

**Independent Review Group**  
on Rehabilitative Care and Administrative Processes  
at Walter Reed Army Medical Center and  
National Naval Medical Center

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**Findings and Recommendations – DRAFT (April 10, 2007)**

The following are the Independent Review Group's comprehensive findings and recommendations.

**Continuum of Care**

**I. Transition to Outpatient Care**

**Finding:**

Comprehensive care, treatment, and administrative services are not provided to the outpatient in an interdisciplinary collaborative manner at Walter Reed Army Medical Center.

**Recommendations:**

1. The Assistant Secretary of Defense (Health Affairs), in conjunction with the Service Surgeons General, should provide the resources to staff and train case managers at all Military Treatment Facilities in accordance with the Department of Defense guidelines.
2. The Assistant Secretary of Defense (Health Affairs), in conjunction with the Service Surgeons General, should immediately develop or modify existing Tri-Service policy and regulatory guidelines for case management services in line with currently accepted medical practice, to ensure the efficient and effective transfer of the patient throughout the continuum of care. These guidelines should include the identification of outcome criteria and establish measurements to assess compliance.
3. The Commander of Walter Reed Army Medical Center must urgently ensure every returning casualty is assigned a single primary physician care manager and case manager as their basic unit of support.

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**Finding:**

There is a lack of a clear standard for the qualifications and training of the outpatient case managers that is consistent across the Army, Navy, and Air Force.

**Recommendations:**

1. The Assistant Secretary of Defense (Health Affairs) should modify the Department of Defense TRICARE Management Activity Medical Management Guide to define clear standards, qualifications, and training requirements for case managers.
  2. The Service Surgeons General, in conjunction with the Commanders of military treatment facilities, should ensure proper initial and recurring training is conducted for case management personnel in line with the guidance set forth in the revised Department of Defense TRICARE Management Activity Medical Management Guide.
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**II. Signature Injuries of the War**

**Finding:**

The lack of early identification techniques and comprehensive clinical practice guidelines for traumatic brain injury and its overlap with post-traumatic stress disorder, within the military health system, results in inconsistent early diagnoses and treatment.

**Recommendations:**

1. The Assistant Secretary of Defense (Health Affairs), in conjunction with the Services, should develop and implement functional and cognitive measurements upon entry to military service for all recruits.
2. The Assistant Secretary of Defense (Health Affairs) should include functional and cognitive screening on the post-deployment health assessment and reassessment.
3. The Assistant Secretary of Defense (Health Affairs) should develop and issue a policy requiring 'exposures to blasts' be noted in a patient's medical record.
4. The Assistant Secretary of Defense (Health Affairs) should develop comprehensive and universal clinical practice guidelines for blast injuries and traumatic brain injury with post traumatic stress disorder overlay, and disseminate Military Health System-wide. This is an urgent requirement.

5. The Services should implement training for interpreters of the screening tools to recognize potential cases of traumatic brain injuries and post traumatic stress disorder.
  6. The Assistant Secretary of Defense (Health Affairs) should develop coding guidelines for traumatic brain injury and disseminate Military Health System-wide. This represents an interim measure until updates in the International Classification of Diseases and Diagnostic and Statistical Manual of Mental Disorders occur.
  7. The Services should commence cognitive remediation for servicemembers experiencing any decreases in cognitive ability, from their baseline, occurring during their service.
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**Finding:**

More urgent research and training, among the medical community, is needed in the areas of traumatic brain injury and post traumatic stress disorder.

**Recommendations:**

1. The Secretary of Defense, in conjunction with the Secretary of Veterans Affairs, should establish a center of excellence for traumatic brain injury and post traumatic stress disorder, seeking support from the private sector where appropriate.
  - a. The Center should combine existing research platforms within Department of Defense and the Department of Veterans Affairs.
  - b. The Center should include the breadth of research, training, and clinical services.
  - c. The Center should define the military uniqueness of traumatic brain injury.

