



# NEWS RELEASE

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### **Army examines Medical Evaluation Board processes in Europe**

*Review recommendations call for refinements*

By Phil Tegtmeier  
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**Heidelberg, Germany** – Army Medical Command (MEDCOM) officials last month tasked medical treatment facility managers Army wide to review their Medical Evaluation Board processes in the wake of news reports of administrative delays at Walter Reed Medical Center in Washington, D.C.

Evaluations conducted within the Europe Regional Medical Command resulted in some recommendations for improvement, according to senior ERMC officials. ERMC is responsible for Landstuhl Regional Medical Center, the U.S. Army Medical Department Activity-Heidelberg, the U.S. Army Medical Department Activity-Bavaria, and 24 Army clinics across Germany, Belgium and Italy.

“We have always given our patients high-quality medical care,” said Brig. Gen. David Rubenstein, ERMC commanding general. “What we were asked to do, and have done, was to examine the administrative procedures we use when evaluating a patient’s medical condition.”

ERMC’s MEB process is busy and, on the whole, working well, Rubenstein said. Patient Administration Division records show that on March 9, there were 74 open cases within ERMC and another 70 cases that have been completed at local level and are awaiting decision before a Physical Evaluation Board in Washington, D.C. Over the past three years, case load has been steady in the Heidelberg and Landstuhl areas. Heidelberg averages 160-180 cases annually. Landstuhl sees 150 annually, while MEB cases have declined in Bavaria from a high of 274 from March 2004 to February 2005 to a low of 120 cases from March 2006 to February 2007.

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MEB 2-2-2-2-2-2-2

One of the recommendations coming from ERMC's self-assessment was to hire more case managers. Case managers create a treatment plan in consultation with providers. They coordinate specialty care, tests and appointments for patients. The ratio for case managers is one case manager for up to 35 patients, according to MEDCOM officials. Case managers also consult with Physical Evaluation Board Liaison Officers on required clinical evaluations, necessary documentation, and patient accountability reporting for those Soldiers undergoing an MEB.

"The common trigger point for identifying Soldiers for the MEB process comes when a Soldier is issued a permanent medical profile or a Soldier is referred following a medical consultation," said Jean-Richard Alfred, a Physical Evaluation Board Liaison Officer at Landstuhl Regional Medical Center. Alfred is one of three PEBLOs in ERMC; the others are in Bavaria and Heidelberg. While the Vicenza Health Center also processes MEB patients, it does not have a case manager.

When it becomes necessary for a patient to undergo an MEB, the Soldier's commander is notified by email and a briefing date for the Soldier is scheduled. The review of the MEB process identified delays in some cases due to missing or incomplete paperwork from the Soldiers' units. Another recommendation from the self-assessment is to have medical staffs work more closely with unit commanders to eliminate administrative delays.

Once the Soldier's command is notified, a briefing date is scheduled.

"I have 15 Soldiers coming in this month. I brief them as a group on the process, and then I meet with the Soldiers individually to schedule their medical appointments and answer their questions on the process," Alfred said.

The Soldier first sees a physician during a physical examination, records review and profile review. Each of ERMC's subordinate commands – Landstuhl Regional Medical Center, and the U.S. Army Medical Activities in Bavaria and Heidelberg – has a physician designated as an MEB physician.. The self-assessment showed that the physician at Heidelberg leaves this summer and must be replaced as soon as possible.

MEB physicians depend on the information offered by the profiling physician, said Dr. Robert C. Harvey, MEB physician at the Medical Department Activity - Heidelberg. The Army's electronic medical records help, he said.

"AHLTA (Armed Forces Health Longitudinal Technology Application) is a great method for MEB doctors to keep in touch with other physicians and find information about a patient," Harvey said. "I can see a doctor's diagnosis and, if I have any questions, can find answers quickly."

The communication is important because sometimes more than one doctor becomes involved in the case.

"Sometimes, the physician recommends treatments that may alleviate or heal the condition, with the Soldier returning to duty for an evaluation period," Alfred explained. "Or, the case may need further medical consultation, in which case we schedule follow-on appointments with the right medical specialists."

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MEB 3-3-3-3-3-3-3-3

After the narrative summary is completed by the MEB physician, a team of physicians convenes the Medical Evaluation Board. There, a recommendation is made, and the patient is briefed on the board's findings. The patient's board results are sent to a Physical Evaluation Board in Washington, D.C. The MEB process should be completed within 90 days if the Soldier agrees with the board's findings.

Within 45 days, the PEB members make a determination on whether the Soldier's medical condition or physical disability meets medical retention standards. It also establishes whether or not a Soldier is entitled to disability pay. The PEB determination goes back to the unit in the form of a "Percentage (disability) Letter.

The Soldier has 10 days to accept or rebut, at which time the packet is sent back to Washington for finalization. If the Soldier does not meet medical retention standards, the PEB sends the letter to Human Resources Command in Alexandria, Va., where a release message is generated and sent to the servicing military personnel office.

"Soldiers in Europe that do not meet medical retention standards have about three months from the time the HRC issues a release message until they're separated," Alfred said. "They can use that time to begin working with the Veteran's Administration regarding any VA benefits (to which) they may be entitled." He pointed out that the VA maintains an "intake" office at Landstuhl. There, Soldiers can file their VA claims for processing at one of the VA's centers back in the United States.

The main factor in determining a Soldier's disability pay or VA benefits is whether or not the medical condition or physical disability was a result of their Army service, according to Alfred. If the medical records don't show clearly whether or not an injury occurred in the line of duty, a Soldier can have a difficult time establishing a right to benefits.

"My advice to Soldiers is to take care," Alfred said. "They often don't take the time to go on sick call when they twist a knee or strain their back. If they ever get hurt on the job, they need to go have it looked at. Beyond getting good medical care, the side benefit is that the injury gets noted in their records. That could come in handy in the future."