



# Regional Newsletter

**Dedicated to enhancing the exchange of information within the region**

Published 18 Dec 08

## IMPROVEMENTS IN THE REFERRAL PROCESS

Obtaining the right healthcare, at the right time, by the right provider is a major tenet of quality healthcare.

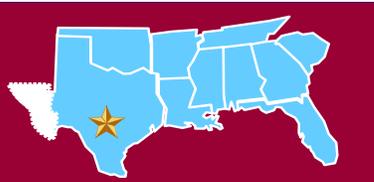
When MTFs need services from the civilian sector in order to meet the beneficiary's need, a request is sent to the managed care contractor. In general these requests, or *referrals*, are for out-patient services and *authorizations* are requests for procedures and/or in-patient services. However, many people use the *referral* term synonymously with authorization. These requests are medical-legal documents and should be treated in the same way as any other provider order. When the provider's referral is changed by support staff – all edits/notes are transmitted to the contractor along with the original request by the provider. These edits can improve and clarify what the MTF/provider wants the contractor to do, but when they contradict the provider's request our contractor has a potential legal dilemma and will usually side with the originating provider.

Today, access to care – especially for our Active Duty members is increasingly scrutinized, the “*referral*” is even more important and is the key to visibility of the timeliness and quality of serves. In the past few months the TRICARE Regional Office - South has been working with our contractor, Humana Military Healthcare Services (HMHS), to improve the referral process. Some of the improvements are:

- Optional on-line referral building for MTFs designed for urgent referrals and to speed up the authorization process
- On-line visibility of referrals/authorizations/admissions
- On-line report of current active duty in-patient admissions in the network
- On-line visibility of all approved authorizations to civilian care for MTF enrollees
- Quick on-line check for network referrals and results
- Improved transmission of clinical information and improved ICD-9 and CPT Code transmission
- Improved information on the outgoing referrals for network providers

Most of these improvements are visible and available for use on Humana's website, “My HMHS”. In addition, the Referral Reconciliation tool makes it quick and easy to identify which beneficiaries have not received care. This is especially useful for “Eval Only” referrals when the MTF provider is expecting the patient to be evaluated and return to them for continuation of care or treatment. This tool also makes it very easy to locate consult results that have been returned for individual patients or printing the entire batch of results just received.

Finally, HMHS has continued to fine-tune their voluntary referral management and support program for helping with our Wounded Warriors and their families. It is call the Warrior Navigation and Assistance Program or WNAP. MTFs, WTUs, CBWTUs, members, or their families can contact the WNAP at 1-888-4GO-WNAP (1-888-446-9627).



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### THOUGHT FOR THE DAY

"The real art of truly communicating with others is not only to say the right thing at the right place, but to leave unsaid the wrong thing at the tempting moment."

– Lady Dorothy Neville

## **NEW TRO-S SENIOR ENLISTED LIAISON**



Greetings! My name is MSgt Nicole McClain and I am the new Senior Enlisted Liaison (SEL) at the TRICARE Regional Office-South in San Antonio. I recently PCS'ed in from a three-year assignment at Fairchild AFB, WA where I was the NCOIC, TRICARE Operations and Patient Administration Flight.

I am very excited about my new assignment here at the TRO-S and I look forward to working with you to ensure our military beneficiaries and their families receive the best possible care and customer service.

My role as the SEL is to serve as an advocate on healthcare issues that affect active duty, Reserves, National Guard, retired military personnel and their family members within the military healthcare delivery system.

My priorities are: 1) To ensure our Wounded Warriors and their families are receiving the care they need and deserve and that they are assisted in the process of navigating through the military healthcare system; 2) To establish and sustain open lines of communication with the senior enlisted leadership of all the Services and components in our region and 3) To provide resolution of complex or systematic problems for all beneficiaries.

Navigation through the military healthcare system requires a team approach—from BCACs to TSC personnel, from First Sergeants to first-line supervisors, from military members and their families to all the support personnel in between—and together we can and will make a difference!

