Army Health Care Services

An Analysis and Recommendations

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Abstract

We expect our Army to be ready to fight against our enemy to protect and defend our nation at any possible moment. Therefore, we need to take care of their health. The Army's meets this goal through TRICARE, the military's form of health insurance available to all service members and their families. The Army focuses on soldiers' mental health through programs to help soldiers who suffer from depression or posttraumatic stress disorder (PTSD). Finally, the Department of Veterans Affairs (VA) supplements the Army's health care system with programs and services. This paper will focus on an analysis of the types of health care benefits that the Army provides to its service members. The final sections will explain the challenges that the Army is facing in providing adequate health care services and offer recommendations as to what the Army can do to combat these challenges and strengthen the health care services.

Executive Summary

We expect our Army to be ready to fight against our enemy to protect and defend our nation at any possible moment. This expectation can only be realized if we take care of their health, in combat, of course, but also at home, as they are conducting normal operations and getting ready to deploy. The Army Medicine team's goal is to do just that: provide health care services for our troops and their family members.

The Army's main way of meeting this goal is through TRICARE, which is the military's form of health insurance that is available to all service members of any of the seven uniformed services and their families. In the Army, TRICARE provides health care services free of charge for all active duty or activated service members and their families and charge a fee for National Guard and Reservists and their families. TRICARE's network of military treatment facilities and civilian health care contractors provides exceptional service to our troops.

In addition to keeping soldiers physically healthy, the Army also focuses on their mental health. The Army has many different programs in place to help soldiers who suffer from depression or posttraumatic stress disorder (PTSD). The Army educates soldiers on the symptoms, posts stories of soldiers who have asked for help and are still serving and provides free counseling in an effort to help soldiers combat any mental health issues they may have.

The Department of Veterans Affairs (VA) supplements the Army's health care system with programs and services aimed at keeping our combat veterans healthy. The VA is broken up into different sections, one of which is the Veteran's Health Administration (VHA). The VHA assists veterans who have service and non-service related injuries.

The majority of this memorandum will focus on an analysis of the types of health care benefits that the Army provides to its service members, including TRICARE, PTSD support programs and services that the VA offers. The final sections will explain the challenges that the Army is facing in providing adequate health care services and offer recommendations as to what the Army can do to combat these challenges and strengthen the health care services that it offers to service members, veterans and their families.

Background

The Army Medicine team is led by the Surgeon General of the US Army Medical Command. Since December 2007 LTC Eric Schoomaker has held this position. LTC Schoomaker is the driving force behind what the Army Medicine team does and he bases his operations around the mission, values, and strategic themes of Army Medicine, all of which can be summed up in the balanced scorecard, seen in Appendix 1. Army Medicine has three main missions: to promote, sustain and enhance soldier health, to train, develop and equip a medical force that supports full spectrum operations, and to deliver leading edge health services to our warriors and military family to optimize outcomes. In delivering upon these three missions, Army Medicine also lives by its core value: to be America's premier medical team saving lives and fostering health and resilient people. As the Army Medical team says, Army Medicine: Bringing value, inspiring trust![1]

The Army Medical team does more than just save soldiers in the field during combat operations. It is responsible for ensuring that our troops are physically and mentally prepared to conduct operations at all times. This means that one of Army Medicine's duties is to provide health care services to service members and their families when they are not deployed. Army Medicine does this through a program called TRICARE, which is available to active duty service members as well as National Guard and Reservists. The Army has also implemented numerous programs to support soldiers combating PTSD and to give them the assistance that they need.

When soldiers leave the military and become veterans, the Army continues to support them through TRICARE benefits and programs and services available to veterans at the Department of Veterans Affairs (VA).

[1] "Army Medicine Balanced Scorecard." US Army Medicine, Mar. 2011. Web. 29 Mar. 2011. <http://www.armymedicine.army.mil/about/BalancedScorecard.pdf>.

TRICARE- An Overview

TRICARE is the health care system that provides services to our troops, their families, survivors, retirees and certain unmarried former spouses. The TRICARE system balances all of the military's available health care resources and supplements them with civilian contractors in order to provide an adequate amount of services to all of those eligible to receive TRICARE benefits. All members who serve any of the seven uniform services (Army, Navy, Air Force, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Association), their family members, retirees and survivors are eligible to receive TRICARE benefits. In order to keep things as organized as possible TRICARE splits people who are eligible for benefits into two categories: sponsors, meaning those who have served or are currently serving in the active duty, National Guard, or Reserve component of the Army, and family members.

Again, in an effort to keep TRICARE's services organized, TRICARE Management Activity is separated into six different regions each of which has their own corresponding civilian contractors who supplement military treatment facilities (MTF) with services and facilities of their own. Three regions fall into the domestic category and the other three fall into the overseas category. Each domestic region has one civilian contractor who serves the states in that region. The three overseas regions operate slightly differently. Each country has a different contractor who provides services to service members in that country. Additionally TRICARE offers different service plans to the overseas regions. The six different regions and the areas that they serve are as follows[2]:

- North (domestic): This region serves the following states: Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New

Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin and portions of Iowa (Rock Island Arsenal area), Missouri (St. Louis area) and Tennessee (Ft. Campbell area). The contractor for this region is Health Net Federal Services, LLC.

