Understanding the OEF/OIF Program

An integrated approach to working with veterans of modern warfare.

St. Louis Staffing

- OEF/OIF Program Manager
- OEF/OIF Transition Patient Advocate
- OEF/OIF Nurse Case Manager
- OEF/OIF Social Work Case Manager

Program Manager Functions

- Provide seamless transition to Severely Injured (SI) veterans entering the VA system from Military Treatment Facilities (MTF)
- Ensure linkage to care for needed medical care for SI veterans
- Monitor CMTRA (Care Management Tracking Application)
- Monitor VTA (Veterans Tracking Application)
- Monitor TBI Web Based Training Application
- Monitor Global Call Center issues
- Monitor and coordinate Iraq/Afghanistan Post Deployment clinical reminder and TBI clinical reminder
- Participate in PDHRA's
- Coordinate hospital services to modern warfare veterans
- Coordinate and provide community outreach to WTU, military installations, National Guard/Reserve units
- Coordinate Yellow Ribbon Reintegration Campaign activities

Transition Patient Advocate Functions

- Point of Contact to assist transitioning veterans
- Patient advocate for veterans of modern warfare
- Travel to and with veterans as needed
- Handles administrative functions, e.g. eligibility and enrollment
- Assists patients in understanding their rights
- Develops rapport and maintains effective relations with medical center personnel
- Organizational analysis and program evaluation

General Case Management Functions

- A collaborative approach to providing and coordinating health care services.
- A case manager will work with you, your family, physicians, community resources and other entities to ensure you receive all the necessary services to promote your health and well being.
- Linkage to care is a primary responsibility of the case manager as they meet the day to day needs of the veteran.
- The goal of the case manager is to understand the veteran's needs well enough in order to match VA and community resources to offer the veteran the opportunity to achieve self-sufficiency.

General Case Management Functions

- Provide social support to ensure that needed services and treatments are obtained.
- Provide necessary screening and assessment services to veteran.
- Assist the veteran in obtaining appropriate medical care.
- Assist the veteran in obtaining appropriate mental health care.
- Assist the veteran in obtaining appropriate specialty medical care.
- Assist the veteran in obtaining appropriate poly-trauma care.
- Assist the veteran in securing necessary medical supplies and equipment.
- Assist the veteran in obtaining home care services.
- Assist the patient in obtaining assistance with homemaking and personal care needs such as bathing, dressing, communication and grooming.

General Case Management Functions

- Provide in home case management services.
- Coordinate health care service delivery and necessary medical follow-up.
- Assist the patient to establish linkages to community resources, e.g. Social Security Administration, Internal Revenue Service, state Vocational Rehabilitation Programs.
- Provide informational resources to the veteran.
- Mobilize internal and external resources.
- Strengthen family functioning where possible.
- Liaison with medical and mental health units in the VA regarding care for severely injured.
- Prevent unnecessary services or treatment.
- Evaluate an individual's safety and ability to live independently at home.
- Assist the veteran to function within their family.

Nurse Case Management

- The nurse case manager serves as your advocate and liaison between yourself and all providers of your health care services within the VA.
- The nurse case manager also serves as you linkage to care provider and liaison with services outside of the VA system.
- In today's health care environment, it can be overwhelming to navigate the system. You may not know all the questions to ask the provider or you may not be familiar with the vast array of services available to meet your needs. Medical language is often unfamiliar and physicians cannot spend enough time with you to help you understand all the complexities of your illness.
- The nurse case manager bridges that gap to assure that you have all the information you need to make well-informed health care decisions outside of the VA system of care.
- The nurse case manager provides linkages to other resources and services in the community to assure your needs for care are met.
- The nurse case manager helps you understand and cope with the medical, social and emotional issues confronting you in a holistic manner.

Nurse Case Management Functions

- Development, implementation and maintenance of systematic of clinical practices
- Promotes quality clinical practice
- Provides ongoing, collaborative case management
- Ensures initial and ongoing patient assessments
- Ensures patient health education

Nurse Case Management Functions

- Ensure care related team goals
- Analyzes clinical content of medical records
- Ensures patient is screened for social service, home care and community care needs
- Ensures team planning for treatment and care

Social Work Case Management

- The social worker case manager serves as your advocate and liaison between yourself and all providers of your health care services within the VA and outside of the VA system of care.
- In today's health care environment, it can be overwhelming to navigate the system. You may not know all the questions to ask the provider or you may not be familiar with the vast array of services available to meet your needs. Mental health language is often unfamiliar and providers cannot spend enough time with you to help you understand all the complexities of your illness.
- The social work case manager bridges that gap to assure that you have all the information you need to make well-informed health care decisions outside of the VA system of care.
- The social work case manager provides linkages to other resources and services in the community to assure your needs are met.
- The social work case manager helps you understand and cope with the social, mental and emotional issues confronting you

