ISSUE NO 4 MARCH 2012

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Raymond W. Bliss Army Health Center

Medical Bag

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RWBAHC Pharmacy Services

Common Questions and Answers

Q. Where do I go to get a new prescription?
A. New prescriptions are filled at the Main Pharmacy located on the first floor of the RW Bliss Army Health Center.

Q. Where do I pick up my refilled prescription?
A. Non-controlled medication refills are picked up at the PX refill pharmacy located next to the dry cleaners in the PX complex. Controlled prescription refills must be picked up at the Main Pharmacy.

Q. Does the Pharmacy fill prescriptions from Providers located off post?
A. The Pharmacy fills prescriptions from any Provider providing that it is a legal prescription written within the scope of the Providers practice and that it is for a medication on the RWBAHC prescription formulary.

Q. What are the Pharmacy hours of operation?
A. The Main Pharmacy is open from 0800 – 1700 Monday through Friday. The Px Refill Pharmacy has the same hours except that it is closed for lunch daily from 1300-1400.

Q. Can you tell me about the new call system?
A. At the beginning of this year the Main Pharmacy, the PX Refill Pharmacy and Lab installed a new call system called Qflow. The system at the Main Pharmacy has five letters: A for Active Duty Soldiers, B for patients whose primary care provider is located at RWBAHC, C for patients whose primary care provider is NOT located at RWBAHC, there is currently no D ticket, E for Clinic nurses, and F for controlled substance prescription refills. The Px Refill Pharmacy has only one letter and uses the first come-first serve model.

Q. Are the tickets between the Pharmacy, PX, and Lab interchangeable?
A. No. The Kiosks and call systems are distinct for each area.

Q. How do I refill my prescription?
A. Patients are encouraged to use Tricare Online, they may also call the automated refill line at 533-1551.

March is TBI Awareness Month

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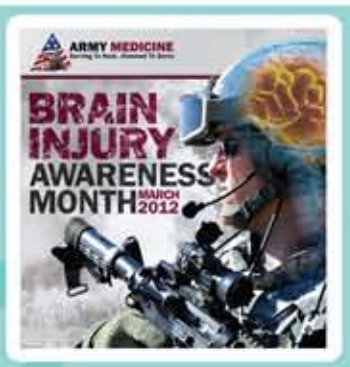

FEATURE ARTICLE

RWBAHC Offers Traumatic Brain Injury (TBI) Treatment Options

Many of you have probably heard that traumatic brain injury (TBI) has been called the "signature injury" of more than ten years of combat in Afghanistan and Iraq. In fact, TBI has been the most prevalent injury among military personnel since Operation New Dawn (OND), the name of operations in Iraq since September 1, 2010, Operation Iraqi Freedom (OIF) in Iraq, and Operation Enduring Freedom (OEF) in Afghanistan. Injuries the soldiers receive downrange can originate from improvised explosive devices (IEDs), rocket-propelled grenades (RPGs), and mortars as well as gun blasts, accidents, and equipment failure. Many military personnel have experienced multiple deployments due to the length of war, translating into multiple exposures to potential TBI events.

Ft Huachuca is home to a Level 4 TBI Program, providing outpatient care to soldiers with mild traumatic brain injuries occurring while deployed and CONUS. The TBI Program's Case Manager is Robbie Bergin. Robbie is a registered nurse with 12 years experience in a variety of settings, including hospital, home care, and clinic settings. Robbie works with TBI team members Dr Richard LaMacchia, a neuropsychologist, and Tracey Santoro, a Psych Tech. The mission of the TBI Team is to assess and evaluate physical, cognitive, and emotional/behavioral symptoms to optimize care, improve outcomes, and reduce disability using a patient-centered approach to promote recovery. Service members referred to the TBI team must have experienced an event in which there is structural and/or physiological disruption of brain function and an alteration of consciousness/mental state for a defined period of time immediate to the event. Upon intake onto the TBI team, an accurate history is obtained by reviewing the service member's medical history, detailing the injury event(s), and screening for pre-morbid conditions, co-occurring conditions, and psychosocial risk factors.

