Health Care Delivery Subcommittee

Advancement and Sustainment of Amputee Care

George K. Anderson, MD, MPH

Defense Health Board
June 3, 2014
Overview

- Membership
- Tasking
- Terms of Reference
- Timeline
- Areas of Interest
- Way Forward
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*

*Nominee Pending Authorization
“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
Meetings since November 2013 Board meeting:

- December 18-19 2013 – Meeting in San Antonio
  - Site visit of the Center for the Intrepid and the Institute for Surgical Research Burn Center

- January 13, 2014 – Teleconference

- February 10-11, 2014 – Site Visit to San Diego
  - Site visit of the Comprehensive Combat and Complex Casualty Care Program and the Naval Health Research Center
Meetings since November 2013 Board meeting:

- March 17, 2014 – Teleconference
- April 28, 2014 – Teleconference
- May 21-22, 2014 – Meeting at DHHQ
  - Meetings with the Department of Veterans Affairs and several civilian, Federal, and DoD briefers
Upcoming Meetings:

- June 9-10 – Meeting at DHHQ
  - Meetings with the Assistant Secretary of Defense for Health Affairs and the Joint Staff Surgeon
  - Review and discuss draft report and recommendations

- June 30 – Teleconference
  - Meeting with Trauma and Injury Subcommittee to discuss overlap and parallels between the subcommittees’ two taskings
Prosthetics

Terrain Acclimatization

CFI: Computer Assisted Rehabilitation Environment

Areas of Interest

- Current Environment
  - Current DoD amputee care infrastructure, functions and vision of approach to care, as well as international awareness.

- Collaboration
  - Potential partnerships with VA, HHS, NIH, civilian partners, academic centers and others.

- Models
  - The Institute of Surgical Research Burn Center as a potential model.

- Technology
  - Use of technology and simulation to maintain skills.

- Research, Data and Surveillance
  - Current state and gaps in both clinical and technological areas.

- Future Need
  - Necessary patient load to sustain expertise and capabilities;
  - Current amputee population as they age.
Way Forward

- Continue monthly teleconferences and meetings;
- Information gathering through summer, 2014;
- Assemble findings and determine recommendations
- Compose, edit, and review report language; and
- Estimated draft report for November 2014 DHB meeting.
Questions?