



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.