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Headquarters, U.S. Army Medical Command
Operation Directorate, Plans Division
2050 Worth Road
Fort Sam Houston, Texas 78234-6007

OPERATION ORDER 04-01 DATA CALL AND MEDICAL HOLDOVER REPORTING

(U) References:

- a. (U) Memorandum, ASA MRA, Subject: Medically Disqualified Soldiers, dated 24 Oct 03.
- b. (U) Message, OTSG. BG Richard L. Ursone, Subject: Data Call and Spreadsheet for Medical Holdover Reporting, dated 25 Oct 03
- c. (U) Army Regulation 600-8-1, Army Casualty Operations, Assistance and Insurance, SEP 86

(U) Time Zone Used Throughout the Order: NA

(U) Task Organization: NA

1. (U) SITUATION:

- a. (U) Enemy forces. NA
- b. (U) Friendly forces. NA
- c. (U) General:

(1) (U) There are 4,087 soldiers in medical holdover status (MHO) as of 24 October 2003. A timeline must be developed to reduce this number of MHOs to zero by the end of December 2003. It is anticipated that some soldiers may remain in a MHO status after the January 2004 date due to clinical needs, but should be removed from this status at the earliest date possible. It is essential that the 4,087 MHOs be reduced to zero by the above date, because a significant number of deployments and redeployments will follow.

(2) (U) Headquarters, Department of the Army (HQDA) requires U.S. Army Medical Command (MEDCOM) report the disposition of these soldiers weekly, with the expectation that the number of MHOs will be reduced to zero before the next major influx of soldiers into the MHO status.

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2. (U) MISSION: Expeditiously process the soldier in MHO using the matrices in this Operations Order (OPORD). Provide weekly disposition reports of soldiers processed through and into MHO status.

3. (U) EXECUTION:

a. (U) Concept of Operation:

(1) (U) Soldiers with medical related issues will be carried in a medical holdover status and assigned to the Garrison Support Unit (GSU) or similar administrative Command and Control organization. Soldiers medically evacuated and treated as inpatients will remain in a MEDCOM medical holdover company until released to home station or GSU and treated and as an out patient.

(2) (U) Service members of all Services and all Components of the Army will be provided equal access to medical care.

(3) (U) Medical treatment facility commanders have the authority to initiate presumptive line of duty (LOD) investigations on pre-existing conditions IAW paragraph 39-2, AR 600-8-1, SEP 86.

(4) (U) Assistant Secretary of the Army, Manpower and Reserve Affairs (ASA MRA) Policy Memorandum, dated 24 October 2003, directs medically disqualified soldiers be released from active duty (REFRAD) within 25-days of mobilization. Commanders will establish a process to expeditiously assess mobilized soldiers. It is critical for non-deployable soldiers to be REFRAD under 25-days following mobilization, or the soldier will remain on active duty in a medical holdover status. Commanders will also track and report the number of soldiers released under this authority. This information will be submitted weekly with the medical holdover report and statistical data at ANNEX A and ANNEX B.

(5) (U) Medical Operations Data System (MODS) is the single source for reporting numbers of soldiers in medical holdover status. Approved data must be complete and accurate.

(6) (U) The MEDCOM medical activities will report the disposition of soldiers in MHO status in two separate cohorts. The disposition of the 4,087 soldiers in MHO status on 24 October 2003 will be tracked and reported as a separate cohort from soldiers placed in MHO status on or after 25 October 2003. The medical holdover report format is at ANNEX A.

(7) (U) Statistics sheets have been developed to capture soldier data elements, and will assist in the reporting process. The statistics sheet will be used by

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the case managers responsible for soldiers in MHO status as a data source. The statistics sheet format is at ANNEX B.

(8) (U) The following standards and matrix will be used to process soldiers in MHO status.

(a) New consults – within 72 hours.

(b) (U) Diagnostic testing – within one week, using network or other facilities (VA/NV/AF) if available.

(c) (U) Surgery – Two weeks from scheduling to procedure time.

