





## Lessons Learned from OIF / OEF

- Influx of a new mix and new types of injuries (e.g. TBI, etc.) • AD Patients were younger than typical VA patient .... greater than anticipated interest in RTD and Rehab Transfer of MTF medical records and nursing notes .
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- Feelings of abandonment by the military for both SM and family No one available to:
- Coordinate the issuance of Invitational Travel Orders/Non-Medical Attendant Orders for family members
   Resolve pay problems for SMs & coordinate financial assistance for family members
- Initiate applications for TSGLI
- Assist SM with Medical Evaluation Board/Physical Evaluation Board processing Assist SM with convalescent leave & make transportation arrangements
- Work with VA Volunteer Services and Vet's Service Organizations in securing donated funds to cover emergencies and items not covered by the military

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## **Military Patient Management Issues**

Lessons Learned from OIF/OEF

- Arrange transportation of household goods, JAG support, ID cards, etc. .
  - Need to develop working relationship with Services & American Red Cross
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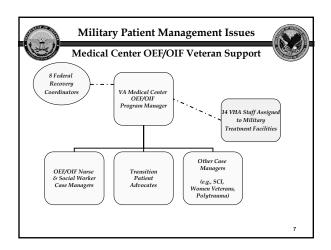
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- Active family and extended family issues: • Spouse or parents take a leave of absence or quits work to be with AD SM

- AD SM Military funded travel, lodging and local transportation issues Child care issues, at the VAMC or at the HOR Parents needs, questions and concerns. (A mother concerned about the care and treatment of her son/daughter is a formidable force) Managing conflict between family members (divorces & separations). Addressing health care concerns of visiting family members Too form Wiltrary INOs woording congraga for other Services

- Too few Military LNOs, providing coverage for other Services Working with Reserve & National Guard Units .
- Visiting dignitaries (Members of Congress; GO or Flag Officers; Senior VA staff; and others)





## **Military Patient Management Issues** N. Federal Recovery Coordinators

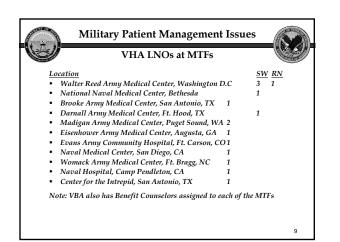
- New joint DoD / VA program
- As of 7 Jan 08 (with 2 hire actions pending):
  - Walter Reed Army MC (3) National Naval MC (3)

  - Brooke Army MC (2)
- FRCs identify severely injured upon arrival from theater, overall responsibility for assuring SM has access to all clinical & non-clinical services

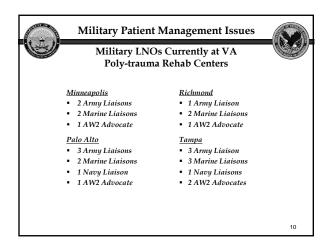
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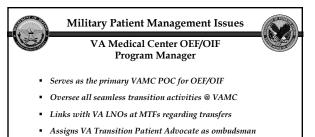
- Coordinates with:

  - VHA LNOs in MTFs
    Military LNOs in VAMCs
    VHA OEF-OIF Program Managers In VAMCs



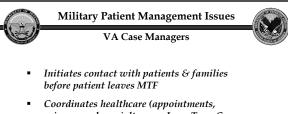






- for each SM before & during transfer

  Assigns Case Manager for all severely injured/ill and
- others as needed upon transfer to the VAWork closely with VBA to track benefits claims



- primary and specialty care, Long Term Care placements, etc.)
- Coordination of civilian referrals as appropriate

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