



**DEFENSE CENTERS OF EXCELLENCE**  
For Psychological Health & Traumatic Brain Injury

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

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*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

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## 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

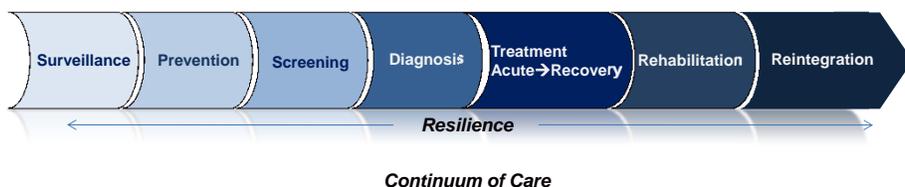
Revised mission and vision statements, as of JAN 2012



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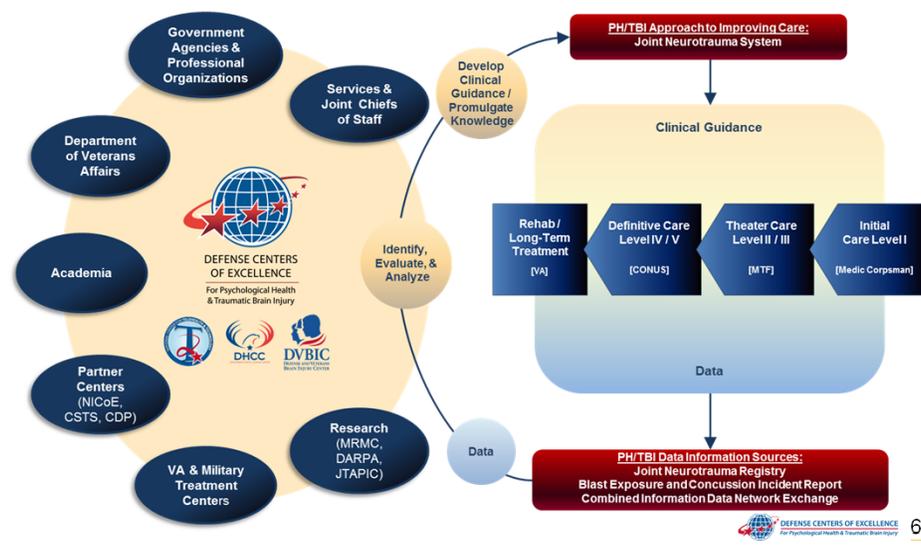
## Value Proposition

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

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- Key Accomplishments
- Stakeholder Survey





## 2012 Key Accomplishments

<ul style="list-style-type: none"> <li>▪ Revised Military Acute Concussion Evaluation (<b>MACE</b>) and <b>Deployed Guidelines</b></li> <li>▪ New <b>Clinical Recommendations</b> <ul style="list-style-type: none"> <li>– <i>Indications and Conditions for Neuroendocrine Dysfunction Screening Post Mild Traumatic Brain Injury</i></li> <li>– <i>Assessment and Management of Dizziness Associated with Mild TBI</i></li> </ul> </li> <li>▪ New <b>Toolkits</b> <ul style="list-style-type: none"> <li>– <i>Training in Support of the Major Depressive Disorders, Substance Use Disorder</i></li> <li>– <i>Co-Occurring Conditions</i></li> </ul> </li> <li>▪ DoD lead for 18 VA/DoD <b>Integrated Mental Health Strategy</b> (IMHS) Strategic Actions</li> <li>▪ <b>Military Medicine</b> PH/TBI Supplemental Issue</li> <li>▪ Key <b>conferences</b> and monthly <b>webinars</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>IOM Phase I Study on PTSD Treatment</b></li> <li>▪ New <b>RAND Studies</b></li> <li>▪ Directive Type Memorandum 09-033, “<i>Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting</i>” converted to <b>DoD Instruction</b></li> <li>▪ BECIR <b>Service-specific reports</b></li> <li>▪ <b>METC</b> Curriculum collaboration/review</li> <li>▪ <b>Evaluation of National Guard PH Programs</b></li> <li>▪ <b>RESPECT-Mil</b> Program screened 2.5M+ Soldiers</li> <li>▪ New <b>Mobile Apps</b> <ul style="list-style-type: none"> <li>– <i>Breathe2Relax, BioZen, PE Coach</i></li> </ul> </li> </ul>
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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 products<sup>1</sup>:

