Patrick AFB Newsletter for Military Retirees

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TRICARE Regions Update 02 ► TRO North & South Merger 1 July

With two of TRICARE's regions set to merge, the TRICARE Regional Office (TRO) North and TRO South became TRO East on July 1, 2016. TRO West is continuing as before covering the western United States. The move was made in advance of the pending award of the TRICARE-2017 (T-2017). "We wanted to make our operations more efficient," said Ken Canestrini, chief operating officer for TRO East. "The bottom line is that beneficiaries won't see any difference in delivered care."

Current TRO North staff in Falls Church, Virginia, and TRO South staff in San Antonio, are functioning under the new TRO East business model. Some staff rebalancing occurred to eliminate redundancies, but each office will continue to provide management and support services in their respective geographic areas covering 33 states. "Having two major regional offices hits the right balance of combining operations for efficiencies while making sure not all of the eggs are in one basket," Canestrini said. "With just one contractor for all stateside areas, if you had any issues with a contractor or service, it would likely affect all our beneficiaries. This way you'll continue to have two major sectors of terrain, while still capitalizing on best practices from the different regions."

TRO East will handle the lion's share of those enrolled in TRICARE, with about six-million beneficiaries – about two-thirds of all TRICARE beneficiaries. Under the future T-2017 Managed Care Support Contracts, one government business partner will manage the network of civilian medical providers for the entire East Region where previously, two business partners split that responsibility in eastern geographic regions designated as North and South. The TRICARE Regional Offices provide essential government oversight and coordination for those civilian contractors. Canestrini said this move is one of many initiatives in the Defense Health Agency to improve the Military Health System and ensure active-duty, retirees and family members receive the highest-quality health care services for years to come. "This will help us better oversee the contractors providing the care," he said. "In addition, this increases TRO East's focus on supporting military hospital and clinic commanders in managing their market and facilitating a more integrated system, while helping our beneficiaries." [Source: Health.mil | July 18, 2016]

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TRICARE Cataract Coverage ► IOL Surgery

Cataract removal is one of the most common operations performed in the United States. According to the National Eye Institute, it also is one of the safest and most effective types of surgery. In about 90 percent of cases, people who have cataract surgery have better vision afterward. TRICARE covers cataract surgery and related supplies and services. More specifically, TRICARE covers the standard intraocular lens (IOL), a fixed lens designed to target vision at a single focal point. During cataract surgery, the natural clouded lens is removed and then replaced by an IOL to become a permanent part of your eye. This provides good distance vision but patients typically need glasses for near and intermediate tasks such as reading and computer use. TRICARE also covers one pair of eyeglasses or contact lenses as a prosthetic device after each medically necessary cataract surgery where an IOL is inserted. If you would like a non-standard IOL instead of a standard monofocal IOL, you will be responsible for the difference in the charges. For more information about your covered vision services, contact your regional contractor (http://www.tricare.mil/ContactUs/CallUs. aspx) or visit the Eye Surgery and Treatment page on the TRICARE website at http://www.tricare.mil/CoveredServices/IsItCovered/EyeSurgeryTreatment.aspx. [Source: Shift Colors | Navy Casualty Office | Winter-Spring 2016]

TRICARE FAI Coverage ► Hip Condition Approved

The 2015 National Defense Authorization Act created a provisional coverage program that allows TRICARE to provide coverage for emerging treatments and technologies. The first treatment to be evaluated and approved under this new program is surgical treatment of a hip condition called Femoroacetabular Impingement (FAI). FAI can occur when the bones of the hip are abnormally shaped. Because they do not fit together perfectly, the hip bones rub against each other and cause damage to the joint. Symptoms include pain in the hip or groin area which limits or hinders mobility.