Please feel free to contact me with any issues that arise and I will do my best to resolve them. I look forward to working with each and everyone of you in providing the best people with the best healthcare!

### **BEHAVIORAL HEALTH PROVIDER LOCATOR AND APPOINTMENT ASSISTANCE LINE (For Active Duty and Active Duty Prime Family Members)**

**1-877-298-3514**

A dedicated toll-free number has been established to offer beneficiary behavioral health assistance services to active duty service members (ADSMs) and their enrolled family members (ADFMs). Those eligible are ADSMs and ADFMs enrolled in Prime, TRICARE Prime Remote and TRICARE Overseas Prime. The appointment line does not include service for TAMP and TRS beneficiaries.

The number, 1-877-298-3514, will provide assistance in locating behavioral health providers and scheduling behavioral health appointments. Staff will be available to assess the needs of callers and offer assistance for making timely routine and urgent appointments with mental health providers. The number will be available Monday through Friday, 8:00 a.m. – 6:00 p.m. in all time zones within the South region.

## **TRAINING, MEETINGS & CONFERENCES**

### **TIP AD HOC AND TIP ONLINE TRAINING**

The 2009 training schedule is listed below. Please make sure that all attendees scheduled for training sessions meet the criteria (outlined in the contract) to attend and have requested TIP access in advance of their training date.

TIP Ad Hoc attendees are limited to two per MTF/MMSO and are those staff identified in the MTF's MOU.

TIP Online attendees are those personnel that serve in a BCAC or HBA capacity. You may have more than two per facility for the Online course but they must function as a BCAC or HBA. If you have any questions, please email [janet.hudson@tros.tma.osd.mil](mailto:janet.hudson@tros.tma.osd.mil) or call (210) 292-3278/DSN: 554-3278.

#### **TIP Ad Hoc for 2009 8:30 - 4:30 (one-day class)**

28 Jan 09—Biloxi, MS  
 22 Apr 09—San Antonio, TX  
 22 Jul 09—Augusta, GA  
 14 Oct 09—San Antonio, TX

#### **TIP Online for 2009 8:30 - 11:30 (half-day class)**

29 Jan 09—Biloxi, MS  
 23 Apr 09—San Antonio, TX  
 23 Jul 09—Augusta, GA  
 15 Oct 09—San Antonio, TX

### **2009 TRICARE SOUTH FUNDAMENTALS COURSE DATES**

03-05 Feb 09—Atlanta, GA  
 12-14 May 09—Orlando, FL  
 14-16 Jul 09—Nashville, TN  
 20-23 Oct 09—San Antonio, TX

For more information and registration, please visit our webpage at <http://www.tricare.mil/trosouth/Training.cfm>.

### **ONGOING TRAINING AND COURSES**

TRICARE Data Quality Training Courses: For more information, go to:  
<http://www.tricare.mil/ocfo/mcfs/dqmcp/training.cfm>

TRICARE Financial Management Education Program (TFMEP) Courses: For more information, go to:  
<http://www.tricare.mil/ocfo/privatesector/tfmeep/index.cfm>

TRICARE University, TMA Reporting Tools, and TRICARE Briefing Materials: For more information, go to: <http://www.tricare.mil/training/index.cfm>

Working Information Systems to Determine Optimal Management (WISDOM) Training Courses: For more information, go to: <http://www.tricare.mil/ocfo/bea/wisdom.cfm>

## **12 MYTHS ABOUT DoD/VA BENEFITS**

### **(For Guard and Reserve members)**

**1. After I return from OIF/OEF, I need to have my dental work (as part of my VA benefit) completed before the end of the 180 day period.**

**False.** The 180 day period refers to enrolling in the VA and making the dental appointment within 180 days of the REFRAD date, but you are NOT required to have all of your dental work completed before 180 days!

