



DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury Update

Defense Health Board

CAPT Paul S. Hammer, MC, USN
Director
27 NOV 2012



Agenda

- Background
- Mission, Vision & Values
- 2012 Year in Review
 - Accomplishments
 - Stakeholder Survey
- 2013 Way Ahead
 - DCoE Governance/MRMC Alignment
 - Internal Reorganization
 - Key Initiatives



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Background



Mission, Vision, & Values

Mission

To improve the lives of our nation's Service members, families, and veterans by advancing excellence in psychological health and traumatic brain injury prevention and care

Vision

To be the Defense Department's trusted source and advocate for psychological health and traumatic brain injury knowledge and standards, and profoundly improve the system of care

Values

Excellence Integrity Teamwork

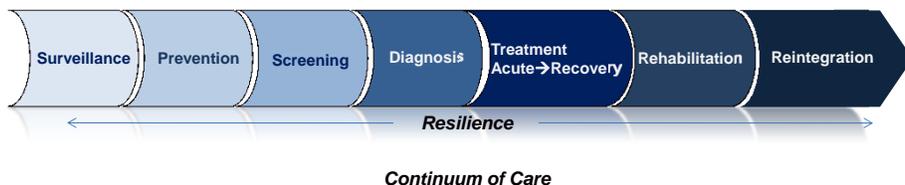
Revised mission and vision statements, as of JAN 2012



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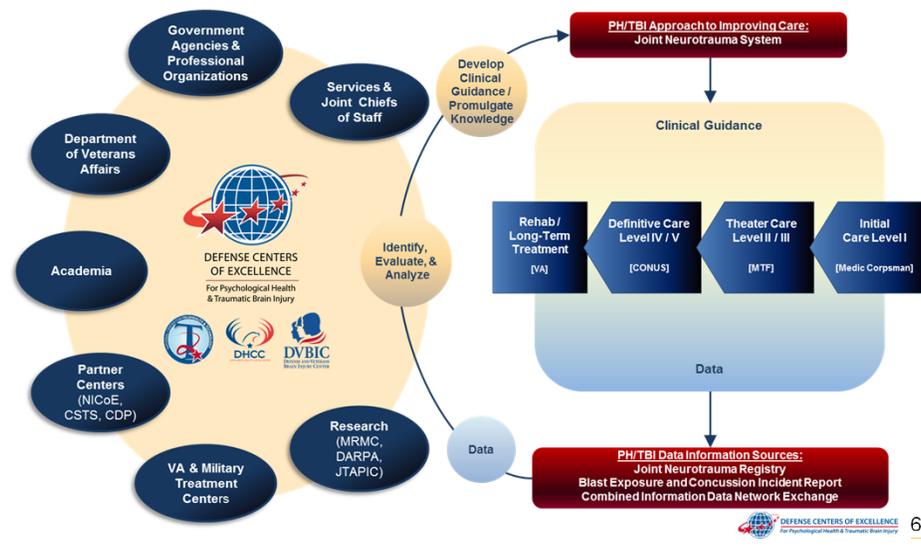
Value Proposition

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) serves as the principal integrator and authority on psychological health (PH) / traumatic brain injury (TBI) knowledge and standards for the Department of Defense (DoD). We are uniquely positioned to accelerate improvements in PH/TBI outcomes and policy impacting the continuum of care and further reducing variability across the Services.



DCoE: PH/TBI Integrator in the System of Care

“Effectively leveraging our knowledge and clinical expertise to improve the system of care”





2012: Year in Review

- Key Accomplishments
- Stakeholder Survey





2012 Key Accomplishments

<ul style="list-style-type: none"> ▪ Revised Military Acute Concussion Evaluation (MACE) and Deployed Guidelines ▪ New Clinical Recommendations <ul style="list-style-type: none"> – <i>Indications and Conditions for Neuroendocrine Dysfunction Screening Post Mild Traumatic Brain Injury</i> – <i>Assessment and Management of Dizziness Associated with Mild TBI</i> ▪ New Toolkits <ul style="list-style-type: none"> – <i>Training in Support of the Major Depressive Disorders, Substance Use Disorder</i> – <i>Co-Occurring Conditions</i> ▪ DoD lead for 18 VA/DoD Integrated Mental Health Strategy (IMHS) Strategic Actions ▪ Military Medicine PH/TBI Supplemental Issue ▪ Key conferences and monthly webinars 	<ul style="list-style-type: none"> ▪ IOM Phase I Study on PTSD Treatment ▪ New RAND Studies ▪ Directive Type Memorandum 09-033, “<i>Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting</i>” converted to DoD Instruction ▪ BECIR Service-specific reports ▪ METC Curriculum collaboration/review ▪ Evaluation of National Guard PH Programs ▪ RESPECT-Mil Program screened 2.5M+ Soldiers ▪ New Mobile Apps <ul style="list-style-type: none"> – <i>Breathe2Relax, BioZen, PE Coach</i>
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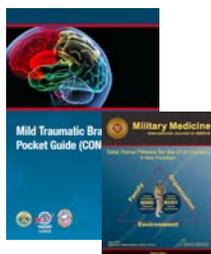
Stakeholder Survey Overview