Provisional coverage for FAI surgery began 1 Jan. Your health care provider can give you a referral for treatment if you are diagnosed with this condition and meet certain clinical criteria. You will be able to get FAI surgery from any TRICARE authorized orthopedic surgeon who performs this procedure. Your costs will vary by plan, but will be lower if you use a network provider. The surgery must be pre-authorized by your regional contractor. Pre-authorization lets your provider present additional information so TRICARE and our contract partners can make an individual review of your care. There is no retroactive preauthorization or coverage. [Source: Shift Colors | Navy Casualty Office | Winter-Spring 2016]

VA Nursing Update 03 ► Anesthesiologists Oppose Proposed VA Rule

The Missouri Society of Anesthesiologists (MSA) is pushing against a new potential Veterans Administration rule that they believe could put the agency's patients at risk. A little over two months ago, the VA created a rule that would allow nurses with advanced training, like nurse practitioners and nurse anesthesiologists, to use their full repertoire of skills without the oversight of a doctor. The VA has a widely acknowledged doctor shortage, and the rule is designed to allow well-trained and specialized nurses fill the gaps to provide better access to care and decrease long wait times. David Jackson, a representative of the MSA says that's all well and good, but it could also lead to a dramatic loss of care, specifically because of how high-risk anesthesiology is. The rule would allow nurse practitioners, even those who have not been trained in anesthesiology practices, to administer anesthesia (among other duties).

Meanwhile, the primary problem that plagues the VA, namely the low, thin-stretched number of physicians, does not apply to physician anesthesiologists. "The problem is there is no shortage of physician anesthesiologists," Jackson said. "If you don't have an access problem, there's no reason to include them in this rule." The rule change could also see VA hospitals move away from anesthesia specialization altogether, even though anesthetists are among the most rigorously specialized and educated professionals within the health care industry. In addition to the District of Columbia, 21 states have adopted similar proposals to the rule proposed by the VA, but Jackson notes that those states still have some level of oversight. "In Missouri and every state, you have some form of position supervision of anesthesia," Jackson said.

While the risk of general anesthesia is generally low in this day and age, it still requires a precise touch to keep people unconscious and free of any sensation during invasive operations. That in turn makes complicated and dangerous surgeries less risky. Jackson says that a two-month public commentary period came to an end this week, but that the MSA and their supporters made their voices heard with a social media and web campaign and even a radio spot (https://youtu.be/mlwROvDt7H8). Of the 200,000-plus comments submitted nationally, Jackson says that over two-thirds of the comments wanted to reject the change, and 95 percent of veterans were opposed to it. He also believes there's an easy fix for the VA to

pursue: simply remove the anesthesiology stipulation from the proposed rule. “We want to continue the anesthesiologist method currently in practice,” he said. “If it’s allowed in civilian hospitals across the country, why not in the VA?” [Source: The Missouri Times | Travis Zimpfer | July 28, 2016]

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<u>PTSD Update 212</u> ► Virtual Reality Therapy

When U.S. Marine Chris Merkle returned from his last tour of duty in Afghanistan, his family was thrilled to have him back. But for Merkle, the welcome home was also accompanied by some dark problems. He couldn’t sleep. He was irritable and had anger issues. He would avoid certain stressful situations, like driving in traffic. And he would stay on high alert in the classroom. “And then soon, they’re like, 'You’re not the same,'” Merkle recalled of what his family told him. “They start to notice that you’re not really enjoying the parties of our friends. You only get really excited when you're going to visit former Marines and the people you used to hang out with.”

Chris Merkle served in the military for 16 years. Upon return to civilian life, he experienced PTSD symptoms that ran the full gamut: from sleeplessness and irritability to anger and anxiety. Merkle served three tours in Iraq and four in Afghanistan. Re-adjusting to being a civilian was tough, he said, and he was finding it difficult to function. “There was almost 5, 10 years of deploying back and forth back and forth -- there was this void, and this monster in the room that’s not talked about until finally it came out. It was like, 'You need to see somebody. Something is going on with you.'" While Merkle was a patient at the VA, he heard of a clinical psychologist named Skip Rizzo at the University Of Southern California Institute Of Creative Technologies. Merkle was trying traditional one-on-one therapy and said that at the time, “it wasn’t really taking that well.” He was looking for an alternative and heard about Skip’s research that used a new and unexpected way to treat post-traumatic stress disorder -- with virtual reality.