**2. If I receive disability compensation from the VA, I will be discharged from the National Guard.**

**False.** You can be a traditional National Guard member and receive VA disability compensation. However, you cannot receive VA compensation for the same time period that you receive military pay. For typical 'traditional' Guard members, this means 63 days of military pay (48 UTAs and 15 AT). Any Active Duty Operational Support Guard program (aka ADSW), RMA, etc. counts as military pay as well. If you are AGR or mobilized, you will be receiving military pay 24/7, and must stop VA compensation immediately, or you will become indebted to the Federal Government.

**3. I am receiving 40% disability compensation from the VA and have heard that I will be discharged if I am receiving more than 30%.**

**False.** Although there is something in the enlistment contract about 30%, that does not apply to you because you are not enlisting! The percentage of disability compensation from the VA does not affect your membership in the National Guard. However, you must pass the physical examination for the NG – “fitness for duty exam or ability to perform your duty” – this is what will determine if you are retainable. And always record accurate information on the Annual Medical Certification. There is a block that asks if you are receiving disability compensation from Social Security, VA, Workers Comp, etc. These are government documents and to give an untrue answer is deemed as committing fraud and then neither DoD (Department of Defense) or VA is going to be chomping at the bit to take care of you.

**4. VA does Retirement Physicals.**

**False.** They do not. Guard members often confuse the Compensation and Pension Exam as being a retirement physical. However, if there is a VA/DoD Sharing Agreement, the VA Medical Centers may be requested by DoD medical facilities to assist with these service retirement physicals, but these instances are rare.

**5. If I am injured in a car accident, my TSGLI benefits will reduce the amount of my SGLI in the event of my death at a later time.**

**False.** Payment of TSGLI has no impact on the amount of SGLI payable. For example, if a Service Member is insured for \$400,000 of SGLI coverage and receives a TSGLI payment of \$50,000 for a traumatic injury, that member is still insured for the full \$400,000 of SGLI coverage, which will be paid upon the Service Member's death.

**6. As a National Guard member, I heard that my SGLI coverage is only good while I'm at drill.**

**False.** If you are a National Guard member and have been assigned to a unit in which you are scheduled to perform at least 12 periods of inactive duty that is creditable for retirement purposes, full-time SGLI coverage is in effect 365 days of the year. You are also covered for 120 days following separation or release from duty.

**7. I cannot go to the VA Hospital for a service-connected problem because I have private health insurance.**

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## **12 MYTHS ABOUT DoD/VA BENEFITS—continued**

False. You may enroll with the Department of Veteran Affairs for healthcare benefits regardless of your private health insurance plan. You may, depending upon the circumstances, have to make a co-payment for treatment for non-service connected conditions. Your private insurance may be billed for non-service conditions as well.

### **8. If I am a Service Member returning from theater and do not have a job, I am not eligible for Unemployment Compensation.**

False. Although the Unemployment Compensation benefit varies among states, you may be eligible in your state for unemployment insurance. Usually the states provide these temporary wage replacement benefits to qualified individuals who are out of work through no fault of their own. Check it out! Also check out your state benefits which may include employment benefits and job placement assistance, too.

### **9. I need to pay enrollment fees to take advantage of the new Post 9/11 GI Bill.**

False. There are no enrollment fees to receive benefits under the Post-9/11 GI Bill.

### **10. If I file for my VA compensation then I have automatically enrolled in the VA Healthcare System.**

False. The process to apply for VA compensation is separate from the process to enroll in the healthcare system. To enroll you must complete a 10-10EZ and submit it in person, online or via the mail to your nearest VA hospital. It must be signed before you submit it. It is also wise to have a copy of your DD214 to verify you're a active duty status and theater of deployment for combat vet eligibility for enhanced healthcare and other benefits.

Additionally, if you submitted your military medical records with your disability claim, it is not available to the hospital. For VA healthcare enrollment, it is also necessary to bring copies of any of your medical records so that they can be scanned into the VA's VISTA electronic record system.