- South (domestic): This region serves the following states: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (excluding the Ft. Campbell area) and Texas (excluding the El Paso area). The contractor for this region is Humana Military Healthcare Services, Inc.
- West (domestic): This region serves the following states: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (excluding Rock Island Arsenal area), Kansas, Minnesota, Missouri (except the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner, including El Paso), Utah, Washington and Wyoming. The contractor for this region is TriWest Healthcare Alliance Corp.
- Pacific (overseas): This region serves the following countries: Guam, Japan, Korea, Asia, New Zealand, India and Western Pacific remote countries.
- Latin American & Canada (overseas): This region serves the following countries: Central and South America, the Caribbean Basin, Canada, Puerto Rico and the Virgin Islands.
- Eurasia-Africa (overseas): This region serves the following countries: European and African continents, all Middle Eastern countries, Pakistan, Russia, the Baltic States, Ukraine, Georgia, Kazakhstan, Kyrgyzstan and Uzbekistan.

[2] "TRICARE Regions." *TRICARE*. 11 Mar. 2010. Web. 26 Mar. 2011. <http://tricare.mil/mybenefit/home/overview/Regions>.

In order to best serve all sponsors and family members TRICARE offers ten different health care plans, including the special plans that are offered to members stationed overseas. TRICARE offers four different variations of their Prime plans, two variations of their Standard plans, a Reserve Select Plan, Retired Reserve plan, TRICARE for Life and finally a US Family Health Plan option.

TRICARE Prime options

TRICARE offers four different Prime options: TRICARE Prime, TRICARE Prime Remote, TRICARE Prime Overseas, and TRICARE Prime Overseas Remote. Under TRICARE Prime sponsors and family members have a primary care manager (PCM) who acts like a family doctor. The PCM will either be from a MTF or from the TRICARE network of civilian providers. The PCM will provide all of the necessary care, unless the PCM needs to refer the sponsor or family members to a specialist. Under TRICARE Prime, sponsors and family members can be reimbursed for travel to and from a specialized doctor and are also eligible to receive vision and preventative treatment[3].

Active duty service members and their family don't pay any out of pocket costs as long as they see a PCM or have a referral from their PCM for a specialist. National Guard and Reservists and their families do pay for TRICARE Prime services. These service members are either charged $230 a year for an individual or $460 a year for a family plus a fee for the specific service. If these sponsors or their family members see a PCM at a MTF they don't pay any out of pocket costs. However, if they choose to see a PCM at a network provider, they will pay $12 per visit for outpatient care and $11 per day for inpatient care[4] A table of the costs can be seen in Appendix 2.

All active duty or activated Guard or Reserve members are required to enroll in TRICARE Prime. Family members have the option of enrolling in TRICARE Prime or TRICARE Standard and

[3] "TRICARE Prime." *TRICARE.* 16 Feb. 2011. Web. 26 Mar. 2011. <http://tricare.mil/mybenefit/home/overview/Plans/LearnAboutPlansAndCosts/TRICAREPrime>.

[4] Ibid.

Extra. TRICARE Prime has less out of pocket costs compared to TRICARE Standard and Extra but you have fewer options when choosing your PCM because sponsors or family members enrolled in TRICARE Prime have to go to a PCM that is within the TRICARE network[5].

TRICARE Prime Remote provides services just like TRICARE Prime except it is for service member and their family who work in remote duty stations that are 50 miles away from a MTF. Under this plan, sponsors and their family members will choose a PCM from the TRICARE network unless there isn't one available for their location. If this is the case they will then be able to choose a PCM from the TRICARE approved, non-network list of health care providers[6].

TRICARE Prime Overseas and TRICARE Prime Overseas Remote are special options for service members who are stationed overseas. These plans correspond to the TRICARE Prime and TRICARE Prime Remote plans, respectively[7].

TRIACRE Standard and Extra options

TRICARE Standard and Extra are options available to family members. With this option family members pay a fee per service that they use. Under this option, family members can only see a PCM at a MTF is there is space available. If the family chooses TRICARE Extra they can see a PCM in the TRICARE network. If the family wants to choose a PCM that is TRICARE approved (non-network) then they will be enrolling in TRICARE Standard. Fees are based upon the table in Appendix 2. TRICARE Standard and Extra is appropriate for family members who are already seeing a provider they like and do not want to switch[8].

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[5] "TRICARE Prime."
[6] Ibid.
[7] Ibid.
[8] "TRICARE Standard and Extra." *TRICARE*. 30 Dec. 2010. Web. 28 Mar. 2011. <http://tricare.mil/mybenefit/home/overview/Plans/LearnAboutPlansAndCosts/TRICAREStandardandExtra>

TRICARE also offers a TRICARE Standard Overseas option. With this option there is no distinction between Standard and Extra and fees do not vary. Family members pay one fee and receive health care services from host country providers. Sometimes this is the only option when sponsors and their family members are overseas. However, if it is possible to enroll in TRICARE Prime Overseas family members will save money by using that option. Out of pocket costs the family members incur can be seen in the table in Appendix 2[9].

TRICARE Reserve Select

TRICARE Reserve Select is for select members of the Reserve and Ready Reserve and their families. Reserve members who choose to take advantage of this option can see any PCM in the TRICARE network or who is TRICARE approved. Members pay a small monthly fee of $53.16 for an individual or $197.76 for an entire family, and then pay per service. Fees can be seen in the table in Appendix 2[10].

TRICARE Retired Reserve

The TRICARE Retired Reserve works just like TRICARE Reserve Select, except it is for retired Reservists and survivors. Those who choose to purchase this plan pay a monthly fee of $408.01 for an individual or $1,020.05 for the entire family, in addition to a fee per service used. The fees are listed in a table in Appendix 2[11].

