

NOV 30 2009

The Honorable Ben Nelson  
Chairman, Subcommittee on Personnel  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

We are pleased to provide Congress with the enclosed report to Congress required by P. L. 110-417 Section 723 of the Duncan Hunter National Defense Authorization Act for FY 2009, "Center of Excellence in the Mitigation, Treatment, and Rehabilitation of Traumatic Extremity Injuries and Amputation."

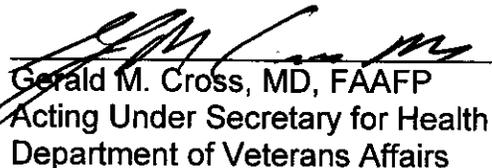
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This report provides information about DoD and VA programs as well as the joint initiatives to support extremity injuries and amputations. DoD and VA will continue to collaborate to jointly establish the Center of Excellence. Thank you for your continued support of the Military Health System.

Sincerely,



Ellen P. Embrey  
Deputy Assistant Secretary of Defense  
(Force Health Protection and Readiness)  
Performing the Duties of the  
Assistant Secretary of Defense  
(Health Affairs)



Gerald M. Cross, MD, FAAFP  
Acting Under Secretary for Health  
Department of Veterans Affairs

Enclosure:  
As stated

cc:  
The Honorable Lindsey O. Graham  
Ranking Member

NOV 30 2009

The Honorable Carl Levin  
Chairman, Committee on Armed Services  
United States Senate  
Washington, DC 20510

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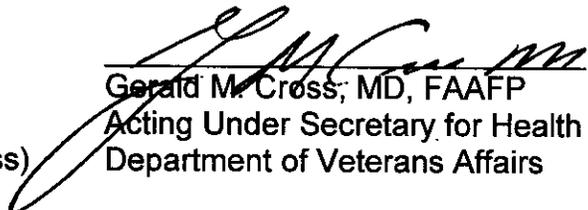
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Enclosure:  
As stated

cc:  
The Honorable John McCain  
Ranking Member

NOV 30 2009

The Honorable Ike Skelton  
Chairman, Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

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Enclosure:  
As stated

cc:  
The Honorable Howard P. "Buck" McKeon  
Ranking Member

NOV 30 2009

The Honorable Susan Davis  
Chairwoman, Subcommittee on Military Personnel  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

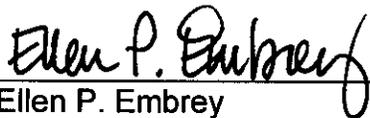
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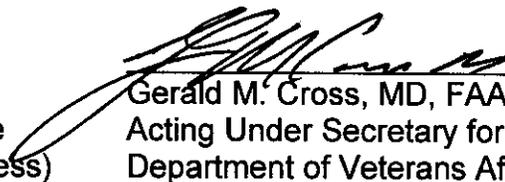
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Enclosure:  
As stated

cc:  
The Honorable Joe Wilson  
Ranking Member

NOV 30 2009

The Honorable Daniel K. Inouye  
Chairman, Committee on Appropriations  
United States Senate  
Washington, DC 20510

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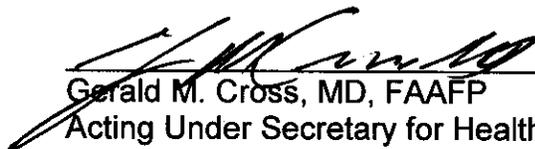
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Enclosure:  
As stated

cc:  
The Honorable Thad Cochran  
Ranking Member

NOV 30 2009

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United States Senate  
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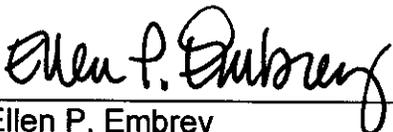
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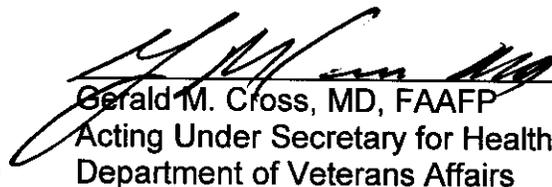
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NOV 30 2009

The Honorable David R. Obey  
Chairman, Committee on Appropriations  
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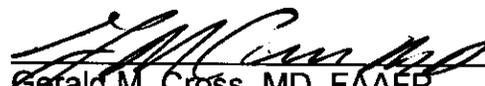
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Acting Under Secretary for Health  
Department of Veterans Affairs

Enclosure:  
As stated

cc:  
The Honorable Jerry Lewis  
Ranking Member

NOV 30 2009

The Honorable John P. Murtha  
Chairman, Subcommittee on Defense  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

