Health Care Delivery Subcommittee

Advancement and Sustainment of Amputee Care

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Overview

- Membership
- Tasking
- Terms of Reference
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- Areas of Interest
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Membership

Health Care Delivery Subcommittee

- Maj Gen (Ret) George K. Anderson, MD, MPH
- Eve J. Higginbotham, SM, MD
- Russell V. Luepker, MD
- RADM (Ret) Kathleen L. Martin, MS
- Dennis S. O'Leary, MD
- Joseph E. Parisi, MD
- Michael D. Parkinson, MD, MPH
- Richard L. Salcido, MD
- GEN (Ret) Frederick Franks*





"Review the full spectrum of amputee care, and define a strategy for preserving and continuing these advancements, identifying the best possible care to our beneficiaries."

- Acting Under Secretary of Defense for Personnel and Readiness memorandum dated January 20, 2013



Terms of Reference

- Review the full spectrum of amputee care;
- Identify and list sources of best practices at the field trauma care, initial surgery, reconstructive procedure, and rehabilitative levels of care;
- Determine how to maintain continued advancements as a drawdown of Service members takes place;
- Identify areas of clinical and technologic research for DoD to support; and,
- Determine strategies to ensure that the military preserves the existing level of excellence and that no progress is lost over time.

(1 of 2)



Meetings to Date:

- August 14, 2013
 - Kick-off Teleconference
- September 25, 2013
 - Meeting at Walter Reed National Military Medical Center;
 - Military Advanced Training Center site visit
- October 24, 2013
 - Teleconference
- November 15, 2013
 - Teleconference



Upcoming Meetings:

- December 18-19,2013 Meeting in San Antonio
 - Site visit of the Center for the Intrepid and the U.S. Army Institute of Surgical Research Burn Center
- January/February/March 2014 Projected
 - Teleconference
 - Meeting in San Diego
 - Site visit of Comprehensive Combat and Complex Casualty Care Program
 - Meeting with Veterans Affairs
 - Focus on research and capacity for providing amputee care



Areas of Interest

- Patient Load It is necessary to have a patient load to sustain and advance expertise. However, blast injury amputees differ from civilian trauma or diabetic amputees.
- Current Environment Current DoD amputee care infrastructure and functions.
- Collaboration Potential partnership with VA, HHS, NIH and others.
- Models The Institute of Surgical Research Burn Center as a potential model.
- **Technology** Use of technology and simulation to maintain skills.



Way Forward

- Continue monthly teleconferences or meetings;
- Information gathering through mid-2014;
- Assemble findings and begin deliberation of recommendations; and
- Estimated draft report for August 2014 DHB meeting.



Questions?