



## Supporting Those Who Have Given So Much: Army Medical Action Plan Update

*Taking care of wounded warriors is the most important thing we can do.*

General George W. Casey, Jr., Chief of Staff, Army  
Brooke Army Medical Center, Fort Sam Houston, Texas  
22 May 2007

### Introduction

Soldiers returning from war should not have to fight antiquated bureaucracies to obtain health care and other services they require while in a hospital or during their recovery transition. Military leaders understand and are committed to a new plan of action.<sup>1</sup>

The Army Medical Action Plan (AMAP) is an Army initiative to develop a sustainable system wherein wounded, injured and ill Soldiers are medically treated and rehabilitated to prepare them for successful return to duty or transition to their homes and communities.

The AMAP establishes an integrated and comprehensive continuum of care and services for Warriors in Transition—those warriors who are receiving medical treatment at Army medical treatment facilities as they transition back to active duty or out of military service. The continuum involves their family members, Veterans Affairs and civilian health care providers.

### AMAP Update

The AMAP was translated into a five-phase Department of the Army Execution Order

(DA EXORD 118-07) entitled “Healing Warriors” and published 4 June 2007. Phase I (28 April–15 June 2007) began with the completion of the AMAP Synchronization Conference in April. During this phase, Army leadership and various commissions solicited input and listened to the concerns of Soldiers across the Army, their families, and numerous health care professionals. As a result of that input, the AMAP expanded its collaboration to include the Army National Guard, the Army Reserve, the Veterans Administration and numerous other governmental and nongovernmental agencies.

In May, Army leaders approved “10 Quick Wins” for implementation across the Army by 15 June:

- 1) **Establish Command and Control.** Previously, wounded and ill Soldiers undergoing prolonged evaluation and treatment (termed Warriors in Transition) were segregated by active or reserve

component into separate companies that fell under different commands with varying leader-to-led ratios, disparate resourcing, and often disparate billeting and support structures. The disparities favored reserve component Soldiers in some locations and

**I am a Warrior in Transition.  
My job is to heal as I transition back to duty  
or continue serving the nation  
as a Veteran in the community.  
This is not a status but a mission.  
I will succeed in this mission because  
I AM A WARRIOR AND I AM ARMY STRONG.**

<sup>1</sup> See AUSA Defense Report 07-2, “Army Medical Action Plan,” June 2007, online at [http://www.ausa.org/PDFdocs/DR/DR07\\_2.pdf](http://www.ausa.org/PDFdocs/DR/DR07_2.pdf).



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.**
- 3) **Prioritize Mission Support and 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.** Policy now allows single Soldiers to choose a non-medical “caregiver” who will 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, recognizing the importance of supportive families, has institutionalized best practices Army-wide. 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 nongovernmental 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 and 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 was held 25–26 June 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 reachback 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 Departments of Defense and Veterans Affairs continues to improve. As a pilot program, the Army Medical Command is colocating 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 Medical Evaluation Board had to make an appointment with their nurse case manager to find out the status of their MEB. MEDCOM has created the MyMEB website on the Army Knowledge Online webpage, 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 nonemergency 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.<sup>2</sup>

Army leaders also approved the definition of Warrior in Transition as an active component or reserve component Soldier who meets the qualifications of Medical Hold, Medical Holdover or Active Duty Medical Extension. It includes active component Soldiers who require a Medical Evaluation Board or have complex medical needs requiring more than six months of treatment. Warriors in Transition do not include Initial Entry Training, Advanced Individual Training or One Station Unit Training Soldiers except in extraordinary circumstances. Exceptions to this definition must be approved by the local military treatment facility and unit commanders.

The Vice Chief of Staff of the Army directed two other significant AMAP actions:

- 1) Army Medical Command (MEDCOM) is to maintain command and control for all Medical Hold and Medical Holdover Soldiers.

- 2) Army Installation Management Command is to maintain command and control for all Soldier and Family Assistance Centers except at Walter Reed Army Medical Center.

On 15 June 2007, all Army Medical Hold and Medical Holdover units transferred their command and control and became Warrior Transition Units (WTUs). **This change brought active, Army National Guard and Army Reserve Soldiers under one chain of command and standardized the care and support services provided to Warriors.**

WTUs are part of the Army's new Soldier-centric health care system wherein every Warrior in Transition and family member has a triad—a squad leader, a primary care manager and a nurse case manager—to support the Warrior in his or her mission to heal.

Soldier and Family Assistance Centers (SFAC) have opened at Walter Reed Army Medical Center (in Washington, D.C.) and Brooke Army Medical Center (at Fort Sam Houston, Texas) and are opening at other WTU locations across the Army. The SFAC provides administrative service and assistance with items such as identification cards, pay, lodging, handbooks, invitational travel orders, etc., for Warriors in Transition and their family members or designated nonmedical attendants.

