Army Medical Action Plan

Overview for the Defense Health Board

PASSIONATE LEADERSHIP PROVIDING

DIRECTED ENERGY AIMED AT

IMPROVED CARE AND SUPPORT TO OUR WARRIORS

BG Michael Tucker

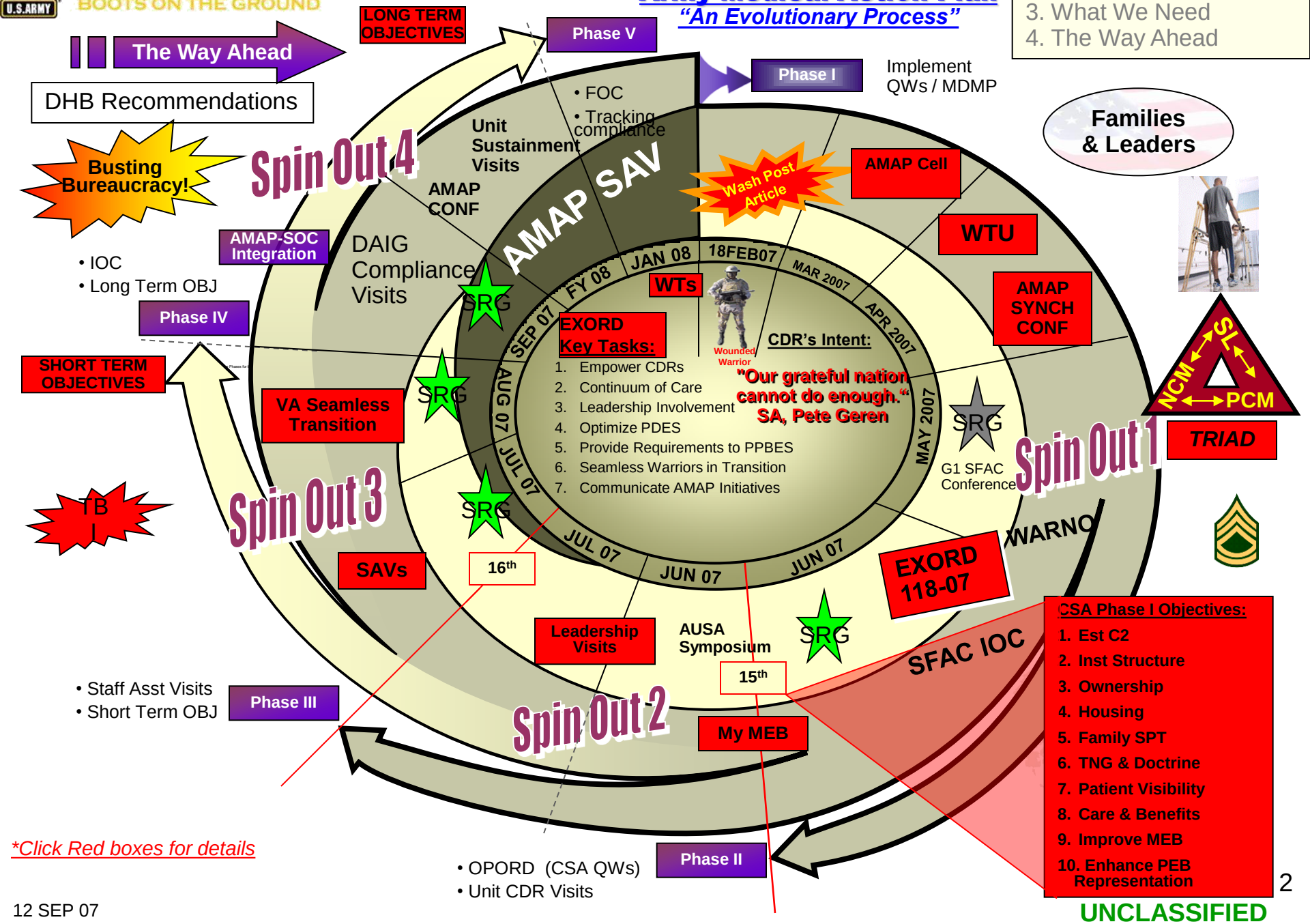
20 September 2007

CALL TO DUTY
BOOTS ON THE GROUND

Army Medical Action Plan

"An Evolutionary Process"

