



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

APR 26 2011

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

Dear Mr. Chairman:

The enclosed report on Department of Defense (DoD) Strategic Approach for Staffing, Resourcing, and Sustainment of Medical Centers of Excellence (CoE), is provided in response to the Senate Report 111-20, pages 50-51, accompanying S. 1054, Supplemental Appropriations for Fiscal Year 2009. This report contains a status report and describes the future strategic direction that the DoD will pursue in the establishment of the CoEs to provide the highest quality of care for our Service members and for our other beneficiaries.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. We are proud to serve our Nation's military heroes and their families and are committed to providing them the best possible care.

A similar letter is being provided to the other congressional defense committees.

Sincerely,

A handwritten signature in black ink, appearing to read "Clifford L. Stanley".

Clifford L. Stanley

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member



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APR 26 2011

The Honorable Jim Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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APR 26 2011

The Honorable Daniel K. Inouye
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

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Vice Chairman



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APR 26 2011

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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The Honorable Adam Smith
Ranking Member



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APR 26 2011

The Honorable Joe Wilson
Chairman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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The Honorable Susan A. Davis
Ranking Member



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The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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The Honorable Norman D. Dicks
Ranking Member



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APR 26 2011

The Honorable C. W. Bill Young
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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APR 26 2011

The Honorable Tim Johnson
Chairman, Subcommittee on Military Construction,
Veterans Affairs, and Related Agencies
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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Ranking Member



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The Honorable John Culberson
Chairman, Subcommittee on Military Construction,
Veterans Affairs, and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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The Honorable Sanford D. Bishop, Jr.
Ranking Member

Department of Defense

Report to Congress on
Department of Defense
Medical Centers of Excellence



April 2011

Preparation of this study/report cost the Department of Defense a total of approximately \$6,699 for the 2011 Fiscal Year.

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This Department of Defense (DoD) Medical Centers of Excellence (CoE) report to Congress, as requested by Senate Report 111-20, pp. 50-51, accompanying S. 1054, Supplemental Appropriations for Fiscal Year 2009, provides a status update and describes the future strategic direction for the CoEs. The preparation of this report cost DoD approximately \$6,700.

On November 15-16, 2010, the Military Health System (MHS) leadership met to review the current CoEs and to discuss the core and support functions for each of the centers. The objective of the 2-day MHS COE offsite was to gain a better understanding of the “as-is” state in order to develop a way ahead for MHS COEs. The sessions were facilitated to promote information sharing and maximize collaboration among all the participants. On the first day, each center provided a short overview of their Center’s mission, core activities, funding, and resources. After the presentation, participants generated a master list of 24 CoEs. On the second day, the group developed an alignment matrix that described the extent to which each center performs each function. Twenty nine CoEs briefed their programs and twenty four core and support functions were identified. All CoEs currently have been assigned to a lead Service or the TRICARE Management Activity that is responsible for providing resource support and strategic direction. Attachment A provides the listing of the CoEs reviewed, and also, a list of core and support functions.

During the November meetings, leadership also identified a need for improvement in the oversight and support of the Department’s CoEs. The Senior Military Medical Advisory Council (SMMAC) met in Executive Session on December 8, and again on January 5, to develop the decisions for governance and support, and strategies for the future of the CoEs. Four specific decisions were affirmed. These decisions are summarized below.

Decision One: Organization Structure – Single Service Support

Currently, CoEs are supported individually by the different Services or by the TRICARE Management Activity. Now, each individual CoE will be supported through a single designated Service. Each Center will support the strategic objectives of the entire Military Health System (MHS). Placing all of the resource management of all of the COEs under a single Service will permit identification of efficiencies and shared services not achievable under the current model. Meanwhile, a combination of Service and the proposed Army Medical Research and Materiel Command (MRMC) support will continue until a final decision is made on which Service will “own and support” the DoD CoEs on behalf of the MHS. See attachment B for decision matrix outlining four possible courses of action for organizational structure.

Decision Two: Establishment of the MHS CoE Advisory Board

The Assistant Secretary of Defense (Health Affairs) will establish a CoE Advisory Board, which will be responsible for policy guidance and oversight of all MHS Centers of Excellence. Each center is associated with a supporting Service, which will continue to

be responsible for execution of the functions of the COEs and all operational support. The Advisory Board will be responsible for the following:

- Establishes an MHS operational definition of CoE including an explicit value proposition;
- Validates requirements for CoEs based on MHS Strategy and evolving mission requirements;
 - Makes recommendations to the ASD (HA) that existing COEs be disestablished if requirement no longer exists or can be met in another way
 - Makes recommendations to the ASD (HA) for addition of new CoEs if validated requirements exist
- Reviews the performance of CoEs;
- Reviews resourcing of CoEs;
- Advocates for changes in resourcing to align investment with MHS priorities;
- Oversees performance of the service support entity for MHS COEs (whether Service or Executive Agent (EA));
- Determines what is a core function of a COE and identifies opportunities for shared support services; and
- Oversees any inter-Service issues and provides a forum for adjudication of agreements relating to shared responsibility for staffing or support of COEs.