Additionally, new escort services are available at WTUs to greet outpatient Soldiers and family members at airports and to transport them to the WTU.

Under a new MEDCOM policy, access standards for Warriors in Transition were decreased from seven to three days for routine care and from 28 to seven days for specialty care. The access standard for urgent care remains 24 hours. The new policy also established seven days as the access standard for diagnostic tests and 14 days for medically indicated nonemergency surgeries for Soldiers to reach optimum medical benefit or fitness for duty status. Warriors also receive an initial medical evaluation screening within 24 hours (one work day) of arrival to the WTU. Medical treatment facility commanders are increasing medical staffing to meet these new standards. A new web site, "MyMEB," is now available for Warriors at every WTU to track the progress of their Medical Evaluation Board. Located on Army Knowledge Online at <https://www.us.army.mil/suite/page/417118>. "MyMEB" automatically downloads information from the MEB Internal Tracking Tool database.

In Phase II (16 June–15 July 2007), the Army provided the necessary leadership structure to allow Warriors to focus on healing, ensuring each Warrior receives personalized,

<sup>2</sup> MEDCOM NOW, vol. 1, issue 3, 15 June 2007, available online at [http://www.armymedicine.army.mil/medcom/MEDCOM\\_Now\\_20070615-issue3.pdf](http://www.armymedicine.army.mil/medcom/MEDCOM_Now_20070615-issue3.pdf).

one-on-one attention daily. Squad leaders have a close working relationship with nurse case managers assigned to that squad. The squad leader and case manager work as a team in conjunction with the third member of the triad, the primary care manager. Each part of the triad has clearly delineated responsibilities to care for the needs of the Warrior, with enough overlap to provide a safety net of support that should not allow for any Warrior to fall through the cracks.

During Phase III of the AMAP (16 July–3 September 2007), the Army focused on conducting staff assistance visits (SAVs) to select installations with newly formed WTUs.

The Army has 32 WTUs stateside (including Alaska and Hawaii) and three additional WTUs at Army installations in Germany. The 35 WTUs include the Warrior Brigade at Walter Reed Army Medical Center, 14 Warrior Transition Battalions and 20 Warrior Transition Companies.

Four SAV teams, with subject matter experts from 15 Army agencies and the Department of Veterans Affairs (VA), visited and provided assistance at Army installations including Walter Reed; Tripler Army Medical Center in Honolulu; and Forts Benning, Bliss, Bragg, Campbell, Carson, Drum, Gordon, Hood, Knox, Lewis, Riley, Richardson, Sam Houston and Stewart. At the conclusion of the SAVs, the AMAP cell analyzed trends across the Army.

Phase IV (4 September 2007–1 January 2008) began with organizations achieving *initial* operational capability (IOC). This level of capability will enable WTUs and SFACs to provide critical services to Warriors in Transition and their families. A Department of the Army Inspector General (DAIG) follow-up inspection will occur during this phase. In preparation for the inspection, SAV teams are working closely with the DAIG to ensure that inspection teams understand WTU and SFAC inspection criteria.

Phase V, which begins 2 January 2008, commences with organizations achieving *full* operational capability and completion of long-term AMAP objectives. Critical to this phase will be acting on problems and issues identified during an AMAP conference in October and developing the framework for future improvements.

### **The Way Ahead**

The Army continues to work in partnership with the VA and other organizations to improve outpatient care and administrative support to wounded Soldiers and their families. Army leaders at all levels continue to identify issues and implement solutions, to achieve the desired end state of a streamlined system providing the best possible care and restoring the confidence of the American people in Army Medicine and the United States Army.

### **Key Points**

- < The Army has provided the necessary leadership structure to allow Warriors to focus on healing.
- < The Army has synchronized world-class health care with the supporting process and systems.
- < Warrior Transition Units have been established along with the Triad of Support consisting of a primary case manager, a nurse case manager and a squad leader. This triad will ensure that each Warrior receives personalized attention and support.
- < The Army has streamlined the issues affecting Soldier and family care and disposition.
- < The structure and staffing have been created for Soldier and Family Assistance Centers (SFACs). The SFACs are a one-stop center where Warriors and their families will receive comprehensive benefit and service information.
- < Continuum of Care has improved with the increasing communication between agencies. Staff Assistance Visit (SAV) Teams, Department of the Army Inspector General Teams and the Department of Veterans Affairs have all contributed personnel and expertise to the effort of improving support and care for Warriors in Transition. Army leaders at all levels continue to identify issues and implement solutions.