

Independent Review Group

on Rehabilitative Care and Administrative Processes
at Walter Reed Army Medical Center and
National Naval Medical Center

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EXECUTIVE SUMMARY– DRAFT (April 10, 2007)

Rebuilding the Trust

President Abraham Lincoln, in his Second Inaugural Address, challenged a healing nation, “...to care for him who shall have borne the battle, and for his widow, and his orphan, to do all which may achieve and cherish a just and lasting peace, among ourselves, and with all nations.”¹ The Nation must demonstrate the same determination today, by renewing our commitment to our servicemembers and their families. They deserve the highest quality of healthcare services available.

Charter and Methodology

Following the disclosure of deficiencies in outpatient services at Walter Reed Army Medical Center, reported by the *Washington Post* in February 2007, Secretary of Defense Robert M. Gates commissioned an independent panel to review current rehabilitative care and administrative processes at both Walter Reed Army Medical Center in Washington, D.C. and National Naval Medical Center in Bethesda, Maryland.²

Nine members comprised of political, industry, military, and medical leaders, were selected by Secretary Gates to serve on the Independent Review Group. The co-chairs for the Independent Review Group include: Togo D. West, Jr., former Secretary of Veterans Affairs and Secretary of the Army under President Clinton, and John O. Marsh, Jr., former member of Congress and Secretary of the Army under President Reagan. The other Independent Review Group members include: John J. H. Schwarz, M.D., former member of Congress from Michigan; Jim Bacchus, former member of Congress from Florida; Arnold Fisher, senior partner of Fisher Brothers and Honorary Chairman of the Intrepid Fallen Heroes Fund; retired General John Jumper, former Air Force Chief of Staff; retired Lieutenant General Charles “Chip” Roadman, former Air Force Surgeon General; retired Rear Admiral Kathleen Martin, former Navy Deputy Surgeon General;

¹ Inaugural Addresses of the Presidents of the United States (1989). Abraham Lincoln Second Inaugural Address on Saturday, March 4, 1865. *Bartleby.com*. Retrieved April 5, 2007, from <http://bartleby.com/124/pres32.html>

² Terms of Reference and Secretary of Defense’s announcement (Appendix A and B).

and retired Command Sergeant Major Lawrence Holland, former Senior Enlisted Advisor to the Assistant Secretary of Defense for Reserve Affairs.³

The Independent Review Group was granted unrestricted access to facilities and personnel at Walter Reed and National Naval Medical Center. While these two facilities were the focus of its review, the Group also visited other locations to determine if systemic problems exist. Special advisors were made available to the Group in subject matter areas relevant to patient treatment and administration. The Group was permitted 45 days to review the current situations and report their findings and recommendations to the Secretary of the Army, the Secretary of the Navy, and the Assistant Secretary of Defense (Health Affairs).

Scope and Findings

This is the final report of the Independent Review Group. It is intended to communicate the impartial and unbiased review of the continuum of care, leadership, policy, and oversight issues. Additionally, this report offers detailed discussion of the Independent Review Group's findings and offers alternatives and recommendations, as appropriate, to correct deficiencies and prevent them from occurring in the future. Many of the Group's findings are not new. Numerous reports, by agencies within both the executive and legislative branches of government, have previously identified the problem areas.⁴ Regrettably, many of these problems still exist. The Group's goal in this report is to set forth "actionable" recommendations to the appropriate authority to improve health care services for servicemembers and veterans.

Every agency of the government, including the Congress and the Executive branch, should bring to bear all the resources necessary to correct the conditions found.

During their efforts, the Group established numerous opportunities to capture comments from servicemembers, their families, and personnel at both military treatment facilities, as well as from the general public. The information used to support this report was obtained through:

- Two public meetings⁵
- One-on-one interviews⁶
- Site visits⁷
- Website address
- Toll-free telephone hotline⁸

³ Independent Review Group Member Biographies (Appendix C)

⁴ Reports Reviewed and Considered by the Independent Review Group (Appendix D)

⁵ Transcripts from the public meetings held at Walter Reed Army Medical Center on March 13, 2007 and National Naval Medical Center on March 14, 2007 are available through the Defense Health Board at <http://www.ha.osd.mil/dhb/>.

⁶ Independent Review Group Interviews (Appendix E)

⁷ Independent Review Group Site Visits (Appendix F)

⁸ Independent Review Group Website and Toll- Free Telephone Hotline (Appendix: G)

- Service and command responses
- Commissioned reports of similar interest
- Media sources

After significant review and consideration, the Group identified shortcomings in the following two main areas at Walter Reed Army Medical Center:

1. Continuum of Care
2. Leadership, Policy and Oversight.

Within these main areas, several sub-areas of interest were also identified and include: Transition to Outpatient Care, Signature Injuries of the War, Physical Disability Evaluation System (PDES), Reserve Component Perception, Command and Control, Family Support, and Facilities.