The Board will be chaired by Deputy Assistant Secretary Defense (Clinical & Program Policy) with representatives from Army, Navy, Air Force, Marine Corps, Uniformed Services University of Health Sciences (USUHS), Joint Task Force National Capital Region Medical (JTF-CapMed), Joint Staff Surgeon (representing Combatant Commander (COCOM) stakeholders), and Veterans Affairs (VA) (for those centers with VA equities). Membership on the board will:

- Be composed of flag, general officer or SES members, preferably with clinical expertise; and
- Include Army's Medical Research and Materiel Command (MRMC) Commander as an ad hoc member of the Board and other ad hoc representatives as appropriate.

Initial board deliverables will include:

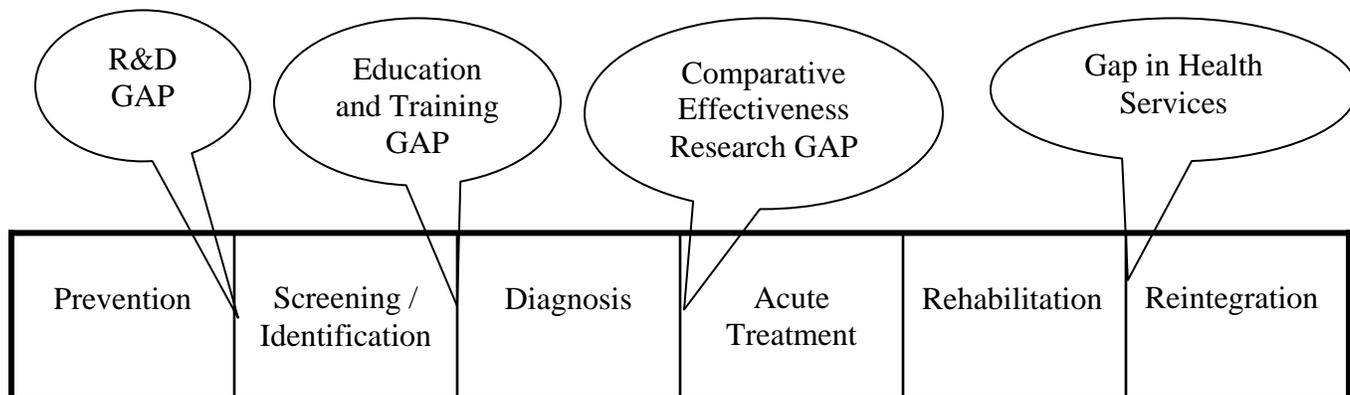
- Define MHS Center of Excellence (COE) including the model for value creation.
 - Approve Concept of Operations plans (CONOPS) for MHS CoEs that define the value proposition in terms of improvements in clinical outcomes accomplished through clinical, educational, research, and knowledge management activities. CONOPS will be brought forward by CoE directors to the Advisory Board for approval, and the CONOPS will include information on staffing, budget, current and planned initiatives and tracking measures/metrics responsive to and in alignment with leadership-approved core missions outlined below.
- List MHS Organizations that meet definition of CoE.

- Include list of current “centers of excellence” or “centers” within the MHS that meet CoE definition
- Identify current centers that do not meet the CoE definition and make a recommendation regarding disposition
- Recommend consistent naming conventions
- Plan for shared support services for CoEs.
 - Evaluate any potential barriers for Army’s MRMC to support the Defense Center of Excellence Psychological Health/Traumatic Brain Injury (DCoE PH/TBI)
- Scheduled review of all existing COEs.
 - Begin with review of DCoE for PH and TBI in first quarter, CY2011
 - Others to be determined
- Board responsibilities will also include establishing a process for evaluating the need for new Centers of Excellence which will include at minimum:
 - Establish need for Center (receive or conduct gap analysis);
 - Discuss with DoD Leadership and Congressional Committees;
 - Assign lead to one of the Services to develop CONOPS and resource requirements;
 - Review CONOPS and recommend establishment to ASD(HA); and
 - Oversee process of establishment, once approved.