1. What We Have Done
2. How We Track
3. What We Need
4. The Way Ahead



*Click Red boxes for details

AMAP/Interagency Integration

2007 | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER

03-07 | 10-14 | 17-21 | 24-28 | 01-05 | 08-12 | 15-19 | 22-31 | 02-09 | 12-16 | 19-23 | 26-30 | 03-07 | 10-14 | 17-21 | 24-28

EXEC/ CONGRESS
(Political)

- NDAA 08 Introduced on Senate floor 17 Sep 07
- NDAA 08 Appropriations Bill Intro on Senate floor (depending on reconciliation) 24 Sep 07
- Senate not in session 08-12 Oct
- House Target Adjournment 26 Oct
- Senate Target Adjournment 16 Nov
- Medical Facilities Inspections Report due to Congress

SOC & LOAs
(Interagency)

Wounded, Ill and Injured Senior Oversight Committee

- Publish Ops and Maint Stds for Medical and WTU Facilities
- Co-Lead Offsite Conf
- WII SOC Staff Offsite
- Review & Assess Status of DOD and Army IG Recs
- Fisher Ctr update to OIPT/SOC (20, 25 Sep)
- Case Management Pilot/ Info Exchange Support
- Detailed Spend Plan for $900M Supp to Congress
- Publish Stds of Care & Practice
- Analysis and structuring of decisions; Review/ Assess/ Incorporate Scott Recs Veterans Disability Benefits Commission (Scott Commission) Report
- Publish Wounded Ill and Injured Family Resource Book
- LOA comprehensive decision, integration, synch of all actions
- Inspection Report on Medical Facilities final (21 Nov)
- Decision making complete. Lock budget review process (30 Nov)
- Tentative [pre-decisional]: Establish Center for Case Management Oversight (30 Dec)
- Submit to Congress Facilities Inspection Report on medical facilities (21 Dec)
- LOA #7 Legislative proposals developed & vetted by SOC
- Develop Press Release / Roll Out Strategy thru SOC

AMAP DA EXORD 118-07

ARMY STRONG

- Staff Assistance Visit
- SRG 01 Oct
- DAIG Follow-Up Inspections
- Ft. Dix 24-26 Sep
- AMAP-SOC Brief
- Ft. Drum f/u 26-28 Sep
- AUSA 08-10 Oct
- AMAP Assessment Conf 22-26 OCT
- SRG Nov
- SRG Dec
- Ft. Bragg f/u 24-26 Sep
- FRAGO 2
- AMAP Brief to LOAs
- AMAP SOC Integration
- AMAP Leader Visits and AMAP Congressional Engagement
- AMAP Communication Campaign Plan
- AMAP Phase IV (04 September 2007 to 01 January 2008)

USAMEDCOM IMCOM et al

- ATSG RMC CDR VTC (18 Sep)
- BG T MTF/WTU CDR VTC (21 Sep)
- VCSA VTC w/ MTF CDR
- SAV Martin ACH Ft. Bening 18-20 Sep
- mTBI/PTSD Awareness Complete (18 Oct)
- Support to DAIG Follow-Up Inspections
- MEDCOM AMAP Phase IV (04 September 2007 to 01 January 2008)

KEY TASKS DESIRED EFFECTS

- *Assess DA EXORD Implementation / Make Azimuth Corrections / Execute*
- *Compliance with DAIG follow-up Inspections*
- *Conditions Set for Full Operational Capability*

IOC → FOC

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2007 | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER

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The Way Ahead

CSA Phase I Objectives (NLT 15 JUN07)

1. Establish Command and Control. Previously, wounded and ill Soldiers undergoing prolonged evaluation and treatment (termed Warriors in Transition) were segregated by Reserve or Active Component into separate companies that fell under different commands with varying leader to lead ratios, disparate resourcing, and often disparate billeting and support structures. The disparities favored Reserve Component Soldiers in some locations and Active Component Soldiers at others. The Army values the service of all Soldiers regardless of component. Medical Command has new unified companies **(Warrior Transition Units)** providing leadership and support at a ratio of **one squad leader to every 12 Warriors** in Transition.