A few soldiers with traumatic brain injuries can present acutely – meaning, they can present immediately following a concussive event (less than seven days after the event). However, most soldiers present to the TBI program after having experienced a traumatic brain injury event sometime during a deployment, whether that deployment was a few months or a few years in the past. Typical symptoms these soldiers will present with are headaches, short-term memory problems, irritability, difficulty sleeping, balance issues, vision and hearing issues, cognitive issues, and Post Traumatic Stress Syndrome (PTSD). The responsibility of the TBI Case Manager is to develop an individual plan of care for each soldier that ensures the soldier will receive the highest quality care possible in a timely and efficient manner. Case Management of TBI service members includes assessing, re-evaluating, educating, and removing barriers in the medical and behavioral health community by using a therapeutic alliance that includes empathy, competence, dedication, honesty, and commitment to the service members. Daily responsibilities of the TBI Case Manager are facilitating referrals and appointments, following up on test results, communicating with various healthcare providers, and monitoring the progress of each soldier toward their care plan goals.

Capt. Leigh Swafford of the Physical Therapy clinic assists Staff Sgt. William Berumen, Company B, 304th Military Intelligence Battalion, with vestibular rehabilitation exercises to challenge his balance and proprioception, the sense of the relative position of neighboring parts of the body and strength of effort being employed in movement. Berumen was in close range with a 120-mm rocket blast impact in Baghdad in 2009 that has now created postconcussion/mild traumatic brain injury symptoms.

The TBI Case Manager is responsible for determining the level of care needed by each soldier and focuses primarily on providing coordinated and high quality care. The TBI Case Manager establishes methods for tracking soldier's progress and evaluating effectiveness of care, as well as maintaining appropriate documentation of each patient's care and progress within the plan.
The plan of care developed for each soldier is unique and the process of achieving goals set forth in the plan of care may take a few months or over a year. Typical goals for TBI soldiers are reduction of headache frequency and intensity, improved onset and length of sleep, improved short term memory, improved balance and vision, and reduction of PTSD symptoms. The TBI Case Manager works with a variety of disciplines both within Raymond W. Bliss Army Health Center as well as in the community setting, including physical therapy, optometry, psychology, neurology, and sleep labs. Office visit notes and testing results are tracked and received in a timely manner and communicated to the neuropsychologist and Primary Care Manager.

Soldiers not responding to treatment can be referred to a number of inpatient programs. One option available for those soldiers not responding to treatment is a referral to National Intrepid Center of Excellence (NICoE) in Bethesda, Maryland. National Intrepid Center of Excellence is a 72,000 square foot two story building and leads the world in treatment of psychological

TBI Treatment (Cont.)

heath and traumatic brain injury. The TBI Case Manager coordinates the NICoE referral and facilitates placement of the soldier into the program. The TBI Case Manager maintains an open line of communication with providers at NICoE during the soldier's 20 business day stay. The TBI Case Manager also participates in the multidisciplinary discharge meeting, coordinating needs of the returning soldier.

The TBI Case Manager is available Monday through Friday 0730 to 1630. Please call 533-9471 if you would like more information about the TBI program.

APLSS surveys

APLSS, or Army Provider-Level Satisfaction Surveys, allow you to express timely feedback, and suggest areas for improvement at our facility. Positive feedback provides funds that will allow us to expand and enhance our services.

Surveys are mailed or e-mailed to randomly selected customers 24 hours after they have been seen by a provider at our facility.

Preventive Care

Preventive Care has been called "The Key to Your Health." RWBAHC offers several preventive services to help you avoid illness and improve your health. These services include screenings for Cervical Cancer, Breast Cancer, Colon Cancer, Diabetes and Retinal Exams, and Well Child Checks.

Beneficiaries may book their Cervical Cancer Screening and Retinal Exams online, at www.tricareonline.com. Feel free at any time to call Central Appointments at 533-9200 to assist you with your screening appointment.

Being proactive about your healthcare may help you avoid illness later in life. Service for Health!

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NEWS BRIEFS

MAR 25: Bataan Death March at White Sands Missile Range

APR 03: Well Woman Walk-In Day

APR 14: Month of the Military Child Day

APR 29: National Prescription Drug Turn-In Day

MAY 11: Safety Day at Barnes Field House, 8 a.m. to 2 p.m.