

PREPARED STATEMENT

OF

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Madam Chairwoman, Members of the Committee, good afternoon and thank you for the opportunity to outline the accomplishments of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury (TBI), the progress we have made to prepare for the establishment of three additional Centers of Excellence within the Department of Defense (DoD) -- Vision, Hearing, and Traumatic Extremity Injuries and Amputations -- and our plans for sustaining these centers for the long term.

I am pleased to be joined today by the Surgeons General - Lieutenant General Schoomaker, Vice Admiral Robinson, and Lieutenant General Green. Together, we have confronted the clinical and administrative challenges of dealing with severe and complex war-related wounds, both physical and psychological, and with managing the increased demands on the Military Health System (MHS) for long-term rehabilitative care for our wounded, ill, and injured combat veterans. Our obligations to these Service members are immense and we are working to ensure they get the very best our health systems can offer.

Since major combat operations commenced more than eight years ago, the MHS has engineered remarkable improvements in our ability to stabilize Service members with acute trauma far forward in the theater of operations and the delivery of critical care in flight. As a result, survival rates for those wounded in action have never been higher in the history of our military, or any other military force. Our progress with rehabilitation of wounded, ill, and injured Service members is helping improve their opportunity to either return to duty or to have a more fulfilling life following severe injuries.

We engage in this effort with the knowledge that our direct care system alone cannot meet all of the clinical and rehabilitative needs of our Service members. We have reached out across the federal health sector, particularly with the Department of Veterans Affairs (VA), as well as with selected civilian institutions, to provide the best possible medical services to our wounded warriors.

The Centers of Excellence we are discussing today are a reflection of our commitment to our injured or ill Service members. The Centers are organized to bring about improvements in care based upon three pillars:

- **Identify and Proliferate Best Practices** – These Centers will help us more effectively connect and communicate with clinical centers across the Services, VA, and civilian sector to identify and communicate best clinical practices throughout the medical community.
- **Prioritize our Medical Research Agenda** – The Centers will lead our efforts to identify gaps in our scientific knowledge about wounds, injuries,

and diseases, as well as prioritize and coordinate research efforts to fill those gaps.

- **Enhance Patient-Centered Care** – The Centers will assist integration of services across the continuum of care by communicating with clinical centers, care coordinators, and case managers; establishing and using disease registry functions based upon the clinical data repository improving the ability to share information across agencies and with civilian partners; and helping ensure patients receive the right services to meet their medical needs at the right time and place to optimize the speed and degree of recovery.

Progress has been made in these areas; more is planned. In the pages that follow, I will outline the specific and important accomplishments made by the DCoE in the past year, our progress in establishing additional centers, and our major milestones for the coming year.

## **Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury**

DoD established the DCoE in November 2007. In partnership with VA, academia, and others, the DCoE is leading the effort to develop excellence in prevention, diagnosis, practice standards, training, outreach, and direct care for those with TBI and psychological health conditions. DCoE is comprised of six component centers, which provide care, support training, and advance science through complementary missions, goals, and objectives. These Centers are:

- The Defense and Veterans Brain Injury Center (DVBIC)
- The National Intrepid Center of Excellence (NICoE)
- The Center for the Study of Traumatic Stress (CSTS)
- The Deployment Health Clinical Center (DHCC)
- The Center for Deployment Psychology (CDP)
- The National Center for Telehealth and Technology (T2)

Since its inception, the DCoE has focused its efforts on the development and improvement of a patient-centered network dedicated to issues related to psychological health and TBI. In a little more than two years, the DCoE has introduced an impressive set of resources and programs in fulfillment of its mission objectives, and is aligned with the three pillars of our Centers of Excellence model. Accomplishments include the following:

## **Pillar 1: Identify and Proliferate Best Practices**

### 1. Developed clinical practice guidelines that establish DoD standards of care

- DCoE developed evidence-based guidelines for comprehensive care for severe injuries, developed clinical guidance related to cognitive rehabilitation, and participated with the VA and Services to develop and publish the VA/DoD Mild Traumatic Brain Injury Clinical Practice Guidelines (CPGs).
- In the past year, DCoE worked with the DoD Evidence Based Working Group and the VA Office of Quality Management to complete DoD/VA CPGs on major depressive disorder and substance abuse, and is currently working with these committees toward the development of DoD/VA CPGs on post traumatic stress disorder (PTSD), bipolar disorder, and chronic opioid dependence.
- The DCoE is working with the Services and VA to develop clinical guidance regarding the evaluation of driving ability following TBI.

