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**Supporting the Office of Assistant Secretary of Defense
(Health Affairs)**

Health Readiness Policy and Oversight



Agenda

- Policy Development
- Policy Drivers
- Current TBI Related Policy Efforts
- Factors Influencing TBI Policy
- Nuance of Policy
- Future Policy Efforts



Purpose

To provide a discussion on the ASD (HA) perspective on current and future policy considerations for preventing and managing chronic effects of TBI in Service Members.

Defense Health Agency

Secretary of Defense



POLICY DEVELOPMENT & OVERSIGHT
POLICY EXECUTION

R

Combat Support Agency Responsibilities

CJCS

USD(P&R)
ASD(HA)

DHA Director

DHA OGC

IPO

PEO DHMS

EHR Functional
Champion

Chief of Staff

Special Staff

HA / DHA Liaison

Component
Acquisition
Executive

Communications

Innovation

Admin & Mgt

EEOO

Manpower

Comptroller

Strategic Mgt

Procurement

Def Health Board

DoD / VA PCO

Prog Integration

Small Business

Analytics



Healthcare Operations
Directorate(CMO)

Research Development &
Acquisition Directorate

Health IT
Directorate(CIO)

Education & Training
Directorate

Business Support
Directorate

NCR Medical
Directorate

Operations

TRICARE Health Plan

Pharmacy

Clinical Support

Public Health

Readiness

Warrior Care Program

Advanced Development

Science & Technology

Clinical Infrastructure Program

Veterans Affairs R&D Liaison

Innovation and Advanced
Technology Dev (CTO)

Portfolio Mgmt and Customer
Relations

Infrastructure & Operations

Solution Delivery

Information Delivery

Cyber Security

Defense Health Service
System (DHSS)

Defense Health Clinical
Systems (DHCS)