**Research:**

- The Center should perform research on the physical and psychological impact of deployment on military personnel and their families during the various phases of deployment (pre-deployment, during deployment and post-deployment).
- The Center should explore differences (if any) between active component and reserve component personnel and families.
- The Center should evaluate the effectiveness of current and future military mental health care prevention and intervention programs (for example: medication versus psychotherapy versus a combined approach).
- The Center should work with developers to further develop and rapidly deploy use of an accelerometer/over pressure monitor to measure blast impacts to servicemembers.

**Training:**

- The Center should establish a training curriculum and the mechanisms to reach throughout the military to offer this training (for example: distance learning).
  - The Center should assist military services in meeting their responsibility to train primary care and specialty providers, case managers, Medical Hold and Holdover staffs, unit commanders, patients and family members on signs, effects, effective management and proper documentation of traumatic brain injury and post-traumatic stress disorder.
  - Curriculum should include how to know when a patient may return to duty, whether the patient requires a profile or light duty, and when the patient must return for follow-up.
2. The Assistant Secretary of Defense (Health Affairs) should expand the *Millennium Cohort* study to include traumatic brain injury and post-traumatic stress disorder.
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**Finding:**

There is a declining number of mental/behavioral health staff in military medical system. This directly affects the care and treatment of traumatic brain injury and post-traumatic stress disorder.

**Recommendations:**

1. The Service Secretaries should investigate and implement compensation plans to retain current staff. As needed, seek Congressional authority to provide financial incentives for critically short and militarily required specialties.
  2. The Service Secretaries should ensure that active duty behavioral health staff augment recruiting commands to attract qualified students to the military, e.g., visiting alma maters.
  3. The Services should investigate increasing use of the Health Professions Scholarship Program (HPSP) and Financial Assistance Program (FAP) to attract qualified candidates.
  4. The Secretary of Defense should seek Congressional authority to change the laws pertaining to service obligation for recruitment of new physicians.
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**Finding:**

There are inconsistencies within the Department of Defense and the Department of Veterans Affairs regulatory systems which deal with the functional loss of limb due to

traumatic injury and burn. Currently, the disability system does not adequately compensate for the functional and physiological loss of limb in burn patients.

**Recommendations:**

1. The Secretary of Defense should request the Secretary of Veterans Affairs to update the Code of Federal Regulations, Title 38, Part IV to account for the unique disabilities and needs of traumatic amputees and burn victims, focused on a loss of function and post-service needs. This would require an expedited process for publishing the change.
  2. The Secretary of Defense should review the Physical Evaluation Board determinations of all burn cases, dating back to 2001, within one year after the update to Title 38.
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**Finding:**

When an amputee leaves the Department of Defense medical system, the follow-on care, the amputee receives, may not be as technologically advanced outside the military medical system.

**Recommendations:**

1. The Secretary of Defense should pursue partnerships with the Secretary of Veterans Affairs to provide treatment; promote education and research in prosthesis care, production, and amputee therapy.
  2. The Secretary of Defense should request the Secretary of Veterans Affairs to expand the Department of Veterans Affairs' existing program to allow patients to access private prosthetic practitioners and the military health system.
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### **III. Physical Disability Evaluation System**

**Finding:**

There are serious difficulties in administering the Physical Disability Evaluation System due to a significant variance in policy and guidelines within the military health system.

**Recommendations:**

1. The Secretary of Defense should provide recommendations to Congress to amend Title 10 United States Code, Chapter 61, and Title 38 United States Code, to allow the 'fitness for duty' determination to be adjudicated by the Department of Defense and the disability rating be adjudicated by the Department of Veterans Affairs.

2. Following the changes to the United States Code, the Secretary of Defense, should quickly promulgate regulatory guidelines and policy to the Service Secretaries.
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**Finding:**

The current Medical Evaluation Board/Physical Evaluation Board process is extremely cumbersome, inconsistent, and confusing to providers, patients, and families.