### 2. Developed in-theater protocols to ensure very early identification and intervention for those with psychological health problems and TBIs

- DCoE developed the protocol for mild TBI/concussion, directing medical staff to provide consistent, evidence-based actions when a Service member is exposed to a possible TBI. This protocol includes incident-based mandatory evaluations. DCoE promulgated the clinical guidance on recurrent concussion with the goal of reducing the potential long-term harm associated with repeated concussions.
- We are developing a psychological health in-theater protocol to train line leaders and medics/corpsmen to identify those with potential psychological health problems and empower our medical providers to perform initial interventions in most cases, while ensuring that Service members receive evidence-based mental health care, if needed, as soon as possible.
- DCoE developed pocket cards to provide theater medical personnel with the most current clinical practice guidelines to diagnose and treat possible cases of TBI.

### 3. Trained medical providers on evidence-based modalities

- The Center for Deployment Psychology trains providers from DoD, federal agencies, and the civilian sector in the use of state-of-the-art, evidence-based treatments for PTSD (specifically prolonged exposure and cognitive processing therapy).

- The DVVIC training initiatives included:
  - Development of a mild TBI training module for the Uniformed Services University of the Health Sciences (USUHS) nursing students;
  - Hosted the third annual TBI military training event held to train over 850 providers on evidence or consensus-based treatments of TBI;
  - Collaborated with the Army Office of Proponency, Rehabilitation and Reintegration in the development of a series of TBI modules for service members and for providers;
  - Trained providers and psychologists in the use of the Automated Neuropsychological Assessment Metrics (ANAM);
  - Provided outreach TBI training programs to military treatment facilities (MTFs); and
  - Facilitated access to TBI grand rounds given at Walter Reed Army Medical Center to all treatment facilities.

#### 4. Consolidated standard surveillance information regarding suicide events, risk and protective factors, across the Services

- The Suicide Prevention and Risk Reduction Committee (SPARRC) is ensuring suicide prevention is a coordinated, joint Service effort. The DoD Suicide Event Report (DoDSER) collects information on suicide events, and their risk and protective factors, across the Services.
- With a recently awarded \$50 million grant, the Center for the Study of Traumatic Stress (CSTS) began work with several other government and academic institutions to develop a major suicide prevention study under the guidance of the National Institutes of Mental Health.

#### 5. Partnered with the DoD, VA, and a national network of military and civilian agencies, community leaders, advocacy groups, clinical experts, and academic institutions to establish best practices and quality standards for the treatment of psychological health and TBI

- Partnerships were built across these major areas: clinical care; education and training; prevention; research and patient, family and community outreach. A few examples of partnering included:
  - Department of Labor’s America’s Heroes at Work Program.
  - The DoD’s Telemedicine and Advanced Technology Research Center on Community Based Warrior Transition Units. This initiative explored mobile care protocols for personal tele-rehabilitation using cell phones targeted at Reserve Component members with TBI.

## **Pillar 2: Prioritize the DoD Medical Research Agenda**

### **1. Directed research funds for studying PTSD and TBI**

- The DCoE has directed \$50 million in funding for further research on psychological health and TBI, which includes \$5 million directed to Complementary and Alternative Medicine research. Some of the research categories include: studies of human PTSD brain tissue that advanced the scientific understanding of the role critical proteins play in patients with PTSD; the impact of blast physics on brain tissue; and advanced technologies (virtual reality, avatars, videogames, telehealth, etc.).
- This past year, DCoE developed the investment strategy and review process for \$90.4 million in congressional special interest (CSI) funding and \$75 million for the Fiscal Year (FY) 2009 Warfighter Supplemental Appropriation.