TRICARE for Life

TRICARE for Life supplements those service members who have Medicare A and Medicare B. While Medicare acts of their primary form of insurance, TRICARE acts as a secondary form to

[9] "TRICARE Standard and Extra"
[10] "TRICARE Reserve Select." *TRICARE*. 4 Feb. 2011. Web. 27 Mar. 2011. <http://tricare.mil/mybenefit/home/overview/Plans/LearnAboutPlansAndCosts/TRICAREReserveSelect>.
[11] "TRICARE Retired Reserve." *TRICARE*. 3 Jan. 2011. Web. 27 Mar. 2011. <http://tricare.mil/mybenefit/home/overview/Plans/LearnAboutPlansAndCosts/TRICARERetiredReserve>.

minimize the out of pocket costs for the service member. For example, if Medicare only covers a portion of the fee, and TRICARE would normally cover more, then TRICARE will supplement Medicare in order to pay for more of the cost. Members do not have to pay for TRICARE for Life[12].

US Family Health Plan

The US Family Health Plan is offered to members who are enrolled in TRICARE Prime in six areas of the US. This program utilizes community based, not-for-profits in the areas. Instead of seeing a PCM at a MTF or within the TRICARE network, members will receive care from a physician who is associated with the non-for-profit in their area. The active duty members do not pay any fees and National Guard or Reservists who choose this option pay the same annual and per-service fee as they would with the TRICARE Prime option[13].

Children, Retirees and Survivors

Children, retirees and survivors have specific rights under the TRICARE service that the Army Medicine team provides. Children will be covered by their TRICARE benefits until they are 21 years old or 23 years old if they are attending a full time college institution and their sponsor is still assisting in financially supporting the child. Surviving children are also covered under TRICARE until the same age limits. In the unfortunate case that the parents get divorced, the child/children will still be covered by TRICARE. Stepchildren are also immediately covered by TRICARE as long as the sponsor is married to the parent of the child. If these parents get divorced, then the child is no longer

[12] "TRICARE For Life." *TRICARE*. 3 Jan. 2011. Web. 26 Mar. 2011. <http://tricare.mil/mybenefit/home/overview/Plans/LearnAboutPlansAndCosts/TRICAREForLife>.

[13] "US Family Health Plan." *Welcome to TRICARE, Your Military Health Plan*. 23 Feb. 2011. Web. 1 Apr. 2011. <http://tricare.mil/mybenefit/home/overview/Plans/LearnAboutPlansAndCosts/USFamilyHealthPlan>.

covered under TRICARE. However, if the sponsor decides to adopt the stepchild, then the child would still be covered under TRICARE in the case of a divorce[14].

Retirees also have continued benefits if they serve in the military for 20 years or more. Active duty retirees are eligible for TRICARE Prime, TRICARE Standard and Extra, US Family Health Plan, TRICARE for Life, and TRICARE Standard Overseas[15]. Retired members of the National Guard or Reserves who are over the age of 60 are also eligible for the same TRICARE services as the active duty retirees. National Guard or Reservist retirees under the age of 60 can purchase health care services under the TRICARE Retired Reserve[16].

If the sponsor dies, survivors also continue to receive TRICARE benefits for a period of time, in order to help them transition. If a sponsor dies while on active duty (meaning that the service member was an active duty member or was a National Guard or Reserve member who was activated to active duty) then the survivors receive the same active duty TRICARE benefits they were receiving before the death for a transitional period of three years. After three years, the survivors will receive retiree active duty benefits[17].

Survivors of a National Guard or Reserve member who dies while they are not activated do not receive any TRICARE benefits unless the service member was covered by TRICARE Reserve Select on the day of their death. If this is the case the survivor may qualify for 6 months of TRICARE

[14] "Who's Eligible: Children." *TRICARE*. 30 Nov. 2010. Web. 28 Mar. 2011. <http://tricare.mil/mybenefit/home/overview/Eligibility/WhoIsEligible?kw=Children>.
[15] "Who's Eligible: Retired Service Members and Their Family." *TRICARE*. 30 Nov. 2010. Web. 28 Mar. 2011. <http://tricare.mil/mybenefit/home/overview/Eligibility/WhoIsEligible?kw=Retired+Service+Members+and+Their+Families>.
[16] Ibid.
[17] "Who's Eligible: Survivors." *TRICARE*. 30 Nov. 2010. Web. 28 Mar. 2011. <http://tricare.mil/mybenefit/home/overview/Eligibility/WhoIsEligible?kw=Survivors>.

Reserve Select care. If a retired service member dies then the survivor will continue to receive retiree TRICARE benefits unless they decide to remarry[18].

Ways in which the Army combats PTSD

PTSD has been around since soldiers in the US Army began fighting. However, it wasn't always properly diagnosed or understood. In fact, it wasn't until fairly recently that mental health specialists came up with a name for the type of mental health problems that people coming back from traumatic events experience. People who have PTSD relive the traumatic event over and over again in their head, they avoid places or things that remind them of the event, and they may even feel numb or 'keyed up'[19]. A study done by the Walter Reed Medical Center in Washington, DC showed at least 17-20% of soldiers who return from combat have continuing symptoms of PTSD[20].

The Army realizes that PTSD affects soldiers' personal lives and emotions. Additionally, it affects the readiness of their troops because soldiers struggling with PTSD cannot be as effective in their job or during a deployment. Therefore, the Army has implemented many programs in order to prepare soldiers for what may happen when they return from a combat situation and how to get help. Before soldiers deploy they receive a special training called "Battlemind". The purpose of this training is to make soldiers aware of the types of stresses they will face in combat. The Army also has "Battlemind" training for families so that they are aware of the different stresses they will face when their sponsor is deployed in a combat setting[21].

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[18] "Who's Eligible: Survivors."

[19] "Posttraumatic Stress Disorder (PTSD) - Mental Health." *Department of Veterans Affiars*. 23 Mar. 2011. Web. 28 Mar. 2011. <http://www.mentalhealth.va.gov/PTSD.asp>.

