

# Military Strives for Better Coordination of Care

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Contributing Writer

WASHINGTON — The medical care provided to soldiers and veterans is under the microscope because of recent events, according to experts who have suggested that better coordination of care may be the answer to well-publicized lapses.

A single-payer system does not guarantee that there is not fragmentation, said Donna Shalala, Ph.D., president of the University of Miami, speaking at a health policy conference sponsored by Academy Health.

Along with former Sen. Bob Dole (R-Kan.), Dr. Shalala, who was Health and Human Services secretary under President Clinton, recently served on a federal commission to review care provided to injured soldiers at Walter Reed Army Medical Center and other military hospitals.

**Soldiers describe a complex system. 'A young man who had been wounded in Iraq said he had so many care coordinators he couldn't remember their names.'**

One of their main conclusions was that better coordination of care across the system would improve the experience of soldiers and their families. Soldiers interviewed by the

panel described a complex system in which they had little help understanding what services were available to them or how to obtain them.

"A young man who had been wounded in Iraq said he had so many care coordinators he couldn't remember their names. More importantly, they all kept getting deployed after a number of months," said Dr. Shalala, also noting that in several cases family members ended up leaving their jobs to help the soldiers navigate their way through the system.

The Dole-Shalala commission advised the military to adopt a patient-centered recovery plan based on the experience with case management models in the private sector. However, the group also recognized that the infrastructure of the military health care system creates some unique barriers. While soldiers have access to any and all treatments they may need, each service is offered in select centers that are spread across the country, requiring the soldiers, and often their families, to move during the course of rehabilitation.

"It requires a different level of care co-

ordination that involved coordinating family services as well as individual care, and taking a very complex health care system and making it work seamlessly," she said.

The need to transition soldiers between the urgent care provided by the Department of Defense and the more sustained care provided by the Department of Veterans Affairs adds another layer of complexity on top of that, said Lt. Gen. James Roudebush, surgeon general of the U.S. Air Force.

"The mission of the DOD for our military health system is to provide a healthy, fit force," he explained. "The VA, on the other hand, is more focused on the rehabilitation and sustained care. ... So we have rather different focuses with a very significant interface."

Dr. Roudebush, who served on the Dole-Shalala commission, said the group also looked to recent advances in case management for better ways to treat soldiers with complex medical problems.

"Frankly, right now we are not doing nearly as good a job as we need to," he said. Where the military has excelled and continues to do so is in the field of battle, with the lowest rate of both non-combat-related illnesses and the lowest rate of soldiers dying of their injuries seen in history, boasted Dr. Roudebush.

"Medicine is central to our ability to accomplish the military mission in whatever circumstance we find ourselves," he said. ■

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