- Survey administered to key senior stakeholders from JUL – AUG 2012 to:
 - Senior Military Medical Advisory Council (11 total); 36% response rate
 - Other key stakeholders in Office of the Assistant Secretary of Defense for Health Affairs, the Services, and VA (81 total); 46% response rate
- Survey developed to obtain key stakeholder feedback on DCoE's performance, and to better understand key stakeholder needs
- Survey consisted of 10 questions garnering feedback on:
 - Value of DCoE's PH/TBI clinical recommendations, tools, resources, and training products in improving PH/TBI care for stakeholder's organization
 - DCoE's effectiveness in communicating availability of products and promoting PH/TBI awareness
 - Emerging needs of stakeholder's organization

Key Survey Findings

Respondents indicated the following as the **most valuable** DCoE PH/TBI Clinical Recommendations, Tools, Resources, and Training products¹:

Clinical Guidance & Tools	Resources & Training
Development of Clinical Toolkits	DCoE Website
mTBI Pocket Guide	Leadership/IMHS Strategic Initiatives
Resilience Strategy Implementation	DCoE Education/Training Events
Co-Occurring Conditions Toolkit	DoD Suicide Event Report
Joint Publication on Total Force Fitness	PH/TBI Mobile Applications



¹From list of selected DCoE products as of NOV 2011

Key Survey Findings (continued)

Areas for Improvement

- More prominent integrator role
- Communication to key stakeholders of product availability
- Stakeholder awareness of DCoE plans to disseminate products to customers/organizations

Sample Positive Comments

"DCoE and DVBiC's educational assets have contributed to the development of toolkits and fact sheets and has enabled clinicians and providers a format to reference such in easy, transferrable, mobile applications."

"DCoE's role in the TBI Common Data Elements Project in 2008-2010 was enormously helpful. Without DCoE this project would not have been nearly as successful as it has turned out to be."

"I have worked with DCoE since March 2008. I consider them to be a valuable resource and partner."

"I think the tools are great and appreciate current information on training and research."

"TBI quad service has been highly effective."



2013 Way Ahead

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- DCoE Governance / MRMC Alignment
 - Internal Reorganization
 - Key Emerging Projects