**Recommendations:**

1. The Under Secretary of Defense (Personnel & Readiness) should completely overhaul the physical disability evaluation system to implement ONE Department of Defense level Physical Evaluation Board/Appeals Review Commission with equitable Service representation and expand what is currently the Disability Advisory Council.
    - According to a GAO report, a problem with the current organization is that the Council only “aims” to meet quarterly, but did not meet for a full year, to discuss issues raised by the Services. This recommended concept would have daily consolidated operational oversight and responsibility of the Physical Evaluation Board process including the current the Service level Physical Evaluation Board and Appeals Review levels of jurisdiction. This action allows for streamlining of personnel and resources, and eliminates the intra and inter-Service disparities of the disability ratings, and provides a forum for implementing immediate corrective action. This recommended concept incorporates Veterans Affairs representation and ensures a true seamless transition from Department of Defense into the Veterans Affairs health system.
  2. The Under Secretary of Defense (Personnel & Readiness) should conduct a quality assurance review all (Army, Navy/Marine Corps, and Air Force) Disability Evaluation System decisions of 0, 10, or 20 percent disability since 2001 to ensure consistency and compliance with applicable regulations.
  3. The Secretary of Defense and the Secretary of Veterans Affairs should establish ONE SOLUTION. Develop and utilize one disability rating guideline that remains flexible to evolve and be updated as the trends in injuries and supporting medical documentation/treatment necessitate. Revise the current process of updating the disability ratings system to include an operation update that pushes changes to the field on a weekly, or as needed basis.
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**Finding:**

A common automated interface does not exist between the clinical and administrative systems within the Department of Defense and among the Services, causing a systemic breakdown of a seamless and smooth transition from Department of Defense to the Department of Veterans Affairs.

**Recommendation:**

The Secretary of Defense, in conjunction with the Secretary of Veterans Affairs, should direct the streamlining the transition process for the servicemember separating from the Department of Defense and entering the Department of Veterans Affairs.

- As already identified in the Government Accountability Office report (2004), implement the single physical exam. Review the 1998 Department of Defense memorandum of understanding (MOU) between the Department of Defense and Department of Veterans Affairs, implement a common physical for use by the Services and the Department of Veterans Affairs for those servicemembers in the physical disability evaluation system, and allow flexibility in the timelines test or procedures that would eliminate redundant efforts.
  - Rapidly Develop standard automated systems interface for both clinical and administrative systems that allows bilateral electronic exchange of information. Review and implement the recommendations of the 2003 President's Task Force.
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**IV. Reserve Component****Finding:**

The Reserve Component servicemembers of our Armed Forces face unique challenges with respect to the military health care system.

**Recommendations:**

1. The Secretary of Defense, in conjunction with Service Secretaries, should establish a program that returns previously deployed Reserve Component servicemembers back to an active status for a Post Deployment Health Reassessment and an evaluation by a medical professional, six months post demobilization.
2. The Secretary of Army should continue to build the success of the Community Based Health Care Organization program and expand where possible. Other Services should be encouraged to use this program.
3. The Secretary of Defense should initiate a thorough review of post-service Reserve Component healthcare and develop systems and policies that assure quality care is delivered for service connected illness and injuries.

4. The Secretary of Defense should seek regulatory change to offer incentives to individual health care providers to accept TRICARE.

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## **Leadership, Policy, and Oversight**

### **V. Command and Control**

#### **Finding:**

The Base Realignment and Closure decision to create the new Walter Reed National Military Medical Center contributed to staffing problems, inattention of leadership to day-to-day operations, and a lack of resources for capital improvements.