### **2. Initiated targeted research and program evaluation efforts aimed at producing rapid results and the ability to quickly transfer the science to field use**

- The DCoE sponsored a study with RAND, Inc., to evaluate 20 of the most promising psychological health and TBI programs for effectiveness, support the growth of the most effective programs, and then make the program evaluation process publicly available.
- The DCoE is sponsoring a resilience pilot project to test four major resilience programs (Comprehensive Soldier Fitness (starting with the National Guard), Gallup StrengthFinders, Human Performance Institute, and Magis Group Warrior Optimization) at one site in each Service to determine which have the most promise for use across the DoD.

### **3. Led or participated in groundbreaking medical research**

- Scientists from the CSTS, in collaboration with leading academic and research institutions, discovered two new critical paths in the neurobiology of PTSD, which may lead to new treatments.
- The CSTS examined the molecular mechanisms underlying disorders like PTSD and translated findings to inform clinical and therapeutic interventions for diagnosis and treatment.
- CSTS led an innovative public health study involving longitudinal research to understand the vulnerability and resilience of public health responders and their work in the hurricanes of 2004 and 2005.

- The DHCC launched STEPS-UP, a multi-site clinical effectiveness trial involving centralized care management and preference-based stepped care for PTSD delivered in the primary care setting.
- CSTS scientists published over 50 articles in various journals and books.

### **Pillar 3: Enhance Patient-Centered Care**

1. Provided resources for Service members, veterans, families, military leaders, clinicians, educators, support personnel, clergy, and researchers

- The DCoE established a 24/7 call center in January 2009. The outreach center also includes online chat capability and provides confidential answers, tools, tips and resources about psychological health issues and TBI. Our experts can refer callers to services and assist them with navigating the system of care.
- The Real Warriors Campaign, launched in May 2009, addresses the stigma associated with seeking assistance for concerns related to psychological health and TBI. The campaign features stories of Service members who have sought treatment and are continuing to achieve successful military careers. We have effectively used public service announcements to reach more than one million Service members per week through the Armed Forces Radio and Television Service channels, and have partnered with 30 national civilian television and radio networks to assist in our outreach efforts.
- The DCoE has developed other outreach programs, to include:
  - A project which developed and distributed more than 700,000 DVDs to help families, especially children, cope with deployed parents and/or loved ones who have been injured physically or psychologically.
  - A partnership with Sesame Workshop to develop the “Sesame Street Family Connections” Web site, which allows Service members and their families to stay connected in a safe, online environment when distance or injury makes everyday communication difficult. In September 2009, a new program was initiated with Sesame Workshop to help children cope with the death of a parent, friend, or loved one. A Public Broadcasting Service prime time special will be broadcast this month to coincide with the release of the kit program.
- Afterdeployment.org -- an online mental wellness and behavioral health Web site -- addresses post-deployment issues for all Service members, veterans, and military families.

2. The T2, a component center of the DCoE, furthered the use of telehealth services to increase access to care for warriors and their families

- The DCoE leads efforts to standardize DoD telehealth services for psychological health and TBI, including the establishment of a Federal Partners Exploratory Committee on telemental health.
- Leveraging the capabilities of the Services, TRICARE, and civilian providers, the DCoE has recently begun serving as a coordinating and resource center for an emerging telehealth network of systems across DoD. Efforts are focused on establishing a collaborative network to rural and underserved locations by connecting various rural patients with treatment facilities via telehealth technologies, including web-based applications.
- The DCoE led in the coordination and development of TRICARE's web-based assistance program (TRIAP), launched in August 2009. The TRIAP demonstration offers counseling assistance by video, and is available 24/7 to Active Duty and family members over the age of 18 as well as TRICARE Reserve Select enrollees.