2. Institutionalize the Structure. Previously, the companies supporting Warriors in Transition were not formally manned. Each location was left to devise a method of manning these units by diverting personnel from other duties. In addition the baseline manning document of the medical treatment facility was not adjusted to account for increased workload with increasing numbers of Warriors in Transition. A formal manning document now exists that authorizes personnel to provide leadership, clinical oversight and coordination, and administrative and financial support at a strength based on the size of the population supported. **At the heart of this structure is the triad of the squad leader, the primary care manager, and a Nurse Case Manager to provide a synergistic level of support incorporating leadership, medical oversight, and medical coordination and management.**

CSA Phase I Objectives (NLT 15 JUN07)

3. Prioritize Mission Support & Create Ownership. Army leadership has directed the Senior Commanders on Army installations to **make Warrior in Transition facilities and furnishings top priorities for repairs and improvements**. In addition they are to conduct **monthly Town Hall meetings** to identify problems and areas of needed improvement for Warriors and their Families. Commanders and staff from the medical treatment facility, **Warrior Transition Unit, and Garrison must attend.**

4. Flex Housing Policies. Policies now allow for single Soldier patient attendee support to receive military or guest house lodging in the same manner that family members of married Soldiers have been authorized. **Warriors in Transition are now considered on par with key and essential personnel for military housing vacancies.**

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1. What We Have Done
2. How We Track
3. What We Need
4. The Way Ahead

CSA Phase I Objectives (NLT 15 JUN07)

5. Focus on Family Support. Previously, Families arriving at Medical Treatment Facilities in support of a Wounded or ill Warrior received varying levels of support. The Army recognizes the importance of supportive Families. Best Practices were institutionalized across the Army. **Escorts now meet Families at airports and bring them to the Medical Treatment Facility to meet their Warrior. Soldier and Family Assistance Centers are being established** to provide administrative and financial assistance; assist with coordinating government entitlements, benefits, and services; and provide information and assistance in obtaining non-governmental benefits and services. **A Soldier and Family Hero Handbook** will be distributed to all Soldiers and Families as a further aid. Formal Family Support Groups are being established with the support of a **full-time Family Readiness Support Assistant**. The Medical Command has **trained ombudsmen** to permit the identification and resolution of problems at the earliest opportunity. **Consolidated policy** is being developed to facilitate processes that support Warriors in Transition and their Families.

6. Develop Training & Doctrine. Previously cadre and staff in the companies supporting wounded and ill Soldiers received no formal training and no formalized standard operating procedures existed. The Army has developed **standard operating procedures** for the newly established Warrior Transition Units, focusing on the mission of these **units—to set the conditions to facilitate the Soldier's healing with the goal of returning the warrior to duty, or to facilitate the transition to active citizenship**. Orientation programs for new WTU commanders and cadre have been developed and the first formal course will be held 25-26 June 2007. The Medical Command has increased its training programs in the identification and treatment of PTSD with special focus on Social Work personnel, Warrior Transition Unit nurse case managers, and psychiatric nurse practitioners. The Army leadership has established a **Post Traumatic Stress Disorder and Traumatic Brain Injury awareness chain teaching program** for all commanders and Soldiers.

CSA Phase I Objectives (NLT 15 JUN07)

7. Create Full Patient Visibility. In previous wars, commanders often found it difficult to locate Soldiers after they were evacuated from the battlefield. The Medical Command has greatly improved the ability to provide feedback to commanders through the **Joint Patient Tracking Application** and is now further improving the reach-back with **a letter directly to the Soldier's commander** with instructions on how to contact the Soldier and how to submit awards and evaluation reports for battlefield service. The Medical Command has established policy for reception of Soldier-patients arriving by commercial or private transportation. The Army recognizes that Soldiers requiring evacuation may prefer to receive their care close to supportive Family and has developed a system to **allow Soldiers to designate a preferred treatment location** as part of the pre-deployment process.

