

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE WASHINGTON, DC 20301-1200

The Honorable Ike Skelton Chairman, Committee on Armed Services U.S. House of Representatives Washington, DC 20515

APR 3 0 2009

Dear Mr. Chairman:

This is a final report regarding the establishment of the Joint Department of Defense/Department of Veterans Affairs (DoD/VA) Vision Center of Excellence (VCE). Section 1623 of the National Defense Authorization Act (NDAA) for Fiscal Year 2009, states that, within the DoD, a center shall be established for the prevention, diagnosis, mitigation, treatment and rehabilitation of military eye injuries. An interim report was provided in December 2008.

The Director and Deputy Director of the VCE have been named; currently the Director and Deputy Director are carrying out the necessary tasks to establish the VCE and include the full scope of military eye care activities, including trauma and disease. This report details what accomplishments have already been made, as well as the future plans, of the VCE.

Thank you for your continued support of the Military Health System.

Sincerely,

Ellen P. Embrey

Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure: As stated

cc:

The Honorable John M. McHugh Ranking Member



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE WASHINGTON, DC 20301-1200

The Honorable Carl Levin Chairman, Committee on Armed Services United States Senate Washington, DC 20510

APR 3 0 2009

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The Honorable John McCain Ranking Member



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE WASHINGTON, DC 20301-1200

The Honorable Ben Nelson Chairman, Subcommittee on Personnel Committee on Armed Services

APR 3 0 2009

United States Senate Washington, DC 20510

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Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure: As stated

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The Honorable Lindsey O. Graham Ranking Member



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE WASHINGTON, DC 20301-1200

The Honorable Susan Davis Chairwoman, Subcommittee on Military Personnel Committee on Armed Services U.S. House of Representatives Washington, DC 20515

APR 3 0 2009

Dear Madam Chairwoman:

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talent. Bubruf Ellen P. Embrey

Performing the Duties of the Assistant Secretary of Defense

(Health Affairs)

Enclosure: As stated

cc:

The Honorable Joe Wilson Ranking Member

Report on: The Joint Department of Defense/Veterans Affairs Vision Center of Excellence







March 2009

Prepared by:

Assistant Secretary of Defense (Health Affairs)

Report on: The Joint DoD/VA Vision Center of Excellence

(Public Law 110-181)

BACKGROUND

Section 1623 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008 directed the Department of Defense (DoD) to establish a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of military eye injuries. The DoD is to collaborate at the maximum extent practicable with the Department of Veterans Affairs (VA) as well as educational institutions and other public and private entities. The Center shall be referred to as the Vision Center of Excellence (VCE).

One of the Center's responsibilities is to implement a comprehensive plan and strategy for a registry of information for the tracking of the diagnosis, surgical intervention or other operative procedures, other treatments, and follow up for each case of significant eye injury incurred by a member of the Armed Forces while serving on Active Duty. The Registry is to be developed in consultation with the DoD and VA ophthalmological specialist personnel and optometric specialist personnel. The Secretary of Defense and Secretary of Veterans Affairs shall jointly ensure that the information within the Registry is available to the appropriate ophthalmological and optometric personnel of the DoD and VA in order to encourage and facilitate the research, as well as the development of best practices and clinical education, on eye injuries incurred by members of the Armed Forces in combat. The Secretary of Defense shall take the necessary actions to ensure that the Armed Forces members' records, who incurred an eye injury while serving on Active Duty on or after September 11, 2001, but before the establishment of the Registry, are included in the Registry. The Registry shall be referred to as the Defense and Veterans Eye Injury Registry (DVEIR).

Another responsibility of the VCE is to coordinate care and benefits between the DoD and VA, including the development of a comprehensive program for Armed Forces members with Traumatic Brain Injury (TBI) post-traumatic visual syndrome for the purpose of vision screening, diagnosis, rehabilitative management, and vision research, including research on prevention and visual dysfunction related to TBI; as well as coordination for bi-directional health information exchange (BHIE) for vision care providers, which will ensure access to the Registry in order to add information pertaining to additional treatments or surgical procedures and eventual visual outcomes for members of the Armed Forces and Veterans.

ACTIONS

Prior to the NDAA for FY 2008, a VCE Workgroup, comprised of DoD Tri-Service and VA ophthalmology and optometry leaders under Army direction, developed and refined the composition of a VCE. Since January 2008, the effort has been under the direction of the Deputy Assistant Secretary of Defense (DASD), Clinical and Program Policy (C&PP). The workgroup has split into two groups; the DVEIR workgroup, which focuses on the development of the Registry, and the VCE workgroup, which focuses on all aspects related to the VCE. Both workgroups communicate with each other regarding the VCE and report to the VCE Director. The DVEIR workgroup has developed a draft Concept of Operations, which is being staffed through the Veterans Administration, DoD and the Services. The DVEIR Workgroup has been coordinating with the Joint Trauma Tracking Registry (JTTR) regarding the development of an eye trauma module. This group has also developed a strategy for population of the DVEIR