3. Established the NICoE, which is currently under construction and scheduled to open in 2010. The NICoE will be an advanced facility dedicated to the assessment, diagnosis, and treatment planning of military personnel with complex psychological and TBI issues

- The NICoE will use an innovative, holistic approach to the referral, assessment, diagnosis, and treatment of those with complex psychological health and TBI disorders. NICoE will be a global leader in generating, improving, and harnessing the latest advances in science, therapy, telehealth, education, research and technology, while also providing compassionate family-centered care for Service members and their loved ones throughout the recovery and community reintegration process.
- The NICoE has developed actionable and substantial relationships with government agencies to include VA, National Institutes of Health, and USUHS, as well as with philanthropic organizations like the Intrepid Fallen Heroes Fund and the Fisher House Foundation. The latter is particularly unique in that a specially designed Fisher House will provide a living environment of hope, inspiration, and community for warriors and their families during treatment at NICoE.
- To provide Service members with the best possible care, NICoE is nearing completion of its hiring effort, which is focused on staffing a select group of approximately 90 seasoned professionals specializing in military psychological health and TBI. The ribbon-cutting ceremony to open the NICoE is scheduled for late June 2010.

Our 2010 efforts focus on providing the optimal organizational platform for the DCoE. I will work closely with the Services to develop a long-term governance plan, in which we are seeking to provide a common governance approach across all Centers of Excellence.

### **Hearing, Vision, and Traumatic Extremity Injuries and Amputations**

The establishment of the Vision Center of Excellence (VCE) was directed by Congress in the National Defense Authorization Act (NDAA) for FY 2008. The Hearing and Traumatic Extremity Injuries and Amputations Centers of Excellence were directed approximately one year later, with the passage of the NDAA for FY 2009.

We have allocated funding, assigned provisional Service responsibility for operational support, designated either interim or full-time directors, and begun to identify the registry requirements for the conditions covered. The patient registry requirements identification process is a significant and necessary baseline milestone for optimally coordinating the care and developing a solid foundation for an accurate longitudinal record and research base for these Service members.

The initial stand-up activities for these three Centers did not move at the pace expected – by beneficiary organizations, the Congress, or by my office. Nonetheless, we have made significant progress during the past several months and expect this momentum will continue. Ensuring these Centers achieve initial and then full operational capability is one of my highest priorities since stepping into this position a little over four weeks ago.

The Surgeons General with specific lead component responsibilities for the Centers of Excellence will address their areas in more detail. I will briefly describe our progress and outline this year's major milestones.

**Establishing Organizational Ownership** – In November 2009, the Assistant Secretary of Defense for Health Affairs (ASD(HA)) assigned each of the Centers to a specific Service as lead component. Army is the lead component for the Traumatic Extremity Injuries and Amputations Center of Excellence; Navy will lead the VCE, and the Air Force is the lead component for the Hearing Center of Excellence. We are also collaborating closely with VA on all of our Center activities, to include shared leadership and staffing as we will describe later in this statement.

**Defining The Mission** – Together with the Surgeons General, my office established the overarching mission objectives for the Centers. These include:

- **Clinical care:** We will optimize outcomes by analysis of evidence-based data and provide guidance for clinical practice guidelines and best practices in prevention, diagnosis, mitigation, treatment, and rehabilitation for all Service members, veterans, and other eligible beneficiaries being treated by DoD, VA, and civilian programs.
- **Collaboration:** We will communicate and work with VA, institutions of higher education, and other appropriate public and private entities (including international entities) to identify evidence-based best practices for clinical care as outlined above and to establish clinical practice guidelines.
- **Patient tracking:** We will establish a registry for use by both DoD and VA to facilitate case management, support of longitudinal care, assessment of outcomes, and research. As mentioned in the introduction, we have made significant progress in establishing these registry requirements across all domains.
- **Research:** We will monitor and analyze published research for technical and clinical advances potentially applicable to changes in best practices; lead or participate in processes to establish DoD and VA research priorities, and when possible initiate and conduct research. We will work with VA to establish efficient and effective research agendas increasing knowledge base for treatment of Service members, veterans, and other eligible beneficiaries by leveraging existing resources and avoiding duplication of efforts.
- **Knowledge transfer:** We will communicate up-to-date information about best practices via medical journals and other media and provide input for use in DoD/VA sponsored education and training curricula on an ongoing basis. Engage in dynamic transfer of scientific and medical knowledge to support clinicians in the care setting – clinical guidelines, best practices, optimal outcomes.
- **Support Cultural Transformation:** We will ensure evidence-based clinical and research knowledge integration is directed horizontally across the Services and with VA as well as vertically to the DoD MTFs and VA Medical Centers. We will provide operational program oversight across the continuum of care, leveraging telehealth technologies and seeking other ways to provide appropriate outreach to our patients.

