

## Army implements soldier outpatient service and support improvement plan

*by Bend\_Weekly\_News\_Sources*

The Army is moving quickly to address issues recently covered in the press with regard to outpatient care at Walter Reed Army Medical Center. Secretary of the Army Dr. Francis J. Harvey directed Vice Chief of Staff of the Army Gen. Richard Cody to develop and implement the action plan to address shortcomings at Walter Reed as well as Army-wide. The four focus areas of the action plan are: 1) Soldier accountability, health and welfare; 2) infrastructure; 3) medical administrative process; and 4) information dissemination. Gen. Cody has put a 30-day deadline on many of these actions.

The Army also is participating in a Defense Department-wide review examining the consistency of service members' disability evaluations and how potential issues identified in last year's Government Accountability Office report are being addressed.

Beyond these actions, the Army already had recognized shortcomings in the Physical Disability Evaluation System last spring, and Secretary Harvey directed the Army Inspector General to undertake an exhaustive study of this system on April 18, 2006. Secretary Harvey and General Cody received an update on the study this week.

By the fifth year of war, the volume of Medical Evaluation Board cases significantly increased from 6,560 cases in Fiscal Year 2002 to about 11,000 cases in Fiscal Years 2005 and 2006. The number of Physical Evaluation Board cases rose from just over 9,000 in calendar year 2001 to a peak of over 15,000 cases in calendar year 2005. Increase inpatient loads impacted the Army's ability to meet the needs of Soldiers and the institution in a timely manner.

The purpose of the Physical Disability Evaluation System is to assess the fitness of Soldiers to remain in the Army and determine financial compensation for those found to be physically unfit for service. The Physical Disability Evaluation System process begins when a Soldier -- who has received the best possible medical care for an illness or injury -- continues to experience physical limitations. When a Soldier no longer meets medical retention standards identified in Army regulations, a doctor refers the Soldier to the Physical Disability Evaluation System. Many cases have become more complicated because of the types of injuries Soldiers now are sustaining in combat, and with this patient volume, the Army currently does not meet its own case- processing time standards or those of the Defense Department.

Processing time, however, is not the critical measure of how well the system is working. "We care to standard, not to time," Gen Cody said this week. "Many of our severely wounded Soldiers, who previously would have been discharged, now have the option to remain in the Army. For all of our Soldiers, we will provide services equal to their sacrifice."

Since April 2006, the Department of the Army Inspector General conducted individual interviews and group sensing sessions with more than 650 Soldiers, civilians and leaders at 32 Army posts in the United States and overseas. Thus far, the review has found four best practices and made 87 recommendations to improve case-processing times, policies and procedures. To date, the Army's review of initial findings include that the training for personnel assisting Soldiers is not standardized, that current information-management databases are inadequate, and that there are policy disconnects between Army regulations and Defense Department instructions.

Even though these are only initial findings from the Army's Inspector General, they are being acted upon.

"Look, this is very complex," Secretary Harvey said. "But this is too important and cannot wait for a report to be finished or a review to be completed. We'll fix as we go; we'll fix as we find things wrong. Soldiers are the heart of our Army, and the quality of their medical care is non-negotiable."

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