

**Top 10 Care Coordination Needs & Solutions for Our Wounded, Ill and Injured  
December 8, 2016**

Warrior-Family Roundtables are a collaborative forum for governmental and non-governmental agency leaders and experts to work toward a common goal of improving the overall health and well being of our warriors and their families. The following summarizes the collective work of Roundtable activities for 2016, providing a recommended list of the top needs and potential solutions for agencies and individuals to focus on in the next 2-5 years to better coordinate care for our Nation's wounded, ill and injured (WII), their families, and caregivers.

- 1. Need: Amplify communications and outreach efforts to improve government and public awareness of the WII population and their needs.**  
**Solution:** Establish and invest in a national, integrated and collaborative entity to bring together public-private organizations and individuals to educate and raise awareness of the WII population, their needs, and to promote services, highlight gaps in care, and facilitate opportunities for improved care coordination. This effort should include research and data aggregation for use in marketing campaigns, communication outreach, surveys and reports; advocacy, meetings and learning forums; and, integrate where possible, other efforts at local, state, and federal levels in order better synchronize and disseminate information and resources throughout governmental and non-governmental organizations (NGO) networks.
- 2. Need: Create a dedicated online forum for NGOs to provide updates and improvements to manage and maintain a robust, real-time National Resource Directory (NRD) resource network.**  
**Solution:** Dedicate funding and invest in infrastructure and technology to integrate the NRD and other public-private resources into a United Way 211-type clearinghouse network to help match WII needs to resources. Engage a major public information consortium to develop a template to expand and enhance the NRD, including mechanisms for updating information and resources.
- 3. Need: Establish a centralized and uniform process and format for government Memorandum of Understanding/Agreements (MOU/MOA) to maximize partnerships with NGOs and leverage resources and capabilities to rapidly respond to changing demands and real-time needs of those WII to help fill gaps in government support programs.**  
**Solution:** Convene a summit of relevant Department of Defense (DoD), Veterans Affairs (VA), Labor (DoL), and other relevant agencies to establish a uniform format and process and establish a Federal Office of Strategic Partnerships to facilitate and manage public-private relationships.
- 4. Need: Leverage organizational platforms to advocate for a coordinated government research effort on toxic exposure and other service-connected illnesses and diseases.**  
**Solution:** Establish an intergovernmental agency partnership (i.e., VA, DoD, U.S. Public Health Service, CDC) to collaborate and implement a multi-generational longitudinal study specific to "invisible wounds of war;" conduct a research study similar to the "National Vietnam Study" for the Post 9/11 veterans to include specific research on moderate and severe traumatic brain injuries, comorbid mental health disorders and organic mood disorders to learn more about how they interface.
- 5. Need: Collaboration between VA and DoD regarding caregiver support including seamless transition between DoD and VA programs designed to support family caregivers.**

**Solution:** Establish a DoD Caregiver Support Office to coordinate efforts to support caregivers at the Military Service level and to work in close collaboration with VA's Caregiver Support Program Office.

**6. Need: *Expand long-term care and support service capability within the DoD and VA health systems.***

**Solution:** Authorize funding and resources to expand and maximize the role of the Federal Recovery Coordination Program (FRC), specializing in long-term care and focused on health outcomes, employing specialized case managers, resourced to address unique and complex needs of veterans of all ages, incorporating a long-term, community-based care model for psychological, organic and/or comorbidity conditions where physical disability care is inadequate; educating and informing individuals on eligibility requirements and understanding the various governmental disability and compensation programs to determine how best to access the right benefits at the right time.

**7. Need: *Establish a short and long-term integrated federal and civilian health network of care coordination.***

**Solution:** Fully implement and expand the role and responsibility of the DoD/VA Interagency Care Coordination Committee (IC3) and establish a dedicated joint office to centralize coordination and create a comprehensive and integrated health system for addressing short and long-term care (i.e., care in home, residential, respite), ensuring care is seamless as WII transition through various life-stages of care, integrating public and private care to meet individual needs. The office would look for opportunities to relieve disabled military retirees from enrolling in Medicare before age 65; reduce duplication of health care services and payments, and would establish and maintain a master list of TRICARE, VA and Medicare program providers with equivalent reimbursement so providers can either opt-in or –out of but not accept one program over the other; and, seek ways to carry-over treatment plans and assessments from one state to the next.

**8. Need: *Review the effectiveness of current DoD and VA disability evaluation systems (Temporary Disability Evaluation System, Integrated Disability Evaluation System and DoD legacy system).***

**Solution:** Develop uniformity across systems to include adopting a common language and processes, and integrating the various systems, where possible, in order to mitigate disruption and enhance collaboration and continuity of services, so as to more effectively deliver benefits to WII.

**9. Need: *Review the effectiveness of current DoD, Military Service and VA WII Programs.***

**Solution:** Develop uniformity across programs to include adopting a common language and processes, and integrating the various programs, where possible, in order to mitigate disruption and enhance collaboration and continuity of services so as to more effectively deliver care and support to WII.

**10. Need: *Evaluate and mitigate disruption in care and benefits for WII among various federal medical benefits (e.g., TRICARE, VA, Medicare, etc.), integrating systems, where possible, and strengthen collaboration, cooperation and communications among the agencies.***

**Solution:** Allow true patient led care by creating and sustaining a flexible, seamless program and processes which provide service members and veterans with multiple clinical needs with a variety of insurance products to meet their ongoing needs without disruption, duplication or burdensome costs. Assist patient care by:

- Establishing the FRC Program to its original intention;
- Establishing an electronic records system and seamless communication and interoperability between all health care entities, government and civilian;
- Fixing the Chapter 61 Medical Retirement Medicare cost requirement and implementing an alternative option that considers situations where at certain ages Social Security Disability Insurance (SSDI) recipients will have a lower social security benefit and the caregiver may not have the credits required to draw social security.