

PREPARED STATEMENT

OF

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FOR HEALTH AFFAIRS

IMPLEMENTATION OF WOUNDED WARRIOR POLICIES AND PROGRAMS

LINE OF ACTION 2

PSYCHOLOGICAL HEALTH AND TRAUMATIC BRAIN INJURY

LINE OF ACTION 4

DoD/VA DATA SHARING

BEFORE THE

SENATE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON PERSONNEL

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Chairman Nelson and distinguished Members of the Committee, thank you for the opportunity to bring you up to date on what the Department of Defense (DoD) is doing to improve the quality of care for our wounded warriors with psychological health needs and traumatic brain injuries (TBIs). I am pleased to be here.

From other witnesses today, you have heard how DoD has organized to address the many recommendations offered to improve care for our wounded warriors. I have had the great honor and responsibility to lead, in partnership with my counterparts in the Department of Veterans Affairs (VA), the work of Line of Action 2, which focused on the recommendations related to psychological health, including post-traumatic stress disorder (PTSD), and TBI. In addition, because I have assumed responsibilities as the Acting Principal Deputy Assistant for Health Affairs, I have added oversight of health-related actions of Line of Action 4, DoD/VA Data Sharing Information Technology. Ms. Norma St. Claire, the Director of the Joint Requirements and Integration Office, is the DoD co-lead for DoD's personnel and benefits related LOA4 actions.

The Department of Defense is committed to ensuring that all service members, but especially those with psychological health needs or traumatic brain injuries, consistently receive excellent care across the entire medical continuum. For TBI, this continuum includes diagnostic categories from mild TBI (also known as concussion) to moderate, severe, and penetrating TBI, including those with the most severe head injuries. For both psychological health issues and TBI, the continuum of care includes prevention, protection, diagnosis, treatment, recovery, and transition from DoD to VA.

In 2007, the Department embarked upon a comprehensive plan to transform our system of care for psychological health and TBI. The plan was based on seven strategic goals:

- Building a strong culture of health leadership and advocacy;

- Improving the quality and consistency of care, across the country and around the world;
- Creating easy and timely access to care, regardless of patient location;
- Strengthening individual and family health, wellness, and resilience;
- Ensuring early identification and intervention for individual conditions and concerns;
- Eliminating gaps in care for patients in transition; and
- Building a network to leverage and/or direct medical and cross-functional research, including new and innovative treatments, technologies, and alternative medicine techniques.

Throughout 2008, we made significant progress toward achieving those goals, and I would like to tell you, briefly, where we are on each of them.

Leadership and Advocacy

In November 2007, we established the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). In partnership with VA, academia, and others, the DCoE will lead the effort to develop excellence in prevention, diagnosis, practice standards, training, outreach, and direct care for those with TBI and psychological health conditions, and provide the nexus for research planning and monitoring.

Since its inception, the DCoE has focused its efforts on the development and continuous improvement of a patient-centered network dedicated to all issues related to psychological health and TBI.

Improving the Quality of Care

To improve the quality and consistency of mental health care, DoD and VA continue our long-standing effort to develop and update clinical standards and guidelines, which incorporate lessons learned and best practices, and establish evidence-based care as the enterprise standard for acute stress disorder, PTSD, depression, and substance use disorders.

Over the past year, the Clinical Practice Guideline for depression has been updated and entered into the final stages of revision, and revisions to the Guideline on PTSD have been initiated based on emerging best practices. DoD purchased clinical tools and equipment to fully enable our clinicians to provide state-of-the-art care. For example, we have accelerated the purchase of imaging equipment at medical centers with high concentrations of patients with TBI.

The DoD introduced an evaluation tool, the Military Acute Concussion Evaluation tool, to assess the likelihood of mild TBI, and we published clinical guidelines for its management in operational settings. We initiated a certification process for multi-disciplinary teams delivery TBI care in medical treatment facilities, and worked with the United States Central Command (USCENTCOM) to standardize the decision process for determining when to return a service member to full duty or to the United States for further treatment.

