



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

APR 13 2020

The Honorable Nita M. Lowey
Chairwoman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

The enclosed report is in response to House Report 116-84, Pages 313-314, accompanying H.R. 2968, the Department of Defense (DoD) Appropriations Act, 2020, which requests a report describing the DoD's efforts to ensure military orthopedic health professionals are provided opportunities for advanced surgical training in arthroscopic techniques.

This report addresses the burden of musculoskeletal injuries in the military, current training in arthroscopic skills, training opportunities by Military Department, and current efforts by the Defense Health Agency (DHA). At present, DHA has completed an initial analysis of direct and purchased care arthroscopic surgery claims data and is in the process of developing, in partnership with medical professional societies, additional opportunities in advanced arthroscopic skills for military orthopedic surgeons to maintain best practices related to arthroscopic surgery and techniques.

Thank you for your continued support of the health and well-being of our Service members, veterans, and their families. An identical letter is being sent to the Senate Committee on Appropriations.

Sincerely,

A handwritten signature in cursive script, reading "Matthew P. Donovan", is positioned below the word "Sincerely,".

Matthew P. Donovan

Enclosure:
As stated



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The Honorable Patrick J. Leahy
Vice Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Senator Leahy:

The enclosed report is in response to House Report 116-84, pages 313-314, accompanying H.R. 2968, the Department of Defense (DoD) Appropriations Act, 2020, which requests a report describing the DoD's efforts to ensure military orthopedic health professionals are provided opportunities for advanced surgical training in arthroscopic techniques.

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The Honorable Richard C. Shelby
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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APR 13 2020

The Honorable Kay Granger
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Representative Granger:

The enclosed report is in response to House Report 116-84, Pages 313-314, accompanying H.R. 2968, the Department of Defense (DoD) Appropriations Act, 2020, which requests a report describing the DoD's efforts to ensure military orthopedic health professionals are provided opportunities for advanced surgical training in arthroscopic techniques.

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Report to the Senate and House Committees on Appropriations



Advanced Orthopedic Surgical Training in the Military Health System

**Required by: House Report 116-84, Pages 313-314, to Accompany
H.R. 2968, the Department of Defense Appropriations Act, 2020**

Office of the Secretary of Defense

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$4,100.00 in Fiscal Year 2020. This includes \$0.00 in expenses and \$4,100.00 in DoD labor.

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1. PURPOSE

This report describes current Department of Defense efforts to provide opportunities for advanced surgical training in arthroscopic skills for military orthopedic health professionals as requested by the House Report 116-84, pages 313-314, to accompany H.R. 2968, the Department of Defense Appropriations Act, 2020.

2. BACKGROUND

Due to the physical nature of military training and operations, the U.S. military has a high rate of musculoskeletal injuries (MSKIs), which negatively affects medical readiness. As of January 31, 2016, more than 57,000 Army soldiers were medically non-deployable. In the Active Component, 29,800 were medically non-deployable and 76 percent of non-deployable soldiers have a related MSKI. Many MSKIs are preventable and 80 percent are the result of physical-training overuse and sports-related injuries.¹

In Fiscal Year (FY) 2019, over 25,000 active duty Service members (ADSMs) received arthroscopic surgical treatment in the direct and purchased care systems of the Military Health System (MHS). Of these 25,000, 264 ADSMs, or 1 percent, have “medically retired” status in Fiscal Year (FY 2020) data. Over 175,000 arthroscopic procedures were performed in the MHS with just over 17,000 procedures performed in military medical treatment facilities (MTFs). The remainder were performed in the purchased care sector, costing over \$140M.²

3. TRAINING IN ARTHROSCOPIC SKILLS

Each Military Department (MILDEP) has the primary responsibility of providing training and experience in support of its readiness requirements. MILDEP orthopedic consultants determined they are currently providing adequate training in advanced arthroscopic skills to their orthopedic surgeons, residents, and fellows.

The majority of arthroscopic skills training is provided via graduate medical education (GME), to include Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopedic surgery residency training programs for all orthopedic surgeons in training and additional ACGME-accredited fellowship training for subspecialties that perform arthroscopy (primarily sports, hand, and foot/ankle surgery).

Military orthopedic surgeons have all graduated from ACGME- or American Osteopathic Association-accredited residency programs. The residency program curriculum covers the full spectrum of arthroscopic skills, and individual surgeons may obtain further continuing medical

¹ March 09, 2016. Statement by Lieutenant General Nadja Y. West, The Surgeon General and Commanding General, United States Army Medical Command, before the Senate Committee on Appropriations, Subcommittee on Defense, Second Session, 114th Congress, On Defense Health Program.

² Claims data generated by DHA J-5 Analytics and Evaluation Division on January 30 and February 3, 2020.

education based on need. This may be accomplished through attending national conferences/meetings/courses or local arthroscopic labs hosted by industry, or by learning from partner surgeons in day-to-day clinical practice.