8. Facilitate the Continuum of Care and Benefits. The communication between the DOD and VA continues to improve. As a pilot program, the Medical Command is **co-locating Veterans Health Administration and Veterans Benefits Administration** liaisons with the Walter Reed WTU nurse case managers to support the continuum of care and benefits, easing the transition for warriors transitioning from the military to the VA. The Army has developed formal mechanisms to seek the Soldier's approval and electronically transmit the required medical and administrative documents between the Army and the VA to expedite the continuum of care process.

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CSA Phase I Objectives (NLT 15 JUN07)

9. Improve the Medical Evaluation Board (MEB) Process. Previously Soldiers undergoing a MEB had to make an appointment with their Nurse Case Manager to find out the status of their MEB. MEDCOM has created the **My MEB website** on the Army Knowledge Online web page, allowing warriors to go online and access the status and progress of their MEB. In addition a **physician dedicated** to assisting Soldiers with the MEB process is being assigned for **every 200 Soldiers** in the process. To further assist Soldiers in expediting the MEB process, the Medical Command is implementing **new access to care standards** for Warriors in Transition. Only Soldiers preparing to deploy will have priority over Warriors in Transition for non-emergency appointments.

10. Enhance Physical Evaluation Board (PEB) Representation. The Army called Reserve Component lawyers and paralegals to Active Duty to provide additional **legal advocacy** for warriors undergoing the PEB process to act as legal advocates for these Warriors in Transition.

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Warrior in Transition Population

(count of unique AC and RC SSN = 9790)

WTs = Warriors in Transition
MEB = Soldiers undergoing Medical Evaluation Boards.
This population (MEBs) will eventually become WTs.
RC = Reserve Component

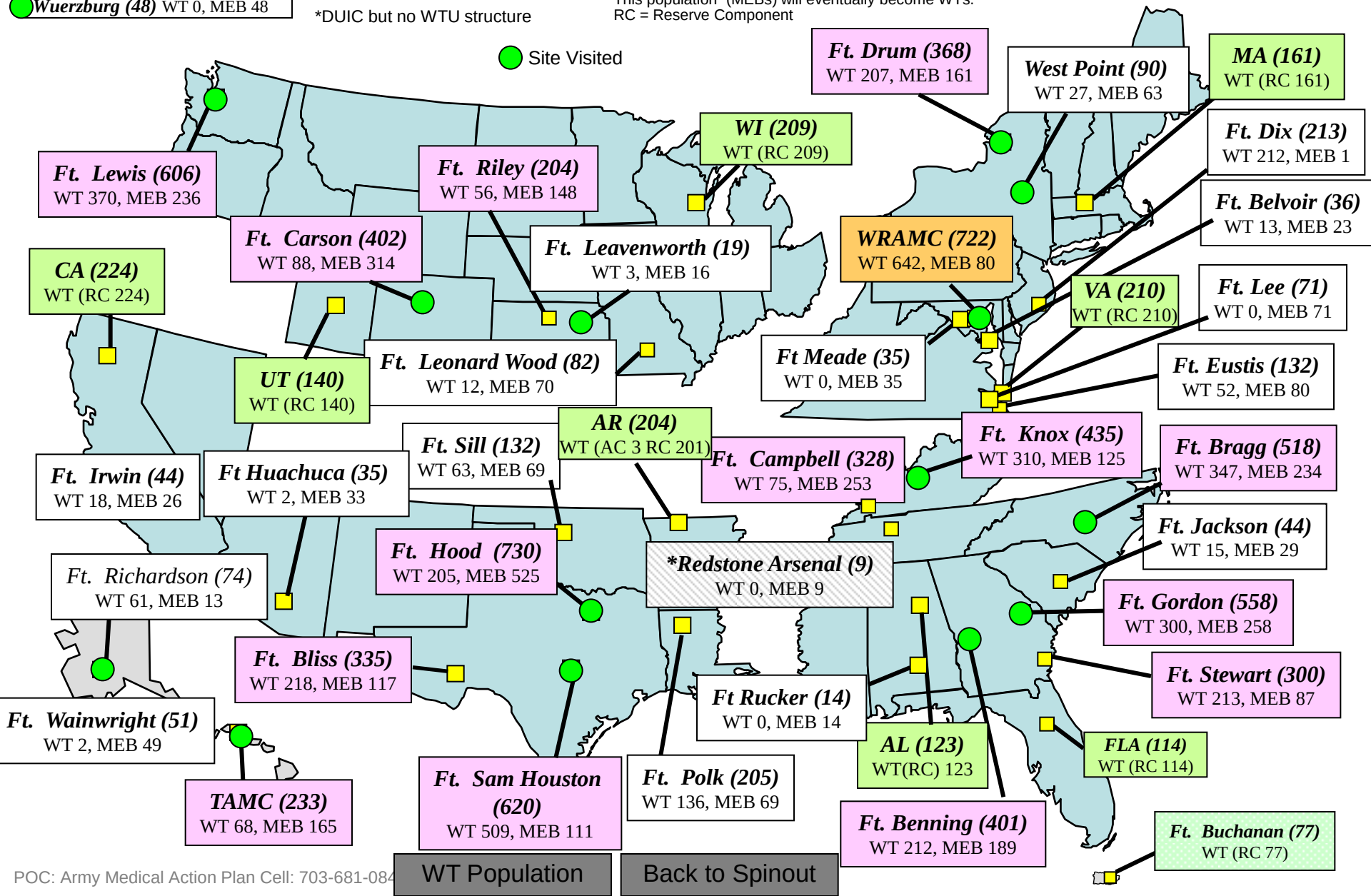
- WTU BDE - 1
- WTU BN - 14
- WTU CO - 58
- CBHCO - 9