Nearly 8 million adults suffer from PTSD during a given year, according to the National Center for PTSD. The condition can occur after someone has been exposed to a significant stressor and often includes symptoms such as avoidance, hyper-vigilance, anger issues and mood swings. One common method for treatment is called “exposure therapy.” The patient recounts their trauma, visualizing it in their imagination, and narrates it to a clinician. By repeatedly confronting and processing the trauma, the brain can start to reduce the level of anxiety and response to those memories. That’s exactly the approach Rizzo uses with virtual reality therapy. “My mission is to drag psychology kicking and screaming into the 21st century,” Rizzo said, noting that virtual reality offers a unique opportunity for clinicians and clients alike: to be immersed in the environment that evokes the original trauma, rather than relying on the patient’s imagination.

Rizzo has created 14 virtual “worlds” for patients, and clinicians can add custom elements, including helicopters, clouds, small-arms fire and missiles. “The first thing to keep in mind is that we are never going to replicate an exact simulation of what the patient went through,” Rizzo said. “But we really don’t need to.” Merkle explained how the virtual reality experience works. “Your brain assumes, 'OK, this must be where we’re at,' and it fills in the blanks. And as you’re talking through it, you feel like you’re physically there.” Each session lasts for about an hour and a half, and the patient speaks about their experience with a clinician as they go through the virtual simulation. For Merkle, virtual reality allowed

him to start unlocking memories and work through his trauma. “So, it really allowed me to open the door and begin my healing process,” he said. “I’m still a work in process obviously but I’m so far forward, leaps and bound beyond where I would have been without virtual reality.” [Source: ABC News | | July 18, 2016]

VA PACT Update **Seamless Care for Traveling Veterans**

If you are enrolled and receive your health care with VA, you will receive the same, consistent care, whether at your local VA treatment site or an alternate VA site of care. In order to help VA ensure consistent care while you are traveling, you need to notify your VA Patient Aligned Team (PACT), preferably 4 to 6 weeks prior to departure or as soon as you are of the trip. Early planning will allow time for PACT and the Traveling Veteran Coordinator to coordinate you care at an alternate VA facility. To coordinate your health care with another VA health care facility, you should inform your PACT of the following:

- Travel destination(s), and temporary address.
- A valid telephone number.
- Arrival and departure dates.
- Specific care concerns.

Your PACT will contact the Traveling Veteran Coordinator, who will assist in coordinating your care to the alternate facility. For more information, contact your PACT or Traveling Veteran Coordinator at your local VA facility. [Source: **Veterans Health Administration Update | July 21, 2016]**

Veterans Advantage ► **Military Discounted Amtrak Vacations**

Veterans Advantage with its VetRewards Card that offers secure partner redemption of military discounts, announced an expansion of its exclusive military partnership with Amtrak to include Veterans Advantage discounts on rail fares with Amtrak Vacations and its packages on year-round travel without blackouts. “We are pleased that our longstanding partnership with Amtrak continues to grow and bring great travel savings to thank those who served our country and their families,” said H. Scott Higgins, founder and CEO of Veterans Advantage, and a Vietnam Veteran. “Just like our 15% everyday savings on Amtrak, our members can now see the country they served with the same discounted rail fare on scenic Amtrak Vacations travel packages, and be rewarded with significant savings.”

The Veterans Advantage discount on the rail fare portion of the vacation packages offered by Amtrak Vacations covers over 300 rail vacations to its thrilling destinations – cities, landscapes and National parks – with options to depart from more than 500 Amtrak rail stations across the country. Amtrak recognizes the VetRewards Card, a special privacy protected ID only for active duty, retirees, veterans, guard, reserve and their families at its stations nationwide, online and by toll free phone for same day travel with no advance purchase requirement.