[20] "European Providers Learn Skills for Dealing with Ptsd." *US Fed News Service, Including US State News*: n/a. *ProQuest Research Library.* 2007. Web. 14 Apr. 2011 <http://search.proquest.com/docview/468724239?accountid=8285>.

[21] "Army Medicine Raises Mental Health Awareness With Programs to "Get Connected"" *US Fed News Service* (2008). *Proquest*. Web. 28 Mar. 2011. <http://search.proquest.com.proxyau.wrlc.org/docview/473293165/12E98891FBF2776AC7B/1?accountid=8285>.

Military One Source is another service the Army has available. One Source is a 24-hour hotline that offers a variety of services. Soldiers and/or family members can call at any time. If they believe that they are suffering from PTSD, then Military One Source will set up civilian mental health counseling free of charge[22].

The Military & Family Life Consultant (MLFC) Program is a new counseling program funded by the Office of the Secretary of Defense. Under this program, counselors meet with soldiers a maximum of 6 times. These counselors are mobile so they can go to the soldier wherever the soldier happens to be. Their services are also free of charge. The most unique characteristic of MLFC is that the counselors don't write anything down. This is extremely important and is a big selling point that draws soldiers to this program. Many times, soldiers don't want to talk to someone because they are afraid that the counselors will write down everything they say, put it in their permanent record and it will adversely affect their career in the Army. With the MLFC program, soldiers don't need to worry about this, so soldiers are more likely to talk to the counselors because they don't have be worried how this counseling session may affect their future career[23].

The Army also works to combat against PTSD and depression with a newer program called RESPECT-Mil, which stands for Re-Engineering System of Primary Care Treatment in the Military. RESPECT-Mil takes advantage of a three component model of care which coordinates care between the primary care provider, the care facilitator and the behavioral health specialist[24]. Under RESPECT-Mil, every time a soldier goes into a MTF for any type of treatment, the primary care provider asks six questions, the first of which screen for depression and the last of which screen for symptoms of PTSD. Soldiers get asked these questions each time they come in as a way of "tearing down the walls" of

[22] "Army Medicine Raises Mental Health Awareness With Programs to "Get Connected""

[23] "Counselors Help Combat Mental Health Stigma." US Fed News Service, Including US State News: n/a. ProQuest Central. 2009. Web. 19 Mar. 2011 <http://proxyau.wrlc.org/login?url=http://search.proquest.com/docview/473495630>.

PTSD and depression. Traditionally, soldiers do not want to talk about these subjects because they believe that they will appear weak. However, the Army believes that if the primary care providers reach out to soldiers and ask these questions each time a soldier comes in to see them, it will become more routine to talk about these subjects and will demonstrate that it's ok to ask for help[25]. The Army also decided that the primary care provider should initiate conversations about depression and PTSD because most soldiers feel more comfortable with their primary care provider, who they see regularly, than with a mental health specialist that they don't know[26].

If the primary care provider believes that the soldier is showing symptoms of depression or PTSD then the soldier would fill out a diagnosis and severity assessment form. Then the primary care provider will work with the soldier to find the course of treatment that works best for the service member, whether that be medicine, counseling with a behavioral health specialist or a combination of both. Once treatment has begun, a care facilitator will call the soldier to talk and monitor the soldier's response to their care program. Based on what they find, the care facilitator will coordinate with the primary care provider and behavioral health specialist. From there the primary care provider can make adjustments to the soldier's treatment program[27].

Veterans Services

The Department of Veterans Affairs (VA) takes the lead on veteran services. The VA is broken up into three different units: Veteran's Benefits Administration (which controls educational and disability benefits as well as the home loan guarantee program), the National Cemetery

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[24] "RESPECT-Mil." *RESPECT-Mil.* Web. 20 Mar. 2011. <http://www.pdhealth.mil/respect-mil/index1.asp>.
[25] "Respect Spells Reduced Stigma, More Choices." US Fed News Service, Including US State News: n/a. ProQuest. 2008. Web. 31 Mar. 2011 <http://proxyau.wrlc.org/login?url=http://search.proquest.com/docview/471326740>.
[26] "Dewitt on the Forefront of Depression Awareness." US Fed News Service, Including US State News: n/a. ProQuest. 2010. Web. 31 Mar. 2011 <http://proxyau.wrlc.org/login?url=http://search.proquest.com/docview/761232471>.
[27] "RESPECT-Mil."

Administration, and the Veterans' Health Administration (VHA)[28]. For the purpose and spectrum of this memo, I will focus on the VHA.

The VHA separates veterans into eight different groups as a means of prioritizing which veterans receive health benefits first and what percentage of the cost the VHA takes on compared to the veteran themselves. Veterans can receive both inpatient and outpatient care either for free if they are in priority groups one, two, or three or for a varied fee based upon priority group for all veterans in groups four through eight. Veterans can also receive medicine for free if the medicine is needed for a service-related injury. If the medicine is needed for a non- service-related injury, then veterans are charged a small fee for the medicine. The VHA also provides a limited amount of nursing home services. Again, veterans' priority groups are used to rank veterans who would like to use the nursing home service[29].

The VHA also offers health services to assist soldiers in dealing with PTSD and depression. The VHA provides two treatments for depression: ACT, Acceptance and Commitment Therapy, which helps patients overcome their emotional pain and CBT, Cognitive Behavioral Therapy, which is a form of psychotherapy that helps patients learn new ways of thinking about things and positive behaviors[30].