CO #s include those subordinate to WTU Bns.

- ***Landstuhl (97)*** WT 0, MEB 97
- ***Heidelberg (31)*** WT 0, MEB 31
- ***Wuerzburg (48)*** WT 0, MEB 48
- ****Vicenza (3) MEB 3***
- ****Camp Zama (5)*** MEB 5

*DUIC but no WTU structure

Site Visited



POC: Army Medical Action Plan Cell: 703-681-084

WT Population | Back to Spinout

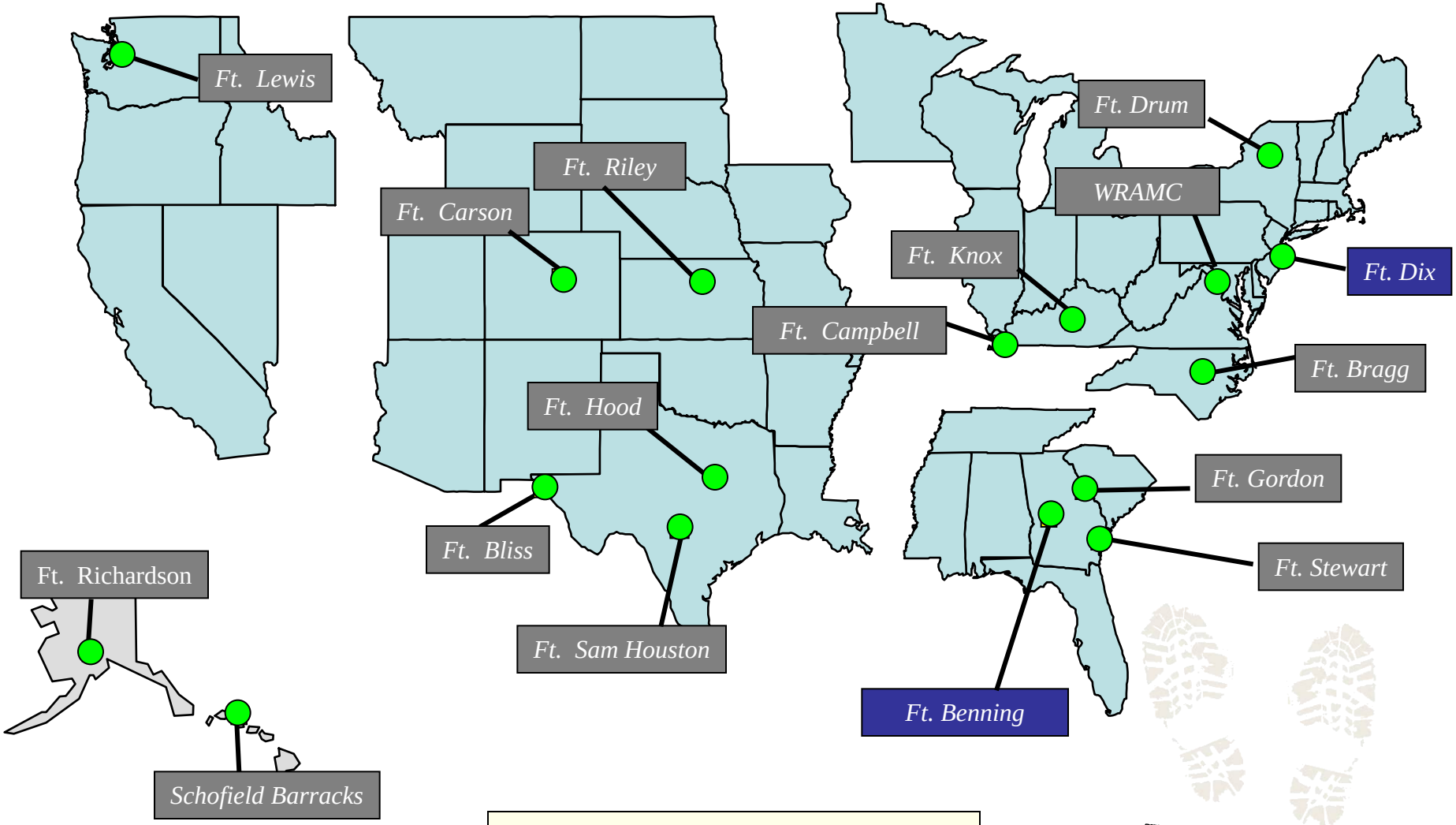
DA EXORD 118-07
Phase IV

Staff Assistance Visits (SAV) Feedback

Staff Assistance Visit - Status

- SAV Teams have assisted 15 Warrior Transition Units (WTUs) at major installations.
- SAV Teams will conduct 4 additional visits WTUs by the end of September (Benning, Dix, Bragg/follow-up, Drum/follow-up).
- Regional Medical Commands will inspect remaining WTUs.
- Teams include 21 Subject Matter Experts (SMEs) from 15 principal Army agencies and the Office of Veterans Affairs .
- During each SAV, teams assist with 490 checklist items.
- These areas of emphasis include appropriate Phase I, II, and III Tasks within DA EXORD 118-07, FRAGO 1, and Mission Essential Tasks.
- A synchronization VTC is conducted among the SAV Teams and principal agency representatives.
- Raw data and items of emphasis are analyzed for trend identification; appropriate agencies assigned responsibility to address trends.

AMAP Staff Assistance Visits



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SAV Emerging Trends

- **Initial staffing at some sites below goal (IOC = 50%)**