METC HQ

DMRTI

JMESI

Academic Review
& Oversight

Prof Development,
Sustainment, & Prog Mgmt

Facility Planning

Medical Logistics

Budget & Resource
Management

Program Integrity

Walter Reed National
Military Med Center

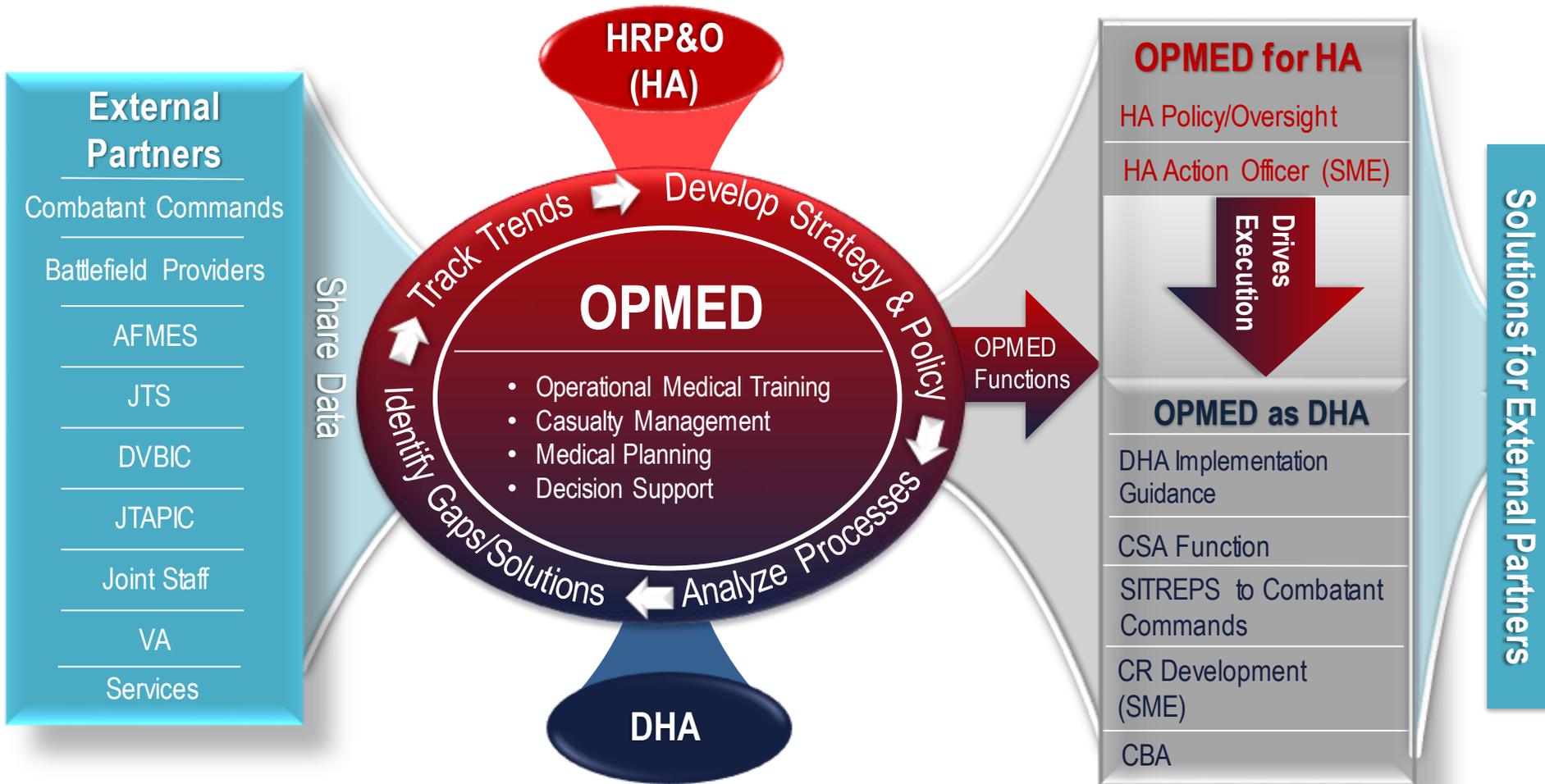
Ft Belvoir
Community Hospital

Joint Pathology Center

Shared Service



READINESS Division: Integrating Strategic Goals and Operational Initiatives to Preserve and Protect the Health of the Warfighter





Policy Development “Making Sausage”

Political

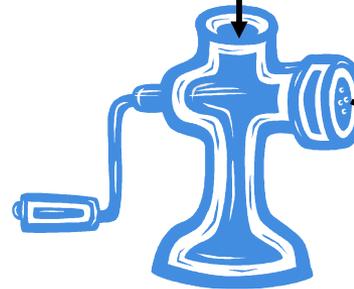
Statute
Congressional Inquiries
Press/Media
Task Forces and Commissions

Operational

Return to duty decisions
Medical footprint on battlefield
Affect on deployment

Scientific/Clinical

Validity/Sensitivity/Specificity-tools
Timing of assessment and relation to lifecycle assessment (test stability)
Tool comparisons
Saving Lives on the Battlefield-TBI CPGs
Normative values vs. individual baselines re: NCATs
Applicability with mTBI



Policy

*Recipe requires the
Balance of Risks
and Benefits*



Policy Drivers

- Community of Interest
 - Research/Medicine/Operations
- Senior Leaders
- Congress, White House, Statute, Task Forces, Commissions,
- Services/Combatant Commands (CCMD)
- JCIDS (Joint Capabilities Integration and Development System)
 - Capability Based Assessment (CBA)
 - DOTmLPF Change Recommendation (DCR)
 - Initial Capabilities Document (ICD)
 - Joint Requirements Oversight Council Memorandum (JROCM)



Policy Development Complexity of Operational Policy

What role does policy have in combat medicine?

- Development
 - appropriate wickets, SMEs, WGs, Services(WHS), JS
 - Flexibility for growth
 - Oversight - compliance
- Implementation/Execution
 - Service/CCMD Policy
- DHA as CSA



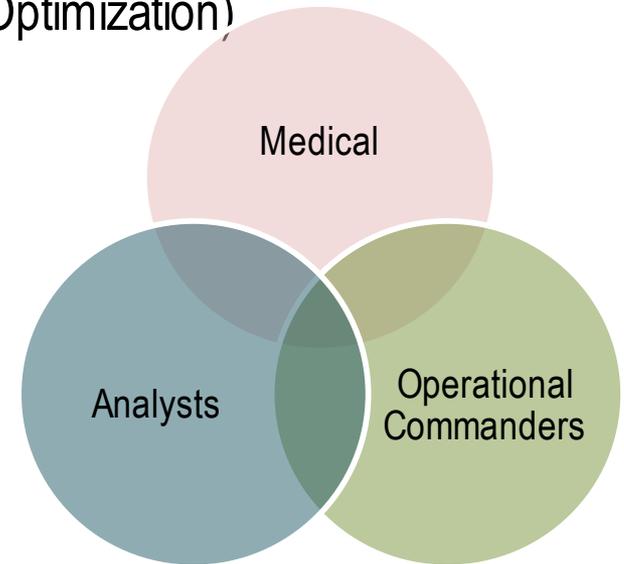
Current TBI Related Policy Efforts

- TBI Definition & Reporting (HA Memo)
- DoDI 6490.11
- DoDI 6490.13
- Service Specific Policy
 - MARADMIN 294/12-US “Marine Corps Traumatic Brain Injury Program”
 - HQDA EXORD 165-13, “DA Guidance for Management of mTBI in the Garrison Setting”
- Combatant Command (CCMD) Policy
 - CENTCOM FRAGO
 - MARCENT FRAGO