The VA also offers PTSD screenings and treatment. A short, 17 question, anonymous test is available on the VA website. The purpose of the test is to screen veterans for PTSD. If a soldier gets a

[28] "New to VA." *U.S. Department of Veterans Affairs*. 13 July 2010. Web. 20 Mar. 2011. <http://www.va.gov/opa/newtova.asp>.
[29] "VA Health Care Benefits." *U.S. Department of Veterans Affairs*. 4 Oct. 2010. Web. 21 Mar. 2011. <http://www.va.gov/opa/publications/benefits_book/benefits_chap01.asp>.
[30] "Depression - Mental Health." *Department of Veterans Affiars*. 2 Mar. 2011. Web. 20 Mar. 2011. <http://www.mentalhealth.va.gov/depression.asp>.

positive response on the screening, it doesn't necessarily mean that the soldier has PTSD, it just means that the soldier should be accessed further[31].

Once a soldier decides that they want to be treated for PTSD, they can use the VA's services to do so. At VA medical centers, soldiers can get at least one form of treatment for PTSD: Prolonged Exposure Therapy (PE) or Cognitive Processing Therapy (CPT). PE helps soldiers decrease stress by revisiting their thoughts, feeling, or situations that they have been avoiding. The idea behind PE is that if a soldier revisits the things they have been avoiding, then these things are less likely to cause the soldier distress. The PE process starts with education so the soldier can learn more about their symptoms. The counselor then teaches soldiers how to manage their breathing, which can help reduce stress. Next the soldier and counselor do real-world practice, called vivo exposure, where the soldier practices approaching situations that are safe but that they have been avoiding because of their trauma. Doing this helps them feel more comfortable in these situations and helps them re-gain control of their life. Lastly they talk through the trauma (called imaginative exposure) with a mental therapist. This therapy usually involved 8 to15, 90-minute sessions with a therapist[32].

The CPT program has 4 steps as well. Like PE, the first step is educational, so the soldier can learn about their symptoms and why CPT can help. The next step is for the soldier to become aware of their thoughts and feelings and how they are affecting them. The soldier begins to think about how the trauma they experienced is affecting them now so that they can learn to think about it in a different way. Then the soldier will learn skills to help them challenge and question their thoughts so that they are more in control of how they think about their trauma. Finally the soldier will learn how everyone's beliefs change after trauma and the way in which it changes how people look at safety, trust, control,

[31] "Posttraumatic Stress Disorder (PTSD) - Mental Health." *Department of Veterans Affiars*. 23 Mar. 2011. Web. 28 Mar. 2011. <http://www.mentalhealth.va.gov/PTSD.asp>.

other people, and relationships. This process helps the soldier balance their beliefs before and after the trauma. Under the CPT program, soldiers meet with their therapist for 12 sessions[33]. CPT and PE are believed to be the most effective treatments for PTSD.

Challenges facing the Army Healthcare Services

The Army is currently facing challenges both to its TRICARE services and also to its PTSD programs. Additionally, the VHA has problems marketing itself to younger veterans who are in need of their services.

TRICARE costs

TRICARE currently poses a financial threat to the Pentagon, who foots the bill for TRICARE's services to sponsors and family members. Unfortunately, the bill has increased substantially over the past few years. The Pentagon has increased its spending on health care from $19 billion in 2001 to a projected $50.7 billion in 2011, which represents a 167% increase[34]. One of the issues is that TRICARE fee haven't changed in 16 years, so sponsors and family members who pay fees have been paying the same fees that for almost two decades despite a rise in inflation[35].

At the same time, the Pentagon's health care bill is rising because now soldiers are being deployed multiple times and subsequently there has been a surge in mental and physical health problems as these consecutive tours wear down our troops. Statistics show that multiple combat tours are driving up health care costs. Medical visits for physical injuries rose from 2.8 million in 2005 to

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[32] "Cognitive Processing Therapy." *National Center for PTSD*. 28 Feb. 2011. Web. 27 Mar. 2011. <http://www.ptsd.va.gov/public/pages/cognitive_processing_therapy.asp>.

[33] "Prolonged Exposure Therapy." *National Center for PTSD*. 9 Mar. 2011. Web. 20 Mar. 2011. <http://www.ptsd.va.gov/public/pages/prolonged-exposure-therapy.asp>.

[34] Zoroya, Gregg. "Military's Health Care Costs Booming." *USA Today*. 25 Mar. 2010. Web. 3 Apr. 2011. <http://www.usatoday.com/news/military/2010-04-22-vet_N.htm>.

[35] Rein, Lisa. "Tricare Target of Pentagon Cuts as Health Care Projected to Reach $65B." *The Washington Post*. 16 Mar. 2011. Web. 3 Apr. 2011. <http://www.washingtonpost.com/wp-dyn/content/article/2011/03/14/AR2011031404645.html>.

3.7 million in 2009[36]. Additionally, more and more soldiers are seeking health care services for mental health issues. In fact, behavioral health counseling sessions for sponsors and their family members have risen by 65% from 2004-2010, and counseling sessions for sponsors' children specifically have risen 42% since 2005[37].

In order to deal with the Pentagon's rise in health care bills, Defense Secretary Robert Gates proposed to raise TRICARE fees for sponsors and their families. Originally Gates proposed to triple premium costs over the next few years but he altered his idea after receiving a lot of resistance from Congress. Now Gates wants to raise fees for working age reservists by $2.50 a month for an individual and $5 per month for the family. In other words, annual individual costs would rise from $230 to $260 and instead of paying $460 a year for family coverage sponsors would have to pay $560[38]. This proposed bill has still not passed through Congress and is currently widely debated.

PTSD

While the problem with TRICARE costs has been something that has gotten a lot of attention more recently, the Army has been struggling with issues surrounding PTSD and the care that they offer for a while. Some soldiers who show symptoms for PTSD don't get treated either because of the stigma and fear associated with it, the poor availability of treatment or the incompetency of the workforce of mental health specialists. A recent survey showed that 18.5% of veterans returning from Operation Iraqi Freedom or Operation Enduring Freedom (in Afghanistan) showed symptoms of PTSD but only ½ of them sought treatment[39].