(d) Case managers – One per 50 patients / placed under supervision of the Deputy Commander for Clinical Services (DCCS).

(e) (U) Case managers meet daily with soldiers, Garrison Support Unit, and installation personnel office.

(f) (U) Continuity care of medical holdover – (assign primary care managers for soldiers).

(g) (U) As needed, establish a separate troop medical clinic (TMC)-like activity for MHO soldiers.

(h) (U) MEBs processed in as little as 30 days (experienced physicians dictating boards, as well as use of automated transcription services who provide 24-48 hour turn around will impact timelines.)

(i) (U) 70% of medical holdover soldiers who enter that status on 25 October 2003 or later will be dispositioned within 100 days.

(j) (U) The 4,087 soldiers are not to be included in the matrix stated in (i) but we must move quickly to reduce the numbers of these soldiers as well.

(k) (U) Send medical holdover soldiers close to home when appropriate.

(l) (U) Use the attached form and three page spreadsheet to collect and report statistics to MEDCOM.

b. (U) Tasks:

(1) (U) MEDCOM Assistant Chief of Staff, Operations (ACSOPS).

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- (a) (U) Primary staff element for execution.
 - (b) (U) Development of medical holdover reporting procedures and reporting format.
 - (c) (U) Provide population numbers that will mobilize at the various installations.
- (2) (U) Director of Health Policy and Services.
- (a) (U) Primary staff element for review and analysis of the submitted statistical information (ANNEX A and ANNEX B).
 - (b) (u) Provide weekly updates to the command staff.
 - (c) (U) Provide monthly report to HQDA.
- (3) (U) Regional Medical Command .
- (a) (U) Monitor the reporting process for the medical treatment facilities (MTF) within the RMC's area of responsibility.
 - (b) (U) Consolidate reports from the MTFs within the region, and provide them to HQ, MEDCOM.
 - (c) (U) Designate a senior clinician (physician) at each PPP/PSP to review and validate the initial determination of a soldier's non-deployable status.
 - (d) (U) Ensure the MTFs within the region have the command and control structure to care for medical holdovers.
- (4) (U) Medical Treatment Facilities
- (a) (U) Track the soldier in MHO status prior to 25 October 2003 separately from those placed in MHO status on or after 25 October 2003.
 - (b) (U) Report the status and disposition of soldiers in MHO using the before and after 25 October 2003 criteria.
 - (c) (U) Provide a physician to review and determine the non-deployable status of soldiers.
 - (d) (U) Case Managers will enter and validate information on medical holdover personnel they are tracking in MODS.

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c. (u) Coordinating instructions.

(1) (U) Medical treatment facilities.

(a) (U) Complete the before 25 October 2003 and the on or after 25 October 2003 MHO reports and provide them to HQ, MEDCOM weekly with updated numbers.

(b) (U) The reports of MHOs will be cutoff as of 2400 hours each Friday. The reports will be forwarded to arrive at HQ, MEDCOM Emergency Operations Center (EOC) not later than 1200 hours each Monday.

4. (U) ADMINISTRATION and LOGISTICS:

5.. (U) Command.

a. (U) MEDCOM Health Care Operations is responsible for the overall direction and coordination of the medical holdover reporting process.

b. (U) The OTSG/MEDCOM staff will continue to provide detailed guidance and direction to subordinate elements with respect to medical holdover processing.

d. (U) Signal.

(1). (U) The MEDCOM EOC will function as the communications center for all mobilization and deployment processing matters.

(2) (U) All classified communications will be conducted using secure phones and FAX VIA STU III or STE. All secure electronic mail communications will be handled VIA SIPRNET and Global Command and Control System (GCCS) in priority.

ACKNOWLEDGE:

PEAKE
LTG

OFFICIAL:
COL CROOK
ACSOPS

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ANNEXES

A – Medical Holdover Report

B – Medical Holdover Statistics Sheet

C THRU Y – Not Used

Z - Distribution