The Quadruple Aim: Working Together, Achieving Success

Colonel Julia Adams
25 January 2011
**Report Documentation Page**

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<th>2. REPORT TYPE</th>
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<td>Joint Task Force National Capital Region Medical, 8901 Wisconsin Avenue BG 27, Bethesda, MD, 20889</td>
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<td>Approved for public release; distribution unlimited</td>
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<th>13. SUPPLEMENTARY NOTES</th>
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<td>presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland</td>
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Objectives

- To understand the mission of the JTF CapMed Warrior Transition Division
- To understand Services’ Cultural Differences and Wounded, Ill and Injured Warrior Programs
- To understand the NCR Wounded, Ill, and Injured Population
- To understand the complexity of Warrior Care
Provide coordination and integration of non-medical and medical services to ensure optimal Warrior care throughout the NCR JOA
## WII Warrior Definition

<table>
<thead>
<tr>
<th></th>
<th>Air Force</th>
<th>Army</th>
<th>Marine Corps</th>
<th>Navy / Coastguard</th>
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<tbody>
<tr>
<td><strong>Air Force</strong></td>
<td><strong>Air Force Wounded Warrior Program (AFW2)</strong></td>
<td><strong>Army Wounded Warrior Program</strong></td>
<td><strong>Wounded Warrior Regiment (WWR)</strong></td>
<td><strong>Navy Safe Harbor Program (NSH)</strong></td>
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<td>Wounded, Ill, and Injured (WII) Airmen who have a combat or hostile-related injury or illness requiring long-term care that will require a Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB) to determine fitness for duty</td>
<td>Wounded Warriors are soldiers or veterans who have a disability that either resulted from injury or disease received in the line of duty as a direct result of armed conflict, or was caused by an instrumentality of war and was incurred in the line of duty during a period of war as defined in section 101(11) of title 38, U. S. C.</td>
<td>All Wounded, Ill, and Injured (WII) Marines who become injured either stateside or in theatre</td>
<td>All Wounded, Ill, and Injured (WII) Sailors and Coast Guardsmen to include OEF/OIF casualties, shipboard accidents, liberty accidents, and serious illnesses</td>
</tr>
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Sources:

AFW2: http://www.woundedwarrior.af.mil/
WWR: http://www.woundedwarriorregiment.org/
### WII Warrior Service Programs

<table>
<thead>
<tr>
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<td>Army Wounded Warrior Program –and– Warrior Transition Units</td>
<td>Wounded Warrior Regiment (Wounded Warrior Battalions)</td>
<td>Navy Safe Harbor Program</td>
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</table>

The Air Force will take care of its Wounded Warriors. We will fully support the Office of the Secretary of Defense programs to keep highly skilled men and women on active duty. If this is not feasible, the Air Force will ensure Airmen receive enhanced assistance through the AFW2 program.

The [Army Wounded Warrior Program](http://www.aw2.army.mil/index.html) is the U.S. Army program that assists and advocates for the most severely wounded, ill, and injured Soldiers, Veterans, and their Families, wherever they are located, regardless of their military status, for as long as it takes.

Warrior Transition Units (WTUs) are at Army installations to provide personal support for wounded Soldiers. The WTUs provide critical support to wounded Soldiers—who are expected to require six months or more of rehabilitative care and the need for complex medical management—and their Families.

The [Wounded Warrior Regiment (WWR)](http://www.woundedwarriorregiment.org/) / provides and facilitates assistance to wounded, ill, and injured Marines, Sailors attached to or in support of Marine units, and their family members in order to assist them as they return to duty or transition to civilian life.

The [Wounded Warrior Battalions (WWBns)](http://www.npc.navy.mil/CommandSupport/SafeHarbor) provides continuous, far-reaching leadership to wounded, ill, or seriously injured Marines and designated Sailors worldwide in order to ensure all wounded warriors and families successfully transition back to full duty or civilian life.

[**Navy Safe Harbor**](http://www.npc.navy.mil/CommandSupport/SafeHarbor) (NSH) the Navy's lead organization for coordinating the non-medical care of wounded, ill, and injured Sailors, Coast Guardsmen, and their families. Through proactive leadership, we provide a lifetime of individually tailored assistance designed to optimize the success of our Shipmates' recovery, rehabilitation, and reintegration activities.

**Sources:**
## WII Program Eligibility Criteria

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</table>
| **WII Airmen in support of OEF/OIF** | • Active Component Soldiers who require at least six months of significant care and rehabilitation and intensive case management are assigned/attached  
• Reserve Component Soldiers who have experienced injury or illness during training prior to mobilization; have sustained injuries during deployment and were Medevaced; upon redeployment, were identified with an injury or illness that was caused by mobilization or aggravated during mobilization | Marine is eligible for WWR if:  
• S/he has three (3) or more appointments a week  
• S/he cannot be supported by the Command with regards to transportation to/from appointments  
• S/he cannot function within the Command due to injury or illness  
• S/he has severe injuries that will take 90 days or more days of medical treatment and/or rehabilitation | The Sailor or Coastguardsman must be seriously wounded, ill, or injured (CAT II/III) for enrollment. Enrollment will be based on comprehensive needs assessment made by NMCM. Sailor who are enrolled are not attached or assigned to NSH |