### **11. Service Members and their families are not eligible for Pre-activation Benefits (Early Eligibility) TRICARE.**

False.: Guard and family members are eligible once the SM receives mobilization alert orders, is within 90 days of deployment and all are currently enrolled in DEERs. Special note: if you think there is a possibility that you may be found not fit for duty, you should keep your civilian health insurance until you are found fit for duty. Remember that when you return from this deployment, you are eligible for 6 months of TRICARE TAMP for your and your family healthcare needs (enrollment is not automatic – see your Transition Assistance Advisor or TRICARE representative for details). VA healthcare covers only Veterans for 5 years from the REFRAD date.

### **12. I am enrolled in the TRICARE healthcare program and am automatically covered for dental care.**

False. Enrollment in TRICARE does not cover your dental care. The TRICARE Dental Program (TDP) is offered by the Department of Defense (DoD) and you must purchase this benefit from United Concordia, which administers the program. ([www.tricare dental program.com](http://www.tricare dental program.com))

**Contact your Transition Assistance Advisor (TAA) for more information on your benefits and entitlements. To find the TAA in your state, go to [www.taapmo.com/TAAProgram.htm](http://www.taapmo.com/TAAProgram.htm).**

As a TRICARE provider, odds are you're familiar with the Department of Veterans Affairs' (VA) health care system, managed by the Veterans Health Administration (VHA). VHA manages the largest medical Education/health professions training program in the U.S. by affiliating with 117 allopathic medical schools, 25 osteopathic medical schools, 55 dental schools and more than 1,200 other allied health schools across the country. Over 101,000 health professionals are trained annually in VHA, and more than half of the physicians practicing in the U.S. today received a portion of their professional education in a VA medical center (VAMC). But even with this familiarity, the VA and its role in TRICARE still remains a mystery to most.

VHA purports to be the nation's largest integrated healthcare system. By managing a congressional appropriation exceeding \$39.1 billion, VHA operates more than 1,300 sites of care including 153 VAMCs, 731 ambulatory care and community-based outpatient clinics, 135 nursing homes, 43 residential rehabilitation treatment programs, 225 Veterans Centers (readjustment counseling) and 88 comprehensive home-care programs. In 2007 they treated over 5.5 million patients, which is more than double what they treated 10 years ago. Their primary mission is to serve the needs of America's veterans by providing primary care, specialized care, and related medical and social support services via a comprehensive, integrated healthcare system. Also, as highlighted above, VHA proudly trains many of America's health care providers while conducting cutting edge health research. However, a lesser known fact is that VA also has a mission to support the Department of Defense (DoD) in times of national conflict.

United States Code, Chapter 38, Section 8111A, authorizes the Secretary of the VA to provide care to members of the Armed Forces during periods of war or national emergency. Furthermore, during these periods active duty service members (ADSMs) enjoy a higher priority for care than all veterans except for those who are service-connected. While serving as the VA Secretary, Anthony J. Principi opened VA's doors to ADSM's on April 17, 2003. However, to legally accept and treat DoD patients, VAMCs either had to sign contracts with TRICARE's managed care support contractors or they had to establish VA-DoD sharing agreements. Currently, most VAMCs in the TRICARE-South Region are TRICARE network providers.

Like other TRICARE network providers, VAMCs have agreed to accept discounts off TRICARE's established reimbursement rates and to comply with the program's policies and operational procedures. Since VAMCs were established to provide services to specifically treat veterans using congressionally approximated funds, they generally function within a closed system environment. As a result, VHA hired liaisons to assist VAMCs with navigating the intricacies of the TRICARE program.

Although VAMCs are TRICARE network providers and are enthusiastic about caring for DoD beneficiaries, there are some limitations. For example, VAMCs typically limit services to ADSMs seeking specialty care, because most VAMCs in the TRICARE-South region have met or exceeded their capacity to treat veterans, thus limiting the availability of services to non-veterans.

Another distinction of VAMCs is they don't fill TRICARE prescriptions. Even though VAMCs and most large VA outpatient clinics have well stocked pharmacies on site, the VA does not possess the ability to securely submit electronic pharmacy claims to Express Scripts, Inc. As a result, VA's outpatient prescriptions must be filled by designated TRICARE Retail Pharmacies within the local community.

