# 2010 Military Health System Conference

## Understanding and Responding to the Voice of the Patient and Family

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TRICARE Management Activity
Office of the Chief Medical Officer

# Strategic Plan

- Activating Patients
- Healing Environments

# Stories

- Breast cancer
- A tale of two deliveries
- Traumatic brain injury: navigating the health care system
- How do they match up with the strategic plan?

# A Tale of Two Deliveries

- Civilian Hospital vs. Military Experience
- Four phases of OB care
  - Prenatal Care
  - Delivery
  - After care
  - Discharge

# A Tale of Two Deliveries

| Civilian Experience-Prenatal | Military Experience-Prenatal |
|---|---|
| Immediate access to provider | Had to wait for military provider to confirm pregnancy and attend an education class prior to receiving first appointment- approx. 4 week wait |
| Classified “high risk” d/to maternal age (35) | Not classified “high risk” (39); previous c-section |
| Continuity of care –”my doctor” | Providers were caring and competent, just fragmented “Tom, Dick or Harry” care |

# A Tale of Two Deliveries

| Civilian Experience Delivery | Military Experience Delivery |
|---|---|
| Scheduled C-section | Scheduled C-section |
| Transparent process | OB clinic sent me to Labor/Delivery to “schedule” procedure; staff uncertain of provider on call; directed to call to confirm before procedure to ensure had bed available |
| “My doctor” delivered baby | Never met doctor but called me at home to discuss delivery |

# A Tale of Two Deliveries

| Civilian Experience After Care | Military Experience After Care |
|---|---|
| Attentive staff; direct staff nurse contact, communication and visibility (even dietary staff impressed me) | Overwhelmed junior corpsman who did her best; little staff nurse visibility or communication except for Reservist |
| Pediatric staff less visible | Very visible pediatric staff |
| Don't recall any questions about birth control | Asked same questions over and over (birth control) |
| Pleasant, comfortable, clean environment-private room | Pleasant, comfortable, clean environment-private room |

# A Tale of Two Deliveries

| Civilian Experience Discharge | Military Experience Discharge |
|---|---|
| Discharged 3rd day post-op | Discharged 2nd day post-op |
| Transparent | Too much information-"we need the bed" |
| Anticipated my needs (e.g. wheelchair); staff support | Did not anticipate my needs; no staff visibility; felt "detached" from whole experience |

# Recommendations

- Reduce variability with care
- Improve communication among staff
- Identify opportunities to provide more personalized, coordinated care wherever possible
- Look at the experience through the eyes of the patient

# 2010 Military Health System Conference

Traumatic Brain Injury: Navigating the Health Care System

Sharing Knowledge: Achieving Breakthrough Performance

CPT Jonathan C. Brooks & Jayna Moceri Brooks, RN, MN

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# Course of Events in OIF 07-09

- March 2008: 1st IED explosion
  - Stryker vehicle hit and destroyed
  - Sustained head injury
- July 2008: 2nd IED explosion
  - Blown forward in Stryker vehicle by IED blast from the rear. Stryker vehicle remained intact.
  - Suffered another head injury

# Response by Medical Personnel

- After 1st IED: Screened by combat medic at company COP (Combat Outpost)
  - Given Ibuprofen for headaches/body aches
  - Put on 24 hour rest
  - 1 week later met with PA on FOB (Forward Operating Base) for quick exam.
    Told "you'll be fine"
  - Continued combat patrols as normal

# Spouse Perspective

- After 1st IED: Received phone call from Jonathan.
  - Noticed he was dazed, forgetful, & didn't quite remember the whole incident.
  - I recommended a CT scan and further medical evaluation.
  - He was at the mercy of the HCPs in his company who convinced him he was okay.

# Medic Response to 2nd IED

- After 2nd incident: Briefly screened by medics
  - Given Ibuprofen for headaches from incident
  - Told, once again, “You’ll be fine”.
  - No follow-up with PA
  - Noticed vision changes
    - Blurred vision during the day and difficulty seeing at night.

# Redeployment Screening

- Returned to Germany from Iraq OCT 2008
  - Completed Post-Deployment Health Assessment (PDHA) questionnaire
    - Received no medical follow-up despite indicators of a head injury on questionnaire.
  - Repeatedly requested vision exam (stating concern for visual changes) and was denied
    - HCPs refused vision exam b/c chart showed history of 20/20 vision before deployment.