The VCE Workgroup developed goals which were briefed to the Assistant Secretary of Defense for Health Affairs (ASD (HA)) on June 9, 2008. Those goals included providing all Service members and Veterans who suffer ocular trauma or disease the most comprehensive, coordinated, progressive, and highest quality of eye care; maximizing DoD, VA and civilian resources to ensure the most compassionate, synchronized, and professional eye care; leading the research that defines the future clinical practice guidelines; expanding rehabilitative programs; offering new modalities to treat and prevent ocular disease and trauma; as well as developing a data repository to accurately capture, track and record eye disease and trauma to discover preventable patterns and guide research. The ASD (HA) determined the VCE should have an administrative center in the National Capital Region and will report to the Director, TRICARE Management Activity (TMA). The hub and spoke concept of the VCE, described as multiple centers coordinated by a central office, will allow the administrative center to coordinate care at the existing DoD and VA clinical centers that will remain under the control of their current facilities. The Director was selected by a process involving nominations from the Services and the VA. Colonel (Dr.) Donald A. Gagliano, a highly qualified ophthalmologist and retinal specialist from the Army, was selected as the VCE Director and Dr. Claude L. Cowan, a highly qualified ophthalmologist and retinal specialist from the VA, was selected as the VCE Deputy Director. The VCE Director also serves as the principal advisor to the ASD(HA) on all matters related to the VCE and vision care.

The Vision Center of Excellence should lead the nation in quality care, prevention, support services, advocacy, information management and research across the DoD and VA for military eye injuries. A process has been developed for collaboration between the VA and Walter Reed Army Medical Center (WRAMC) for blind rehabilitation care while Service members are still receiving care from the DoD. This collaboration will enhance the continuum of care and better integrate seamless care across the DoD and VA for

vision rehabilitation. Meetings have been coordinated with the DoD Bi-directional Health Information Exchange developers to enhance collaboration and information sharing about vision care across the DoD and VA.

To date, the Center's leadership has made substantial forward movement in research matters. Recently, a VCE-led effort in collaboration with vision leaders from the DoD, DVA, NIH, FDA (US Food and Drug Administration) and other federal health entities, and private sector health professionals established the vision research priorities, for the Congressional Special Interest Vision Research Programs and the Congressionally-Directed Medical Research Program (CDRMP). These priorities focus on gaps in therapies and rehabilitation resulting from the changing military environment and new injury mechanisms, such as blast injuries, which pose new challenges to vision care specialists.

The VCE will coordinate with the other centers of excellence and related Federal Health Agencies. The VCE Director has been appointed as the DoD *ex officio* member of the NIH National Eye Advisory Council, and recently, members of the VCE participated in the Defense Centers of Excellence (DCoE) Strategic Planning Summit as the primary stakeholder for TBI post-traumatic visual syndrome.

The DoD analyzed and reviewed the requirements necessary for the VCE and identified \$1 million in FY 2008 and \$3 million in FY 2009 to provide for initial operating activities. The funds provided by the DoD will be used to expedite the strategic and operational requirements identified by the VCE Directors. Additional funding for future years is being programmed as part of the President's Budget. Temporary office space will be provided to the VCE until a permanent location is found. Contract support from the TRICARE Management Activity has been provided to support the effort.

MILESTONES/PRIORITIES

The DoD in collaboration with the DVA are working with the VCE Directors to develop a strategic plan to aligning priorities with strategic objectives and to establish the foundation of the VCE. The strategic plan is an iterative process that will provide us with the proper structure needed to fulfill our mission with maximum efficiency and impact. This comprehensive approach will consider VCE requirements, NDAA mandates and industry best practices.

The VCE plans to finalize the position descriptions for the initial hiring actions as well as finalize the VCE Charter and Department of Defense Instruction (DoDI) for submission and approval by the third quarter of FY 2009. These two governance documents will give the VCE the authority to operate, identify the high-level roles of the VCE, and are required to ensure funding, manpower and the future development of the VCE.

Also during the third quarter FY 2009, a Program for Design will be developed and Military Construction (MILCON) will be requested regarding potential renovations of the Bethesda, Maryland National Naval Medical Center (NNMC) campus for a portion of the VCE Headquarters to be available late in 2011.

In regard to the DVEIR, the VA/DoD Registry Workgroup will meet during the third quarter of FY 2009 in order to finalize a strategy for populating the DVEIR. During that timeframe, approval of the DVEIR Concept of Operations will be reviewed for approval and implementation.

Other milestones for the third quarter of FY 2009 include hosting a meeting with vision research entities to establish priorities for vision research through the Congressional Special Interest Vision Research Administrators and Congressionally-Directed Medical Research Program Directorate as well as the development of a Memorandum of Understanding (MOU) between the VA and DoD for continued collaboration with the WRAMC for blind rehabilitation care while Service members are still receiving care from the DoD.

Milestones for the fourth quarter of FY 2009 include, but are not limited to, finalizing and developing a plan for implementation of an eye trauma module for the JTTR; establishing a plan for privileging rehabilitation care providers in the DoD facilities; as well as developing a training program for the use of the DoD/VA Bi-directional Health Information Exchange, which will enhance the vision care information sharing between the DoD and VA.