In addition to offering TRICARE beneficiaries access to common medical/surgical services, VHA also plays a big role in the treatment of spinal cord injuries (SCI), traumatic brain injuries (TBI) and blind rehabilitation (BR). In the South region, VHA has SCI centers in Augusta, Dallas, Houston, Memphis, Miami, San Antonio, and Tampa; a TBI center in Tampa; and BR centers in Augusta, Birmingham and Temple. The Tampa VAMC has also been designated as a "Polytrauma Rehabilitation Center," which is designed to treat polytraumatic injuries and disability requiring specialized rehab processes and coordination of care throughout the course of the patient's recovery.

Although VHA cannot be all things to all people, it is an integral part of DoD health care. Whether VHA has trained TRICARE providers or has elected to directly care for TRICARE beneficiaries, VHA is heavily woven into the fabric of DoD health care. For more info about VHA and its role in the TRICARE South Region, you may contact Mr. Mark E. Goldstein, TRICARE-South VA Liaison at (210) 292-3232.

## **MAPPING THE PATIENT EXPERIENCE” HUMANA MILITARY’S CLINICAL QUALITY REPORT CARD 2008**

Humana Military Healthcare Services (HMHS), Managed Care Support Contractor for the TRICARE South region, maintains a comprehensive Clinical Quality Management Program for the oversight and management of the clinical care received by TRICARE beneficiaries in the purchased care system.

In addition to compliance with the TRICARE program requirements, HMHS is URAC accredited in Health Network, Health Utilization Management, Case Management, Disease Management, and HIPAA Privacy. These accreditations provide comprehensive health plan administrator national standards for the various components of quality and medical management. HMHS recently published their annual clinical report card that provides outcomes of civilian healthcare managed by their clinical quality program.

Highlights include:

- Prevention and Wellness: Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, Cholesterol Screening, Influenza immunizations
- Mental Health: 30 day Acute Readmission Rate; Anorexia Nervosa
- Living with Illness: Diabetes, Heart Failure, Asthma
- Patient Safety: Adverse and Never Events and Monitoring of Selected Procedures
- Provider Network: Network Adequacy and Credentialing
- Managing Cost
- Customer Satisfaction and Service

Benchmarking and Performance Goals were derived from:

- The National Committee for Quality Assurance (NCQA) Quality Compass
- Centers for Disease Control (CDC)
- Centers for Medicare & Medicaid (CMS)
- Healthy People 2010
- Agency for Healthcare Research and Quality (AHRQ)

An electronic version of this report card may be viewed on the Humana Military Healthcare Services web site via [www.humana-military.com](http://www.humana-military.com) and through the Beneficiary or Provider link > Tools and Resources or through the Government link page.

## **THINGS TO KNOW ABOUT THE PRIME TRAVEL BENEFIT**

### **Less than 12 hours Travel Time:**

Under the Joint Federal Travel Regulations, Defense Finance and Accounting Services (DFAS) will not automatically pay meal per diem rates to active duty or civil servants if the trip is less than 12 hours. However, these members can submit actual meal expenses (expenses cannot exceed maximum allowable) and be reimbursed. Use the Standard Form 1164 for these submissions. TRICARE Regional Office South Prime Travel Coordinators will process these claims and forward to DFAS for payment.

### **Use of DD Form 1351-2 and DD1351-3 for Medical Travel Claims:**

Defense Finance and Accounting Services (DFAS) requires that all medical travel with overnight lodging be submitted on form DD1351-2 and DD 1351-3. Please list the actual room costs in Block 15, Column E, "Lodging Costs". Any applicable taxes that were paid are listed in Block 18, Reimbursable Expenses, as Hotel Taxes.

On form DD1351-3, please list the actual charges by day, rather than separating out the room rate and taxes. Additionally, fuel expenses are listed under Column "Other" on the DD1351-3. Please annotate "Fuel" directly above the amount shown in the "Other" Column. This column can also be used to list parking costs, rental car or airfare. Again, please annotate directly above the expense what the expense covers.