Social Work Case Manager Functions

- Development, implementation and maintenance of systematic of clinical practices
- Promotes quality clinical practice
- Provides ongoing, collaborative case management
- Ensures initial and ongoing patient assessments

Social Work Case Manager Functions

- Ensures patient health education
- Ensure care related team goals
- Ensures patient is screened for social service, home care and community care needs
- Ensures team planning for treatment and care

Severely Injured Criterion

1) **Amputation**- diagnosis of amputation of an extremity.
2) **TBI**- Functional Independent Measure (FIM) score of 54 or less, specifically any singular motor FIM category of 4 (minimal assistance of one person) or less. Further, if adjudicated already by VBA the patient should be 50% SC or may have unemployability.
3) **Severe Mental Health-** measured by a stable GAF score of 30 or less. This score cannot reflect an acute incident in the life of a patient. In addition, patients are typically SC for 30% or more with a mental health diagnosis.
4) **Spinal Cord Injury-** diagnosed injury to the spinal cord.
5) **Blind**- diagnosis of loss of sight.

Severely Injured Criterion

6) **Severe Burn Injury-** diagnosis of sever burns to major parts of the body.
7) Referral from a Military Treatment Facility (MTF) with a DoD diagnosed mental health condition. Veteran is SC for 30% or more for this condition from the DoD.
8) **Incurable or Fatal Disease** with limited life expectancy.

These eight numbered items make the veteran eligible for OEF/OIF case management services. In addition, a determination must be made by the OEF/OIF Team that the patient is in need of ongoing, collaborative case management. A patient may choose to not utilize case management services, or may be adequately being managed by providers in the medical center and not require case management services.

Once a case manager is assigned they do not function as a provider of care. They function as a linker and connector to care.

Levels of Care Management

- **Intensive-Acute Case Management** requires **daily or at least weekly** contact whenever there is transition of care or significant change in the patient's clinical, psychosocial, functional, or mental health status.
- **Progressive-Chronic Case Management** requires at least **monthly** contact to ensure the support system is in place. The patient is medically stable but still needs ongoing intervention for psychosocial issues or other clinical issues.
- **Supportive-Chronic Case Management** requires at least **quarterly** contact when medical and psychosocial issues are stable and the patient is well established in the system of care.
- **Lifetime-Chronic Case Management (semi-annually)** ensures access to and coordination of care at the local VA medical center.

The breakdown of that case mix is as follows:
Target Case Load Size Per Case Manager
Intensive-Acute Case Management = 5
Progressive-Chronic Case Management = 10
Supportive-Chronic Case Management = 20
Lifetime-Chronic Case Management = 40

The System

- Seamless Transition
- Warm Handoff from MTF to VA
- Linkage to care within the VA
- Linkage to care outside the VA
- Pre-deployment/Deployment training
- Post Deployment Health Reassessment Screening (PDHRA)

Pre-Visit Interdisciplinary Team Meeting

- Warm handoff from MTF or other facility
- Speak to the patient, case manager and VHA liaison
- Set team meeting for all potential providers
- Meet and discuss treatment plan of action
- Set appointments (all in the same day)
- Hand off patient from one appointment to another as needed
- Follow-up meeting to discuss plan of care

Tracking Applications

- Veterans Tracking Application (VTA)
- Care Management Tracking Application (CMTRA)
- TBI Tracking Application
- CPRS
- OEF/OIF Clinical Reminders

Iraq/Afghanistan Post Deployment and TBI clinical reminders

- Each time a provider sees an OEF/OIF veteran they need to check the clinical reminder section in CPRS and ensure that the Iraq/Afghanistan Post Deployment and TBI clinical reminders are completed on that visit. If they are "Due Now", the reminder must be completed.
- For each new OEF/OIF veteran both reminders need to be completed upon initial visit.
- For each return visit for existing OEF/OIF patients to the medical center, the reminders need to be checked and completed if needed. With a re-deployment (military status change for the veteran), both clinical reminders are reset to "Due Now". They could be renewed each year with multiple deployments and changes in military status of OEF/OIF veterans.
- Both reminders must be completely finished, not partially done. The TBI clinical reminder requires a consult to a qualified provider, if any of the items are affirmative.
- Administratively closing out the reminder should be a last resort.

(NOTICE: A face to face interview upon the initial visit of the patient is still the preferred choice for doing clinical reminders.)

The Family System

- Imperative that the OEF/OIF Team work with the whole family system in linkage to care with SI patients.
- Parents are important, as many veterans are young.
- Circle of friends are important.
- Technology can be used to enhance care.

The Challenge of Bringing In Family Members

- Vet says no
- (multiple reasons why-shame of what was done in the war, worry about impacting partner etc.)
- Family doesn't return the call
- Clinician can only occasionally get the vet in
- Not clear how to do it
- Child care issues
- What does the clinician do if the family member(s) come in?
- Are the mother and father involved?
- Social support is a key ingredient in helping veterans
- A veteran's social support network needs to be assessed

(modified from information by Keith Armstrong, Ph.D., LCSW)