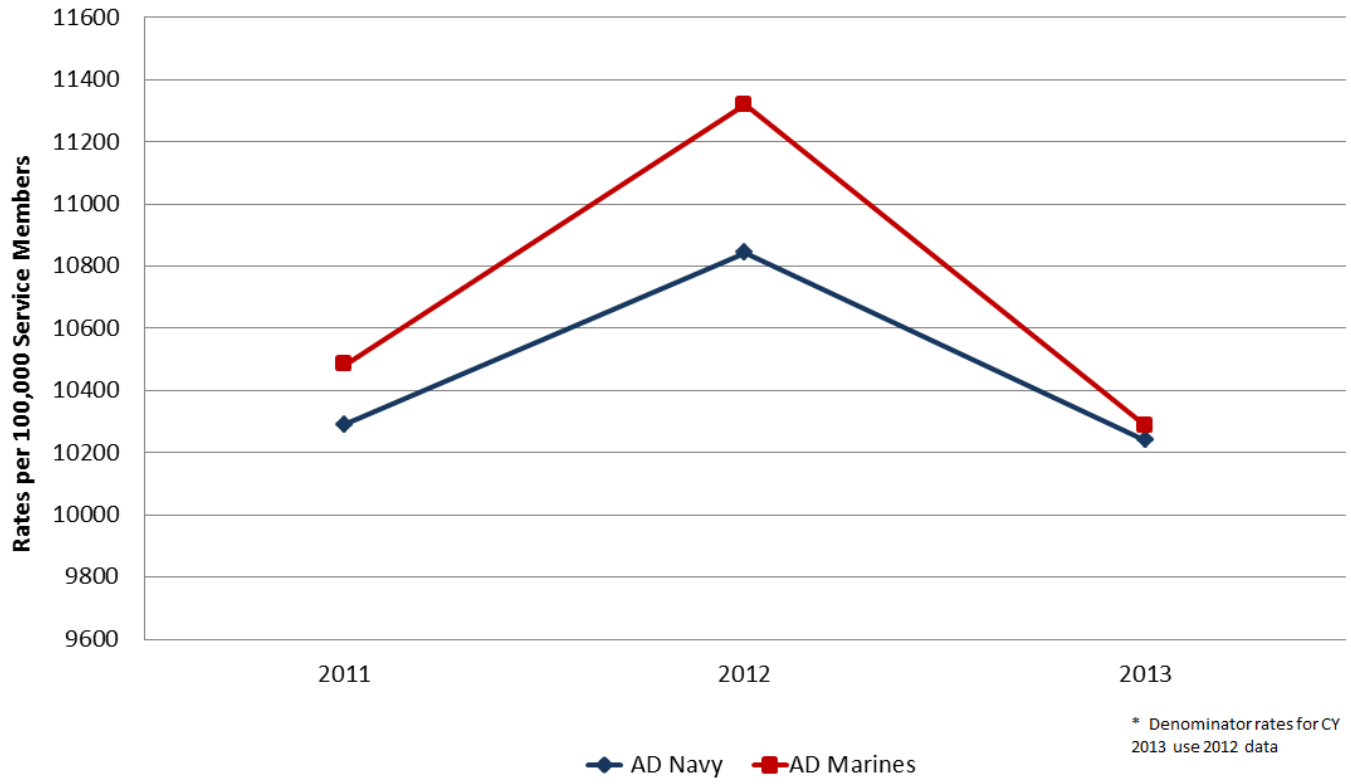

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