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

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Chief Medical Officer, TRICARE
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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 Excellence™

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.
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)
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)
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

<table>
<thead>
<tr>
<th>Facility</th>
<th>Year Started</th>
<th>Directed</th>
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<tbody>
<tr>
<td>DCoE/USU Center for Study of Traumatic Stress</td>
<td>1987</td>
<td>No</td>
</tr>
<tr>
<td>CoE Defense and Veterans Brain Injury Center</td>
<td>1991</td>
<td>Yes</td>
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<tr>
<td>CoE/USU Deployment Health Clinical Center</td>
<td>1999</td>
<td>Yes</td>
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<tr>
<td>CoE/USU Center for Deployment Psychology</td>
<td>2006</td>
<td>Yes</td>
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<tr>
<td>CoE National Center for Telehealth</td>
<td>2008</td>
<td>Yes</td>
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<tr>
<td>Vision Center of Excellence</td>
<td>Center of Excellence for Hearing Loss and Auditory System Injury</td>
<td>Center of Excellence for Traumatic Extremity Injuries and Amputations</td>
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<tr>
<td><strong>Congressional Direction</strong></td>
<td>NDAA 2008 Section 1623</td>
<td>NDAA 2009 Section 721</td>
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<td><strong>Lead Service</strong></td>
<td>Navy</td>
<td>Air Force</td>
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<tr>
<td><strong>Established</strong></td>
<td>DoD-VA MOA October 8, 2009</td>
<td>P&amp;R Memorandum May 18, 2010</td>
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<tr>
<td><strong>Location</strong></td>
<td>Bethesda, MD</td>
<td>San Antonio, TX</td>
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<tr>
<td><strong>Responsibility</strong></td>
<td>Prevention, Diagnosis, Mitigation, Treatment, and Rehabilitation</td>
<td>Prevention, Diagnosis, Mitigation, Treatment, and Rehabilitation</td>
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<tr>
<td><strong>Director</strong></td>
<td>COL Donald Gagliano</td>
<td>LtCol Mark Packer</td>
</tr>
<tr>
<td><strong>Current Staffing and FY13 Budget</strong></td>
<td>Authorized/On-Hand</td>
<td>Authorized/On-Hand</td>
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<tr>
<td></td>
<td>DoD – 33/10 VA – 6.6/2.6</td>
<td>DoD – 2/2 VA – 0</td>
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<tr>
<td></td>
<td>Contract Support – 26 $20M</td>
<td>Contract Support – 24 $13M</td>
</tr>
<tr>
<td></td>
<td>(54 Cont for registry)</td>
<td></td>
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<tr>
<td><strong>Operational Status</strong></td>
<td>• FOC target 30 Sep 2013 • FOC delayed due to shortage of onboard Govt personnel and DoD hiring freeze</td>
<td>On-track for FOC, December 2013</td>
</tr>
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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
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