Decision Three: Initial Definition and Value Proposition for MHS CoEs

CoEs will focus on an associated group of clinical conditions and create value by achieving improvement in outcomes through clinical, educational and research activities.

- CoEs will be directly supported by the Services and not by TRICARE Management Activity (TMA).
- CoEs will develop Pathways of Care covering the clinical spectrum from prevention through reintegration or transition.
- Products of Pathway of Care development include:
- Guidance regarding structured documentation (Electronic Health Record);
 - Clinical Practice Guidelines;
 - Process and Outcome Measures;
 - Educational Materials;
 - Innovation and identification of research priorities; and
 - Strategies for improving Access to Care.



Decision Four: DCoE PH/TBI Command and Control / Organizational Support – Move from TMA to US Army Medical Research & Materiel Command (MRMC)

The Advisory Board will work with the MRMC Commander to establish a plan for transfer of support responsibility for the DCoE PH/TBI from TMA to MRMC. Priorities should include:

- Core functions must be directly related to achieving improvement in clinical outcomes;
- Establishment of support functions (IT, conference support, PA, legal, etc.) to be provided to DCoE PH/TBI by MRMC, and identification of common support functions that MRMC might be able to provide to other CoEs; and
- Explore extent to which requirements for registry support could be provided by Air Force’s Population Health Portal.

CoE Core Missions: Leadership has established expected core mission elements to be addressed by MHS CoEs. While we recognize that the focus of CoEs may vary according to the disease or condition, center directors must clearly describe how they intend to accomplish their mission, what outcomes they expect to achieve and how they plan to measure their progress. Detailed mission elements are listed below:

1. Care Pathways Development (i.e. patient’s overall journey—prevention, diagnosis, treatment, case management, etc.)
 - Develop clinical practice guidelines
 - Aggregate and disseminate research findings and best practices
 - Provide recommendations for training and certification
 - Monitor use of care pathways
 - Identify opportunities to reduce clinical care costs
 - Improve access to care and appropriate case management
2. Identification and prioritization of clinical issues requiring further scientific research

- Work with existing DoD/VA Research and Development programs (Defense Health Program Research & Development (Program 8 funding), non-DHP Research, Development, Testing & Evaluation (Program 6 funding) and VA research programs)
- Collaborate with external organizations (corporate, academic and governmental) to identify scientific advances and knowledge gaps

3. Monitor and facilitate improvements in and, where appropriate, provide care across the clinical continuum

- Support highest quality clinical care, from prevention to complex diagnosis, mitigation and treatment of disease and rehabilitation
- Develop measures of treatment effectiveness and create standard tools and data collection processes
 - Establish mechanisms and registries as needed to support longitudinal care, case management, assessment of outcomes and research
- Collaboration for advancing excellence in clinical treatment
 - Partner with VA, institutions of higher education, and other public/private entities

Summary: Strategic Oversight and Policy for CoEs

The establishment and improvement of MHS Centers of Excellence will provide DoD the ability to speed the advancement of our scientific knowledge and evidence based practices for diagnosis and treatment of diseases and conditions that impact our military personnel and their families with the help of a “critical mass” of experts. Although the COEs may be located geographically with a particular Service medical treatment facility, the CoEs are intended to be responsive to needs from each of the Services. The establishment of the Advisory Board is a major milestone for providing senior level (Senior Executive Service/General Officer) leadership oversight and management of the MHS CoEs. This board will define what the MHS CoEs will be, validate the requirements for current and future CoEs, review the performance of the CoEs, review the resources, and work to ensure an integrated CoE program to reduce duplication and improve efficiency through the use of shared services. Most importantly, the Board will provide oversight to ensure that the CoEs are capable of and focused on providing the highest quality of care, treatment, and utilization of research funds for Service members who are suffering from the wounds of war. The Board will have much work to do in the following months, but their work will be the key for the success of the CoEs today and into the future.