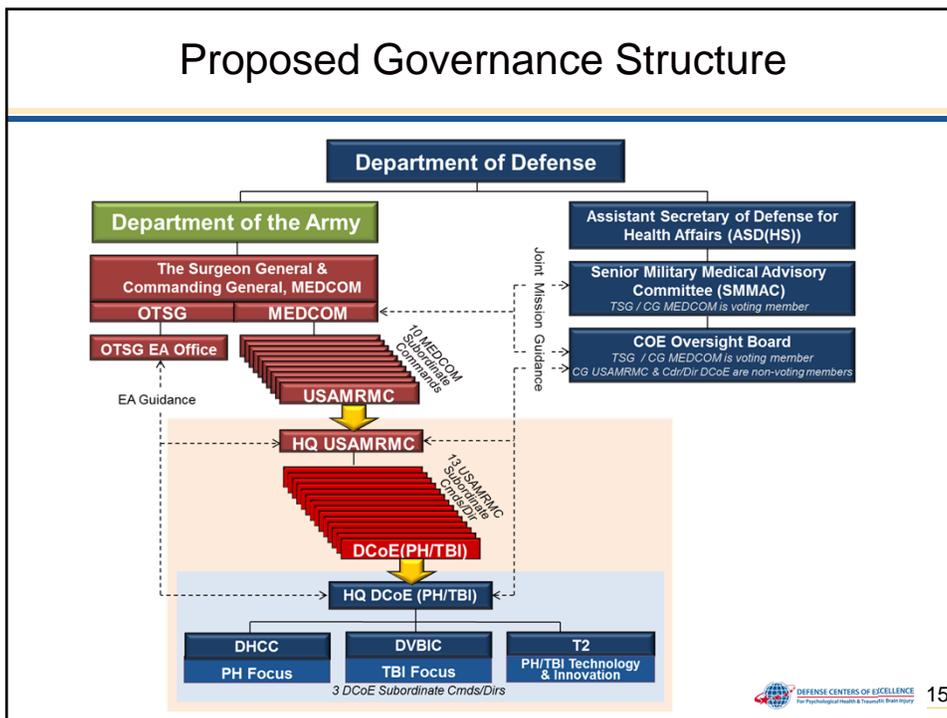
Re-alignment Background

- Under Secretary of Defense for Personnel and Readiness directed¹:
 - The establishment of a Military Health System (MHS) Centers of Excellence (CoEs) Advisory Board that is responsible for providing policy guidance and oversight of all MHS CoEs, including DCoE
 - The transfer of support responsibility for DCoE from TRICARE Management Activity to the U.S. Army Medical Research and Materiel Command (MRMC)
- DCoE is aligning as an Executive Agent (EA) to Army with further alignment to MRMC
- DCoE will continue to carry out its mission defined by the Assistant Secretary of Defense for Health Affairs and approved by Congress
- Although the formal transfer of DCoE to MRMC has not occurred, both parties are currently meeting to develop a way ahead for the proposed realignment, identifying and addressing potential barriers

¹As documented in the APR 2011 Report to Congress on the Department of Defense Medical Centers of Excellence

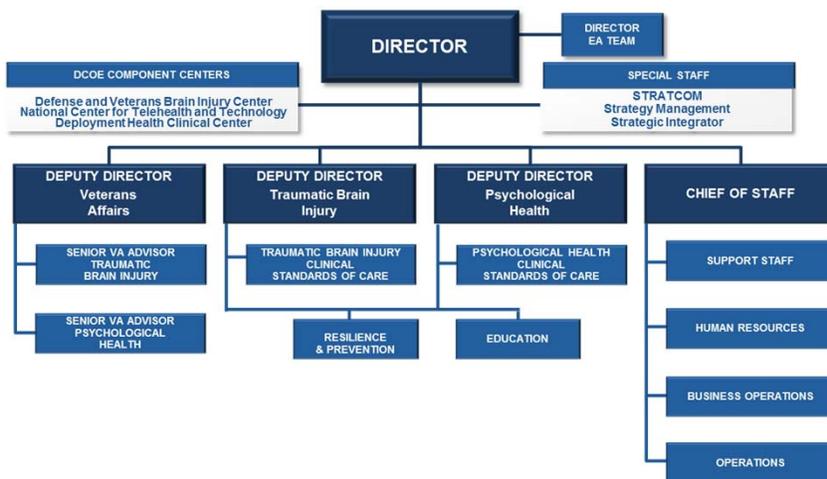
Summary of Alignment Activities

- ✓ Established DCoE Transition Team (JUL 2011)
- ✓ MRMC-DCoE Offsite (OCT 2011)
- ✓ Quarterly IPRs with MRMC
- ✓ Weekly Internal & MRMC Transition Meetings
- ❑ Estimated EA DoD Directive Approval (DEC 2012)
- ❑ Funds/Personnel Transfers to Army (JAN 2013)
- ❑ Full Operating Capability (OCT 2013)