[36] Zoroya, Gregg.
[37] Ibid.
[38] Rein, Lisa.
[39] "Mental Health Care for Iraq and Afghanistan War Veterans." Health affairs 28.3 (2009): 774. Web. 31 Mar. 2011. <http://search.proquest.com.proxyau.wrlc.org/docview/204514837?accountid=8285>.

One of the biggest challenges the Army is facing surrounding PTSD is the stigma and fear that goes with it. Because the Army values inner strength and toughness, many service members feel that they will be seen as weak if they seek help for PTSD. Soldiers also believe that seeking help from a mental health specialist will adversely affect their future career in the Army. Any soldier who sees a counselor for PTSD has to annotate that on their health records. Both the stigma and fear associated with PTSD mean the soldiers are reluctant to see care[40].

The Army is trying to combat this stigma through their RESPECT-Mil program, which breaks through the stigma by making soldiers talk about depression and PTSD every time that they come in to see a PCM at a MFT. The Army has also started a Real Warriors Campaign, complete with the slogan "Real Warriors, Real Battles, Real Strength" to combat the stigma. The campaign uses the Internet and Facebook, TV, flyers and posters to reach service members and tell them the stories of soldiers who sought care for PTSD and are still serving in the Army[41]. In 2007 the Army also created a mandatory educational briefing for enlisted soldiers and officers alike in which all service members learned the different symptoms and treatment methods for PTSD. The Army also created a special briefing for officers in the command group to explain how important it is that they combat the stigma and idea that soldiers who seek help are weak[42].

The Army also struggles with the quality and availability of their workforce who consult with soldiers who do decide to seek help for PTSD. In general, rural areas are underserved as most of the mental health specialists are located in urban areas. Furthermore, sometimes when service members

[40] "Mental Health Care for Iraq and Afghanistan War Veterans."
[41] "PTSD Information." *Army Behavioral Health*. 30 Apr. 2010. Web. 1 Apr. 2011. <http://www.behavioralhealth.army.mil/ptsd/index.html>.
[42] "Army Medicine Raises Mental Health Awareness With Programs to "Get Connected""

do find a mental health specialist in their area, they are denied treatment because some specialists won't see TRICARE patients because of the low reimbursement rates that the specialist receives[43].

Additionally there are tons of different people who soldiers can see for PTSD, like a primary care physician, a mental health specialist or a chaplain to name a few. While it is good for soldiers to have options of people they can talk to so that they can choose to talk with the person they feel most comfortable, not all of these people are fully trained on how to treat PTSD or they're not all trained to the same level. The DoD and VHA have started a training program but the contractors that TRICARE uses may not all be up to the same training standards[44].

VHA Marketing

Many younger soldiers think that the VHA is a place where only the old veterans, chronically ill soldiers or people who can't afford anything better go to meet their healthcare needs. In some respects this is true. The VHA sees more older veterans than younger ones. But that doesn't mean that the VHA doesn't have programs that younger veterans can benefit from. And it certainly doesn't mean that the VHA services are of a "can't afford anything better" quality[45].

However, since this is how younger veterans who come back from their combat tours in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) view the VHA, they don't use their VHA's services as much as they should, especially seeing as the OIF/OEF veterans are a priority right now. Many soldiers keep this perception because the VHA doesn't have a strong marketing plan. They mostly market their PTSD programs through posters and flyers in VHA hospitals, meaning that only veterans and their family members who are already in the hospital will see the posters. However, the people who need the most help aren't going to VHA hospitals. Because of this, younger soldiers

[43] "Mental Health Care for Iraq and Afghanistan War Veterans."
[44] "Mental Health Care for Iraq and Afghanistan War Veterans."
[45] "VA Strengths, Weaknesses, and Challenges." Telephone interview. 9 Mar. 2011.

usually only come to the VHA if there's a severe crisis in their life, whether that be an outburst that scared their family or attempted suicide[46].

Recommendations and Action Plan

I have a few recommendations for the Army in order to help them face these challenges. In regards to a raise in TRICARE fees I believe that Congress should pass the bill raising fees $2.50 per month for an individual and $5 per month for a family. From there, TRICARE fees should rise to reflect the change in inflation. As Gates pointed out, TRICARE fees have not changed in the past 15 years. Therefore, if Gates wanted to raise fees retroactively to reflect the change in inflation from 1985 to 2010, fees would double. One dollar in 1985 could buy the same amount as $2.05 can now.[47] Therefore, I believe that if TRICARE fees changed to reflect the hikes that Gates wants ($2.50 increase for individuals or $5 for families), this change in fees would be more doable for soldiers. From there, rates would change each year to move with the rate of inflation, so that effectively sponsors and their families will be paying the same value for TRICARE services, even if that value is reflected in a different amount of dollars. This policy would prevent another Army health care budget crisis like the one that we are in now. I think that this policy (a hike in fees plus a change with the rate of inflation from here on out) should be something that the Pentagon implements from the day that the bill passes, onwards. For example, if the bill passed today, then TRICARE fees would change for all service members who entered into the service on or after April 25, 2011. Therefore, soldiers would be prepared and know their exact benefits and costs before entering into the service.

However, I do not believe that the Pentagon should raise costs beyond this. A few of the reasons that the Pentagon is experiencing higher health care costs is because more service members

[46] Ibid.

have to use health care facilities because of the physical burden they experience from going on multiple combat tours with less and less time to recover in between. If the government decides to deploy soldiers more often then it has to be prepared to take care of them after. Also, the health care bill the Pentagon is fronting is rising because behavioral health counseling sessions are on the rise. The Army has been trying to combat the stigma of PTSD for years and encourage more and more soldiers to seek help and see a mental health specialist if they show symptoms of PTSD. Raising TRICARE fees because more soldiers are listening and seeking help would be extremely counterproductive and counterintuitive.

