



# Defense Health Board

## Annual Review of DoD Deployment Health Centers

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**Health Care Delivery Subcommittee**

**Defense Health Board Meeting  
February 21, 2012**



# Overview

- Question
- Background/History
- Review Process
- Armed Forces Health Surveillance Center (AFHSC)
  - Overview, Key Findings & Recommendations
- Naval Health Research Center (NHRC)
  - Overview, Key Findings & Recommendations
- Deployment Health Clinical Center (DHCC)
  - Overview, Key Findings & Recommendations
- Overarching Recommendations/The Way Ahead



# The Question

Memorandum issued by ASD(HA) on September 17, 2002 to AFEB requested:

“...Ongoing program review and appointment of an AFEB Select Subcommittee to serve as a public health advisory board for the DoD Research and Clinical Centers for Deployment Health.”



# Background/History

- July 31, 2003: AFEB Memorandum proposed review by subcommittee annually
- 2004 & 2005: Reviews of both Centers conducted
- 2006: AFEB absorbed into DHB
- 2008: AFHSC established as third Deployment Health Center
- 2010: DHB Report on NHRC
- 2011: Tasking assigned to Dr. Anderson and Dr. Higginbotham via Healthcare Delivery Subcommittee



# Review Process: Site Visits

December 19, 2011:

Deployment Health Clinical Center  
Silver Spring, MD

December 20, 2011:

Armed Forces Health Surveillance Center  
Silver Spring, MD

January 23, 2012:

Naval Health Research Center  
San Diego, CA



# Review Process: Apply PDM Model

- Reviewed Center performance according to a modified, abbreviated version of the **Performance Driver Model™**

These drivers are:

- Strategy
- Process
- Culture/People
- Structure/Programs
- **Note: Ranking of program value and priority was outside the scope of this report**



# Armed Forces Health Surveillance Center

## Overview



Healthcare Delivery Subcommittee visited on  
December 20, 2011



# Armed Forces Health Surveillance Center

- Established in 2008
- Designated as **single source for DoD-level health surveillance information**
- Legacy agencies combined to form AFHSC:
  - Defense Medical Surveillance System (DMSS)
  - Global Emerging Infections Surveillance (GEIS)
  - DoD Serum Repository
- U.S. Army serves as Executive Agent (EA)
- Functional oversight from USD(P&R), ASD(HA), Force Health Protection Integration Council





# Armed Forces Health Surveillance Center

## Mission:

To promote, maintain, and enhance the health of military, military-associated and global populations by providing ***relevant, timely, actionable and comprehensive*** health surveillance information and support to U.S. military and military-associated populations.

## Vision:

To be the central epidemiological resources for the Armed Forces of the United States and the Military Health System.



# Armed Forces Health Surveillance Center

## Structure and Programs:

Departments include:

- Data Management & Technical Support
  - Maintains surveillance databases
- Epidemiology & Analysis
  - Analyzes and interprets data for reports
- Communications, Standards & Training
  - Produces *Medical Surveillance Monthly Report*
- GEIS Operations
  - Monitors emerging infections through worldwide lab network
  - Unique asset to DoD, National and International Public Health



# Armed Forces Health Surveillance Center

## KEY FINDINGS



# Armed Forces Health Surveillance Center

## Strategy:

- Mission and Strategic goals in alignment with founding mission and goals
- Funding is primarily Defense Health Program funds, (allocated yearly) and is managed by Army as executive agent
- Monitoring and oversight:
  - Functional: Under Secretary of Defense (Personnel & Readiness), Force Health Protection Integration Council
  - Administrative: Army



# Armed Forces Health Surveillance Center

## Processes:

- Communication within AFHSC is robust
  - Regular meetings of Division Chiefs
  - Detailed, clear organizational charts define roles/reporting
- Strong external communication with Services/DoD partners
  - Service Liaison staff members facilitate communication
  - Liaisons from: Army, Navy, Air Force, DHS (Coast Guard), NCMI, WHO, CDC
- Processes for operations and quality assurance are sound
  - Rigorous review panel and process for reviewing requests
- Data feeds are robust with exception of pre-hospital theater data