Both DD 1351-2 and DD 1351-3 require the traveler's signature and date. The traveler's supervisor is NOT required to sign the DD1351-2. The approving official at TRICARE Regional Office South will sign at the supervisor's space. TRICARE Regional Office South Prime Travel Coordinators can provide additional assistance if needed.

### **Use of Standard Form 1164, Claim for Reimbursement For Expenditures on Official Business:**

Defense Finance and Accounting Services (DFAS) accepts the use of SF1164 for medical appointment day trips, citing airfare, rental car, etc., where the traveler is not claiming lodging costs. Separate SF1164s are required for each medical care trip and each traveler.

Within Block 6, Expenditures, Column G, annotate the expense category (Fuel, Meals, Rental Car, Parking, Airfare, etc).

Continuing along the same line, annotate in Column I, the expense amount claimed. In Block 7, please indicate total amount claimed. Sign and date Block 10. Parents can sign for minor children. TRICARE Regional Office South Prime Travel Coordinators are available for assistance if needed.

### **TRICARE REGIONAL OFFICE-SOUTH PRIME TRAVEL BENEFIT MANAGERS:**

**AR, LA, OK, TX & TN: 210-292-3256**

**AL, MS & FL: 228-377-7707**

**GA & SC: 706-787-4164**

## NAVAL HOSPITAL JACKSONVILLE COLLECTS DONATIONS FOR DEPLOYED TROOPS

Submitted by Naval Hospital Jacksonville Marketing



Anyone who has deployed, especially to the desert, knows some of the essentials of daily living aren't always readily available. Troops are often in need of scarce toiletries to maintain good hygiene and recreational items to fill their idle time. Naval Hospital Jacksonville (NHJ) staff anticipated the needs of their deployed co-workers with Operation Donations for Troops, a drive that collected many basic necessities throughout September.

Lt. Cmdr. Mavis Thomas, Lt. j.g. Carla Newkirk-Jones and Hospitalman Megan DeLussey organized the collection of more than 300 items including mouthwash, toothpaste, shampoo, deodorant, razors, books, crossword puzzles, prepaid calling cards, and non-perishable foods. Their personal mission was to send a loud and clear message to their deployed shipmates that they were appreciated and not forgotten.

Thomas, whose husband also serves in the military, is well aware of the need. She has assembled many care packages for him during two deployments. She said, "Some commands don't always support their deployed troops. They leave and you don't see them. This is just our way of saying 'we care.'" The team mailed out nine large boxes to deployed staff.

Newkirk-Jones knows how important it is for the deployers to see a show of support from the hospital's leadership at the airport when they leave as well as when they return. "But when they are gone," she said, "they are sometimes forgotten, especially if they are single Sailors. When they are in that interim period, I think it is even more important to provide a show of support."

The team was awed by the staff's generosity. Due to the operation's success, they are planning on another campaign in the very near future to support their personal mission.

Naval Hospital Jacksonville has approximately 130 staff members currently deployed around the globe: land based in Afghanistan, Cuba, Kuwait, and aboard ships as individual augmentees in service to the Fleet.

## WILFORD HALL MEDICAL CENTER DEDICATES U.S. FLAG FLOWN IN BALAD, IRAQ, TO NIX HEALTH CARE SYSTEM

On Thursday, August 7, 2008, several orthopedic physicians from Wilford Hall Medical Center at Lackland AFB, San Antonio, TX, presented the NIX Medical Center an American flag flown over the U.S. Air Force Theater Hospital at Balad Air Base. The flag was flown specifically for NIX Health Care System, and signed by Colonel Patrick R. Storms, the Commander of the 332nd Expeditionary Medical Group.

"The Nix Medical Center, and the OR staff specifically, have been very supportive in our efforts both \ overseas and here at home," said Dr. Ky Kobayashi, orthopedic surgeon and USAF Major. "Dedicating a flag flown over our hospital in Balad is a way to show our appreciation."