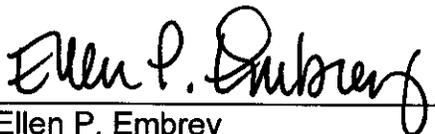
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Department of Veterans Affairs

Enclosure:  
As stated

cc:  
The Honorable C. W. Bill Young  
Ranking Member

NOV 30 2009

The Honorable Bob Filner  
Chairman, Committee on Veterans Affairs  
U.S. House of Representatives  
Washington, DC 20510

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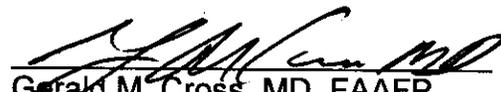
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Enclosure:  
As stated

cc:  
The Honorable Steve Buyer  
Ranking Member

NOV 30 2009

The Honorable Chet Edwards  
Chairman, Subcommittee on Military Construction  
Veterans Affairs and Related Agencies  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20510

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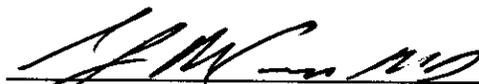
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Enclosure:  
As stated

cc:  
The Honorable Zach Wamp  
Ranking Member

NOV 30 2008

The Honorable Tim Johnson  
Chairman, Subcommittee on Military Construction  
Veterans Affairs and Related Agencies  
Committee on Appropriations  
United States Senate  
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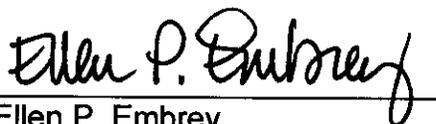
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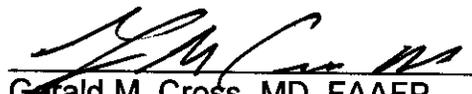
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Enclosure:  
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cc:  
The Honorable Kay Bailey Hutchison  
Ranking Member

NOV 30 2009

The Honorable Joseph R. Biden  
President of the Senate  
Washington, DC 20510

Dear Mr. President:

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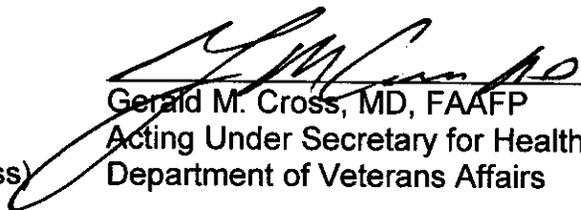
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The Honorable Nancy Pelosi  
Speaker of the House of Representatives  
Washington, DC 20515

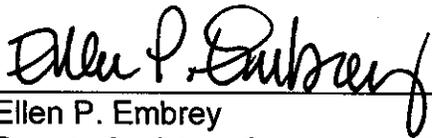
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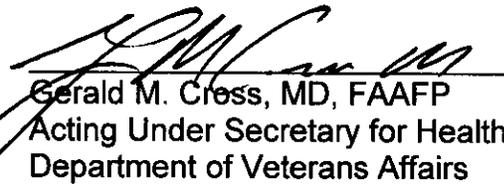
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**CENTER OF EXCELLENCE IN THE MITIGATION, TREATMENT, AND  
REHABILITATION OF TRAUMATIC EXTREMITY INJURIES AND  
AMPUTATIONS**

**REPORT REQUIREMENT**

Not later than one year after the date of the enactment of this Act, and annually thereafter, the Department of Defense (DoD) and the Department of Veterans Affairs (VA) shall jointly submit to Congress a report of the activities of the Center.

Each report under this subsection shall include the following:

(A) In the case of the first report under this subsection, a description of the implementation of this Act.

(B) A description and assessment of the activities of the Center during the one-year period ending on the date of such report, including an assessment of the role of such activities in improving and enhancing the efforts of the DoD and VA for the mitigation, treatment, and rehabilitation of traumatic injuries and amputations.

**DISCUSSION:** Upon enactment of the Fiscal Year 2009 National Defense Authorization Act (NDAA), a working group was established to develop and implement the requirements for jointly establishing a DoD/VA Center of Excellence. This working group is finalizing a plan to establish a Center of Excellence for traumatic extremity injuries and amputation care that maximizes existing DoD and VA capabilities. It was determined that this center should leverage all of the work that had been accomplished by the DoD and VA since developing and implementing the Armed Forces Amputee Patient Care Program and the Orthopaedic Extremity Trauma ASP program in the DoD and the Amputation System of Care in VA. The working group also determined that the Center of Excellence would be the nexus for connecting the efforts of both DoD and VA across the two systems for improving clinical outcomes, facilitating access to care and case management, guiding research, and engaging in the dynamic transfer of scientific and medical knowledge to support clinicians in extremity injury and amputation care.

