

Military Health System (MHS) Centers of Excellence (CoE) Oversight Board



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Questions from the Task Force

- *Overview of relationship between Health Affairs and CoE Oversight Board*
- *Overview of the CoE Oversight Board (mission, process, and structure)*
- *For each CoE, indicate Board's assessment of effectiveness and internal/external factors impeding effectiveness.*
- *What mechanisms exist to systematically translate results from the CoEs into DoDIs or other policy documents guiding clinical practice? HA/Board role?*
- *How important does the Board believe dedicated research funding is for each of the CoEs? Why?*

National Institutes of Health

Centers of Excellence Established by Statutory Mandate

- **Alzheimer's Disease Centers**
(1984, n = 30, \$52 M)
- **Claude Pepper Older Americans Independence Centers**
(1989, n = 12, \$14 M)
- **Senator Wellstone Muscular Dystrophy Cooperative Research Centers**
(2001, n = 8, \$9.3 M)
- **National Center of Minority Health and Health Disparities CoE Program**
(2002, n = 51, \$73 M)
- **Rare Diseases Clinical Research Network**
(2003, n = 19, \$23 M)
- **Autism Centers of Excellence**
(2006, n = 6 "centers" / n = 5 "networks", \$27M)

Coordinating Center = Executive Agent
Funded by P30/P50/U54

The Joint Commission: Advanced Disease-Specific Care Certification

Benefits of Certification

- **Improve quality of care**
- **Demonstrates commitment to a higher standard**
- **Provides a framework for organizational structure and management**
- **Enhances staff recruitment and development**
- **Is recognized by insurers and other third parties**

Certification Process

- **Compliance with consensus-based national standards**
- **Effective use of evidence-based clinical practice guidelines**
- **Organized approach to performance measurement and improvement activities**

Available Advanced Certification

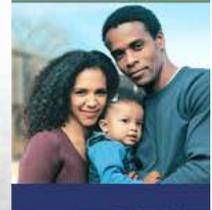
- **Chronic kidney disease**
- **Chronic obstructive pulmonary disease**
- **Comprehensive stroke center**
- **Heart failure**
- **Inpatient diabetes**
- **Primary stroke center**



Centers of ExcellenceSM

Helping patients make informed health care decisions.

Choosing where to receive care is an important and personal decision for health care consumers. As high deductible and coinsurance plans become more prevalent, consumers are demanding tools and information on patient outcomes and cost efficiency to help them make informed decisions about where to seek care. CIGNA HealthCare Hospital Value Profile Tool and Centers of Excellence are designed to meet this ever-growing consumer demand.



A Business of Caring.

"CIGNA" or "CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracep, and RMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, RMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, RMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, RMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, RMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are issued or administered by Connecticut General Life Insurance Company.