Factors Influencing Policy Decisions for Prevention and Mitigation of Acute TBI

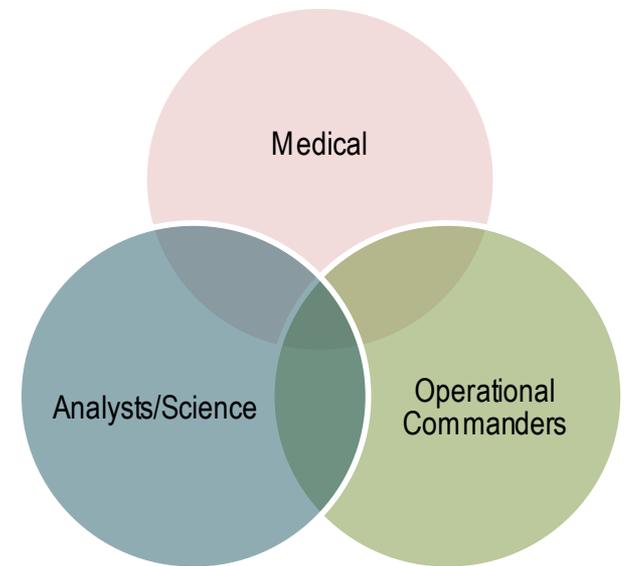
- Medical
 - Existence (non-existence) of a Diagnostic Test
 - Availability of Definitive Treatment
 - Predicting Susceptibility (Human Performance Optimization)
- Analysts
 - Safety vs. Occupational Health
 - Research vs. Performance Improvement
 - Personal Protective Equipment
- Operational Commanders
 - Role in Screening
 - Role in Safety Reports
 - Modification of Tactics Techniques and Procedures





Factors Influencing Policy Decisions for Managing Chronic Effects of TBI

- Medical
 - Recurrent Concussion Evaluations
 - Availability of Definitive Treatment
 - Understanding Return to Duty
 - Predicting Chronicity
- Analysis/Science
 - Safety vs. Occupational Health
 - Research vs. Performance Improvement
 - Personal Protective Equipment
- Operational Commanders
 - Modification of Tactics Techniques and Procedures

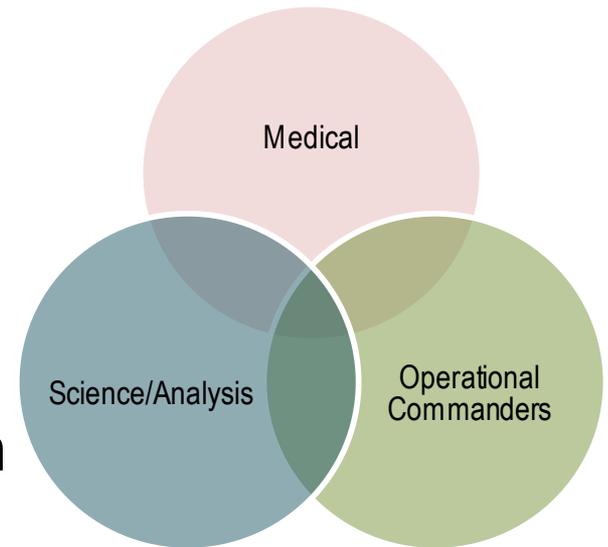




Nuance of Policy: Revisiting DoDI 6490.11

Modifications to Consider

- 50m vs 30m
- Updating the mandatory reporting events
- ASD(HA) vs USD(AT&L)
- JTAPIC Data
- Inclusion/exclusion of medical algorithms
- Registry vs Exposure Database vs Health Record





Potential Future Policy Efforts

- Community of Interest Driven
 - TBI Outcomes (HA Memo)
 - Garrison TBI DoDI
- JROCM-driven
 - FHP (26 MAR 2014)
 - TBI Diagnostic Tool for Point of Injury (POI) (JROCM + 3yrs)
 - Mandate documentation at POI (JROCM + 2.5yrs)
 - In conjunction with affected “line agencies”, to sync the HPO community (JROCM + 2.5yrs)