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



<sup>1</sup>From 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

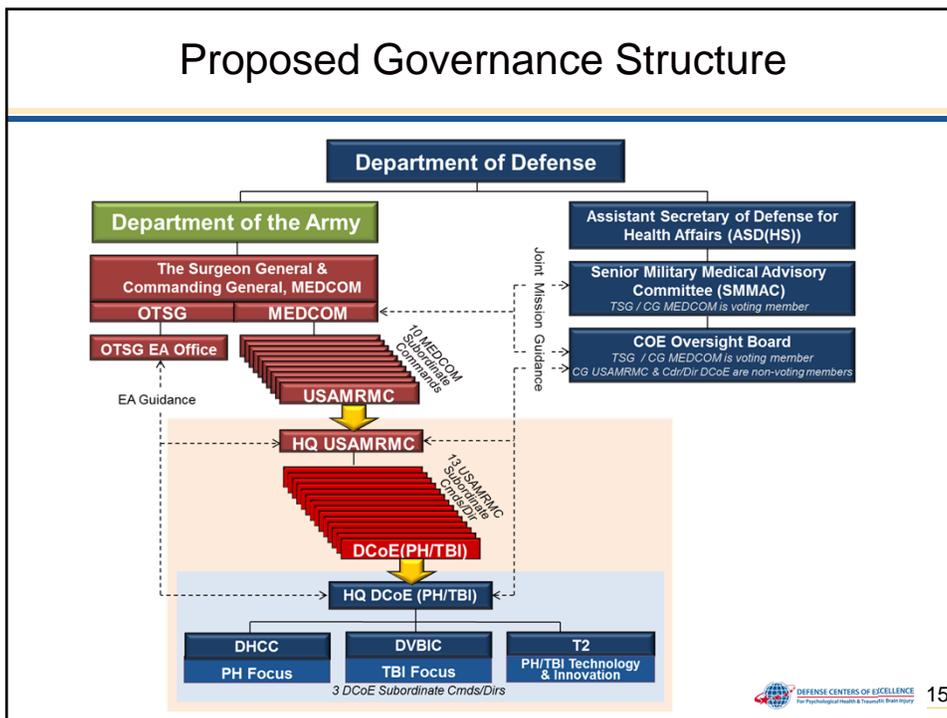
## Re-alignment Background

- Under Secretary of Defense for Personnel and Readiness directed<sup>1</sup>:
  - 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

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

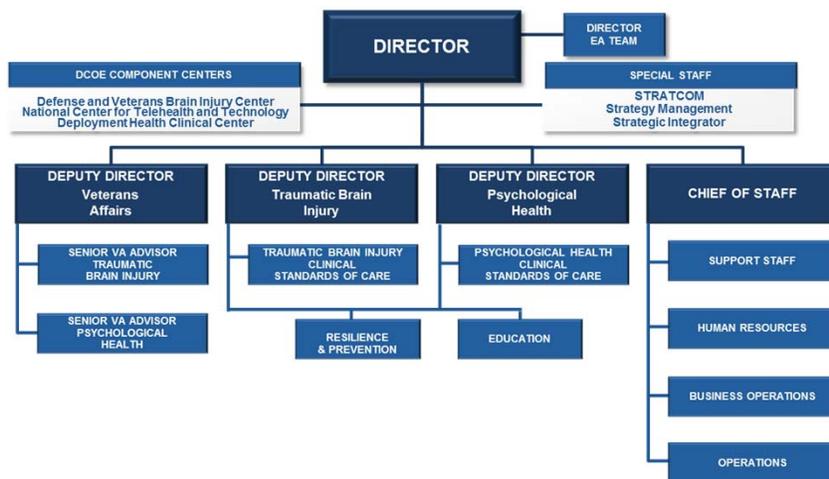
## Summary of Alignment Activities

- ✓ 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)