One of the busiest trauma hospitals in the world, the Theater Hospital at Balad Air Base is 42 miles north of Baghdad and handles 246 trauma cases monthly. Dr. Kobayashi is part of a medical team at Wilford Hall that has collaborated with the NIX to provide quality medical care to the military and their dependents when WHMC faces limited operating room capacity and/or staffing due to deployments.

"The NIX, WHMC and Humana Military Healthcare Services have contractual arrangements in place that support the Military Health System in taking care of beneficiaries when Wilford Hall needs some additional support from the civilian health care community.", explains Julie Minnick, VP, Program Development at NHCS. "These agreements have been in place for over a year now, and have been instrumental in helping us build a cohesive relationship as we work together to provide quality medical care for the families and retirees of military personnel who serve our country."

The NIX Health Care System has three locations in San Antonio and provides medical, surgical, behavioral health and rehabilitative services



*Left to right: Col. Spencer Frink (Orthopedic Squadron Flight Commander), Col. Damian Rispoli (Orthopedic Flight Commander and Department Chairman and Chief of Shoulder/Elbow Surgery), Denise Thomas (TSC Manager, WHMC TSC at Lackland AFB, HMHS), LtCol James Keeney (Chief, Adult Reconstruction Service and Orthopedic Surgery Consultant to the USAF Surgeon General), Anna Silva (LVN, Clinical Liaison, NHCS), LtCol Select Ky Kobayashi (Orthopedic Surgery, Chief of Hand Surgery), Chris Meilinger (South Market Director, HMHS) and Julie Minnick (VP, Program Development, NHCS)*

# SAVING FACE

Submitted by 59<sup>th</sup> Medical Wing Public Affairs

In the early days of World War I and trench warfare, surgeons turned to innovative sculptors for help with facial injuries so severe they could not be treated surgically. The sculptors used lightweight tin masks, contoured and meticulously colored to match the patient's skin, customized with the patient's hair and often held in place with glasses. The intention was the restoration of the patient's own appearance and identity, followed by their reintegration into society. The 59<sup>th</sup> Medical Wing Maxillofacial Prosthetics Department at Lackland Air Force Base continues that mission. Masks are no longer used today. Instead, injured warfighters have the option of receiving realistic prosthetic eyes, noses and ears.

The department has a three-fold mission: treating wounded warriors, support to the surgeons and a training mission offering a one-year fellowship for doctors from the three branches of service.

"We are here to support the surgeons and respond to the needs of the patients," said Col. (Dr.) Joe Villalobos, program director of maxillofacial prosthetics. "Maxillofacial prosthetics offers patients and surgeons a prosthetic option for facial rehabilitation." The following clinics and their patients have benefitted from maxillofacial prosthetic support services:

- Ear, nose and throat
- Plastic surgery
- Oral maxillofacial surgery
- Radiation oncology
- Aerospace medicine
- Ophthalmology
- Burn unit at Brooke Army Medical Center
- Neurosurgery
- Speech therapy
- Pulmonary medicine

Technology has helped shorten the time-intensive process and decrease the number of patient visits. For conventional adhesive prostheses no additional surgery is required. For patients wanting prostheses retained by implants and magnets the process can take one to two years due to the additional diagnostic and surgical procedures. The computer-assisted procedure used at WHMC involves a three-step process to create a prosthesis for a patient.

The first step is to acquire digital diagnostic data of the injured patient. This can be accomplished using a CT scan, MRI, laser scan or stereophotogrammetry. The doctors then turn to the 59<sup>th</sup> Medical Wing's Stereolithography Lab. Here the technicians manipulate the data at a computer workstation using specialized software. Missing facial structures can be imported from an outside donor. In other cases mirror-imaging is used. The patient's missing structure, such as an ear, is replaced with a mirror-image of their existing ear. This is all done in the virtual world. The final step in the process involves fabrication of the prosthesis. This is done using 3D medical models created in the stereolithography department. The computer-based prototype is fit and verified on the patient. When both doctor and patient are satisfied with the fit, a mold is made and the final prosthesis is created. The process and capabilities are constantly evolving to better serve both providers and patients.