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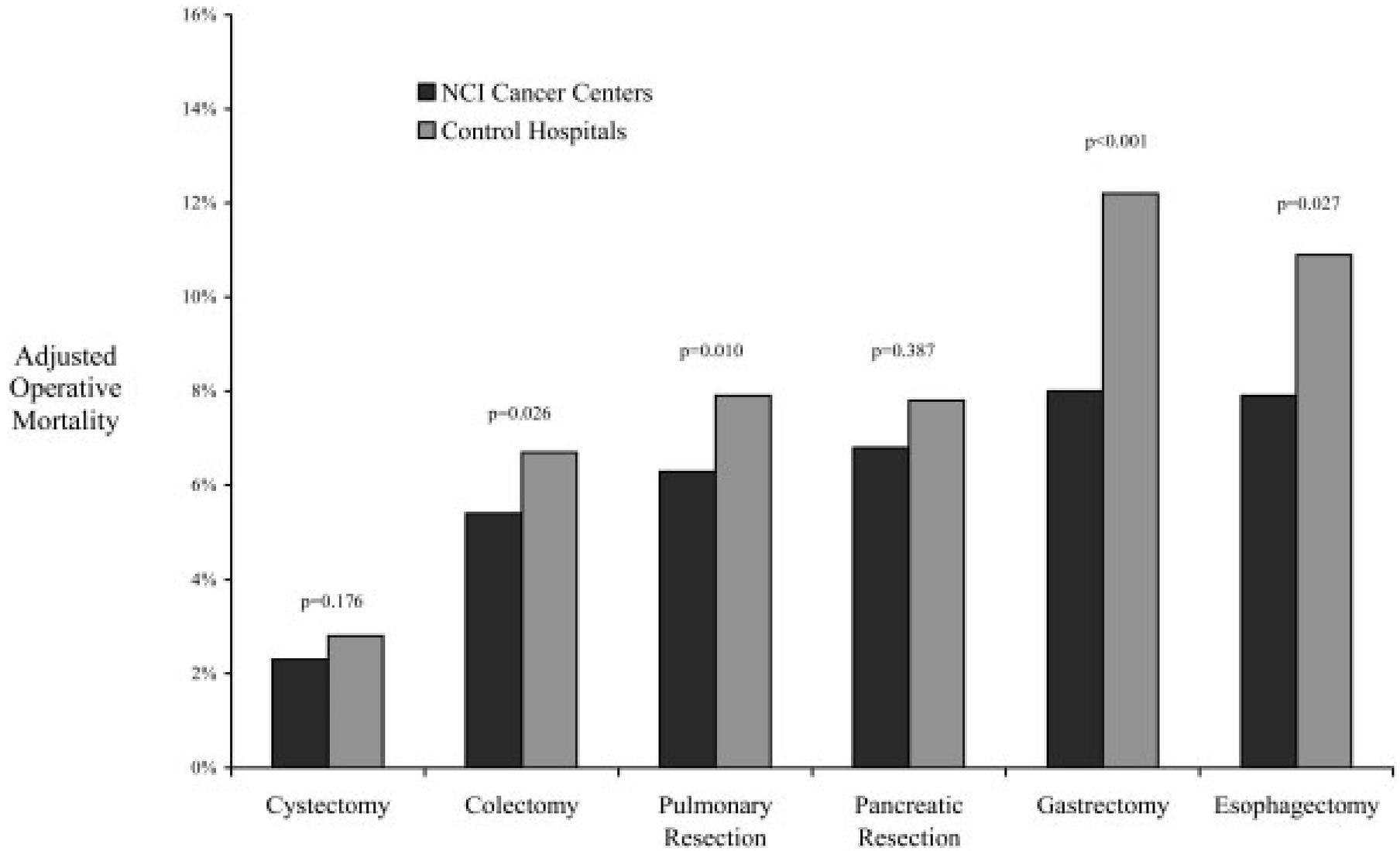
CIGNA HealthCare

A Business of Caring.

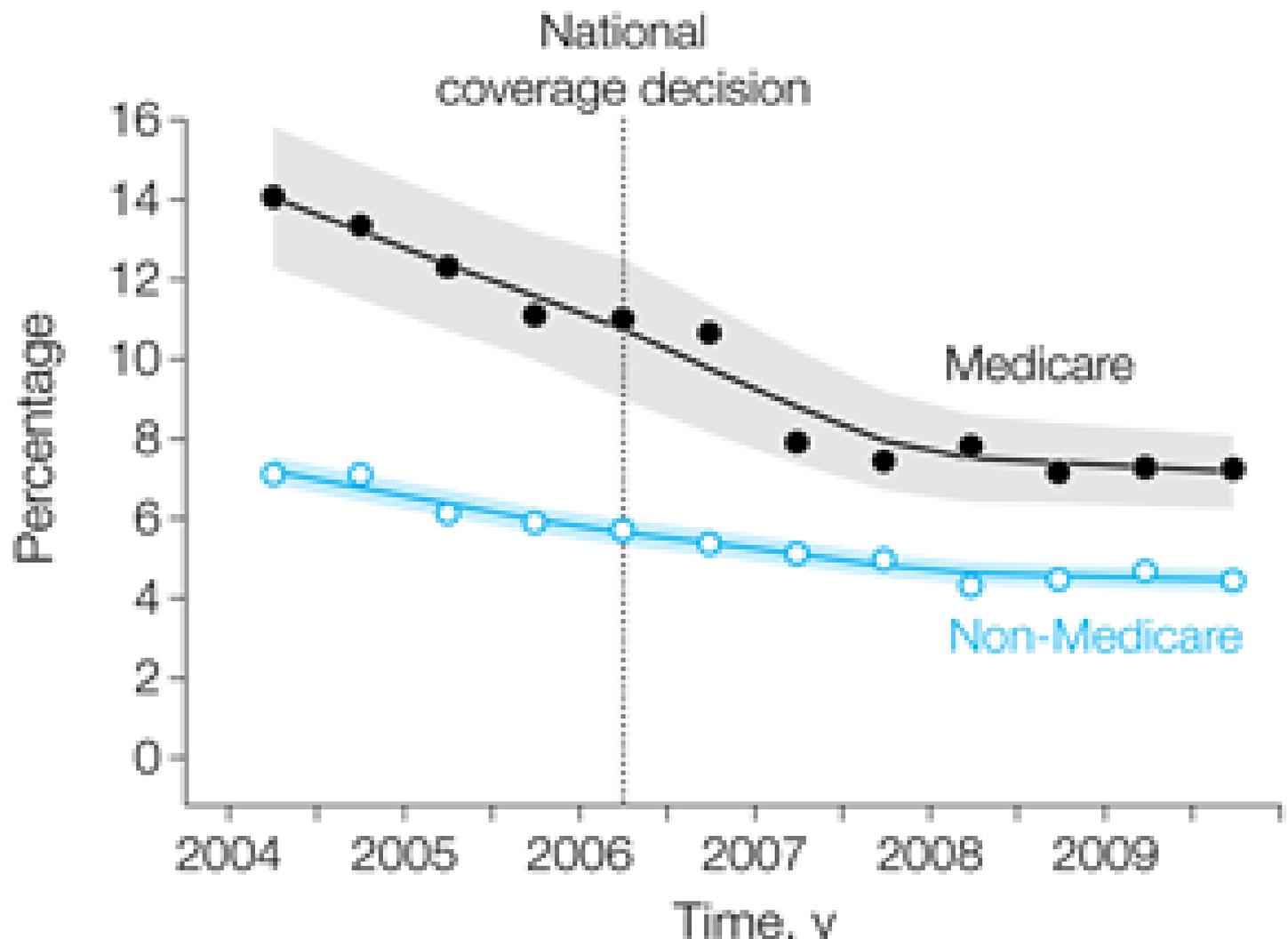
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Do Cancer Centers Designated by the National Cancer Institute Have Better Surgical Outcomes?