Attachment A: List of CoEs and Identification of Core and Support Functions

List of current DoD CoEs:

Defense Center of Excellence for PH/TBI (HQ); Psychological Health Clinical Standards; Resilience & Prevention; Strategy, Plans and Programs; Clearinghouse, Outreach & Advocacy; Training & Education; Strategic Communications; Research; Traumatic Brain Injury Clinical Standards of Care; Defense Veterans Brain Injury Center; National Center for T2; Deployment Health Clinical Center; Center for Deployment Psychology; Center for the Study of Traumatic Stress; National Intrepid Center of Excellence; Vision;	Hearing; Extremity Injuries and Amputations; Battlefield Health & Trauma Research; Center for Disaster & Humanitarian Assistance; Center for Neuroscience & Regenerative Medicine; Consortium for Health & Military Performance; Neuroscience; Pain; Breast Care; Gynecologic; Prostate; Diabetes; Integrative Cardiac Health Project; COE for Medical Media; Medical Modeling & Simulation
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List of current core and support functions:

Development of Clinical Pathways; Knowledge Management; Health Professional Education; Patient and Family Education; Outreach, Prevention and Surveillance; Diagnosis and Treatment Planning; Indirect Clinical Care (Advocacy and Care Coordination); Basic Research; Clinical Research; Translational Research and Product Development;	Modeling and Simulation; Evaluating and Prioritizing Research; Tissue Banking; Partnership Management; Metrics and Measures; Registries and Data Warehousing; Policy Development Support; Communication; Conference Planning; IM/IT Development; Management and Administration; Strategic Planning
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	Development of Clinical Pathways	Knowledge Management	Health Professional Education	Patient and Family Education	Outreach	Prevention and Surveillance	Diagnosis and Treatment Planning	Indirect Clinical Care (Advocacy and Care Coordination)	Basic Research	Clinical Research	Translational Research and Product Development	Modeling and Simulation	Evaluating and Prioritizing Research	Tissue Banking	Partnership Management	Metrics and Measures	Registries and Data Warehousing	Policy Development Support	Communication	Conference Planning	IM/IT Development	Management and Administration	Strategic Planning	Accepting Donations From People Wanting to Give	Congressionally Mandated (specific authorizing language)	Congressional Interest (as evidenced by earmarks or other appropriations)	Funding (000's)	FTEs	MHS Conference Exhibit	
Defense Center of Excellence for PH/TBI (HQ)	4	3	2	2	4	3	0	3	0	0	3	0	2	0	4	3	0	3	3	2	0	4	4	0	Yes		\$ 87,589	254.0		
Psychological Health Clinical Standards	3	0	2	0	0	0	3	2	0	0	0	0	3	0	0	4	0	3	0	0	0	3	3	0	Yes		\$ 1,526	10.0		
Resilience & Prevention	0	3	2	3	4	3	0	2	0	0	3	1	3	0	4	3	0	3	3	3	0	3	4	0	Yes		\$ 3,215	16.0		
Strategy, Plans and Programs	0	3	0	0	0	0	0	0	0	0	0	0	0	0	2	4	0	3	3	4	0	3	4	0	No		\$ 5,607	23.0		
Clearinghouse, Outreach & Advocacy	0	4	4	4	4	0	0	4	0	0	2	0	1	0	4	4	3	4	4	4	1	4	4	0	Yes		\$ 8,978	17.0		
Training & Education	2	2	2	0	2	0	0	0	0	0	3	0	2	0	2	0	0	2	2	2	0	3	2	0	Yes		\$ 1,500	8.0		
Strategic Communications	0	1	0	4	4	0	0	0	0	0	0	0	0	0	3	1	0	2	4	0	2	0	4	0	Yes		\$ 5,921	17.0		
Research	2	3	0	0	3	2	0	3	0	0	2	0	2	0	3	2	0	2	3	2	0	3	3	0	Yes		\$ 1,111	8.0		
Traumatic Brain Injury Clinical Standards of Care	4	2	4	0	0	2	0	3	0	2	1	0	1	0	4	1	0	4	3	2	0	4	1	0	Yes		\$ 1,228	9.0		