**Setting the Centers' Objectives** – The ASD(HA) established, and the Services and VA have participated in, specific workgroups for each of the centers. These workgroups, comprised of subject matter experts in their specific fields, helped set the Center's objectives for the prevention, diagnosis, mitigation, treatment, rehabilitation, and research agenda for that specific center. The Vision workgroup was established in August 2008, the Hearing workgroup was established in February 2009, and the Extremity Injuries and Amputations workgroup began in April 2009.

**Selecting Leadership** – In November 2008, the ASD(HA) named the Director designate and VA named the Deputy Director designate for the VCE. For the Traumatic Extremity Injuries and Amputations and Hearing CoEs, the lead components identified interim directors in January and February, respectively.

The interim and designate directors, working in concert with their established workgroups and through their Service lead components, developed concepts of operations (CONOPS) for their respective Centers of Excellence. These CONOPS are currently in final coordination and will come to me for approval by the end of April.

**Establishing Patient Registries** – A major focus of the VCE has been the development of functional requirements for the Defense and Veterans Eye Injury and Vision Registry. These requirements have been approved and the project has moved on to the technical evaluation, costing, and development phase. Both the Hearing and Extremity Injuries and Amputations workgroups are currently developing functional requirements for their registries. These registries will play an important role for tracking and development of research to identify best practices. DoD's vision is to establish these registries to leverage a common data base and to ensure maintenance of a patient-centered focus so individuals identified in several registries due to the nature of their injuries, still receive "whole person" care.

**Funding Center Operations** – Resources have been set aside this fiscal year and in future years for the Centers. Their CONOPS will further define requirements and the optimal funding and staffing levels.

There are three significant milestones for 2010 that I am managing and monitoring closely:

- **Governance** – We will be making decisions in the coming weeks to define how to integrate Center operations and share resources with our VA partners and establish governance procedures to ensure effectual oversight of the effectiveness of the centers and visibility across Service and VA lines.

- Operational Guidance – I will approve the CONOPS for the three newest Centers by April 30, 2010, providing clear guidance and establishing clear expectations to the organizations on their mission and responsibilities.
- Opening of the NICoE – On June 30<sup>th</sup>, we will open this state-of-the-art facility, accomplished with the generous support and ongoing, constructive engagement of the Fisher House Foundation. Initial and full operational capabilities will follow and require continued, close management oversight.

The Vision, Hearing, and Traumatic Extremity Injuries and Amputations Centers of Excellence will become vital components of the MHS. These Centers represent an important advancement in the manner which the MHS delivers clinical care to our wounded and injured Service members. They will serve as the central coordinating point for DoD integration with other federal and private sector health care delivery systems.

The Centers will be responsible for identifying strategies for preventing and mitigating injuries, directing research, and finding and communicating evidence-based, best practices. Ultimately, these Centers will raise the standards of excellence in both DoD, and the larger Federal health delivery systems.

We remain deeply appreciative of the support and guidance the Committee has made in the establishment and funding of our Centers of Excellence. We are grateful for the continued investments in these new approaches to better integrate services with our VA and private sector partners. Tremendous progress has been made to move from conceptual models to realizing the vision for these centers.

Thank you again, Madam Chairwoman, for the opportunity to be here today. I look forward to your questions.