



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

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HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
DIRECTOR, DEFENSE HEALTH AGENCY
PRESIDENT, UNIFORMED SERVICES UNIVERSITY OF THE
HEALTH SCIENCES

SUBJECT: The Military Health System Traumatic Brain Injury Pathway of Care and Alignment
of the National Intrepid Center of Excellence Within That Pathway

This memorandum documents approval of the Military Health System (MHS) Traumatic Brain Injury (TBI) Pathway of Care and alignment of the National Intrepid Center of Excellence (NICoE) within it. MHS components, including the Service medical commands, the Defense Health Agency (DHA), and the Uniformed Services University of the Health Sciences (USUHS), all have a role in implementing the TBI Pathway to Care.

The following 10 Operating Practices for the TBI Pathway of Care are approved:

1. Defense and Veterans Brain Injury Center Headquarters (DVBIC HQ) will be the MHS TBI Pathway of Care manager for clinical, research, education, and training activities and will work with a chartered advisory committee to:
 - a. Define and disseminate proven practices, conduct implementation oversight and monitoring of outcomes, and develop translation strategy and implementation guidelines;
 - b. Formally assume new responsibilities through the MHS governance structure; and
 - c. Informally adopt new responsibilities through partnerships and working groups (e.g., the TBI Quad Service Working Group).
2. There will be standard categorization of TBI care (e.g., Categories 1–4) across Service Military Treatment Facility (MTF) TBI capabilities/clinics.
3. All TBI sites of care will be under the direct control of their market MTF.
4. Consistent with applicable rules and procedures, all DVBIC TBI site personnel will be under the direct control of their local MTF TBI Director; the support contract will still be coordinated centrally through DVBIC.

5. Intrepid Spirits (facilities and personnel) will be under the direct control of their local MTF.
6. The NICoE will have a primary clinical mission consistent with the defined Pathway of Care. The pathway will include specified criteria for escalation that drives referral to and return from the NICoE as part of the tiered system.
7. DVBIC HQ will have visibility of all clinical and translational research being done on TBI within or funded by the MHS. The DVBIC will also assist with gap identification/analysis and serve as a single point of contact for knowledge on TBI research for the MHS; DVBIC will execute this responsibility in coordination with the Director for Research and Development, DHA.
8. NICoE will be a principle site for conducting translational research for TBI with associated Psychological Health conditions and has a role in coordinating multi-site protocols.
9. USUHS research centers (e.g., Center for Neuroscience and Regenerative Medicine, Center for the Study of Traumatic Stress, The Center for Rehabilitation Sciences Research) will continue to be principle entities for conducting TBI research in the MHS along with other enterprise resources.
10. The plan to formalize direction and control of the NICoE under Walter Reed National Military Medical Center (WRNMMC) and formalize support from USUHS for research activities shall include enhanced support for Institutional Review Board, protocol development, and grants management; execution will be codified further in a Memorandum of Understanding or Memorandum of Agreement. The plan will not include any provisions utilizing USUHS' appointment authority, salary schedules, and benefits approved under Title 10, United States Code, Section 2113(c)(1) to appoint NICoE clinicians and staff. Nor will it include use of the grant authority to and from the Henry M. Jackson Foundation found in subsection (g)(1)(A) of that same statutory section.

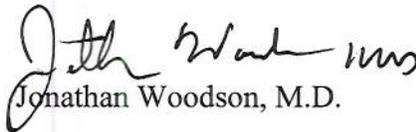
As noted in operating practice number one, the DVBIC is appointed as the TBI Pathway of Care manager. As the Pathway of Care manager, DVBIC shall be responsible for:

1. Chairing a TBI Pathway chartered advisory committee in collaboration with stakeholder representatives from, at a minimum, the DHA, Services, Defense Centers of Excellence, NICoE, USUHS, Department of Veterans Affairs, and Army Medical Research and Materiel Command. The chartered advisory committee, made up entirely of full-time Department of Defense personnel, shall report to the Medical Operations Group. The chartered committee is to be chartered within 60 days of the date of this memorandum.
2. Managing and executing the following functions in partnership with the TBI Pathway chartered advisory committee:

- a. Conducting strategic and business planning;
 - b. Standardizing evidence-based clinical care across the pathway;
 - c. Providing oversight for care pathway implementation;
 - d. Standardizing outcome measures and reporting;
 - e. Monitoring standard clinical practice adherence;
 - f. Maintaining visibility of all clinical and translational research in TBI; and
 - g. Assessing outcomes of research and helping to identify new research requirements.
3. Working with the TBI chartered advisory committee to adjust roles and responsibilities of any Pathway entities as needed.

The NICoE is now aligned to WRNMMC with support from USUHS. The NICoE shall provide a national level capability to address the most complex diagnostic and treatment challenges for patients with TBI and complex psychological and social challenges who have persistent impairment of function despite intensive treatment. The NICoE will conduct complex diagnostic evaluations and holistic intensive day treatment to clarify diagnoses, begin long-term recovery, and instill hope for both patients and their families. The NICoE will also conduct translational research to foster improved outcomes across the enterprise and beyond. WRNMMC shall establish and chair a NICoE Transition Team with representatives from the NICoE, WRNMMC, USUHS, and DVBC. The team shall develop a plan to formalize control of the NICoE under WRNMMC and formalize support from USUHS for research activities. The team will submit its plan to the Director, DHA for approval not later than 60 days from the date of this memorandum.

MHS components are asked to fully support this important initiative.


Jonathan Woodson, M.D.

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Joint Staff Surgeon
National Capital Region Medical Director