DCOE, Defense Veterans Brain Injury Center	4	3	4	4	3	4	4	3	2	4	2	0	3	0	4	3	3	2	3	4	3	2	3	0	Yes		\$ 38,063	72.0	Y	
DCOE, National Center for T2	3	3	2	4	1	4	3	1	0	3	4	3	3	0	4	2	4	2	3	2	4	3	3	0	Yes		\$ 20,756	85.0	Y	
DCOE/USU, Deployment Health Clinical Center	4	3	3	4	4	3	3	4	1	4	4	0	2	0	3	3	2	1	3	2	3	1	2	0	Yes	Yes	\$ 12,104	43.0		
DCOE/USU, Center for Deployment Psychology	4	3	4	0	2	0	4	4	0	0	0	0	0	0	3	3	0	2	3	2	2	1	2	0	Yes	Yes	\$ 7,300	29.0		
DCOE/USU, Center for the Study of Traumatic Stress	0	4	4	2	4	0	0	3	3	4	4	0	3	0	4	0	3	0	3	2	0	0	0	0	No	No	\$ 5,200	72.0		
National Intrepid Center of Excellence	3	4	4	4	0	0	4	2	0	4	3	3	4	0	3	3	3	1	2	4	3	3	2	0	No		\$ 22,200	111.0	Y	
Vision	4	4	4	3	3	4	2	2	0	0	2	4	4	0	4	3	4	3	3	2	4	3	3	1	Yes		\$ 10,460	19.0	Y	
Hearing	3	3	3	3	4	3	4	3	1	3	3	0	3	1	3	3	3	3	3	3	3	3	3	1	Yes		\$ 4,951	1.0	Y-Poster	
Extremity and Amputation	3	1	3	4	3	2	4	2	1	3	3	0	4	0	3	2	2	3	0	2	1	1	4	1	Yes		\$ 5,000	0.2	N	
Battlefield Health & Trauma Research																														
USU Center for Disaster & Humanitarian Assistance	0	2	4	0	0	3	0	0	3	3	3	0	0	0	4	3	0	4	1	2	3	1	1	0	No	Yes	\$ 9,000	24.6	Y	
USU Center for Neuroscience & Regenerative Medicine	2	3	3	0	0	2	4	0	4	4	4	2	4	4	2	3	4	0	3	2	3	2	2	0	No	Yes	\$ 15,000	138.5		
USU Consortium for Health & Military Performance	4	4	4	3	0	0	3	4	1	4	4	0	0	0	1	0	0	3	3	1	0	0	2	0	No	No	\$ 1,200	11.0		
USU Neuroscience	2	0	3	0	0	0	3	1	3	3	3	0	0	1	2	2	2	0	1	1	1	1	1	0	No	Yes	\$ 2,000	3.0		
Pain	4	4	4	2	0	2	2	4	1	4	4	1	4	1	4	4	4	4	4	2	4	4	4	0	Yes		\$ 2,500	12.0		
Breast Care COE	2	3	4	4	4	4	4	2	4	4	4	1	4	4	4	2	4	4	1	3	2	4	4	2	Yes		\$ 13,500	107.0	Y	
Gynecologic COE	2	3	4	3	4	4	2	3	4	4	4	2	2	4	3	2	4	2	2	3	3	3	1	0	Yes		\$ 8,972	78.0	Y	
Prostate COE	4	3	4	4	4	4	4	4	4	4	4	0	2	4	4	3	3	0	1	2	0	1	2	0	?	Yes	\$ 7,000	52.0		
Diabetes	3	2	4	4	3	3	4	2	0	2	3	0	3	0	2	2	2	2	3	2	2	3	3	0	No		\$ 3,100	36.0	Y	
Integrative Cardiac Health Project	4	3	4	4	2	4	2	2	3	3	4	2	2	4	2	4	4	2	2	2	3	4	2	0	Yes		\$ 3,400	23.0		
COE for Medical Media	0	4	4	4	4	4	0	0	0	0	0	0	0	0	4	0	0	0	4	0	4	4	4	0	No		\$ 595	4.0	-	
Medical Modeling & Simulation	4	4	4	4	4	4	3	4	0	4	4	4	4	0	4	4	4	4	4	4	4	4	4	0	Yes		\$ 15,950	46.5	-	

\$ 324,926 1,329.80

(C = Core; S= Support)

Criteria for Rating Center to Functions: - This function is explicitly stated in my charter, mission, or Congressional mandate - I am using significant resources to do this function - People or organizations rely on me to do this function - I am excellent	Scoring: 0 = I do not do perform this function 1 = I meet one of the criteria 2 = I meet two of the criteria 3 = I meet three of the criteria 4 = I meet four of the criteria
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Attachment B: Decision Matrix for Organizational Structure Courses of Action

Course of Action	Care Pathways Development	Align with Current Needs (Service and MHS)	Align with Future Service Needs	Synch Coe Activities and Products	Align with Service support, avoid Bureaucracy	Address Congress' Concerns	Promote Enterprise/ Stakeholder Management	Unity of Effort	Align Authority and Accountability
Med/Surg / PH/TBI/ Cancer	3	3	3	3	2	2	2	3	3
NIH Model	3	2	3	2	2	2	3	2	3
Quad Aim Model	3	3	3	2	2	2	3	2	3
Single Service	4	3	3	4	4	4	4	4	2

Legend: Numbers reflect how well COA meets criteria: 1=Does not meet criteria; 2=Significant challenge to meeting criteria; 3=Partially meets criteria; 4=Fully meets criteria