The Department joined with VA to implement a standardized training curriculum on evidence-based psychotherapy for PTSD. To date, the DCoE's Center for Deployment Psychology alone, or in partnership with other organizations (e.g., Services, MTFs, VA), has trained 1,634 providers from DoD, federal agencies, and the civilian sector in the use of evidence-based treatments for PTSD (specifically Prolonged Exposure and Cognitive Processing Therapy). Similarly, the DCoE's operational arm for TBI (the Defense and

Veterans Brain Injury Center), supported by VA, has trained more than 1,600 medical providers on evidence- and consensus-based treatments.

To recognize the challenging diagnoses, and unique requirements, that can accompany psychological health and TBI wounds, the DCoE worked with the Intrepid Fallen Heroes Foundation to design and begin construction of a new facility, the National Intrepid Center of Excellence (NICoE).

The new Center will provide an interdisciplinary team of clinicians and scientists dedicated to a holistic evaluation and treatment approach for service members with mental health and TBI conditions, and it will provide advanced diagnostics and comprehensive treatment planning for those whose mental health conditions or traumatic brain injuries are not responding to traditional methods. When the new Center is complete, we expect that there will be no finer care available in the country, or perhaps the world, for wounded warriors with these conditions.

In a similar manner, the DCoE, the National Institutes of Health (NIH) Office of Research on Women's Health, and VA cosponsored a meeting, in October 2008, to identify and explore the existing science on trauma spectrum disorders (such as PTSD and TBI) related to military deployment and, for the first time, addressed the question of how personal differences may impact an individual's response to treatment. We are continuing to work together to further examine outcomes associated with these different treatment modalities.

In January 2009, also for the first time, DoD and VA co-sponsored a conference on suicide prevention entitled, "Building Community Connections: Suicide Prevention for the 21st Century," to foster partnerships between suicide prevention experts in government, medicine, and communities. The conference, which featured a wide range of speakers including psychological health experts, not-for-profit organizations, community leaders,

survivors, mental health specialists, and chaplains, focused on four tracks: Clinical Intervention, A Multi-Disciplinary Approach, Practical Applications and Tools, and Research and Academics.

Improving Access to Care

To improve access to mental health care, regardless of location, we funded the hiring of additional mental health and other specialty providers by the Services, and implemented a policy that requires first appointment access within seven days for mental health concerns.

DCoE is leading efforts to standardize DoD telehealth services for psychological health and TBI including the establishment of a Federal Partners Exploratory Committee on telemental health. The Center is working with the MHS' Office of the Chief Medical Officer to define telemental health as a standard of care. Leveraging the capabilities of the Services, TRICARE, and civilian providers, DCoE had recently begun serving as a coordinating and resource center for an emerging telehealth network of systems across DoD. Efforts are focused on establishing a collaborative network to rural and underserved locations by connecting various rural patients with treatment facilities via telehealth technologies, including web-based applications.

Strengthening Resilience and Reducing Stigma

To strengthen resilience to psychological stress and traumatic events, the Department is implementing solid prevention and health protection policies, including removing or mitigating organizational risk factors, bolstering resilience characteristics in our Service personnel, and strengthening family wellness.

To reduce the stigma associated with mental health issues, the Department is mounting a pro-resilience and anti-stigma campaign, and has established a number of effective outreach and educational initiatives. For example, we gained line leadership support for the effort to increase psychological fitness through resilience-building programs. We also eliminated the requirement to divulge combat-related mental health history on security clearance forms.

In November, 2008, with the assistance of the Service Vice Chiefs, DCoE began development of the “*Real Warriors, Real Battles, Real Strength*” campaign, which stresses the impact of war on service members and emphasizes that seeking help for psychological concerns is a sign of strength. Supporting initiatives already have been implemented across the Services to target their individual cultures. The DoD-wide campaign is scheduled to begin in April 2009.

The DCoE also helped develop educational tools, including a project with the non-profit organization behind “Sesame Street,” to produce more than 700,000 DVDs to help families, and especially children, cope with deployed parents or loved ones. To date, more than 350,000 of these DVDs have been distributed.