Potential Future Policy Efforts

- Ongoing Research-15 Year Longitudinal Study
 - Integrated collection of research studies designed to examine TBI outcomes (SMs, veterans, family members/caregivers)
- Presidential E.O. issued in 2012 to DoD/VA/HHS/DoD/ED developed a coordinated NRAP to address the science and treatment of PTSD, TBI, and Suicide
 - DoD/VA Traumatic Effects of Neurotrauma Consortium (CENC);
 - The Consortium to Alleviated PTSD (CAP)
- DoD has developed a brain bank through the Center for Neuroscience and Regenerative Medicine (CNRM)



Summary

- Policy Development
- Current TBI Related Policy Efforts
- Factors Influencing TBI Policy
- Prevention and Mitigation
- Managing Chronic Effects
- Nuance of Policy
- Future Policy Efforts



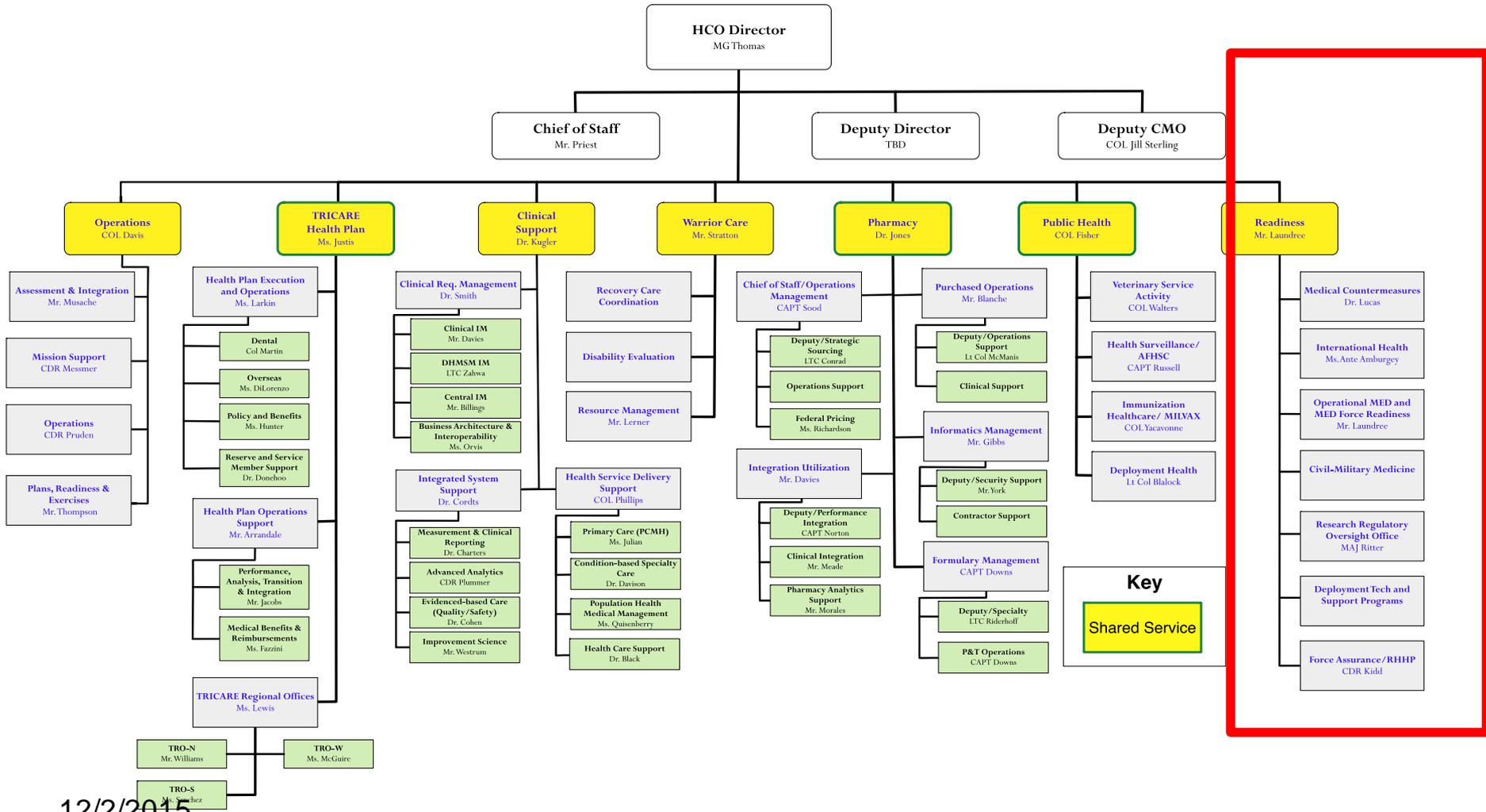
Questions





Backup Slides





12/2/2015