If the Army and Pentagon choose to go with my recommendation then they should change the proposed bill to include the one time hike in fees plus the clause stating the fees will rise with the cost of inflation from here on after. The bill will also need to include the stating date clause and explain that it will only affect service members and their families who begin their time of service after the bill is passed. If the bill passes, then the Army (and other branches of the military) will have to immediately update all of their contracts to reflect the new bill and inform and educate service members who are entering the Army after the specified date about their health care benefits.

In terms of PTSD, I believe that the Army is doing a lot to combat the stigma around seeking help. However, they can still do more to take away soldier's fear of putting down their mental health care on their permanent medical records and the effect that it may have on their future in the military. Just like civilians don't have to report their mental health care to their employer, I do not believe that service members should have to include it either. I understand that the DoD requires soldiers to put it on their medical records so that they can assess the combat-readiness of the troops. However, I believe

[47] "Inflation Calculator." *DollarTimes.com.* Web. 10 Apr. 2011. <http://www.dollartimes.com/calculators/inflation.htm>.

that a soldier seeking help for PTSD is more combat-ready than a soldier who is ignoring it for the sole purpose of being able to stay in the Army.

Additionally, I believe that TRICARE should create a training certificate. Since the DoD and VHA already have training programs in place to train mental health specialists on the most up-to-date treatments for PTSD, the Army does not need to create a new training program. It just needs to train more people within the military (like chaplains) and it needs to make sure that TRICARE contracts out only to those civilian health care providers who have a TRICARE training certificate. The certificate program would give civilian contractors incentive to abide by the mental health specialist PTSD training standards since TRICARE would not contract out to any provider who didn't have the certificate. I believe that these two measures combined will help better the Army's PTSD programs and soldiers' willingness to seek them out.

If the Army decided to adopt these two recommendations then they should advertise the fact that service members now don't have to report their mental health appointments on their medical record. This recommendation will only be useful if soldiers know that they no longer have to tell the Army that they are seeing someone for PTSD.

Additionally, the Army should compile the training that they want TRICARE civilian contractors to receive. The Army already knows the best ways to treat PTSD and how to train their own mental health specialists in these therapies. From here, the Army just needs to compile the training programs from its best therapy methods and provide it to the TRICARE civilian contractors. These contractors who want a contract with TRICARE will front the cost of making sure that all of the mental health specialists that service members and their family are using are properly trained in the Army's therapies using the Army's training programs. The Army will then evaluate a sample of the contractors' mental health specialists and issue the contractor the TRICARE training certificate, which

will be posted in the window of the healthcare provider offices so soldiers know that that mental health specialist will be giving a standardized level of care.

Finally, I believe that the VHA should implement a more effective marking program, which will target younger veterans, especially those that are returning home from the deployments in OIF/OEF. The marketing plan should let soldiers know the availability of VHA services, and emphasize that a VHA clinic is at most 28 miles away[48] and make them aware of the wide variety of services that they have available, especially in helping soldiers combat PTSD.

I believe that the first step the VHA should take is to include an explanation of their services regarding PTSD and availability in the Battlemind training that all soldiers are required to receive before deploying. They should also work with the Army to make sure that the VHA's services are mentioned and explained in the reintegration process that soldiers complete when returning home from a combat tour. The Army could even require every unit returning home to visit the VHA, see what it's actually like inside, in terms of service quality and patient demographics, so that soldiers have a more realistic view of the VHA environment.

Additionally, the VHA should move its poster and flyer campaign that is currently used in VHA clinics and hospitals to different places, where soldiers who aren't already using the VHA can see the advertisements. The VHA can distribute these flyers to unit headquarters to hang in the barracks, in the dining facilities and at other popular locations around the base so VHA's campaign is more visible to the market that they have yet to reach.