# Armed Forces Health Surveillance Center

## People and Culture:

- Staff are highly qualified
  - Operational experience; MPH/PhD researchers
- Collaborative culture promotes high quality performance and outputs
  - Tri-Service Liaisons play critical role but limited by deployments
- Leadership includes Service members with operational experience across the Services
- A large proportion of staff are contractors, spread across five contracts



# Armed Forces Health Surveillance Center

# KEY RECOMMENDATIONS



# Armed Forces Health Surveillance Center

- Secure long term funding within POM
- Protect Service Liaison positions from deployment
- Improve data collection processes in theater
- Preserve GEIS laboratory network





## Naval Health Research Center

# Overview



Healthcare Delivery Subcommittee visited on  
January 23, 2012



# Naval Health Research Center

- NHRC was appointed as the Deployment Health Research Center in 2001
- Added Deployment Health Research Department to achieve this mission
- Reports to Naval Medical Research Center under Navy Bureau of Medicine and Surgery
- Conducts DoD health and medical research, development testing, evaluation and surveillance



# Naval Health Research Center

## **Vision:**

World-Class health and medical research solutions anytime, anywhere!

## **Mission:**

To conduct health and medical research, development, testing, evaluation, and surveillance to enhance deployment readiness of DoD personnel worldwide.



# Naval Health Research Center

## **Structure and Programs:**

NHRC is organized by research area departments:

- Medical Modeling, Simulation and Mission Support
- Warfighter Performance
- Behavioral Sciences and Epidemiology
- Deployment Health Research
- HIV/AIDS Programs
- Operational Infectious Diseases

Its Scientific Support Office provides contract/funding management support.



# Naval Health Research Center

## KEY FINDINGS



# Naval Health Research Center

## **Strategy:**

- Mission and vision strongly align with ASD(HA) initial concept of operations
- Funding primarily received from variety of competitive sources for individual projects
  - POM funding for Millennium Cohort Study
  - As a lab partner, Operational Infectious Diseases department receives funding from GEIS network (through its POM)
- Reporting structure has changed over time; BUMED considering organizational realignment again



# Naval Health Research Center

## **Processes:**

- Central location promotes research partnerships and ensures operational relevancy
- Strong internal communications and collaboration between departments
- Safeguards in place to protect large databases containing PII/PHI



# Naval Health Research Center

## **People and Culture:**

- Staff are experienced, credentialed researchers with diverse backgrounds
- Collaborative culture
  - Departments occasionally conduct joint research and publish together
- University and operational partnerships bring in additional staff and interns





# Naval Health Research Center

# KEY RECOMMENDATIONS



# Naval Health Research Center

- Maintain NHRC stability in any future BUMED reorganization
- DoD should continue to fund key longitudinal NHRC research projects
  - Millennium Cohort Study
  - Millennium Cohort Family Study (extend to same term as MCS)
- Extend successful pilot projects that are not currently Tri-Service to all Services
  - i.e. Recruit Assessment Program at MCRD being rolled out to all Services in cooperation with TMA
- Reassess Family Study child enrollment process
  - A more comprehensive strategy would strengthen generalizability



# Deployment Health Clinical Center



Healthcare Delivery Subcommittee visited  
on December 19, 2011



# Deployment Health Clinical Center

- Center founded as Gulf War Health Center in 1991
- Re-established as DHCC in 2001
- Transitioned to component center of DCoE in 2008
- Located at WRNMMC and Silver Spring, MD office
- Funding provided by DCoE as well as from extramural competitive research dollars



# Deployment Health Clinical Center

## **Assigned Missions by ASD(HA):**

### **1. *Clinical Care:***

- Development of health care delivery strategies
- Risk communication
- Prevention

### **2. *Clinical Research:***

- Assessment of treatments, Service strategies, technology
- Use of health information systems for population-based approach to deployment health care

### **3. *Continuing Education:***

- Evidence-based military continuing education program for providers and patients



# Deployment Health Clinical Center

## Current Mission:

To improve **deployment-related healthcare** through caring assistance and health advocacy for military personnel and families, while simultaneously serving as a military health system resource center and catalyst for deployment-related healthcare innovation, evaluation and research.