  - Squad leaders are area of greatest concern
  - Cadre selection not consistent
- **Perception of different treatment of Compo 1, 2, & 3**
  - Some MTFs have not fully integrated components
- **Soldiers do not want to be assigned to WTU**
  - Will lose organic unit identity
  - Stigma as “slacker”
- **Adequate space/privacy not avail to WTU cadre**
  - Difficult working conditions; HIPAA privacy violations
- **Family child care needed**
  - WTs and Families need flexible childcare (hours, capacity)

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SAV Trends - Actions Taken

- **Initial staffing at some sites below goal (IOC = 50%)**
  - Sites are cross-leveling Soldiers to fill temporarily
  - HRC has prioritized permanent filling of new TDA positions
  - Cadre skills; 2-wk, funded course at Ft. Sam Houston; SDP
- **Difference in treatment among Compos**
  - Continued emphasis on One Army relating to all Soldiers
  - Integrating while maintaining existing relationships
- **Soldiers do not want to be assigned to WTU**
  - Writing new policy; Soldiers assigned to WTUs retain accoutrement and affiliation with organic unit
  - Strategic communications informing WTs of their mission
- **Adequate space/privacy not avail to WTU cadre**
  - IMCOM aggressively renovating and remodeling while developing long-term solutions
- **Family child care needed**
  - MCOM is working to expand hours and capacity