#### **Recommendations:**

1. The Secretary of Defense should seek legislative approval to accelerate the implementation of the Base Realignment and Closure Commission's recommendations. Specifically, accelerate or waive the Environmental Impact Study (EIS) and release monies required to start construction of the "new" Walter Reed National Military Medical Center.
2. The existing facilities should not be allowed to "die on the vine." Expeditious integration of these two facilities will lessen the time Walter Reed Army Medical Center is in a state of "limbo," and can take advantage of economies at a quicker pace while ultimately improving the treatment of eligible servicemembers and their families. The servicemembers and their families should not experience any delays in service during this transition. Funding must be provided to maintain full operation until the day of closure.

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#### **Finding:**

The A-76 process created a destabilizing effect on the ability to hire and retain qualified staff members to operate garrison functions to include facility maintenance and administrative functions. The cost saving effort, in retrospect, proved to be counterproductive.

#### **Recommendation:**

The Secretary of Defense should provide the Service Secretaries the opportunity to apply for regulatory relief, during a time of war, for exemptions from A-76, within the law and specifically for Walter Reed and other military treatment facilities.

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**Finding:**

Leaders should have been aware of the poor living conditions and administrative hurdles faced by some outpatients at Walter Reed Army Medical Center.

**Recommendation:**

The Surgeon General of the Army should ensure that the tools available to measure patient and family satisfaction and provide feedback on facility conditions are being used to the maximum extent. Use of the patient feedback system must ensure recurring and unresolved problems are acted upon and substantiated complaints are resolved and resolution is documented and reviewed by senior hospital leadership.

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**Finding:**

Leadership failed to provide clear direction, or place proper priority, on the management and treatment of outpatients at Walter Reed Army Medical Center.

**Recommendation:**

The Secretary of the Army should ensure implementation of recommendations made in the Army Inspector General report on the Army physical disability evaluation system and the resulting Army Action Plan on Walter Reed Army Medical Center Army Outpatient Care. Both of these documents contain information that can be used as a part of a sound roadmap in improving the leadership and management of the newly formed Medical Hold Brigade. The Army Action plan has a May 31, 2007 due date to have all positions filled in the Medical Hold Brigade. Follow-up action by the Deputy Chief of Staff G1 must be taken to ensure this timeline is met and effectiveness of the changes adopted should be measured by September 30, 2007 and adjustments made accordingly.

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**Finding:**

Although there is a plan being initiated for the physical merger of Walter Reed Army Medical Center and National Naval Medical Center; the current Army, Navy, and Air Force Service cultures have tremendous strength within each Service, but present a significant barrier to the smooth integration into a joint Walter Reed National Military Medical Center.

**Recommendations:**

1. The Secretary of Defense should appoint a senior flag officer to oversee the transition of Walter Reed Army Medical Center to the Walter Reed National Military Medical

Center. Recommend an officer with the rank of O-8 or above be placed in charge of the transition team and report progress on a regular basis to the Secretary of Defense.

2. The Secretary of Defense, in conjunction with the Service Secretaries, must immediately initiate the functional integration of Walter Reed National Military Medical Center for the formation of cohesive joint team to ensure success.

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**Finding:**

Staff training of the Medical Hold and Medical Holdover Cadre is inadequate.

**Recommendation:**

The Army Surgeon General should develop and institute a training program for the Medical Holdover cadre that contains a specific focus on the care of wounded, ill, and injured servicemembers, assistance to families, and the administrative care of patients in a hospital setting. Follow-up action and inspection of training effectiveness should be accomplished within 60 days of training implementation.

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**Finding:**

Shortage of staff in key positions, inability to recruit new staff members, and the staff's uncertainty of future employment, at Walter Reed Army Medical Center, has serious implications on the ability to continue quality care and services to patients.

