



## Army Medical Action Plan

*We've got the right people working the right issues. Our Soldiers have been absolutely honest and forthcoming. I'm very, very proud of them. And they want to make it better for the Soldiers who come behind them.*

General Richard A. Cody, Army Vice Chief of Staff  
Department of Defense Special Press Briefing, 25 April 2007

### Introduction

The Army Medical Action Plan (AMAP) is the U.S. Army's initiative to develop a sustainable system wherein wounded, injured and ill Soldiers are medically treated and vocationally rehabilitated to prepare them for successful return to duty or transition to active citizenship. This plan will ensure that the needs of operational units, the Soldier and their families are jointly met. Its mission is to support the Army's Warrior Ethos of "I will never leave a fallen comrade" by identifying and implementing improvements in the Army's system of caring for warriors in transition, and to establish long-term solutions that provide a lifetime of care.

### Where Things Stand Today

Over the past five years of the war efforts in Afghanistan and Iraq, and particularly since the Army Medical Action Plan was initiated on 21 February 2007, the Army has continued to focus careful attention, manpower and resources on addressing Soldier-outpatient concerns. Many of the Army's latest initiatives specifically address findings and recommendations detailed in various reports commissioned by the President, Congress and the Secretary of Defense.

The Army's senior leadership continues to emphasize improving Soldier-patient treatment in both short-term and

long-term care. The Army has accomplished or is addressing 24 of the 26 findings by the Secretary of Defense-initiated Independent Review Group and is dedicated to working with the Department of Defense (DoD) and the Department of Veterans Affairs (VA) to implement the remainder.

The Army has made significant improvement in areas of infrastructure, leadership and process as it works toward a Soldier-centric health care system wherein each Soldier is supported by the triad of a caring and energetic chain of command; a primary care physician; and a Registered Nurse case manager.

### Implications for the Soldier and the Army

The Army is committed to continuous infrastructure maintenance and improvements at all of its medical centers and medical treatment facilities. Here is some of the recent progress the Army has made:

**Warrior Transition Units.** Regarding leadership issues, the Army believes it has the right people and the right mechanisms in place to make sure that all Soldiers in a transitional status are managed with care and compassion, and that they and their families are satisfied.

- The Warrior Transition Brigade (WTB) at Walter Reed Army Medical Center (WRAMC) was activated on 25 April 2007.



- At the heart of this unit are its commander and command sergeant major, both combat veterans. They lead numerous Primary Care Management Teams, each comprising a military nurse case manager, a primary care manager and a squad leader/platoon sergeant (Triad of Support).
- The Army has added more than 130 military positions to the WTB providing daily care and leadership for transitioning Soldiers and has created new leadership posts for company commanders, first sergeants and squad leaders. Just like Soldiers in other units in the Army, these Soldiers now have a familiar chain of command, starting at the squad leader level.
- The Army's Medical Command is compiling all the best practices learned from the WTB and will publish a "how to" manual for all other Warrior Transition Units (WTUs).
- Other WTUs of varying sizes are planned for all Army Medical Centers and Medical Treatment Facilities.

**Taking Care of Wounded Soldiers and Families.** Among the changes and/or improvements implemented by the Army's senior leadership to help Soldiers and families in transition are:

- appointing a new deputy commanding general—a "bureaucracy buster"—at WRAMC as a catalyst for improvements and long-needed change;
- bringing 28 new case managers on board at WRAMC to reduce the case manager-to-patient ratio;
- selecting and training 23 personnel as ombudsmen to serve at medical treatment facilities;
- establishing centrally located one-stop Soldier and Family Assistance Centers at WRAMC and Brooke Army Medical Center (BAMC) and planning others at Army hospitals. All the necessary services for family assistance, finance and personnel actions are available in these organizations;
- instituting a notification system that allows leaders to greet family members at the airport and escort them to the hospital, letting them know in word and deed that they and their Soldiers have a working support

system. This system also provides information to a Soldier's unit on his or her condition;

- distributing Family Member Hero Handbooks and 1-800 Hotline cards to all medical hold<sup>1</sup> and medical holdover<sup>2</sup> Soldiers and families. The hotline allows Soldiers and their families to gather information about medical care and to suggest ways to improve medical support systems;
- enhancing Soldiers' access to the hospital dining facilities in the WTUs;
- implementing a 24-hour help line at medical treatment facilities to allow Soldiers in transition to contact their support triad whenever they need assistance;
- working to employ an information system that will provide to leaders both management data and the Physical Disability Evaluation System (PDES) progress of Soldiers in transition;
- centralizing outpatient billeting at the Walter Reed campus and furnishing the rooms with televisions with cable, computers, Internet access and telephone service;
- surveying all of its facilities and will prioritize renovation/repair projects to improve accessibility for Soldiers in transition; and
- training all social work personnel, nurse case managers and psychiatric nurse practitioners on Post-Traumatic Stress Disorder (PTSD) and distributing Traumatic Brain Injury (TBI) and PTSD awareness training packages to all commanders and Soldiers.

**Army Medical System Review.** The momentum of other changes across the Army-wide medical system is significant and building. The Army is:

- benefiting from the findings of a number of independent review groups. The Army Tiger Team, activated on 1 March 2007, had visited 11 installations across the United States and had completed its work by 3 April 2007. The Army leadership is reviewing the team's recommendations and is already implementing changes.

<sup>1</sup> Active component Soldiers assigned or attached to military hospitals who are unable to perform even in a limited duty capacity in accordance with Army Regulation 40-400, *Patient Administration*.

<sup>2</sup> Reserve component (RC) Soldiers during pre-deployment, post-deployment, or separated from their units, in need of definitive healthcare based on medical conditions identified while in an active duty status, in support of the war on terrorism. RC Soldiers whose mobilization orders have expired and who were placed on active duty medical extension are also included in this population.

- identifying and implementing initiatives to improve the cumbersome Physical Disability Evaluation System (PDES). Specific initiatives include facilitating the transition from Medical Evaluation Boards (MEB) to Physical Evaluation Boards (PEB); training physicians, adjudicators, administrators and legal advisors; establishing standard counseling packages and procedures; and ensuring better connectivity of the various automation systems that support the PDES. For example, the Army is reducing the number of forms Soldiers have to complete and is transmitting documents electronically rather than physically through the mail.
- addressing the transition of patients from the Department of Defense to the Department of Veterans Affairs. This will require coordination among DoD,

VA, other federal agencies and Congress. For example, the Army is examining ways to minimize the number of physical examinations and repeat diagnostic testing for transitioning Soldiers. It is also considering collocating VA experts in Army medical facilities or collocating more facilities with VA or other agencies' facilities.

Army leadership understands recent failures and is committed to identifying necessary changes in an accelerated manner. Much of this recent effort focuses on improvements to streamline a patient-review process that does not always reflect today's skillful achievements in battlefield medicine. Army medical personnel are providing the most advanced medical care for deployed Soldiers, resulting in more lives saved than ever before.

### **Key Points**

- The Army's goal is to provide each Soldier with the best care possible; every Soldier's case is different, and they must have a system that is flexible enough to address every Soldier with dignity and compassion.
- Soldiers should not return from the battlefield to fight an antiquated bureaucracy.
- The Army is committing resources, reducing bureaucracy, disseminating information to Soldiers and families and increasing the number of case managers to improve their health and well being.
- In partnership with the VA, the Army is working to create a simple and fair evaluation of each Soldier's unique situation.
- Army leadership understands recent failures and is committed to identifying necessary changes in an accelerated manner.



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