One exciting initiative in this area is “SimCoach,” a program currently under development that will allow warriors and families to electronically query top experts in psychological health and TBI, and discuss their injuries with their peers.

Specifically targeted to the Armed Forces younger population, SimCoach will combine the best of simulation, advanced gaming technology, artificial intelligence, and avatar-based computer interaction to encourage warriors and their families to initiate treatment or access educational resources. It will also reduce the stigma associated with seeking psychological health care.

Caring for Patients in Transition

The DoD is working with its federal and private sector partners to eliminate gaps in care as patients transition through the various health systems, or to different duty locations. For example, we recently established an assisted living pilot program in Johnstown, Pennsylvania, to improve functionality and independent living after TBI. This program will provide valuable insight for replication in other areas where appropriate. We also provided significant support to DoD/VA efforts to establish the Federal Care Coordination program and stood up a TBI care coordination system to integrate Federal, State and local resources.

Screening and Surveillance

To ensure early identification and intervention of mental health and TBI issues, the Department enhanced post-deployment assessments and reassessments. Additionally, in July 2008, the Department began conducting baseline neuro-cognitive assessments on Active and Reserve personnel prior to deployment. To facilitate the continuity of care for veterans and service members, we implemented a common DoD/VA post-deployment TBI assessment protocol, which will allow clinicians, across the enterprise, to collect and access the same information.

We designed and implemented the Mental Health Self Assessment Program, which offers Service personnel and their families the opportunity to identify their own symptoms and access assistance before a problem becomes serious. The self-assessments address PTSD, depression, generalized anxiety disorder, alcohol use, and bipolar disorder, and may be taken anonymously online, over the phone, or at special events held at installations. After completing a self-assessment, individuals receive referral information that includes services provided by TRICARE, Military OneSource, and VA Vet Centers.

Medical and Cross-Functional Research

The Department is building a network in which to leverage and direct medical and cross-functional research that will enhance prevention, detection, diagnosis, and treatment of combat-related psychological health and TBI issues. For example, with the support of the Service Vice Chiefs of Staff and the Surgeons General, DCoE is sponsoring an expedited, intramural (DoD facilities), multi-center randomized clinical trial of hyperbaric oxygen (HBO2) therapy for chronic and mild-to-moderate TBI patients.

The study, which is in the advanced development phase, will answer important questions regarding efficacy in this population, including whether HBO2 therapy should be provided to service members when indicated. Currently, the study is awaiting Investigational New Drug registration by the Food and Drug Administration (FDA). Once FDA approval is obtained, we expect the study to be completed in about 18 months.

The DCoE also participated in blast mitigation studies through and with the United States Army Medical Research and Materiel Command, and is working with external groups, such research universities as the Massachusetts Institute of Technology and Virginia Tech and the National Football League, to explore new ways to mitigate the effect of blast and blunt trauma on our populations.

Together with ongoing research activities supported by the Joint Improvised Explosive Device Defeat Organization, and the Institute of Soldier Nanotechnology, we have learned a great deal about how to keep our service members safe before, during, and after physically traumatic events.

In addition, we initiated numerous research projects to enhance the diagnosis and treatment of TBI and mental health conditions. Indeed, thanks to the tremendous support of Congress, DoD is now one of the world's leading sponsors of such research. The

Department has initiated research projects across the continuum of care to further science in the areas of TBI and psychological health, including:

- Basic research directed toward gaining greater understanding of the brain and how it works;
- Applied research to provide more in-depth knowledge of TBI and psychological health prevention, treatment, diagnosis, and recovery techniques;
- Advanced technology development to create new tools, technologies, pharmaceuticals and devices, and treatment protocols to improve prevention, diagnosis, treatment and recovery;
- Clinical trials to demonstrate the safety, toxicity, and efficacy of candidate pharmaceuticals, prototype medical devices, or protocols benefiting patients diagnosed with TBI or mental health conditions; and
- Complementary and alternative medicine approaches to the treatment of PTSD and TBI, such as yoga or acupuncture.