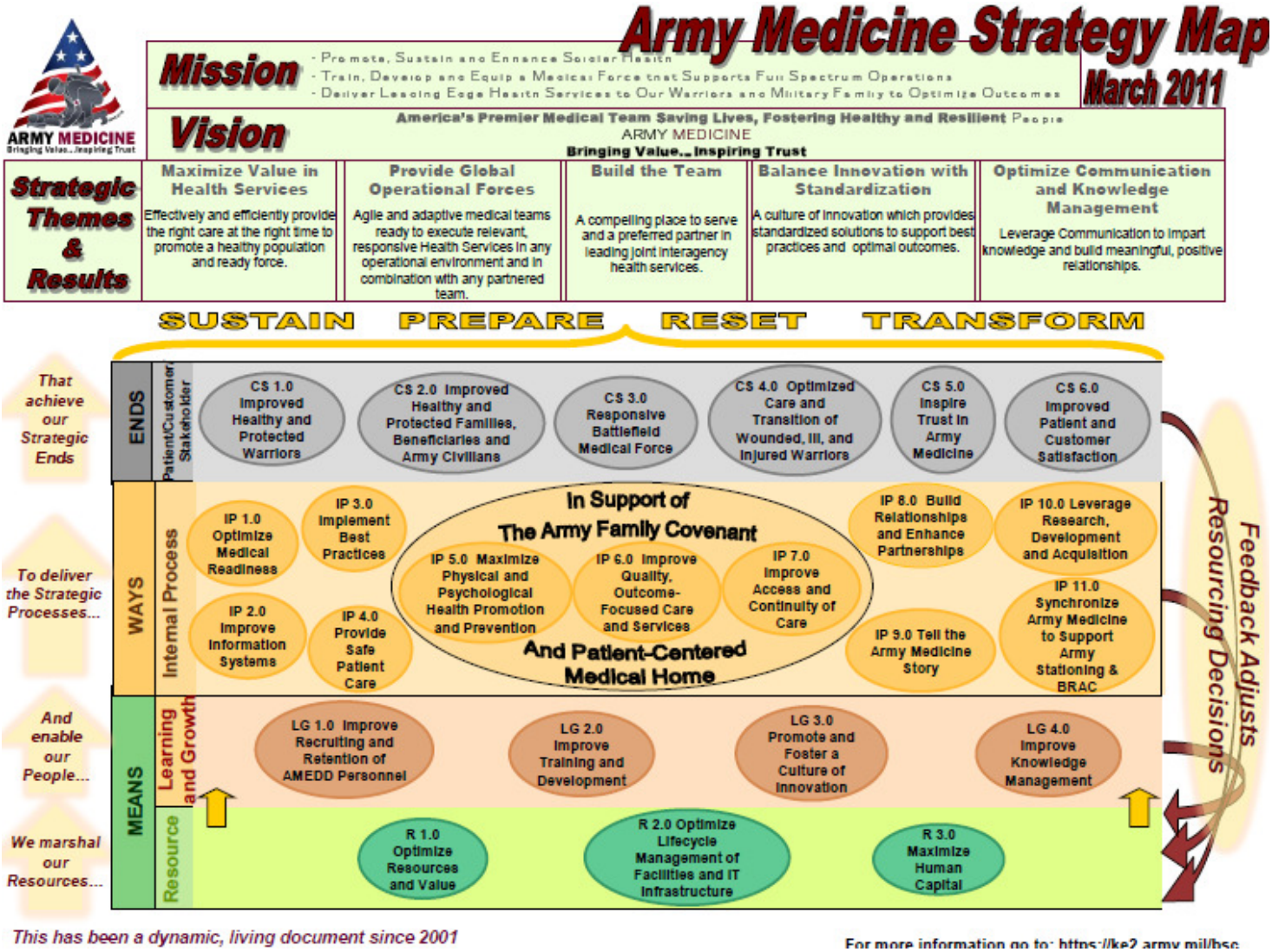
Finally, the VHA and Army together should work to find high ranking officers (Colonel or above) who have PTSD and get them to speak out, say that they have the illness and that they are getting help. General Carter Ham did this a few years ago. He made several public announcements

saying that he showed symptoms of PTSD and was going to see a mental health specialist for it. Instead of keeping quiet about it and reinforcing the stigma and fear, General Ham spoke publically about his situation. The VHA, and Army in general, saw a jump in the number of people who took advantage of PTSD services[49]. However, these numbers have gone back down again, because no other high ranking officers have followed in General Ham's footsteps. If the Army can convince more people to speak out like General Ham, then they will be able to continue to fight the Army stigma and culture surrounding PTSD. I believe that if the Army take my recommendations they will be able to adequately address their current challenges and provide better health care services to our troops and their families.

[48]"VA Strengths, Weaknesses, and Challenges.".
[49] Ibid.

Appendices

Appendix 1: Army Medicine Balanced Scorecard[50]



[50] "Army Medicine Balanced Scorecard"

Appendix 2: TRICARE costs incurred

Costs incurred by National Guard/Reservist sponsors and their family members under TRICARE Prime[51]

	MTF	Network Provider
Outpatient Care	$0	$12 per visit
Inpatient Care	$0	$11 per day ($25 minimum charge)

Costs incurred by family members using TRICARE Standard and Extra[52]

Beneficiary Category	Outpatient Cost Share	Inpatient Cost Share
Active duty family members	**Network Providers**: 15% of the negotiated rate **Non-Network Providers**: 20% of the TRICARE allowable charge	$16.85 per day ($25 minimum charge)
Retired service members and their families	**Network Providers**: 20% of the negotiated rate **Non-Network Providers**: 25% of the TRICARE allowable charge	**Non-network facilities:** $535 per day or 25% for institutional services, whichever is less, plus 25% for separately billed professional charges **Network facilities:** $250 per day or 25% for institutional services, whichever is less, plus 20% for separately billed professional charges

[51] "TRICARE Prime."
[52] "TRICARE Standard and Extra."

Costs incurred by family members using TRICARE Standard Overseas[53]

Beneficiary Category	Outpatient Cost Share	Inpatient Cost Share
Active duty family members	20% of the TRICARE Allowable Charge	Per diem charge ($25 minimum charge)
Retired service members and their families	25% of the TRICARE Allowable Charge	25% of billed charges for institutional services, plus 25% of covered costs for separately billed professional services

Costs incurred for members who enroll in TRICARE Reserve Select[54]

Type of Provider	Outpatient Cost Share	Inpatient Cost Share
Network Providers	15% of the negotiated rate	$16.85 per day ($25 minimum charge)
Non-Network Providers	20% of the TRICARE allowable charge	$16.85 per day ($25 minimum charge)

Costs incurred for those who chose to purchase TRICARE Retired Reserve[55]

Type of Provider	Outpatient Cost Share	Inpatient Cost Share
Network Providers	20% of the negotiated rate	$250 per day or 25% of billed charges for institutional services, whichever is less, **plus** 20% cost-share for separately billed services.
Non-Network Providers	25% of the TRICARE allowable charge	$535 per day or 25% of billed charges for institutional services, whichever is less, **plus** 25% cost-share for separately billed services

[53] "TRICARE Standard and Extra".
[54] "TRICARE Reserve Select."
[55] "TRICARE Retired Reserve".

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