Recovering Warrior Task Force

January 14, 2013

Billie J. Randolph, PhD, PT, OCS
Deputy Director
Agenda

• OIF/OEF/OND Amputation Population
• Mission Vision and Lines of Effort
• Authority and Governance
• Budget
• Organization
• Research and Clinical Care
• Informatics
• Current Status
• Way Ahead
• Questions
# OEF/OIF/OND

## Major Limb Amputations

<table>
<thead>
<tr>
<th>AMPUTEE PATIENTS</th>
<th>WRNMMC MCB</th>
<th>SAMMC</th>
<th>NMCSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>OIF</td>
<td>837</td>
<td>625</td>
<td>299</td>
</tr>
<tr>
<td>OEF</td>
<td>742</td>
<td>554</td>
<td>209</td>
</tr>
<tr>
<td>OND</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>1581</strong></td>
<td><strong>1180</strong></td>
<td><strong>510</strong></td>
</tr>
</tbody>
</table>

Source: EACE-R

*Note there has been overlap of patients at reporting facilities

As of: 2 Jan 2013
DoD and VA Amputation Care Sites

- **DOD Advanced Rehab Center (ARC)**
  - MATC
  - CFI
  - C5

- **VA Regional Amputation Center (RAC)**
  - Bronx
  - Richmond
  - Tampa
  - Minneapolis
  - Denver
  - Seattle
  - Palo Alto

- **VA Polytrauma Amputation Network Site (PAN)**
  - West LA
  - Tucson
  - Dallas
  - Houston
  - St. Louis
  - Hines
  - Indianapolis
  - Lexington
  - Augusta
  - Cleveland
  - Syracuse
  - Boston
  - Philadelphia
  - Washington DC

Note: Three proposed and tentatively approved PANs - San Diego, San Antonio, and Salt Lake City (osseointegration site)
**Mission**

Serve as the Departments of Defense and Veterans Affairs lead element focused on the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations. Implement a comprehensive strategy and plan to conduct clinically relevant research, foster collaboration, and build partnerships across the multidisciplinary international, federal, and academic networks to optimize the quality of life of Service Members and Veterans.

**Vision**

Serve as the Nation’s premiere center for promoting excellence in the mitigation, treatment, rehabilitation and research for our Service Members and Veterans with traumatic extremity injuries.

**Lines of Effort**

- Research and Surveillance
- Treatment, Rehabilitation and Mitigation
- Global Outreach
- Informatics and Information Technology
- Leadership
EACE Operational Authority Documents

(NDAA 2009) Section 723: The Secretary of Defense and the Secretary of Veterans Affairs shall jointly establish a center of excellence in the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations.

<table>
<thead>
<tr>
<th>Document</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deputy Secretary of Defense Memorandum</strong></td>
<td>Delegated authority to the Under Secretary of Defense (Personnel and Readiness) to establish the EACE</td>
</tr>
<tr>
<td><strong>Under Secretary for Health, Veterans Health Administration and Assistant Secretary of Defense (Health Affairs)</strong></td>
<td>MOU to Establish the Traumatic Extremity Injuries and Amputations Center of Excellence</td>
</tr>
<tr>
<td><strong>Under Secretary of Defense (Personnel and Readiness) Memorandum</strong></td>
<td>Directs the Department of the Army as the Lead Component for the operation of the COE</td>
</tr>
<tr>
<td><strong>Senior Military Medical Advisory Committee (SMMAC)</strong></td>
<td>Designated the Army and Army Medical Department (AMEDD) as the DoD lead component for the EACE</td>
</tr>
<tr>
<td><strong>Department of Veterans Affairs, (VHA) Executive Decision Memorandum</strong></td>
<td>Provides funding for four VA Staff Members for the Extremity Trauma and Amputation Center of Excellence</td>
</tr>
<tr>
<td><strong>DoD-VA Extremity Trauma and Amputation Center of Excellence Concept of Operations</strong></td>
<td>Approved in January 2012 by the Military Health System (MHS) Centers of Excellence Oversight Board</td>
</tr>
</tbody>
</table>
EACE Governance and Reporting Chain

EACE Governance and Reporting Chain

- Secretary of Defense
- Deputy Secretary of Defense
- Under Secretary of Defense, Personnel and Readiness
- Assistant Secretary of Defense, Health Affairs
- Assistant Secretary of Defense, HA, MHS COE Oversight Board
- Joint Executive Council (JEC)
- Health Executive Council (HEC)
- Senior Military Medical Advisory Committee (SMMAC)
- Senior Oversight Committee (SOC)
- Secretary of Veterans Affairs
- Deputy Secretary of Veterans Affairs
- Under Secretary for Health, Department of Veterans Affairs
- Patient Care Services Veterans Affairs
- Army Surgeon General
- DoD-VA Extremity Trauma and Amputation Center of Excellence (EACE)
- ARMY LEAD
- Oversight Board

 Secretary of Defense

Deputy Secretary of Defense

Under Secretary of Defense, Personnel and Readiness

Assistant Secretary of Defense, Health Affairs

Assistant Secretary of Defense, HA, MHS COE Oversight Board

Joint Executive Council (JEC)

Health Executive Council (HEC)

Senior Military Medical Advisory Committee (SMMAC)

Senior Oversight Committee (SOC)

Secretary of Veterans Affairs

Deputy Secretary of Veterans Affairs

Under Secretary for Health, Department of Veterans Affairs

Patient Care Services Veterans Affairs

Army Surgeon General

DoD-VA Extremity Trauma and Amputation Center of Excellence (EACE)