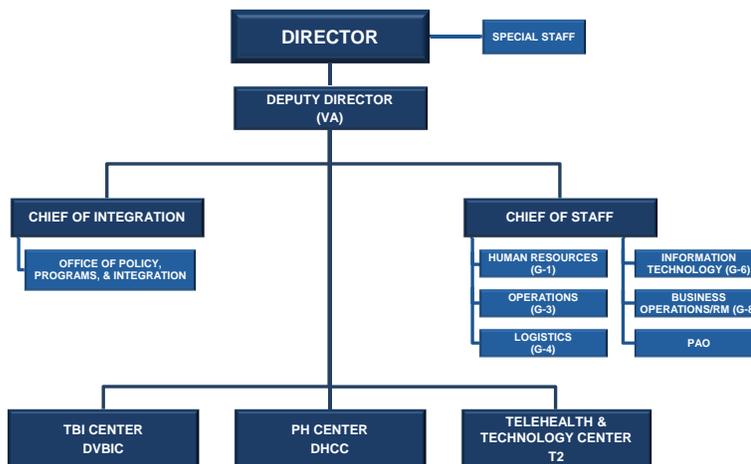


- ### Internal DCoE Reorganization
- ✓ **Defined Purpose:**
 - A unified DCoE, with effective, efficient, and streamlined functions
 - One integrated and collaborative CoE
 - An organization that effectively accomplishes the stated DCoE mission and vision
 - ✓ **DCoE Org & Structure Tiger Team (DEC 2011 – JUN 2012)**
 - ✓ **DCoE Restructuring ‘Deep Dives’ (JUN – AUG 2012)**
 - ✓ **CoA IPRs & Structure Decisions (SEP – OCT 2012)**
 - ❑ **Transition Plan Development (OCT – NOV 2012)**
 - ❑ **Transition Plan Implementation (Begin NOV 2012)**
-  **16**