**Recommendations:**

1. The Commanders of Walter Reed Army Medical Center and National Naval Medical Center should establish a transition hiring panel to provide employment assurances to staff members, from Walter Reed and National Naval, who will be needed to staff the new Walter Reed National Military Medical Center. This panel must have authority to provide employment opportunities and guarantee employment at the new hospital(s) for qualified staff members who meet performance standards.
2. The Service Secretaries should ensure standardized job classifications and grades for like positions at each facility are in place.
3. The Secretary of Defense should seek legislative relief from the archaic classification system that prevents paying competitive wages for nursing school graduates and other key hard-to-fill staff positions.
4. The Secretary of the Army should ensure actions outlined in the Army Action Plan are implemented and measured for success within sixty days after implementation with a report back to the Secretary of Defense.

5. The Secretary of Defense, in conjunction with the Service Secretaries, should review all statutory and regulatory guidance regarding military service obligations and grant an exception to policy for health care professionals.

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**Finding:**

The Medical Hold and Holdover Companies are not properly staffed to provide proper guidance to patients, especially those with traumatic brain injury and post traumatic stress disorder.

**Recommendations:**

1. The Deputy Chief of Staff, G1, should establish a platoon sergeant to patient ratio sufficient to provide required supervision, tracking of appointments, and leadership to the Medical Hold and Holdover cadre. The majority of Medical Holdover platoon sergeants recommend a 1:15 ratio as the necessary standard. Whatever standard of staffing is finally agreed to, the G1 must review the effectiveness of the Medical Hold and Holdover Companies within 60 days of completion of the recommendation and must then take action to adjust staffing levels as the situation dictates.
2. The Army Surgeon General should ensure behavioral specialists are assigned to the Medical Hold and Holdover Companies to meet the needs of patients with traumatic brain injury and post traumatic stress disorder symptoms. Additional staff is needed to help identify patients who exhibit mental health problems such as depression, substance abuse, and suicidal behavior.
3. The Deputy Chief of Staff, G1 in conjunction with the Surgeon General of the Army should ensure a manpower standard is developed for the safe and effective operation of the Medical Hold and Holdover companies and brigades.
4. Service Secretaries should review and update applicable directives to ensure there is no distinction in the care management and disability processing of Active Component and activated Reserve Component servicemembers.

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**Finding:**

The Medical Hold and Holdover Cadres were significantly understaffed to handle their missions.

**Recommendation:**

The Deputy Chief of Staff, G1 should establish staffing guidelines for Medical Holding Cadres as recommended in the Army Inspector General report. In the interim, the

Commander of Walter Reed Army Medical Center must fully staff the newly established Medical Holding Brigade by May 31, 2007 as outlined in the Army Action Plan. The Deputy Chief of Staff, G1 should follow-up within 60 days of full staffing of the brigade to measure effectiveness in terms of meeting the needs of service members.

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**Finding:**

Walter Reed Army Medical Center and National Naval Medical Center staff members, especially those in the nursing field, are showing signs of compassion fatigue.

**Recommendation:**

The Commanders of Walter Reed Army Medical Center and National Naval Medical Center should ensure programs are initiated and are in place to help the staff combat compassion fatigue and other stresses caused by the nature and intensity of work at these two medical centers. The Deputy Commander for Nursing at Walter Reed has taken positive steps in this regard by initiating a no-cost contract request to develop a tailored stress reduction program for the nursing staff. A formal study of stress and immediate action to provide stress reduction programs for all personnel as needed should be undertaken.

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**Finding:**

Resource constraints at Walter Reed Army Medical Center contributed to the failings addressed in this report.

**Recommendation:**

The Secretary of Defense should evaluate the imposition of the “Efficiency Wedge” on the Service Medical Departments during this time of war.

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## **VI. Family Support**

**Finding:**

Inconsistent education processes exist across the Department of Defense, in advising families of available benefits to assist them upon the hospitalization of the servicemember and with travel and lodging.

**Recommendations:**

1. The Department of Defense should ensure swift education on entitlement of benefits for family members of all wounded, injured, and ill servicemembers in a Very

Seriously Ill (VSI) and Seriously Ill (SI) category. Briefings should include information on the invitational travel benefits, the process, and the assignment of a liaison to assist the family with transportation arrangements, lodging, and other plans.