“We are excited and honored to support Veterans Advantage and its VetRewards Card members as a way of doing our part to show our deep appreciation for service to our country,” said Frank Marini, Yankee Leisure Group Inc. President, the operator of Amtrak Vacations. “We now offer significant rail savings on our scenic journeys that never fail to deliver memories that last a lifetime.” Just last year, Amtrak, the National Railroad Passenger Corporation, which provides the nation’s intercity rail passenger service,

expanded its more than 15-year relationship with Veterans Advantage to include the servicemember's immediate family members, who may book Veterans Advantage discounts independently. Additionally, Amtrak accepts same day bookings for its Veterans Advantage discounts, and waives its the 3-day advance purchase requirement for VetRewards Card members. These new benefits will also apply to Veterans Advantage's Amtrak Vacations bookings with discounted rail fare. Veterans Advantage, for its part, include at no additional cost, $50,000 of global emergency travel Insurance from Travel Guard with MedEvac services for its members who travel more than 100 miles from home. This benefit covers members travel booked with Veterans Advantage discounts on Amtrak and Amtrak Vacations.

Veterans Advantage members who travel to Amtrak Vacations destinations will benefit from the company's secure military verify technology when using their VetRewards Card ID to qualify as eligible for military discounts. Veterans Advantage protects veterans' privacy and supports enhanced military security with the issuance and administration of its VetRewards Card, the nation's first secure military ID. Veterans Advantage uses FTC recommended 'de-identification' methodology in its verify technology platform to safeguard veterans' personal information when redeeming military discounts. The nation's travel industry leaders and leading retailers offer military savings with the VetRewards Card. In addition to Amtrak and Amtrak Vacations, other exclusive Veterans Advantage partners include United Airlines, JetBlue Airways, Greyhound, Avis/Budget, Wyndham Hotels, Choice Hotels, Red Roof Inn, Ford & Lincoln Motor Cars, CVS/pharmacy, Foot Locker, Dell, Apple, and Verizon Wireless & Verizon Fios, among its more than 150 benefit partners.

Amtrak Vacations offers over 300 rail vacations to amazing cities, scenic landscapes and spectacular National Parks with options to depart from more than 500 Amtrak rail stations across the country. Amtrak Vacations is operated by Yankee Leisure Group, Inc. Learn more at http://www.amtrakvacations.com .

Veterans Advantage, PBC is a registered public benefit company that advocates for greater respect, recognition and rewards for veterans, active and retired military, guardsmen, reservists and their families to thank them for their service to the country. Veteran founded and led, Veterans Advantage partners with national retailers, travel industry leaders, and insurance providers to create new benefits with its coalition of partner companies to those verified through enrollment in Veterans Advantage. Veterans Advantage's patent-pending military verify technology solutions allows its partners to confirm their customers' eligibility for their military program offers in real time, online, by toll-free phone and at point-of-sale locations nationwide. [Source: Veterans Advantage July 20, 2016]

Korean War Memorial Update 03 ► San Francisco Opened 1 Aug. 2016

A Korean War Memorial was dedicated on Aug. 1, 2016, at the Presidio in San Francisco. The memorial will stand on high ground adjacent to the national cemetery facing west across the Pacific Ocean toward Korea. The spot was chosen because it was the embankment point for service members who fought in the Korean War, and represented the end of the journey for those returning home. The memorial is the result of a partnership between the Korean War Memorial Foundation and the Presidio Trust.

The war began on June 25, 1950, when North Korean forces crossed the 38th Parallel and invaded South Korea. For the first time in history, the United Nations (UN) sent a multinational force to help the Democratic South defend itself against the Communist North. Twenty-One UN member nations

contributed to the effort. Sixteen sent combat units while five others provided medical and other support services. The war lasted from 1950 to 1953 and ended in stalemate. The Korean War led to the growth of the U.S. Army from 600,000 to 1.5 million troops, and with it an increase in responsibilities for the Sixth Army at the Presidio, necessitating an expansion of the post. The Presidio provided training and support for departing and returning troops. The former Letterman Army Hospital was a major care center, treating the sick and wounded arriving by hospital ship. Two-thousand and seventy three Americans who served in the war are buried in San Francisco National Cemetery, just across the road from the planned memorial site. Among them is General William Dean, the highest-ranking prisoner of war in the Korean War. Along with many other American prisoners released at the end of the war in 1953, Dean was brought to Building 135 (now the Golden Gate Club), visible to the south of this site, immediately after his release. General Dean later served as Depuuty Commanding General of the Sixth U.S. Army at the Presidio. [Source: NAUS Weekly Update | July 22, 2016]

Korean War Valor ► Sgt Reckless Posthumously Awarded Medal

A U.S. Marine Corps horse who served during some of the bloodiest fighting of the Korean War has been posthumously decorated for bravery. Sgt. Reckless was awarded the Dickin Medal during a ceremony at the Korean War Memorial in London on Wednesday, the 63rd anniversary of the end of the war. A serving British Army horse stood in for the late Reckless at the ceremony. The chestnut Mongolian mare served as an ammunitions carrier for the Marines' anti-tank division. She made repeated trips to supply ammunition and retrieve wounded troops under heavy bombardment during the battle for Outpost Vegas in March 1953.

