DEPARTMENT OF THE ARMY
GREAT PLAINS REGIONAL MEDICAL COMMAND
2410 STANLEY ROAD, SUITE 121
FORT SAM HOUSTON, TEXAS 78234-6230

REPLY TO
ATTENTION OF

MCGP-CG

25 September 2009

MEMORANDUM FOR Director, Quality Management, USA MEDCOM, 2050 Worth Road, Bldg 2792, Fort Sam Houston, TX 78234

SUBJECT: Letter of Endorsement for Excalibur Award Nomination – Medical Evaluation Board Case Return Rate Improvement

1. I strongly recommend Irwin Army Community Hospital's nomination of Medical Evaluation Board Case Return Rate Improvement for the 2009 Surgeon General's Excalibur Award.

2. An efficient process for the preparation and submission of disability was developed and can be used as a best practice for other facilities to emulate. This process has resulted in a consistently maintained return rate below the OTSG/MEDCOM average since its inception three years ago.

3. The Medical Evaluation Board Case Return Rate Improvement is highly deserving of this prestigious award. I strongly support this initiative and give it my highest recommendation.

JOSEPH CARAVALHO, JR.
Brigadier General, MC
Commanding

DEPARTMENT OF THE ARMY
USA MEDICAL DEPARTMENT ACTIVITY
600 CAISSON HILL ROAD
FORT RILEY, KANSAS 66442-5037

REPLY TO
ATTENTION OF

MCXX- CDR

24 September 2009

MEMORANDUM THRU Commander, Great Plains Regional Medical Command, 2410 Stanley Road, Fort Sam Houston, TX 78234

FOR Commander, U.S. Army Medical Command, ATTN: Quality Management Division, 2050 Worth Road, Fort Sam Houston, TX 78234

SUBJECT: Nomination for The Surgeon General's Excalibur Award

1. Attached is Irwin Army Community Hospital's submission for The Surgeon General's Excalibur Award.

2. I strongly recommend the Irwin Army Community Hospital's Medical Evaluation Board Team, Patient Administration Division, for this prestigious award. The team displayed outstanding dedication and support of the Army's disability mission and ensured the highest quality care is afforded to our Soldiers through their efforts in improving the Medical Evaluation Board processes evidenced in the attached application.

2. Point of contact for this action is Ms. Wolnik at (785) 239-7368.

Encl

Jeffrey J. Johnson
JEFFREY J. JOHNSON
COL, MC, SFS
Commanding

THE SURGEON GENERAL'S EXCALIBUR AWARD NOMINATION TEMPLATE

2008

TITLE OF PROJECT: Medical Evaluation Board Case Return Rate Improvement

AWARD CATEGORY:

Active Component

MTF

SUBMITTING OFFICIAL AND ORGANIZATION:

COL Jeffrey J. Johnson, Commander
Irwin Army Community Hospital
600 Caisson Hill Road
Fort Riley, KS 66442-5037
(785) 239-7101
jeffrey.johnson@amedd.army.mil

SPECIFIC NAME OF GROUP CONDUCTING THE PROJECT: Provide the name of the group (organization/team/group/division) that conducted the project.

Medical Evaluation Board Team, Patient Administration Division

PROJECT TIME PERIOD: Provide Project Time Period. The project must have been completed after October 2005 and must include 6 months of analyzed data.

Problem identified – November 2005 (FY06)
PI Project start date – January 06 (FY 06)
Initial project end date (initial action evaluation date) – Dec 06 (FY 07)
Monitoring – ongoing (FY 09)

THE SURGEON GENERAL'S EXCALIBUR AWARD

PROJECT SUMMARY:

Irwin Army Community Hospital's (IACH) Medical Evaluation Board (MEB) team has developed a more efficient process for the preparation and submission of disability cases which can be used as a model for other facilities to organize and sustain consistent improvement in their processes. In April 2009 the GPRMC Organizational Inspection (OIP) team recognized IACH's process as a best practice with plans to recommend adoption of the process to other facilities. In November 2005, the MEB team recognized the need to improve the return rate for disability cases submitted to the Physical Evaluation Board (PEB) for adjudication that were rejected or returned to the facility for a variety of clinical and administrative reasons. The OTSG/-MEDCOM standard is 10% or less. IACH's return rate for FY04 was 22.37% and for FY05 was 12.05%. The Physical Disability Evaluation System (PDES) is a complex process which involves MEB providers, case managers, units, and the MEB team. In early 2006, the team was formed to clarify the processes and identify procedural changes which could be made to improve the return rate. Primary reasons for cases being were returned identified by the team were: (1) MEB dictations were incomplete or didn't comply with PDA guidance (not all conditions were evaluated or identified regardless to whether they met retention standards or not); (2) missing or incomplete clinical reports (range of motion, MRIs, x-rays, CT scans, pulmonary function tests, sleep studies, neurology reports, and neuro-psych testing). The team's strategy was to create a process whereby a detailed quality review of the case file was performed at various stages of the MEB process. A quality review process was implemented where the assigned Physical Evaluation Board Liaison Officer (PEBLO) would review the case with a second PEBLO review prior to submission of the case. This quality review incorporated accessing ALTHA and medical results to ensure all relevant clinical consults were included. A system was established to