Cancer, 2005, 103:435-441



In 2006, CMS issued a national coverage decision that limited coverage of weight loss surgery to CoEs accredited by either the American College of Surgeons or the American Society for Metabolic and Bariatric Surgery. JAMA, 2013, 309(8):792-799



What are the roles for the MHS Centers of Excellence?

- **Development of clinical pathways**
- **Knowledge management**
- **Health profession education**
- **Outreach**
- **Prevention and surveillance**
- **Diagnosis and treatment planning**
- **Advocacy and care coordination**
- **Basic research**
- **Clinical and translational research**
- **Evaluation and metrics of effectiveness**
- **Registry or tissue archiving/collection**
- **Partnership coordination**
- **Policy development**
- **Communication/conference planning**
- **Strategic planning**
- **Financial management**
- **Congressional interest**
- **IM/IT coordination**

Overview of the CoE Oversight Board

mission, process, and structure

- Establish and maintain the MHS operational definition of CoEs including an explicit value proposition.
- Validate requirements for CoEs based on MHS Strategy and evolving mission requirements.
- Establish guidelines, review, and recommend approval/disapproval for CoE Concept of Operations (CONOPS).
- Recommend elimination of CoEs when a requirement no longer exists or the requirement can be fulfilled through other cost-effective means.
- Recommend addition of a new CoE if validated requirement exists.
- Conduct periodic reviews of CoE performance.
- Review CoE resources and advocate for resources to align w/ priorities.
- Review the performance of the support entities (Executive Agents).
- Review the balance between CoE functions and shared services.

Overview of the CoE Oversight Board mission, *process*, and structure

Congressional mandate



ASD (HA)



Service Executive Agent



Service Concordance



CONOPs Approval



ANNUAL REVIEWS

**Self-identified *or*
Determined need**



Oversight Board



Service Concordance



CONOPs Approval



ANNUAL REVIEWS

Overview of the CoE Oversight Board

mission, process, and *structure*

(O-7 or SES equivalent)

DASD (C&PP)/Chief Medical Officer, TRICARE; Chair

- **Army representative**
- **Navy representative**
- **Air Force representative**
- **Marine Corps representative**
- **Joint staff surgeon or representative**
- **DASD (FHP&R) or representative**
- **DASD (HB&FP) or representative**
- **USUHS representative**
- **Joint Task Force NCR representative**
- **VA representative**
- **Commander MRMC – *ex officio***

Indicate the Oversight Board's assessment of the CoE's effectiveness and the internal factors impeding effectiveness.

Although the Oversight Board has reviewed the resources and accomplishments of the CoEs, it has not yet made an assessment of each of the CoEs' effectiveness. Present activities of the Board include the development of the specific requirements for annual reports that the Oversight Board will use to determine cost effectiveness of the CoEs.

“For each CoE, indicate Board’s assessment of effectiveness...”