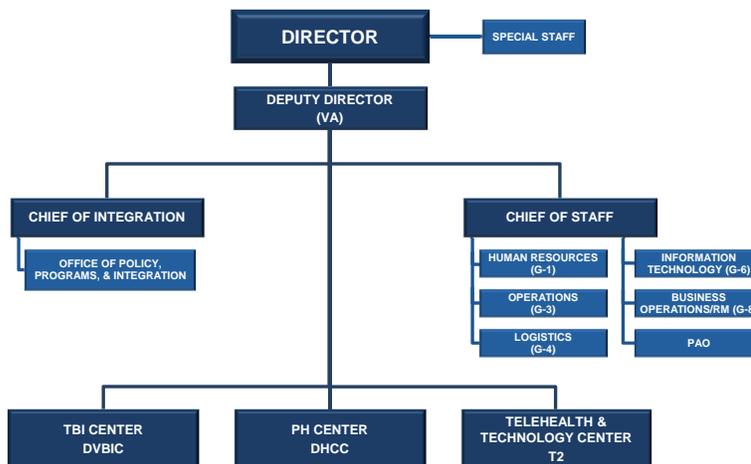


- ### Internal DCoE Reorganization
- ✓ Defined Purpose:
    - A unified DCoE, with effective, efficient, and streamlined functions
    - One integrated and collaborative CoE
    - An organization that effectively accomplishes the stated DCoE mission and vision
  - ✓ DCoE Org & Structure Tiger Team (DEC 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)

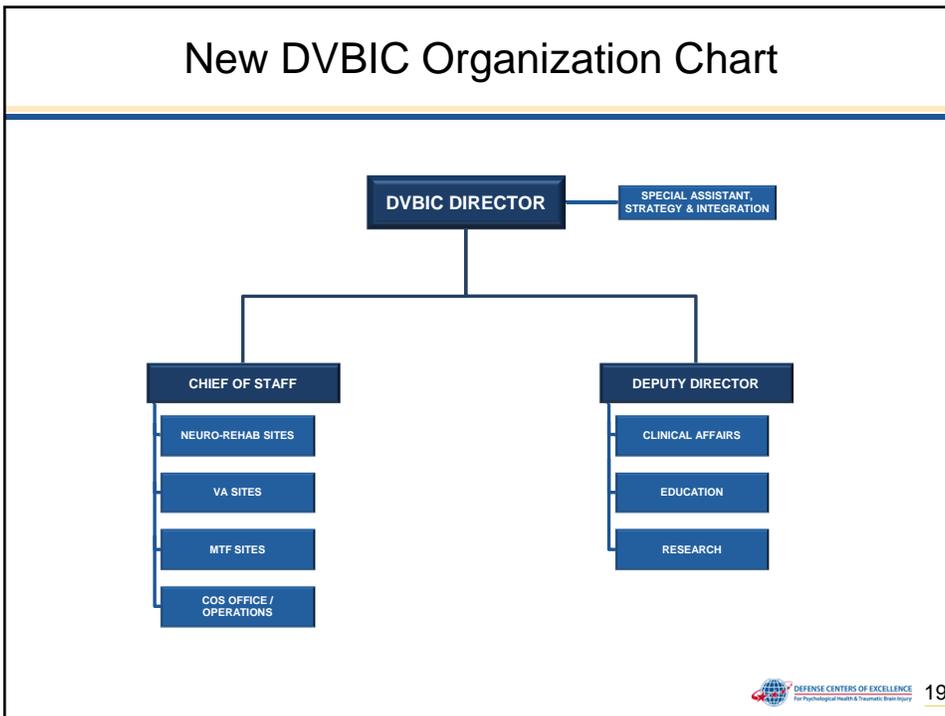
## Previous DCoE Organizational Structure