# Deployment Health Clinical Center

## **Structure and Programs:**

- Specialized Care Programs
  - Three week intensive group therapy (transitioning to NICoE)
- Tri-Service Intensive Outpatient Program Synchronization (TrIOPs)
  - Initiative to develop coordinated program for DoD IOPs
- Respect-Mil
  - PTSD screening/treatment program at 85 Army base clinics
- Health Systems Research and Evaluation
  - Extramurally-funded research including STEPS-UP, a six-site RCT comparing 12-months of a system of collaborative PTSD/depression care with usual DoD primary care
- Education and Outreach
  - Conference participation, outreach at community theater, website



# Deployment Health Clinical Center

## KEY FINDINGS





# Deployment Health Clinical Center

## **Strategy:**

- Operational drift away from ASD(HA) assigned mission
  - Activities narrowly focused on mental health
- Project-based focus, rather than comprehensive systems approach



# Deployment Health Clinical Center

## **Processes:**

- Limited communication with Services other than Army
- Evaluations of research projects lack cost effectiveness studies



# Deployment Health Clinical Center

## **People and Culture:**

- Staff well qualified to meet current activity objectives
  - Two-thirds possess Master's or higher
- Researchers are primarily mental health specialists
- DHCC lacks Tri-Service representation in its staff
- Nearly 90 percent of staff are contractors from one contract



# Deployment Health Clinical Center

# KEY RECOMMENDATIONS



# Deployment Health Clinical Center

- Develop comprehensive strategic plan
- Broaden Service Liaison positions to include all Services
- Develop standard evaluation/assessment processes
- Ensure staff composition supports strategic goals/mission
- Assess cost effectiveness of all research projects



# Overarching Recommendations



# Overarching Recommendations

1. **Health Affairs** should conduct a performance review of DoD Deployment Health Centers' activities, projects and programs aimed at ensuring that funding levels are aligned with current operational priorities.



# Overarching Recommendations

2. Conduct periodic review of strategic goals, funding, and performance at each Center and report to the ASD(HA). Specifically:
  - a. Review the mission and vision of the Centers at least every three years, to ensure alignment with the overarching needs of DoD.
  - b. Review budgeting resources yearly.
  - c. Outline metrics-driven strategic plans for each Center every three years.





# Overarching Recommendations

3. There are a number of programs within each Center that share **common elements** with one or more other Center(s).

Although these programs have unique missions, **active interchange** between the Centers to **leverage mutual programmatic strengths** may enhance program effectiveness.



# The Way Ahead: DHB Reviews

- Revisit NHRC and AFHSC in two years
- Revisit DHCC in one year



# Discussion & Vote

**Questions?**



# Back Up Slides



# GAO Report on DCoE

## February 2011

### Applicable Recommendations:

- To address weaknesses in DCOE's strategic plan, the Secretary of Defense, through the Director of TMA, should direct the DCOE director to require the directorates to **align their day-to-day activities to support DCOE's mission and goals.**
- To address weaknesses in DCOE's strategic plan, the Secretary of Defense, through the Director of TMA, should direct the DCOE director to improve the performance measures in the plan to **enable DCOE to determine if achievement of each measure fully supports attainment of its associated goal.**



# GAO Report on DCoE

## June 2011

### Applicable Recommendations:

- To enhance visibility and improve accountability, the Secretary of Defense should direct the Director of TMA to work with the Director of DCOE to **establish a process to regularly collect and review data on component centers' funding and obligations, including funding external to DCOE.**
- To enhance visibility and improve accountability, the Secretary of Defense should direct the Director of TMA to work with the Director of DCOE to **expand its review and analysis process to include component centers.**



# GAO Report on DCoE January 2012

## Applicable Recommendations:

To increase visibility over how DOD is spending appropriated funds to address PH and TBI conditions, the Secretary of Defense should direct the Assistant Secretary of Defense for Health Affairs to:

- **Develop, maintain, and coordinate quality control mechanisms** that help ensure that the **obligation and expenditure data they report on PH and TBI projects and research are complete and accurate.**
- **Revisit DCOE's role as DOD's coordinating authority** for issues concerning PH and TBI, as stated in its own plan, and determine whether it or another organization should perform this function.