DoD/VA Data Sharing

While Line of Action 2 was actively expanding and implementing programs on psychological health and TBI, Line of Action 4 was working closely with our VA partners to evolve and expand the appropriate sharing of medical and beneficiary data between DoD and VA. We have worked closely with multiple program offices in both Departments, as well as the DoD/VA Interagency Program Office, to ensure that information is viewable, accessible, and understandable through secure and interoperable information management systems

We have made great strides forward in the electronic sharing of benefits, personnel, and health information between DoD and VA during the past few years. Intensive planning and collaboration regarding health, personnel, and administrative DoD/VA electronic data exchange continue to enhance the support we provide for our wounded, ill, or injured service members and veterans. Key LOA4 health data sharing accomplishments since February 2007 include the following:

- Initiated electronic transmissions of DoD digital radiographs and scanned medical records from three major DoD Medical Centers to four VA Polytrauma Centers;
- Increased data sharing between DoD and VA from a few DoD sites before July 2007 to all DoD sites today;
- Added procedures, inpatient discharge summaries, Theater clinical data, vital signs, family history, social history, other history, and questionnaires to the data already available between DoD and VA for shared patients;
- Established the DoD-VA Interagency Clinical Informatics Board to give clinicians a direct voice in the prioritization of enhanced health information sharing capabilities that will enhance care delivery for common beneficiaries treated by DoD and VA;
- Increased the availability of inpatient discharge summaries shared with VA from 7% of DoD inpatient beds to over 50%;
- Enabled the exchange of computable outpatient pharmacy and medication allergy data at all DoD sites; and
- Began implementation activities to support National Guard and Reserve Component remote access to AHLTA, DoD's electronic medical record.

We are committed to continue to evolve and expand the appropriate electronic sharing of health, personnel, and benefits information to enhance care delivery and continuity of care for shared patients. In fact, current health information exchange capabilities between the Departments are well ahead of those in the private sector both in scope and scale. The current level of sharing has built a strong foundation for information interoperability needed to achieve our shared vision. Today, this shared information supports the delivery of high-quality healthcare and the administration of benefits to our service members and veterans. With joint leadership, DoD and VA continue to develop and implement numerous interoperability initiatives. We are delivering information technology solutions that significantly improve the secure sharing of appropriate electronic health, personnel, and benefits information for our shared beneficiaries and support continuity of care for service members transitioning to veteran status.

Another witness, RADM Gregory Timberlake, will provide more information on the Interagency Program Office, which oversees the development and implementation of electronic health record systems or capabilities that allow for full interoperability of personal health care information between DoD and VA.

Conclusion

Mr. Chairman, the inspirational author Ralph Marston, tells us that “Excellence is not a skill. It is an attitude.” Throughout DoD, we have adopted an “excellence attitude” about psychological health and TBI and, as a result, we have made remarkable progress in advancing critical solutions to the problems they present for individuals and families.

Mr. Marston also reminds us that, “It takes a long time to bring excellence to maturity.” In that regard, he is also right – which means that, despite the progress, much work remains.

We will continue to work with our private sector care partners to ensure the quality and consistency of care. We will continue to work to meet the needs of our Reserve forces, especially those in rural or underserved areas. We will continue to do more at the policy level to adapt lessons learned and eliminate gaps in care for those in transition. We will continue to improve our efforts to recruit and retain high quality mental health providers while working with our VA partners to improve utilization strategies. We will continue to pursue every avenue to affect the suicide rates. We will continue to improve our abilities to share and exchange data with VA. And, we will continue to seek new ways to expand our knowledge and improve our ability to care for our service members, veterans, and their families.

DoD greatly appreciates the Committee's strong support of America's Armed Forces and the concern you have shown for their health and well being. We have made great progress in meeting the challenges on many fronts and with the Committee's continued help and support, we will do even more.

Thank you for the opportunity to bring you up to date. We look forward to your questions.

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