The Extremity Injury and Amputation Center of Excellence (EACE) working group focused on developing the mission, vision, scope and governance of the EACE. Strengths

and weaknesses of the current programs within the DoD and VA were assessed to identify gaps in programs for future improvement.

The mission of the EACE is to serve as the Joint DoD/VA lead resource to provide subject matter expertise and support for DoD and VA networks for continuous care and study of amputations and traumatic extremity injuries, from point of injury or amputation through definitive care and rehabilitation into lifelong surveillance, in order to reduce the disability and optimize the quality of life for Service Members and Veterans.

The EACE proposes to provide a comprehensive inter-disciplinary team of professionals to support rehabilitation of patients to their maximum level of function post-injury or amputation. In addition to patients and their family members, the inter-disciplinary team includes orthopaedic surgeons, psychiatrists, neurologists, psychologists, nurses, social workers, nutritionists, patient educators, physiatrists, prosthetists, physical and occupational therapists, vocational rehabilitation counselors, recreational therapists, and clergymen, as well as other subspecialty areas unique to each individual patient.

Highlights of the EACE program include: Optimizing outcomes by analyzing data/research and providing guidance for developing clinical practice guidelines and best practices; defining the essential characteristics for a single, joint DoD/VA registry that can be accessed by both DoD and VA medical staff to facilitate case management, to support longitudinal care, and to assess clinical outcomes and research; working through DoD and VA agencies towards the implementation of a Joint DoD/VA registry if both funding and Congressional guidance are provided to that effect; monitoring and analyzing published research for technical and clinical advances applicable to changes in best practices; and engaging in a proactive strategic communications program, informing health care providers, health care beneficiaries and the general public about ongoing efforts and advances in the care of individuals with amputations and extremity trauma.

To date, the DoD and VA have worked on a number of activities which support the requirements of P.L. 110-417, Sec. 723. These include, but are not limited to the Armed Forces Amputee Patient Care Program (AFAPCP) and the VA Amputation System of Care (ASC).

## **DoD Programs**

The AFAPCP provides state-of-the-art treatment as a “virtual,” multi-site, coordinated system of care that includes Landstuhl Medical Center in Germany, Walter Reed Army Medical Center, Brooke Army Medical Center in San Antonio, Naval Medical Center, San Diego, and other military, VA, and civilian treatment facilities.

The Defense Health Board Panel on the Care of Individuals with Amputation and Functional Limb Loss was established to provide oversight of the amputee patient care program, under the Federal Advisory Committee Act and Army Regulations. It serves to

broaden the vision for the amputee care program, including psychosocial and family issues and education and training relevant to amputees. Based upon the needs identified by the EACE working group, the Panel's function could be expanded to provide input for extremity trauma as well as amputations.

The diplomatic role of amputee care, with missions to allied Nations, including Pakistan, Sri Lanka, Columbia, Iraq, Canada and Great Britain, will continue to be of significance, both from a humanitarian assistance and clinical development perspective.

The partnership between the American Academy of Orthopaedic Surgeons (AAOS), the Orthopedic Trauma Association (OTA), and military surgeons has led to development of the Distinguished Visiting Scholar Program at the Landstuhl Region Medical Center (LRMC). Senior civilian orthopaedic trauma surgeons have volunteered to travel and work with assigned surgeons in the LRMC, a Tri-Service military treatment facility, and assist in direct treatment, education, and research for our Warriors over the last two years.

## **VA Programs**

The VA Amputation System of Care, approved by the Veterans Affairs Health Systems Committee, is comprised of four distinct levels of care designed to provide graded levels of expertise, consistency of amputation rehabilitation across the system and accessibility to enhance the environment of care for all eligible beneficiaries and the new generation of Veterans. Seven Regional Amputation Centers (Tampa, FL; Richmond, VA; Bronx, NY; Minneapolis, MN; Denver, CO; Seattle, WA; Palo Alto, CA) serve as Level 1 flagship facilities of the ASC, providing the greatest expertise in amputation medical management, rehabilitation, and prosthetic components and design; 21 Polytrauma/Amputation Network Sites (one in each Veteran Integrated Service Network) provide Level 2 amputation care with a full range of clinical and ancillary services closer to Veterans' homes; one hundred Amputation Clinic Teams provide Level 3 basic amputation services; and at the remaining facilities, Level 4, Amputation Point of Contacts (APOC) provide consultation/assessment, and/or referral of patients to a facility capable of providing the level of services required.