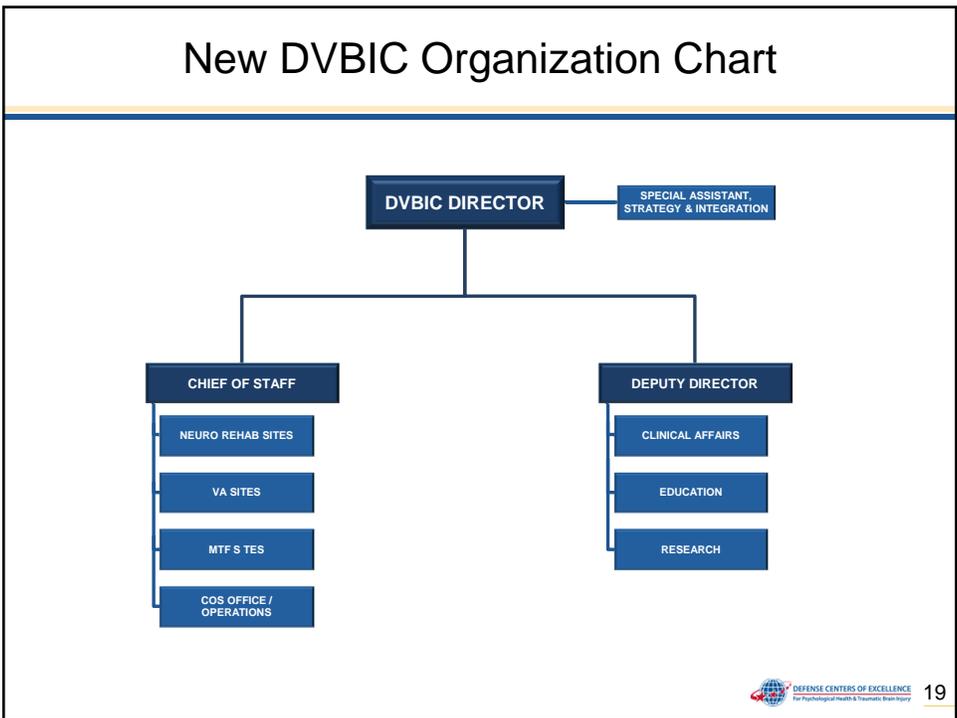
Previous DCoE Organizational Structure



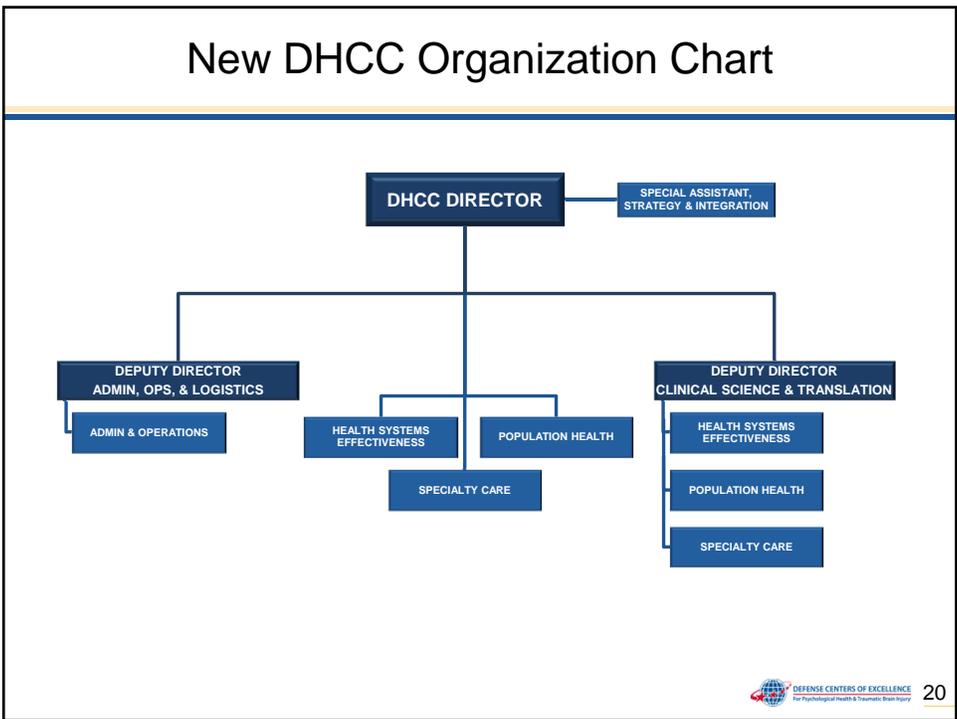
New DCoE Organizational Structure



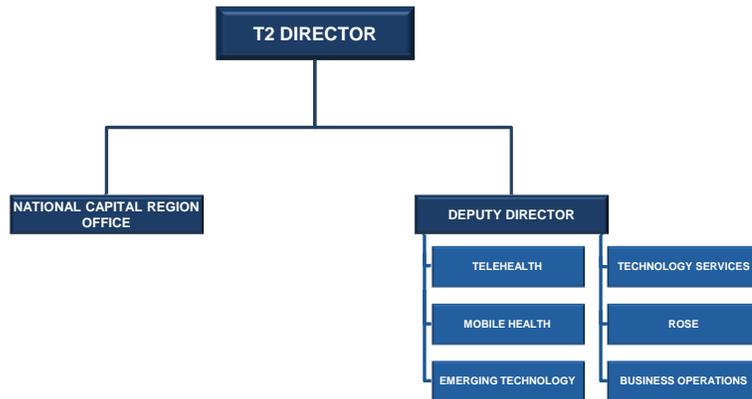
New DVBIC Organization Chart



New DHCC Organization Chart



New T2 Organization Chart



Key Emerging Projects

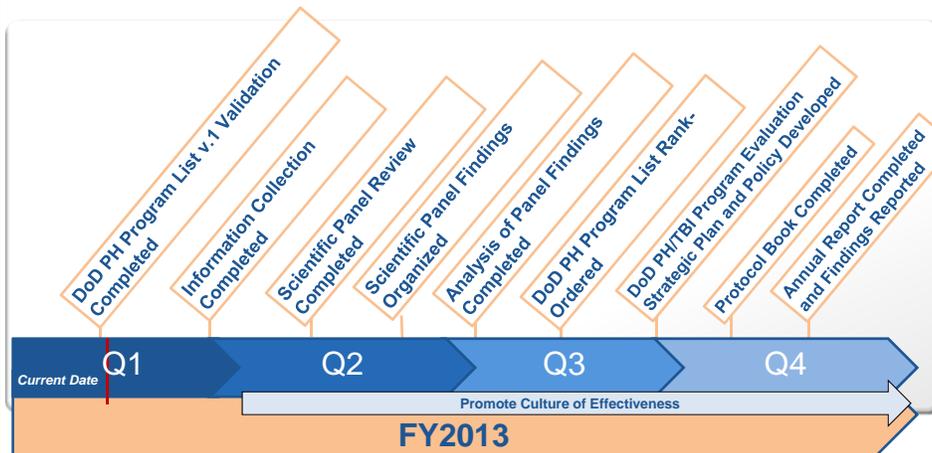
- PH Program Evaluation
- PH Metrics/Pathways
- Joint Neurotrauma Registry

Psychological Health Program Evaluation

DCoE has been directed to conduct an **enterprise-wide PH Effectiveness Initiative to determine the impact of clinical and non-clinical PH programs across the DoD** over a five-year period pursuant to the following mandates and directives:

- Directive from the Deputy Secretary of Defense through the Resource Management Directive (RMD) 700, Sub RMD 700A1
- DoD FY2013 Wounded Warrior Priority Goal of “improving effectiveness of behavioral health programs”
- Presidential Executive Order, “Improving Access to Mental Health Services for Veterans, Service Members, and Military Families” (31 AUG 2012)