improve coordination among the PEB staff, the MEB providers, case managers, and clinics to facilitate same day appointments, if necessary, to ensure the clinical information was complete and to avoid return cases due to missing clinical elements. In addition, an After Action Review process was instituted to avoid repeated returns for the same reasons and the development of a return matrix was accomplished to track returned cases documenting the reasons for the return. Changes in the process and procedures have led to a remarkable improvement for IACH's MEB return rate at no financial cost to the facility and have increased productivity by reducing the need to repeat MEB cases that were returned as incomplete. The impact was immediate and IACH's return rate was reduced by half by the end of the first year to 5.34%. In FY07 IACH was recognized as the best return rate in the Army at 4.18% and has consistently maintained a return rate below the OTSG/MEDCOM standard of 10% for the last 4 years.

Fiscal Year	Cases Received	Cases Returned	% Returned to MTF	
FY 04	389	87	22.37%	Historic Data
FY 05	448	54	12.05%	Baseline Data for PI
FY 06	337	18	5.34%	First year of PI Initiative
FY 07	311	13	4.18%	Warrior Transition Bn Initiated
FY 08	282	27	9.57%	Sustainment Year Data
FY 09	458	31	6.77%	Sustainment Year Data

In addition to having a positive impact on the productivity of the PEB staff and clinical providers, the reduction in returned cases has resulted in IACH's ability to support the Army readiness standards by reducing the MEB processing time for soldiers, increasing customer satisfaction by the soldiers and their units, and allowing the activities associated with the MEB disability board processing to run smoother and more efficiently. In addition to producing a more effective and efficient process, the improvements to the process have resulted in a higher quality end product.

THE SURGEON GENERAL'S EXCALIBUR AWARD

SAVINGS ANALYSIS:

The primary focus of the improvement was to increase processing efficiency. However, the overall reduction in man-hours by the PEB staff, the MEB providers, and the positive impact to the soldier's units have been realized by a dramatic decrease in the time spent processing, submitting and finalizing disability cases through the Physical Disability Evaluation System. By decreasing the number of cases returned for incomplete or inaccurate documentation, through the process improvements implemented, the time to process a soldier's case through the system has also decreased, resulting in a cost savings to the soldier's unit and to the facility while awaiting final disposition of the soldiers' claims. Processing of a claim has dropped dramatically from an average of 211 days per claim to an average of 60 days. For FY05, 54 cases were returned for additional action by the facility. After implementing changes in the facility's process, only18 cases were returned in FY 06. The estimated savings for the first year in MEB provider costs- $17,500.00; specialty provider - $2,010.00 and administrative PEBLO processing costs - $6,665.00 for a total cost savings of $26,175.00. An estimated base salary savings for the soldier awaiting disposition of their PEB case is $12, 500.00 (average E6 base salary in 2006 times 151 days eliminated in processing time) as the time to complete final actions resulting in retirement/separation is shortened significantly. Data is not available on the actual number of retirement decisions from the cases processed in FY06, but an average savings in salaries could potentially be $450,000.00. The improvements initiated by IACH's team to streamline and implement quality control measures in the MEB/PEB process at IACH have helped to contain, reduce and eliminate ineffective practices resulting in a more efficient use of resources, cost containment, and the ultimate goal of supporting the Army's readiness missions.

THE SURGEON GENERAL'S EXCALIBUR AWARD

EXECUTIVE SUMMARY:

Irwin Army Community Hospital developed an efficient process for processing Physical Evaluation Board disability cases resulting in a dramatic case return rate reduction. In FY07 IACH claimed the best Army return rate at 4.18%, consistently sustaining the rate below the OTSG/MEDCOM standard of 10% for the past 4 years.

GROUP PARTICIPANTS:

Initial PI Team Participants:
Mark D. Rivera, Supervisory PEB Liaison Officer
MSG David Heidebrink, OIC Patient Administration Division
Dr. Earl Reppert, MEB Physician
Dr. Leland Reitz, MEB Physician
MAJ. Brian Lewis, MC, Psychiatrist
LTC Richard Baxter, SP, Physical Therapy
LTC Kirk Eggleston, MC, Deputy Commander for Clinical Services

PI Team Sustainment Participants:
John Robinson, PEBLO
Suzanna Beard, PEBLO
Jennifer Scarff, PEBLO
Daisy Simmons, PEBLO
Christine Strange, PEBLO
Pedro Sandoval, PEBLO
Alan Mattoon, PEBLO
Joseph Williams, PEBLO
Virginia Kozielski, PEBLO
Eliezer Perez-Hernandez, PEBLO
CPT Jason Clark, MC, MEB Physician
MAJ Peter Marlin, MC, Psychiatrist
LTC Elizabeth Kinzie, MC, Psychiatrist
LTC Barry Pockrandt, MC, Deputy Cdr for Clinical Svcs
CPT Patrick Musisi, Chief Patient Administration Division

POC:

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