### Sources:
The Population We Care For

Snapshot on 14 Jan 11

- ARMY: 75%
- NAVY: 13%
- MARINES: 11%
- AIR FORCE: 1%
The Continuum of Care

Critical Transfer Nodes:
- Theatre, Acute Care at Point of Injury
- Wounded, Ill and Injured (WII) Casualty Inflow into NCR at Andrews Air Force Base
- Transfer Movement to MTFs/CONUS
- Inpatient Treatment, Acute and Sub-Acute Care
- Outpatient Treatment, Acute and Sub-Acute Care
- Movement between Inpatient and Outpatient Status
- Disposition, Discharge/Transfer to another level or location of care outside the MTF

Integrated Process Improvements:
Continuous assessment of mutual goal setting between the Warrior, family, medical provider and non-medical support

Disability Evaluation System:
- DES counselors (PEBLO) located in the Warrior complex with physicians writing the physical evaluation board
- Integrated Medical Evaluation Board process for Army, Marines & Navy

Seamless Transition from DoD to VA CARE
- Physical Evaluation Board adjudicated through Wounded Warrior’s Branch of Service
- Veterans Administration as SINGLE RATING AGENCY
Synchronization of Effort …

Military Treatment Facility

Installation
- CONOPS
- Service Programs
- Family
- Lodging
- Donations
- ADA Compliance
- Volunteer Support
- Wounded Warrior Programs
- Drivers
- Contracts
- Childcare
- Warrior Movement Synchronization
- Fitness Center
- PEVs, Am-buses, Ambulances
- Cultural Integration
- Agency
- Transportation
- Air Force
- Environm.
- Fort Belvoir

Environment
- WFAC
- Safety
- WFCC
- VA
- Shuttles
- WFAC Services
- Clinical Space
- Bed Management
- Discharge
- Planning
- Marine Corps
- Transfer to VA Care
- Centers of Excellence
- EMMA
- Inpatient Processing
- Nutrition Care
- Infection Control
- Primary Care
- Warrior Clinic
- WRAMC
- SOPs
- Army
- Medical Appointments
- Army Community Hospital
- Army
- Physical Disability Evaluation
- Pharmacy Services
- Army
- Military Treatment Facility
- Army
- Joint Environment
- Army
- Congress
- Service Admin Space
- Case Management
- Orientation
- Warrior Statistics
- Space Requirements
- Staffing
- Outpatient Processing
- Service Programs
- Family
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Service
- Navy
- Family Programs
- Warrior Lodging
- Medical Regulating
- WFAC Services
- Warriors
- Case Management
- Bed Management
- Discharge
- Planning
- Marine Corps
- Transfer to VA Care
- Centers of Excellence
- EMMA
- Inpatient Processing
- Nutrition Care
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Warrior Complexes

- **WRNMMC**
  - Includes:
    - WFAC and WFCC
    - Barracks
    - Service WII Program Footprints and C2 Elements
    - Various other non-medical support services

- **FBCH**
  - Includes:
    - HQ Bldg, SFAC, WFCC
    - Barracks
    - Service WII Program Footprints and C2 Elements
    - Various other non-medical support services
Warrior Clinics

- Warrior Clinics will be established on both the WRNMMC and FBCH campuses
## Capabilities

### WRNNMC
- Vision Centers of Excellence
- Level 1 Trauma Care
- Consolidated Cancer Center
  - Gynecological Oncology
  - Prostate Oncology
  - Breast Cancer
  - Medical Oncology
  - Surgical Oncology
- Comprehensive Warrior Transition Support Services
- National Intrepid Center of Excellence
- Military Advanced Treatment Center (MATC)

### FBCH
- Adult Oncology Services
- Radiation Oncology
- Intensive Care Unit
- Inpatient Behavioral Health
- Inpatient Pediatric
- Breast Center
- Nuclear Medicine
- Laser Eye Center
- Oral Surgery
- Chiropractic Services
- Pain Clinic
- Rheumatology
- Comprehensive Warrior Transition Support Services
- Vascular
- Cardiac Catheter Lab
- Neurology
- Endocrinology
- Pulmonary Clinic
- Patient Resource Library
- Infectious Disease Clinic
- Interventional Radiology
- VA Health Clinic
- Executive Medicine Clinic
- Residential Substance Abuse Treatment
- Multidisciplinary Interventional Services
Non-Medical Warrior/Family Support

- Warrior Family Assistance Center (WRNMMC) / Soldier Family Assistance Center (FBCH)
- Warrior Family Coordination Cells (WFCC)
- Childcare Support
- Dining Support
- Lodging Support

http://militaryonesource.com
The Quadruple Aim: The MHS Value Model

- **Readiness**
  - World-class providers
  - World-class non-medical support systems
- **Experience of Care**
- **Population Health**
  - WII Warriors
  - WII Families
  - MHS Beneficiaries

2011 MHS Conference
... and Transition Requirements
Allows the WTD to Coordinate Efforts

### WII Program Transition Requirements

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<td>If/when Airman returns to duty, Airman is no longer considered AFWw</td>
<td>The Soldier selects a Comprehensive Transition Plan track within the first thirty days of assignment/attachment to the WTU. This track helps determine the transition point from the WTU. The Soldier selecting the Return to Duty/REFRAD Track transitions when s/he no longer requires clinical care/case management in a Warrior Transition Unit. The Army Wounded Warrior will be managed for life</td>
<td>Marines transition back to active duty or out of the Marine Corps</td>
<td>Service members are enrolled for life; however the amount of interaction with RSM drops off after RSM transitions (i.e. TDRL / PDRL / Separated from service)</td>
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**Sources:**

2011 MHS Conference