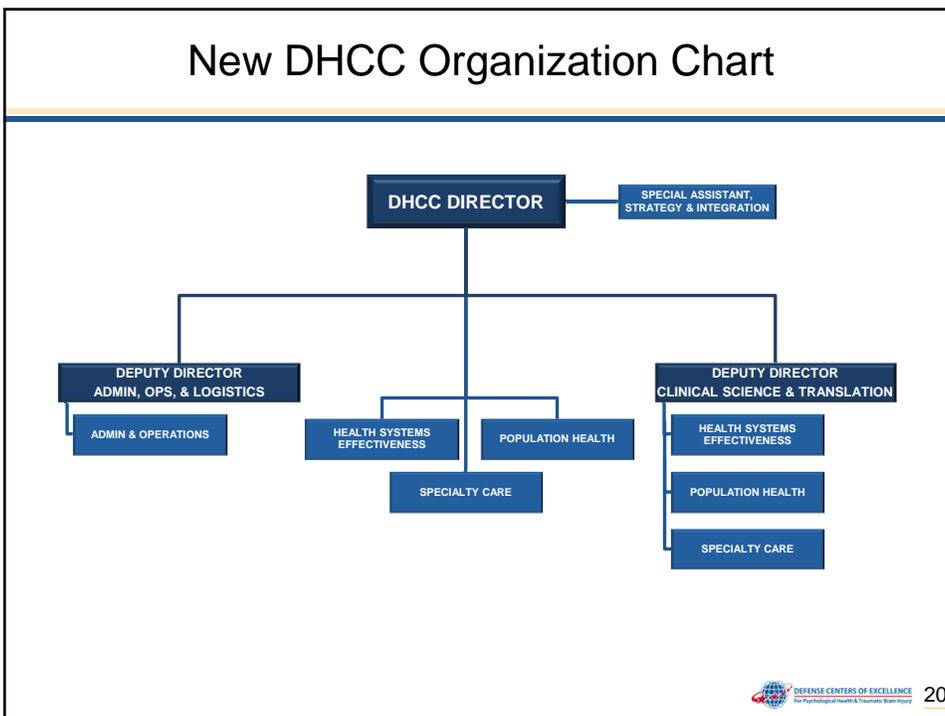
## New DCoE Organizational Structure



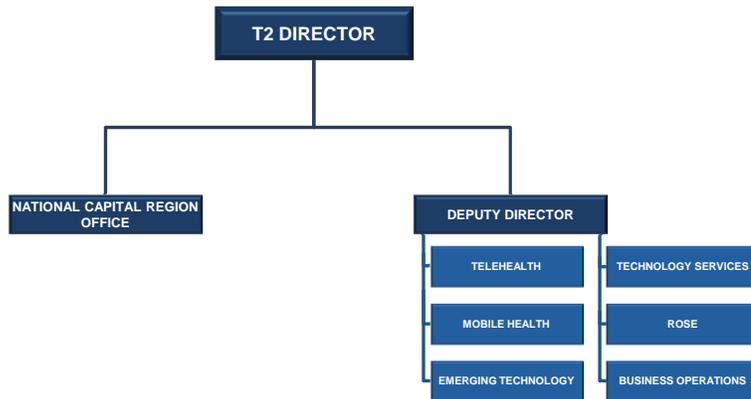
## New DVBIC Organization Chart



## New DHCC Organization Chart



## New T2 Organization Chart



## Key Emerging Projects

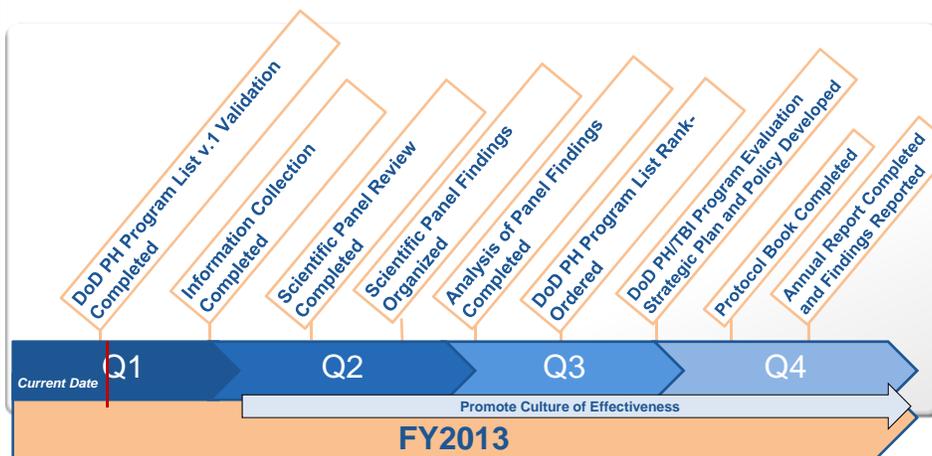
- PH Program Evaluation
- PH Metrics/Pathways
- Joint Neurotrauma Registry