## **Joint VA/DoD Initiatives**

- VA/DoD Clinical Practice Guidelines (CPG) for Rehabilitation of the Lower Extremity. DoD and VA collaboratively developed and implemented Clinical Practice Guidelines for Rehabilitation of the Lower Extremity. A VA/DoD Toolkit for Rehabilitation of the Lower Extremity and the VA/DoD Patient Education handbook were also created as supporting documents to the CPG.
- CPG for Orthopaedic Trauma. A number of Extremity War Injuries Symposia have been held and have led to the development of CPGs for the treatment and prevention of compartment syndrome, which have been supported by a DVD produced in collaboration with the American Academy of Orthopaedic Surgeons. Additional

CPGs have been developed and distributed that address treatment of the combat amputee and treatment of traumatic pelvic fractures.

- The Defense Advanced Research Projects Agency (DARPA) and VA's Optimization Study of the DEKA Integrated Solutions Corporation Advanced Prosthetic Arm. Prototypes of one of these arms are now available, and VA is serving as DARPA's transition partner to help perform the critical and final stages of design and engineering, clinical development, and optimization.
- DoD/VA Clinical Exchange Programs. Clinical rotations in both prosthetic and rehabilitative care between the DoD and VA have been established and carried out with overall goal of improving the function and outcomes of Service Members and Veterans with amputations by having a seamless continuum of care between VA and DoD facilities.
- Army Interagency Fellowship. An Army Medical Specialist Corps Officer was assigned to the Veterans Health Administration, Rehabilitation Services at Central Office, Washington, DC. This mission enhances ongoing collaboration between DoD/VA for amputation rehabilitation initiatives.
- Center for the Intrepid (CFI)/South Texas Veterans Health Care System (STVHCS). This Joint venture was implemented through a Memorandum of Agreement (MOA) signed by the Secretaries of the VA and the Army. As stipulated in that MOA, VA staffing authorizations at the CFI include seven VHA FTEs and two VBA FTEs.
- DoD/VA Lower Extremity Prosthetic Check Out Form. This is a joint DoD/VA form developed to standardize inspection criteria and methods used during the delivery of prosthetic limbs.
- Military Advanced Amputation Skills Training (MAAST). MAAST is a workshop designed to elevate the physical performance of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) amputees through hands-on prosthetic fitting and therapeutic training. Attended by both DoD and VA personnel, it is designed to educate the rehabilitation team in the methods of advanced prosthetic and training techniques.
- VA Amputation System of Care Conference Seattle, WA June 2009. More than 150 VA/DoD amputation care providers and leadership personnel were in attendance. The conference focused on the mission, implementation, and responsibilities of the Amputation System of Care (ASC). Advanced knowledge and skills, emerging technology and research were also presented to highlight advancements in amputation care. Department of Defense participants were invited to network and share amputation rehabilitation knowledge and experiences to continue building seamless relationships.

- Walter Reed/Washington DC Joint Incentive Funding (JIF) initiative. This initiative will improve DoD/VA collaboration in the care of patients with limb loss in the National Capital area; improve continuity and quality of care; improve access to care for VA patients and increase diversity of the patient population treated at WRAMC which will support Graduate Medical Education, research efforts, and help sustain critical skill sets as wounded, ill and injured patients returning from combat decrease.

## **FUTURE ACTIONS**

The Joint DoD/VA EACE will continue to evolve to assess and guide optimal care for military and Veteran populations providing a system of care which incorporates all the resources to provide superb care from battlefield to home town for life and maintaining the unique skill sets that are crucial to each of the Departments' specific needs. The DoD continues to have a significant role in the acute care of patients with traumatic extremity injuries and amputations, providing care and rehabilitation directed to returning to active duty. VA also continues to have a significant role in the acute care of patients with traumatic extremity injuries and amputations, providing care and rehabilitation to Veterans and Active Duty Service Members. Highlights of the EACE program initiatives planned for FY 2010 include:

- EACE working group will continue to assess the current DoD and VA programs for traumatic extremity injuries and amputations (gap analysis) and determine the recommendations to improve care for Service members and Veterans.
- EACE working group will present their recommendations (mission and scope) to the DoD and VA senior leadership for approval and resource allocation.
- Subject to approval by DoD and VA, and allocation of resources, the EACE will:
  - Select and appoint the Director and Deputy Director for EACE (joint operations with a VA and DoD member appointed to fill these key roles).
  - Provide subject matter expertise as a resource for DoD and VA networks for continuous care for amputations and extremity injuries.
  - Develop requirements for a joint Registry with access for DoD and VA, for tracking active duty Service members and Veterans with amputations.
  - Conduct research to improve patient outcomes and on evidence based practices to support ongoing improvements to the clinical practice guidelines.
  - Expand education programs for clinicians, patients and families dealing with traumatic extremity injuries and amputations.