The maxillofacial prosthetic department at WHMC supports surgeons in both Iraqi and Afghanistan theaters of operations by utilizing both telemedicine and stereolithography technologies. "We're working to set up an electronic Community of Practice site that is accessible through the Air Force Portal. CoP will enable us to seamlessly integrate electronic file transfer operations between the SAMMC south and north campuses at Wilford Hall and Brooke Army Medical Centers." said Col. (Dr.) Charles DeFreest, 59<sup>th</sup> Dental Support Squadron commander. "The coolest thing about CoP is that any base and doctor with a connection to the Air Force Portal can join our site and share info, including Joint Base Balad, Iraq, and Bagram Air Base, Afghanistan!" Patients interested in maxillofacial prosthetics should discuss the procedure with their primary care manager or specialist. Providers with questions about utilizing the 59<sup>th</sup> Medical Wing stereolithography or maxillofacial prosthetics services should contact Colonel Villalobos at DSN 554-3838, commercial (210) 292-3838.

# THE NATIONAL RESOURCE DIRECTORY

The National Resource Directory (NRD) is an online partnership for wounded, ill and injured service members, veterans, their families, families of the fallen and those who support them. The NRD provides information on, and access to, medical and non-medical services and resources across the country which will help them reach their personal and professional goals as they successfully transition from recovery to community living. It can be found at <http://www.nationalresourcedirectory.org>. You will also find info on the **Wounded Warrior Resource Center and the Recovery Coordination Program** (see more info below.)

## Who developed the National Resource Directory?

The NRD is an online partnership of the Department of Defense, Department of Labor and Department of Veterans Affairs, as well as numerous veterans service and benefit organizations; non-profit, community-based and faith-based organizations; and academic, professional and philanthropic organizations.

## Who should use the National Resource Directory?

The NRD serves Service Members, Veterans, Family Members/Caregivers, Care Coordinators, Care Providers, Care Partners.

## What are some of the features of the National Resource Directory?

The NRD provides four different ways to search for information on the site:

Search by *keyword* (for instance, "TRICARE"); Search by one of the six main *subject areas* (Benefits & Compensation, Education, Training & Employment, Family & Caregiver Support, Health, Housing & Transportation, Services & Resources); Search by *user* (Service Member, Veteran, Family Member/ Caregiver, Care Coordinator, Care Provider, Care Partner); or Search by *location* (for example, "Alabama").

## What information will I find in the National Resource Directory?

The NRD connects service members and veterans to support services and resources available across federal, state and local government agencies; veterans service and benefit organizations; non-profit, community-based and faith-based organizations; and academic, professional and philanthropic organizations. You will find information on [Benefits & Compensation](#), [Education, Training & Employment](#), [Family & Caregiver Support](#), [Health, Housing & Transportation](#), [Service & Resources](#) .

## What is the Wounded Warrior Resource Center?

The [Wounded Warrior Resource Center](#) provides wounded service members, their families and caregivers with information they need in the areas of military facilities, health care services and benefits. It supports access to the Wounded Warrior Center Call Center and trained specialists who are available 24 hours a day, 7 days a week by calling **1-800-342-9647** or by email at [wwrc@militaryonesource.com](mailto:wwrc@militaryonesource.com).

## What is the Recovery Coordination Program?

The mission of this program is to improve the care, management and transition support for wounded, ill and injured service members, veterans and their families from recovery through rehabilitation to reintegration. The Recovery Coordination and Federal Recovery Coordination Programs implement reforms to existing policy, programs and processes within and across DoD and VA. The Recovery Coordination Program is administered by DoD and delivered through the military services' Wounded Warrior, medical and family support programs. The Federal Recovery Coordination Program is administered by the VA and delivered at Military Treatment Facilities.

Please contact [NRD@dol.gov](mailto:NRD@dol.gov) with questions or concerns.