Conclusion

- The SAVs are truly seen as assistive in nature; sites have welcomed the SAV Teams
- All of the principal agencies are working together well to provide the field the best support possible
- The Army is on its way to changing the culture and treatment of the Warrior in Transition and their Families

Leadership Expectations and Issues You Can Help Us With:

- Do the Gut Check –
  - Read the EXORD, MEDCOM OPORD, ALARACTs…
  - Conduct Mission Analysis – Understand the problems. Do you have a plan?
  - Are we meeting the Commander's Intent?
  - How are we supporting Warriors in Transition? How do we enable them to achieve their mission?
- Bust Bureaucracy! "No" and denial are not methods.
- Measure your success and Implement the tasks to the standard
- Collaborative planning, multi-echelon execution (Tactical, Operational, and Strategic/Policy)
- ACOMs, DRUs will back brief VCSA, CSA, and the ASA monthly

DHB Recommendations

1. Task a specific accountable individual with authority to implement IRG recommendations. (AMAP Lead)
2. Consider concepts that:
   a. Develop a set of guiding principals: transparency, patient-centric, highest clinical standards, evolutionary, cost-effective, actionable. (Army Medical Action Plan)
   b. Roadmap of ideal medical care and support pathway involving patients and families. (Holistic Rehab Plan—In developmental phase)
   c. Development of metrics, measures, & timelines for medical care & support pathway. (AMAP Metrics in AMEDD Command Management System)
   d. Definition of the personnel, resources, and ancillary services needed to achieve the roadmap. (WTU TDA)
   e. Define the responsibility for each step of the roadmap. (Holistic Rehab Plan—In developmental phase)

Possible Model
(in development)

Rehab Plan Framework								
Functional Areas	Reception Phase	Assessment Phase	Goal Setting Phase	Active Rehabilitation Phase	Re-Assessment Phase	Decision Phase	RTD/MEB Phase	
Physical								
Mental/Motivational (CEP)								
Emotional (CEP)								
Cognitive/Academic								
Technical Skills								
Tactical								

Identify tasks to be completed in each grid

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CALL TO DUTY
BOOTS ON THE GROUND

What the American People and Congressional leaders have said

"Congress and the American people have made clear, especially following the revelations at Walter Reed Army Medical Center, that <u>substandard care for injured service members will not be tolerated</u>."
"These men and women have stood up for our country, and we have <u>no greater obligation than to stand with them and their families</u> in their hours of greatest need."

Source: Letter from Senators Boxer, Obama, Bond, Lieberman, Clinton, and Kerry to the Honorable Robert Gates Secretary of Defense, 22 May 2007.

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CALL TO DUTY
BOOTS ON THE GROUND

House Armed Service Committee
Military Personnel Subcommittee
Hearing on Walter Reed, 26 June 07

"The challenge for all of us is to ensure that the military health care system remains focused on the recovery of our wounded soldiers across the continuum of care. <u>They deserve no less."</u>

Hon. Vic Snyder, Arkansas

Source: U.S. House of Representatives, *House Armed Services Committee*.
http://armedservices.house.gov/apps/list/speech/armedsvc_dem/snyderos062607.shtml

Commander's Intent!

POTUS:
"We have an obligation, we have a moral obligation to provide the best possible care and treatment to the men and women who have served our country. They deserve it, and they're going to get it."

SECDEF:
"After the war itself, we have no higher priority than caring properly for our wounded."

SECARMY:
"The center piece of our Army and the nations defense: The Soldier and the Bedrock for that Soldier, the Soldier's Family."
"They battled a foreign enemy. They should not have to battle an American bureaucracy"
"Our grateful nation cannot do enough."

CSA:
"Taking care of wounded Warriors is the most important thing we can do."