# Redeployment Screening

- NOV 2008: Requested follow-up from company PA
  - Denied request for head scan (CT or MRI)
  - PA did not take concerns re: head injury seriously.
  - We felt like it was a dead end

# Spouse Perspective

- Upon Jonathan's Return:
  - Noticed memory/focus changes
  - Continued to hear Jonathan c/o blurry vision

# Seeking Care

- DEC 2008: Headed to WA for leave through Ramstein
  - Went to Landstuhl ED stating chief complaint as “abrupt onset blurry vision secondary to explosion in Iraq”. (our last resort for help)
  - Visual Acuity test in ED revealed 20/200 vision (the largest E on the Snellen chart)

# Seeking Care

- Landstuhl ER doc refused our request for CT scan (based on chief complaint, why didn't he r/o slow bleed or brain tumor at minimum?).
- Did not believe vision changes were related to a head injury.
- Reluctantly referred us to the TBI clinic at Landstuhl after we insisted.

# Seeking Medical Care

- During leave in WA:
  - Went to MAMC TBI clinic (walk-in visit) and was seen by Internal Medicine MD
    - MD did not take us seriously and was confident Jonathan did not have a TBI, “just by looking at him”.
    - Jonathan had a series of blood tests to r/o other conditions, which were all negative.
    - Referred to the Ophthalmology clinic at MAMC by MD.

# Our First Diagnosis

- MAMC Ophthalmology:
  - After a series of complex eye exams, doctor “100%” sure vision changes caused by explosions in Iraq.
  - Jonathan given RX for eye glasses with orders for frequent follow-ups; as vision was expected to settle over time.
  - We started to experience hope.

# Seeking Care

- FEB 2009: PCS'd to Kentucky for 6 months
  - Met with PA at Soldier Readiness Clinic
    - Did not believe Jonathan had a TBI
    - Reluctantly ordered a MRI scan after Jayna pressed him to do so.
    - Referred to Neuropsychologist for testing
    - Test revealed diffuse axonal brain injury

# Seeking Care

- AUG 2009: PCS to WA for 2 year assignment
  - Met with Neuropsychologist at the TBI clinic at MAMC.
    - Doctor had difficulty believing Jonathan had TBI because he is so functional.
    - Hesitantly re-tested Jonathan and was surprised at results indicating brain injury.
    - Referred to Occupational Therapist
    - Sees OT regularly and is improving!

# Timeline

- From blast to diagnostic imaging= 1 year
- From blast to TBI diagnosis= 14 months
- From blast to rehab= 18 months

- **# of HCPs that told Jonathan he did not have a TBI= 9** (2 Medics, 3 PAs, 4 Doctors)

# Patient & Spouse Perspective

- Exhausting to fight for medical care
- Felt hopeless
- Difficult to access the care we needed
- Made to feel like we were crazy
- Jayna was belittled by HCPs b/c of her requests and persistence for husband
- Silent battle with little support from CoC
- Never received official recognition of combat injury

# Recommendations

- Learn from our story
- Thoroughly evaluate all service members involved in explosions of any kind (assume they have TBI until proven otherwise)
- Cont. to educate on TBI—mechanism of injury, presentation of injury (not only headaches!!)
- Change wording of PDHA
- Critically analyze service member responses; dig deeper!

# Recommendations

- Re-assess!  Re-assess!
- Educate spouses and service members on signs/symptoms of TBI  ---CoC convey support for care & follow-up.
- Conduct vision tests and basic neuropsych evals on all service members involved in blasts.
- LISTEN!  --be aware of subtle requests or cries for help!

# Recognize the Sacrifice

- Jayna founded organization to advocate for service members with combat-related TBIs to:
  - Obtain early diagnoses & medical care
  - Receive official recognition of combat injury through receipt of the Purple Heart medal (per Article 600-8-22, 25 February 1995 and Public Law 104-106 - Feb. 10, 1996)
  - Our story is one of many…
- **www.recognizethesacrifice.org**

# Closing

Goals:

- Effectively & efficiently diagnose TBIs
- Support service members through rehab
- Provide official recognition of their sacrifice in combat