2. The Army Deputy Chief of Staff, G1, and other Service equivalents, should ensure a liaison officer is appointed to the family of the wounded, ill, or injured servicemember to facilitate local transportation, lodging arrangements, and assist with any other benefits needed to support the family so that they can focus on the recovery and well being of their loved one.

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**Finding:**

Insufficient housing exists, on the grounds of Walter Reed Army Medical Center, to accommodate family members who are at the hospital to aid in the recovery of their servicemember.

**Recommendations:**

1. The Office of the Surgeon General should review patient populations and nature of injury and illness and determine if patients can be moved from the Walter Reed Army Medical Center campus to medical treatment facilities close to the servicemembers' homes or home units. This will provide a better environment for patients and their families and may prove more economical for the government.
2. The Secretary of the Army should empower uniformed Army leadership to make a determination on the feasibility of using permanent change of station (PCS) entitlements for families of wounded, ill, and seriously injured servicemembers who are destined for long term outpatient rehabilitative care. PCS entitlements must be used on a case by case basis with consideration given to the needs of the family and laws governing PCS entitlements.

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**Finding:**

Family members are sometimes left on their own to deal with the bureaucracy in their quest for assistance in completing administrative paperwork and for reimbursement of expenses incurred when visiting their wounded, injured or ill servicemember.

**Recommendation:**

The Army Deputy Chief of Staff, G1, should assure that each family, who travel on invitational travel orders to a medical treatment facility, is assigned an advocate to assist with all administrative functions pertaining to the trip, including personal assistance to complete travel vouchers and necessary paperwork for reimbursement. The family advocate must take steps to follow-up and ensure family members are reimbursed in

accordance with the provisions outlined in the Joint Federal Travel Regulations (JFTR). The assistance should be patterned after that provided by the Marine Corps Liaison Office at National Naval Medical Center.

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## **VII. Facilities**

### **Finding:**

The facilities and infrastructure at Walter Reed Army Medical Center have not been maintained to an acceptable standard and have not received the required funding to sustain operations.

### **Recommendations:**

1. The Secretary of the Army should identify a senior facilities engineer from US Army Medical Command or Installation Management Command to assume full responsibility for non-medical facility maintenance at Walter Reed Army Medical Center, to stabilize the maintenance process, conduct maintenance process assessment, and to improve the condition of critical facilities and infrastructure.
2. The US Army Medical Command Assistant Chief of Staff for Installations, Environmental & Facilities Management should prioritize assets and infrastructure based on risk and condition of all non-medical facilities.
3. The United States Army Corps of Engineers should conduct a facility condition assessment at all Walter Reed Army Medical Center facilities (medical and non-medical), focusing on high priority facilities and infrastructure first.
4. The Walter Reed Army Medical Center Garrison Commander should eliminate the use of the Installation Status Report for non-medical facilities and utilize a more efficient tool such as the Facilities Assistance and Assessment Support Team model which is currently being used in all US Army Medical Facilities.
5. The United States Army Medical Command Assistant Chief of Staff for Installations, Environmental & Facilities Management should identify proactive maintenance metrics to manage the facility maintenance process.
6. The Assistant Secretary of Defense (Health Affairs) should provide the Services adequate funding levels for facility sustainment, restoration, and modernization.
7. The U.S. Army Medical Command Assistant Chief of Staff for Installations, Environmental and Facilities Management should hire a maintenance consulting company with experience in assessing private sector facility “best practices” and conduct a facility maintenance process assessment to identify the gap between current and desired performance of the maintenance process at Walter Reed Army Medical

Center and develop an action plan for change to present to MEDCOM's Chief of Staff for approval to implement.

8. The Secretary of Defense should assure that the Army, Navy, and Air Force assign one senior facility leader to the assessment team as an observer.
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