## 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)

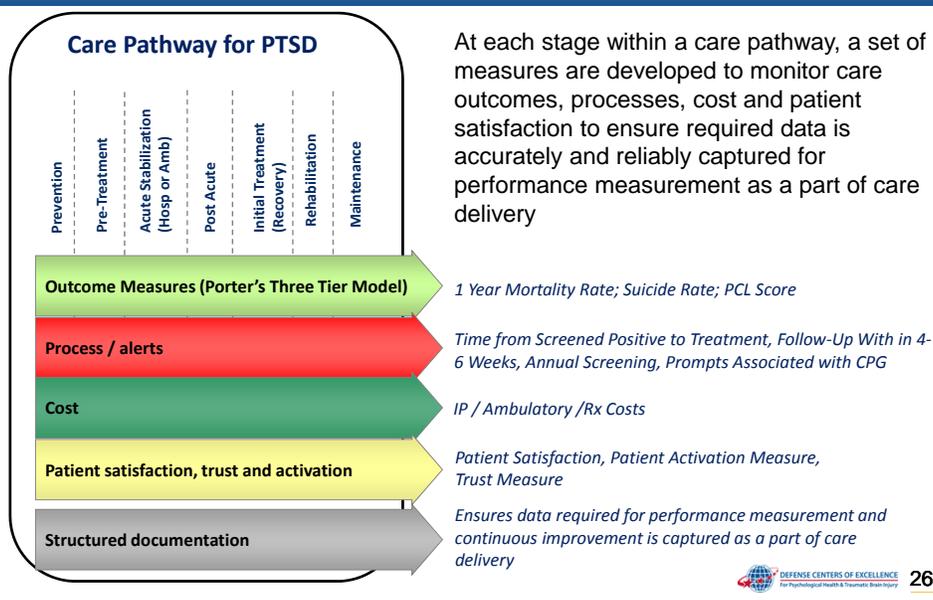
## Key FY2013 Program Evaluation Milestones



## 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

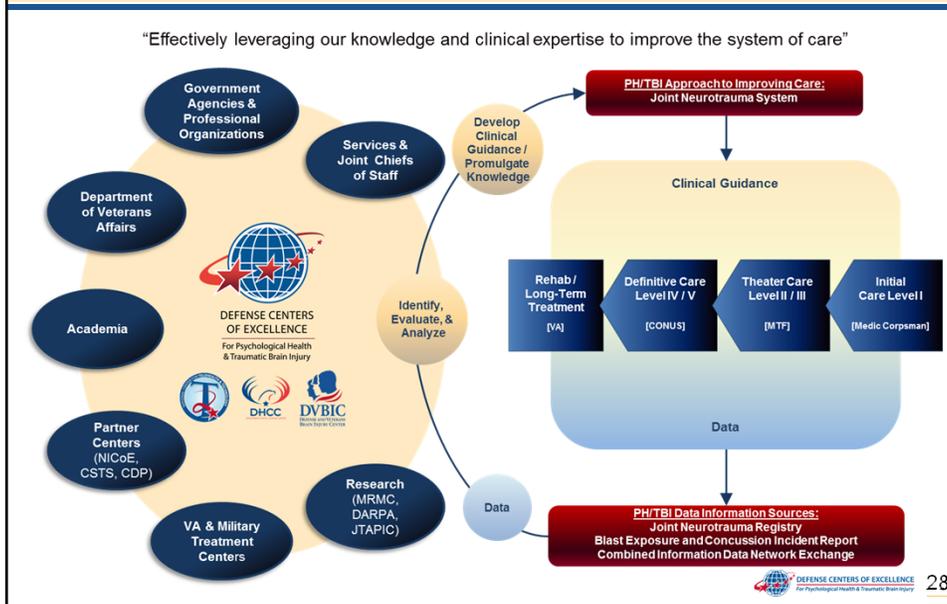
## PTSD Care Pathway Model



## 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

## DCoE: PH/TBI Integrator in the System of Care



## Questions

### **DCoE Update**

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