ARMY LEAD

Oversight Board
<table>
<thead>
<tr>
<th></th>
<th>FY 13</th>
<th>FY 14</th>
<th>FY 15</th>
<th>FY 16</th>
<th>FY 17</th>
<th>FY 18</th>
<th>FY 13-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
</tbody>
</table>
Interdisciplinary study encompasses the full spectrum of care for patients with amputation, limb reconstruction, and other complex extremity trauma.
Research and Surveillance
Division Productivity

<table>
<thead>
<tr>
<th>FY11</th>
<th>Under Development</th>
<th>IRB Review</th>
<th>Data collection</th>
<th>Completed</th>
<th>Peer-Reviewed Publications</th>
<th>Poster/Podium Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>8</td>
<td>13</td>
<td>8</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>FY12</td>
<td>12</td>
<td>8</td>
<td>31</td>
<td>25</td>
<td>31</td>
<td>22</td>
</tr>
</tbody>
</table>

Priority is to disseminate information to the clinical and scientific communities worldwide through peer-reviewed publications.
Research Partners

• Joint Center of Excellence for Battlefield Health and Trauma Research (BHT)

• Veterans Health Administration Office of Research and Development (ORD)

• The US Army Medical Research and Materiel Command (MRMC)
  – Armed Forces Institute of Regenerative Medicine (AFIRM)
  – Combat Casualty Care Research Program
  – Clinical and Rehabilitative Medicine Research Program

• Human Performance Labs at CFI, C5, MATC
CLINICAL GOAL: IMPLEMENT STANDARDIZED HEALTH AND FUNCTIONAL OUTCOMES ASSESSMENT ACROSS THE DOD AND VA

Key Research Initiative: Develop a Health and Functional Outcomes Assessment Toolkit that can be used to standardize short- and long-term outcomes measurement across the DoD and VA

Focused Research Efforts to Achieve Goal:
- Define normative data, reliability, and validity for clinical and laboratory-based functional/performance outcomes metrics
- Define normative data, reliability, and validity for clinical and laboratory-based health outcomes metrics
- Define normative data, reliability, and validity for clinical and laboratory-based social and community reintegration outcomes metrics
- Future – incorporate telerehabilitation assessment

Progress to Date:
- NATO effort led to written summary of outcome measures most used, frequently used, and in validation process (publication pending)
- 12 studies ongoing at EACE sites to further define the normative data and reliability for metrics
DoD/VA Collaborations


- Laboratory-based study between 3 VA sites and DoD (CFI) led to an optimized version of the DEKA arm, part of the DARPA Revolutionizing Prosthetics program.

- DEKA Arm Home Use Study underway and will lead to a final version of the arm.
The Joint DoD/VA Clinical Practice Guideline (CPG) for Lower Limb Amputation

- Very comprehensive product that was a joint effort. The CPG is found at: http://www.healthquality.va.gov/lower_Limb_Amputation.asp
- Numerous educational materials were completed to support the CPG for both VA and DoD requirements

New Joint DoD/VA CPG for Upper Limb Amputation

- $1.1M transferred from DoD to VA Sept 2012 to fund the contract
- 271 upper limb amputees from OIF/OEF/OND.
  (8 bilateral; 73 with one or more concurrent lower limb amputations; 44 triple; and five quadruple amputees)
- 13.9% of the 12,500 Service-Connected Veterans with amputation on VBA roles are upper limb amputees
Clinical Informatics and Technology

- **Amputee Data Base**
  - Optimize Legacy Architecture
  - Draw data from multiple sources
  - EACE Office of Record for Amputee Reports

- **Joint Traumatic Extremity Injury & Amputation Registry (JTEIAR)**
  - Vision Center of Excellence (VCE) pilot oversight and policy development transferred to Force Health Protection and Readiness (FHP&R) - **Back End**
  - EACE Application Development Underway (EACE, VCE, FHP&R) - **Front End**
    - EACE CONOPS and Business Use Cases
    - Technical Requirements
    - Acquisition Process

- **EACE Website**
  - Director of STRATCOM (HA/TMA) approved EACE presence on health.mil site
  - Design and population of EACE website underway (EACE, HA/TMA)
Current Status

- Concept of Operations approved by the Center of Excellence Oversight Board in January 2012

- Army Manpower Concept Plan being staffed in Army Medical Command prior to submission to Army

- Hiring of DoD and VA staff is ongoing and a priority – 14 of 41 requirements hired – IOC of 50% manning not yet attained

- Budget for ~ $5.5M/year is in the FY13-18 POM – out-year funding requested

- Executive office will co-locate with Army Medical Command Headquarters

- All requirements of P.L. 110-417 October 14, 2008, Sec 723 (c) are being met by DoD and the VA
EACE Way Ahead

• **Enhanced collaboration**
  – Joint policy recommendations
  – Explore new & evolving research collaboration opportunities
  – Integrated human resources – staff embedded in treatment centers
  – Leverage technology to enhance communication & collaboration

• **Hand & Face Transplantation**
  – Assist in the development of policy and process
  – Foster staff and patient education
  – Improve access to transplant services when appropriate

• **Access to Care**
  – Facilitate DoD/VA sharing opportunities
  – Exploring options for retaining clinical and research expertise

• **Continue to perform clinically relevant research**
  – Increase external partnerships with civilian organizations and academic institutions
  – Expedite publication of research findings to inform clinical practice throughout the world
QUESTIONS?