VCSA
"I am committed to ensuring we provide world-class medical treatment for our wounded Warriors and their Families. We owe them a quality of care that matched the quality of service they provide our Nation."
"This is my number one priority"

1. Understand Cdr's Intent

2. Ask Yourself:

> Where does my MTF/WTU Stand in contrast to this intent?

> How does my organization stack up?

> Am I making a difference?

> How do I influence the fight?

3. Don't Assume Anything:

> MEB Consults

> Access to Care

> Soldier Care

> Mail, pay, promo, awards

> Families . . .

Back to Spinout

The Way Ahead

1. What We Have Done
2. How We Track
3. What We Need
4. The Way Ahead

15-30 Feb: Unit Sustainment Visits
01 Jan: AMAP FOC * Long Term Objectives
DAIG Compliance Inspection
1st Qtr FY08 – Date TBD
21 Oct: AMAP Follow-up Conference
03 Sep: AMAP IOC
03 Sep: Short Term Objectives
15-30 Jul: Staff Assistance Visits
20 Jun – 10 Jul: Azimuth Check
18 Jun: Brief EXORD AUSA
15 Jun: SFAC IOC
15 Jun: CSA Phase I Objectives
14 Jun: Pilots Complete
13 Jun: VCSA QW VTC
05 Jun: WTU TDA Review
04 Jun: EXORD Publis
04-25 May: Parallel Planning
07 May: CONG Engagem
04 May: Draft DA W
24-27 Apr: AMAP C
24 Apr: WT
10 Apr:
08 Apr: anning Begins
23 Mar:

Dashboard Tracking

STRATCOM

STRATCOM

STRATCOM

Congressional Engagement

Congressional Engagement

Warriors and Families in Transition Fully Supported

EXECUTION of AMAP

Conditions Set For AMAP Execution

Deliberate Plan
- Planning Team Formed
- Procedures for SFAC
- WTU C2 and Standards
- Secure Resources
- Leadership Established
- Common SA

Visits Assessments
- DAIG
- RMC LDRs
- WTU CDRs
- IMCOM
- Unit CDRs

End State Vision

Leadership:
- Training Complete
- C2 Nested
- Procedures Established and Checked
- WTU Instituted

Processes:
- MEB Friction Reduced
- PEB Streamlined
- Care Providers in Place

Facilities:
- Hold Facilities Adequate
- Soldier Amenities (TV, CPU)

Warriors Fighting For Warriors in Transition

PLAN PREPARE EXECUTE

Back to Spinout

1. What We Have Done
2. How We Track
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End State

Remove Bureaucratic Barriers!

ENDSTATE:

Warrior Transition Units are established along with the Triad of support consisting of primary care manager, nurse case manager, and squad leader. We have streamlined the issues affecting Family care and disposition. The Soldier and Family Assistance Centers are established as entry points for Warriors in Transition. Confidence is restored in the Army with the American people.

MISSION:

The United States Army establishes an integrated and comprehensive continuum of care and services for Warriors and their Families being treated at Department of the Army Medical Treatment Facilities in conjunction with Department of Defense, Veterans Affairs, and Civilian facilities NLT 01 January 2008 in order to provide world class care which is commensurate with their sacrifice and service to the Nation.

1. President TF
2. DAIG Report
3. IRG 24
4. MEDCOM Tiger TM
5. Cong' Report
6. Senate Hearing
7. DoD DAC
8. Interagency TF
9. Unit Visits

1. AMAP Conference
2. WTU BDE
3. WSFH
4. DA AMAP Cell
5. AW2
6. SFACs
7. DA EXORD HEALING WARRIOR
8. WT Triad
9. Corrective policies/actions

Dynamic Change!

Paradigm Shifts!

Changing Culture!

Slide [illegible] Army's mission and [illegible] ahead/endstate.

CALL TO DUTY
BOOTS ON THE GROUND

QUESTIONS/ COMMENTS

And some may ask why we do it…

Where do we find such men,

That with everything to live for;

They still step forward into evil,

While others equally capable,

May God bless them for answering their nation's call to serve.

Seek safety.

Back to Spinout

UNCLASSIFIED

[redacted]