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MEDCOM NOW

Office of the Army Surgeon General and Army Medical Command

MEDCOM NOW

*a newsletter highlighting
the challenges and
successes of
Army Medicine*

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Army Medical Action Plan—Quick Wins

The focus for this edition of MEDCOM NOW is the Army Medical Action Plan (AMAP) 10 Quick Wins. A Quick Win is any change in process or service in delivering health care to Warriors in Transition the Army can implement by June 15, 2007.

Led by Brig. Gen. Michael Tucker, Deputy Commanding General of the North Atlantic Regional Medical Command and Walter Reed Army Medical Center, Phase 1 of the AMAP is complete. New policies and procedures to enhance access to care and services for Warriors and Family members are now in place. The implementation of the 10 Quick Wins is critical for continued success as we move forward to Phase 2 (June 16 – July 15, 2007) of the AMAP.

10 AMAP Quick Wins

Army Chief of Staff, Gen. George Casey, Jr. approved the following 10 AMAP Quick Wins.

- 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. The Army 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.

Walter Reed to Host Warrior in Transition Leadership Conference

Walter Reed Army Medical Center's Transition Brigade will host a conference June 24-25, 2007, for Army Warrior in Transition Unit (WTU) leaders. The two-day event will educate new commanders, sergeants and other unit leaders on the new Army Medical Action Plan (AMAP) policies and procedures. The conference will also provide leaders the vision of WTUs in the future and the information, training, tools and standards they need to maintain for success.

Led primarily by combat veterans, the formation of WTUs allows Army doctors and nurses to focus their efforts on "Healing the Warrior" as the new leadership cadre takes care of the morale, welfare and administrative needs of Warriors and Family members.

Each newly-formed WTU is tailored to reflect the patient population served on the installation. For each Warrior in Transition, there is now a "triad" of support comprised of the squad leader, nurse case manager and primary care manager.

A roundtable comprised of representatives from the Office of the Surgeon General and Army Medical Command, the U.S. Army Human Resources Command and Installation Command is also planned.

Team members from the AMAP workgroup led by Brig. Gen. Tucker will attend to speak with the WTU leaders about the new Army standards to enhance access to care and support services for Warriors and Family members.

10 AMAP Quick Wins (con't.)

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.

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 (WTUs), 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 June 25-26, 2007. The Medical Command has increased its training programs in the identification and treatment of Post Traumatic Stress Disorder with special focus on Social Work personnel, WTU 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.

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.

**Office of the
Surgeon
General and
Army Medical
Command**

Coming Events

*2007 AUSA Medical
Symposium and
Exhibition,
June 18-21
San Antonio, Texas*

*Walter Reed Army
Medical Center
Warriors in
Transition
Leadership
Conference,
June 24-25, 2007*

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10 AMAP Quick Wins (Con't.)

8. Facilitate the Continuum of Care and Benefits. The communication between the DOD and VA continues to improve. As a pilot program, the Army Medical Command is co-locating Veterans Health Administration (VA) 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.

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 MyMEB Web Site 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.

The Way Ahead

Phase 1 of the AMAP is complete. Across the Army we consolidated Medical Hold and Medical Holdover units into single WTUs now under the command and control of the Army Medical Department. New WTU leadership is supported by the triad of primary care manager, nurse case manager and squad leader.

The doors to our Soldier and Family Assistance Centers are open at Walter Reed Army and Brooke Army Medical Center, and will soon open at other WTU locations to serve as the entry point for Warriors and Family members in need of assistance. In the weeks ahead, our new MyMEB Web site will be available on the Army Knowledge Online Web Site to allow Warriors to track the progress of their Medical Evaluation Board.

Our progress thus far is noteworthy and I applaud our Quick Wins success, but there is still more work we must do. As we enter Phase 2 of the AMAP with new policies and standards of excellence in place, our focus now shifts to support our newly-formed WTUs. We will initiate staff assistance visits July 15 – Sept. 3, 2007, to ensure our WTU leaders have a clear understanding of our new policies and standards, and the resources they need for continued success.

In support of our Warriors and Family members we are Army Strong!"

Major General Gale S. Pollock

Commander, US Army Medical Command
Acting, The Surgeon General