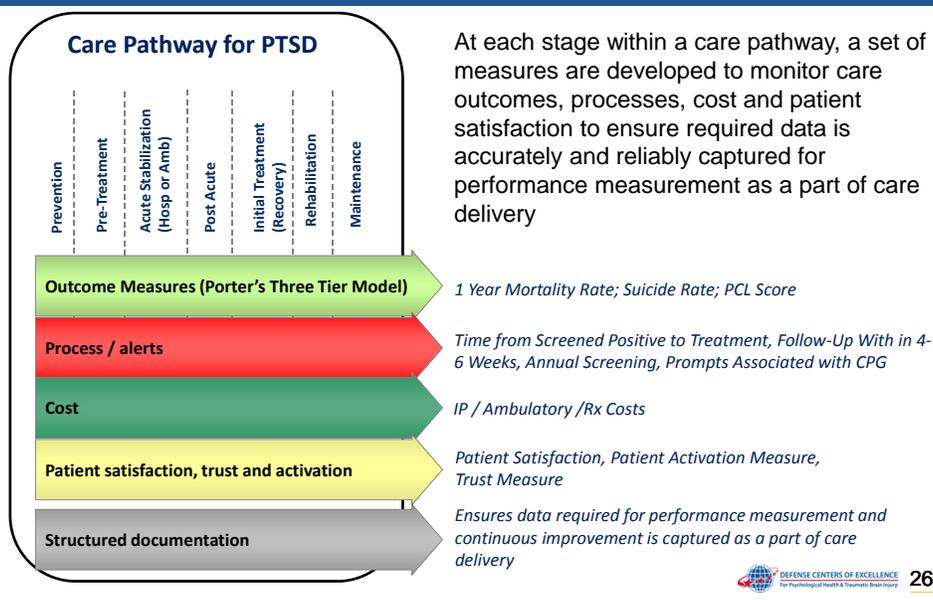
Key FY2013 Program Evaluation Milestones



DoD Dashboard for Psychological Health Metrics

- Modeled after MHS Strategic Imperatives Dashboard
- Describes MHS strategy for PH in terms of:
 - Imperatives (priorities)
 - Measures to track performance (or value)
 - Targets that quantify increased value created
 - Performance-based framework to align (and evaluate the efficacy of) system of PH programs
- Phase 1: 12 measures - AUG 2013
- Phase 2: 13 measures - JUN 2015

PTSD Care Pathway Model

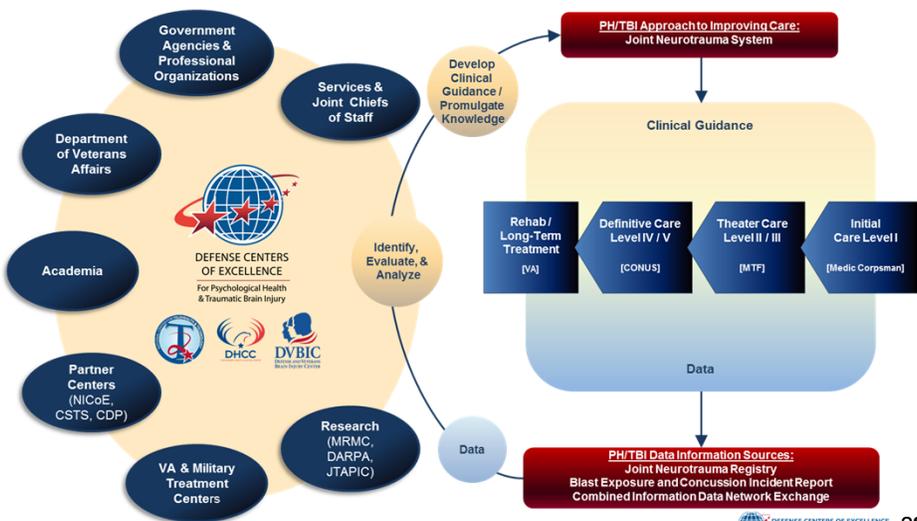


Joint Neurotrauma Registry

- Continued concern with incidence, evaluation, and treatment for concussive events in theater
 - DTM 09-033/DoDI 6490.11: *DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting*
 - GAO looking at DoD tracking, reporting of concussive events in theater
- Joint Theater Trauma Registry (JTTR) currently tracking trauma care, primarily at Level 3 facilities; however, majority of concussion care occurs at Levels 1, 2
- Based on the JTTR, the Joint Neurotrauma Registry (JNR) will:
 - Promote real-time, data-driven clinical process improvements in concussion care via in theater Concussion Care Centers
 - Promote further development and implementation of concussion clinical practice guidelines
 - Facilitate monitoring compliance

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Questions

DCoE Update

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