Board Reviewed and CONOPS Approved

Comprehensive Cancer Center of Excellence (2000)

USU Consortium for Health & Military Performance (2006)

DCOE for Psychological Health and Traumatic Brain Injury (2008)

Vision CoE (2008)

Hearing CoE (2010)

Traumatic Extremity Injuries and Amputation (2010)

Board Reviewed and CONOPS Pending Approval

USAF Medical Modeling & Simulation(2007)

Integrative Cardiac Health Project (2009)

Board Review of CONOPS Pending

USU Center for Prostate Disease Research (1991)

USAF Center of Excellence for Medical Multimedia (1996)

USU Center for Disaster & Humanitarian Assistance (1999)

Defense and Veterans Pain Management Initiative (2003)

USAF Diabetes Center of Excellence (2004)

USU Center for Neuroscience & Regenerative Medicine (2008)

USU Center of Excellence for Military Clinical Neurosciences (2010)

MRMC Joint Trauma Center

**Defense Centers of Excellence for
Psychological Health and Traumatic Brain Injury (NDAA 2008)
FY13 \$153M; 136 FTEs; 510 CTRs**

	Year Started	Directed
• DCoE/USU Center for Study of Traumatic Stress	1987	No
• CoE Defense and Veterans Brain Injury Center	1991	Yes
• CoE/USU Deployment Health Clinical Center	1999	Yes
• CoE/USU Center for Deployment Psychology	2006	Yes
• CoE National Center for Telehealth	2008	Yes

	Vision Center of Excellence	Center of Excellence for Hearing Loss and Auditory System Injury	Center of Excellence for Traumatic Extremity Injuries and Amputations
Congressional Direction	NDAAs 2008 Section 1623	NDAAs 2009 Section 721	NDAAs 2009 Section 723
Lead Service	Navy	Air Force	Army
Established	DoD-VA MOA October 8, 2009	P&R Memorandum May 18, 2010	DoD-VA MOA August 18, 2010
Location	Bethesda, MD	San Antonio, TX	San Antonio, TX
Responsibility	Prevention, Diagnosis, Mitigation, Treatment, and Rehabilitation	Prevention, Diagnosis, Mitigation, Treatment, and Rehabilitation	Conduct Research, Mitigation, Treatment, and Rehabilitation
Director	COL Donald Gagliano	LtCol Mark Packer	Mr. John Shero
Current Staffing and FY13 Budget	<u>Authorized/On-Hand</u> DoD – 33/10 VA – 6.6 /2.6 Contract Support – 26 \$20M (54 Cont for registry)	<u>Authorized/On-Hand</u> DOD – 2/2 VA – 0 Contract Support – 24 \$13M	<u>Authorized/On-Hand</u> DoD – 37/11 VA – 4/1 Contract Staff – 0/3 \$5M
Operational Status	<ul style="list-style-type: none"> FOC target 30 Sep 2013 FOC delayed due to shortage of onboard Govt personnel and DoD hiring freeze 	On-track for FOC, December 2013	FOC date – 1 Oct 2013 - 36% staffing level - FOC hindered by DoD hiring freeze

What mechanisms exist to systematically translate results from the CoEs into policy?

- **The translation of results from the CoEs into Department of Defense Instructions (DoDIs) or other policy documents guiding clinical practice is similar to the establishment of other DoD/VA clinical practice guidelines (CPGs).**
- **The DoD/VA Health Executive Council (co-chaired by the Assistant Secretary of Defense for Health Affairs) has a work group that specifically is responsible for developing these guidelines.**
- **The CoE Oversight Board has no direct role in translating results into DoDIs/policy documents. The Board may recommend that the CoE results are presented to the Clinical Proponency Steering Committee for review and recommendations for the development of policy.**

How important does the Oversight Board believe dedicated research funding is for each of the CoEs?

- A 12 Year old Blue Jay Recaptured
- The Blood of the Atlantic Salmon During Migration
- A New Sterol from the Starfish
- Distribution of 32-P in Incubated Egg
- Butterflies of Roanoke and Montgomery Counties, Virginia
- Note on the Sex Ratio of Yellow Perch in Douglas Lake, Michigan



The Retrospectoscope

Potential Impediments to CoE Effectiveness

- **Common IRB**
- **Human resources/contracting**
- **Sequestration/indefinite funding**
- **Services' coordination**
- **Competition against purchased sector clinical care and commercially driven guidelines**
- **Dispersion of critical mass**
- **Stovepipe of basic research from clinical research impedes translation**
- **Medical centers have been separated from Program 6**
- **GME training in translational research is constrained**