The Independent Review Group found, throughout the continuum of care, two principle themes:

1. The care provided is first class from the time of injury, through the evacuation from the battlefield, to transport to a tertiary medical facility,⁹ and during inpatient hospitalization, and sets a recognized standard of excellence in trauma care.
2. Generally, the breakdown in health services and care management occurs once the servicemember transitions from inpatient to outpatient status.¹⁰

During its ongoing review of the continuum of care, the Group discovered problems in the transition to outpatient status; sequential diagnosis and treatment of injuries; and navigating the physical disability evaluation system (PDES), to include:

- Comprehensive care, treatment, and administrative services are not provided in an interdisciplinary, collaborative manner.
- A clear standard is lacking for the qualifications and training of outpatient case managers.
- Early identification techniques, comprehensive clinical practice guidelines, research, and training are lacking for traumatic brain injury and post-traumatic stress disorder.
- Numbers of mental/behavioral health staff in military medical facilities are declining.

⁹ Tertiary medical facility is a major hospital that usually has a full complement of services including pediatrics, general medicine, various branches of surgery and psychiatry. (Retrieved from *Wikipedia* 5 April 2007 at http://en.wikipedia.org/wiki/Tertiary_referral_hospital)

¹⁰ An Inpatient is 'admitted' to the hospital and stays overnight or for an indeterminate time. An Outpatient comes to a hospital or doctor for diagnosis and/or therapy and then leaves again. (Retrieved from *Wikipedia* 8 April 2007 at http://en.wikipedia.org/wiki/Inpatient#Outpatient_vs_Inpatient)

- Adequate compensation is not provided to burn patients for loss of limb function.
- Technologically advanced follow-on care for amputees is not as accessible outside of the Department of Defense.
- The Physical Disability Evaluation System policy and guidance has significant variance, and is extremely cumbersome, within the military health system.
- An automated interface does not exist in the clinical and administrative systems within the Department of Defense and the Department of Veterans affairs.
- Reserve Component servicemembers face unique challenges in the military healthcare system.

The Group also found administrative problems in the areas of: leadership, policy, and oversight, to include:

- Base Realignment and Closure (BRAC), A-76, and funding constraints, contributed to the issues at Walter Reed Army Medical Center.
- Leadership, at Walter Reed, should have been aware of poor living conditions and administrative hurdles and failed to place proper priority on solutions.
- A smooth integration is lacking for transition into a joint Walter Reed National Military Medical Center.
- Staffing shortages and inadequate training are impacting the delivery of care at Walter Reed and National Naval Medical Center, and resulting in compassion fatigue among staff.

Finally, during its review, the Group found administrative problems in the areas of family support and facilities, to include:

- Benefit notification and assistance to family members is inconsistent across the Department of Defense.
- Housing for outpatients and family members is insufficient at Walter Reed Army Medical Center.
- The facilities and infrastructure have not been maintained to an acceptable standard at Walter Reed Army Medical Center.

Recommendations

Based on the aforementioned findings, the Independent Review Group offers the following recommendations to improve healthcare services for servicemembers and their families.

- Resources should be provided to staff and train case managers as well as to develop Tri-Service policy and regulatory guidelines for case management services.
- Every returning casualty should be assigned a single primary physician care manager and case manager as their basic unit of support.
- Clear standards, qualifications, and training requirements, to include proper initial and recurring training, should be defined and conducted for case management personnel.
- Functional/cognitive measurements and screening should be developed and implemented upon entry and post-deployment health assessment to include the implementation of training for interpreters of screening and cognitive remediation for servicemembers.
- Comprehensive and universal clinical practice and coding guidelines for blast injuries and traumatic brain injuries with post-traumatic stress disorder overlay, should be developed to include a policy requirement for recording 'exposures to blasts' in patient records.
- A center of excellence should be established for traumatic brain injury and post traumatic stress disorder treatment, research, and training.
- Creative recruiting and compensation plans, including a review of the Military Service Obligation, should be pursued to address healthcare professional staffing shortages.
- The Physical Disability Evaluation System (PDES) should be updated to reflect the loss of function due to burn, similar to that of an amputee.
- The Physical Disability Evaluation System must be completely overhauled to include changes in the US Code, Department of Defense policies and Service regulations, resulting in one integrated solution.
- The availability of health care services to the Reserve Component should continue to improve.
- The Base Realignment and Closure construction projects should be accelerated in the National Capital Region and the transition into the Walter Reed National Military Medical Center (WRNMMC) and new Fort Belvoir medical complex while fully funding existing operations.
- Establish command and control structure for WRNMMC and begin functional integration now.
- Existing regulatory relief to A-76 should be applied to military medical treatment facilities during time of war.
- Leadership should survey patients and family members to assess services and conditions of facilities.
- Cadre personnel should be appropriately staffed and trained.
- The efficiency wedge should be reevaluated.
- Appropriate education should be provided to family members on their entitlements and a family advocate assigned.
- Where and when possible, patients should be relocated to receive continuing treatment closer to their homes.

- A senior facilities engineer should be assigned at Walter Reed Army Medical Center to assume responsibility of maintenance of non-medical facilities.
- Facilities assessment tools should be modernized, and facility and infrastructure maintenance, repair, and restoration prioritized and appropriately addressed.

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