Horse Haldalgo, representing life-saving U.S. Marine horse Sergeant Reckless

After the war, Reckless retired to the U.S. and died in 1968 at age 20. She was nominated by a historian who wrote a biography about her. Reckless is the 68th recipient of the medal, awarded by the PDSA veterinary charity and billed as the animal equivalent of the Victoria Cross — Britain's top award for military valor. Since 1943, the medal has recognized gallantry by animals serving with the military, police or rescue services. Almost half the recipients have been dogs, including a World War II commando collie who made more than 20 parachute jumps. The medal has also gone to police horses, carrier pigeons and,

once, to a cat — a Royal Navy ship's mascot who carried on rat-catching while the vessel was shelled and besieged in China in 1949. [Source: The Associated Press | July 27, 2016]

Military Combat Physicians ► Maintaining Trauma Skills Proposal

About 100 mortally wounded troops a year could have been saved in a decade of fighting in Iraq and Afghanistan if more military doctors had been more skilled in trauma care, a top medical organization reports. A proposal under consideration on Capitol Hill is directed at ensuring that military doctors gain and maintain proficiency in those skills by working with civilian trauma centers. The proposal calls for grants for civilian trauma centers to hire military doctors and staff.

The idea would be to use military medical professionals in the civilian trauma system so both sides could share information about treating patients in life-or-death situations. "Trauma is an incredibly intense environment when somebody comes in and their life depends on decisions that you're going to make in a matter of minutes or seconds," said Col. Jennifer Gurney, an active-duty trauma surgeon with the Army Institute of Surgical Research. "If you're not doing that regularly, it's not just your technical skills, it's your critical thinking skills and decision-making skills" that deteriorate. The House proposal, which has not been formally introduced, seeks to authorize grants of up to $20 million per year to civilian trauma centers — as much as $1 million each for as many as 20 centers — so they can incorporate full-time military trauma teams.

In a recent report, the National Academies of Sciences, Engineering and Medicine suggested the White House lead an effort to integrate military and civilian trauma systems in a bid to decrease deaths by severe injuries — such as gunshot wounds or car accidents — on both sides. According to the report, trauma deaths of about 1,000 service members in the Iraq and Afghanistan conflicts between 2001 and 2011 could have been prevented with more proficient trauma care. About 20 percent of civilian deaths from serious injuries at home in 2014 could have been prevented as well.

The concern is that during peacetime, military physicians don't get regular exposure to the level of serious injuries seen on the battlefield and in busy civilian trauma centers and therefore are left less prepared for the rigors of the combat environment when they return. "Don't blame the individual physician or nurse as the military has little to almost no opportunity [in peacetime] for military teams to care for severe trauma," said Dr. C. William Schwab when he appeared 12 JUL before the House Energy and Commerce health subcommittee. Schwab, a professor of surgery at the University of Pennsylvania, was trained as a surgeon in the Navy during the Vietnam War and has been teaching military and civilian trauma care providers for about 40 years.

The U.S. military has made many advances in battlefield trauma care over the last two decades, including tourniquet use and damage control resuscitation, as well as improvements in evacuation systems and communication. Some of the changes have been adopted by the civilian system, Gurney said. "As the operational tempo decreases, we have to look at how we're going to maintain currency and competency in trauma care," Gurney said. "We really have to look at our civilian hospitals, especially some underserved ones. We should be working there, we should be contributing to the care of trauma populations, because that benefits the civilian hospitals and benefits us by keeping us current." [Source: Medill News Service || July 16, 2016]