Beyond GME, staff orthopedic surgeons are encouraged to attend courses in advanced arthroscopic techniques offered at conferences, temporary duty assignments, and through professional associations. The needs of the provider and the patient population served by MTF determines attendance at these courses.

Each MTF vets adequacy of training through a credentialing process. In an effort to continue to improve training adequacy measurement, the Military Orthopedics Tracking Injuries and Outcomes Network Consortium collects data from multiple centers to validate health outcome measures related to musculoskeletal conditions. This initiative enables a pivot forward in the clinical practice model to prioritize patient-reported outcomes in the evolution of clinical practice guidelines and best clinical practices.

From 2010 to 2019, the Arthroscopy Association of North America (AANA) has provided to military orthopedic surgeons across the MILDEPs an annual one-weekend advanced arthroscopy skill course without cost to the military. AANA will no longer support this training using its own funds. The AANA arthroscopy skills course is the only consistent training on advanced arthroscopic skills that provided by a professional medical association to military orthopedic surgeons.

4. TRAINING OPPORTUNITIES BY MILDEPS

Army

Army provides the Medical Command (MEDCOM) Surgeon Orthopedic Trauma Short Course, Combat Extremity Surgery Course, Joint Forces Trauma Management Course, and the Emergency War Surgeons Course. All orthopedic surgeons attend courses before their first deployment and every three to four years thereafter.

Army has developed critical clinical training task lists for each of the Medical Corps Specialties. These lists delineate required training, knowledge, and experience that medical providers must have in order to deploy. Additionally, Army consultants for various medical and surgical specialties have participated in the Defense Health Agency (DHA) Knowledge, Skills and Abilities (KSA) project over the past 2 years. This program critically evaluates how military surgeons' practice in garrison translates to wartime surgical skills. Surgeons must meet a threshold score to qualify for deployment readiness. As part of the KSA process, surgeons must demonstrate adequate knowledge on written and practical examinations delivered at intervals. The KSA project for orthopedics has been rolled out Army-wide; however, data collection from providers and MTFs remains in the baselining phase. Using the KSA database, medical leaders and surgeons can receive real-time indication of deployment preparedness of each provider in their facility and across MEDCOM.

Army recently created the Army Medical Department Military-Civilian Trauma Team Training Task Force. Its aim is to expand on the current relationship with University of Miami Ryder Trauma Center to other trauma centers across the United States. In 2019, Army had an orthopedic surgeon embedded at Ryder who worked alongside a civilian counterpart treating trauma patients. In 2018, Army added training partners Cooper University Hospital in Camden, New Jersey and Oregon Health & Science University Hospital in Portland, Oregon. The Task Force is currently seeking similar arrangements with other civilian facilities.

Navy

Not all orthopedic surgeons require the advanced arthroscopy course. While the arthroscopic skills course is a valuable training experience, Navy orthopedic surgeons still require flexibility to pursue Continuing Medical Education (CME) to support non-arthroscopy surgical practice for all orthopedic surgical subspecialties. CME is available for surgical skills courses sponsored by numerous orthopedic subspecialty societies, including the American Academy of Orthopedic Surgeons.

Air Force

Beyond GME, the Combat Extremity Surgery Course and Advanced Trauma Life Support are the only required surgical training for Air Force orthopedic surgeons. Prior to deployment, some members are required to attend the Emergency War Surgery Course. The remaining requirements for CME depend on various state and certifying board requirements. There is also a traveling mini-fellowship offered through a partnership between Society of Military Orthopedic Surgeons and the Orthopedic Trauma Association.

5. DEVELOP TRAINING IN ADVANCED ARTHROSCOPIC SKILLS

DHA initiated the contracting process in December 2018 to obtain training in advanced arthroscopic skills. In February 2019, DHA sent to industry, academia, and professional societies a request for information soliciting input regarding the availability of advanced arthroscopy skills training. Due to budgetary constraints, this training proposal is on hold until funds become available.

In FY 2020, Congress appropriated funds in the Department of Defense Appropriations Act, 2020. With the appropriated funds, DHA is working with the Uniformed Services University of Health Sciences to develop a multiyear partnership with a medical professional society to provide military orthopedic surgeons training in advanced arthroscopic skills and to evaluate the effectiveness of training.

6. SUMMARY

With the high burden of MSKI in the military, training in advanced arthroscopic skills for military surgeons should improve medical readiness of military personnel. With dedicated funds appropriated by Congress in FY 2020, DHA, in partnership with medical professional societies, is developing additional training opportunities in advanced arthroscopic skills for military orthopedic surgeons, to maintain best practices related to arthroscopic surgery and techniques.

7. ACRONYMS

AANA	Arthroscopy Association of North America
ACGME	Accreditation Council for Graduate Medical Education
ADSM	active duty Service member
CME	continuing medical education
DHA	Defense Health Agency
FY	Fiscal Year
GME	graduate medical education
KSA	Knowledge, Skills, and Abilities
MEDCOM	Medical Command
MILDEP	Military Department
MSKI	musculoskeletal injuries
MTF	military medical treatment facility