2010 Military Health System Conference

Marine Corps Medical Focus

Sharing Knowledge: Achieving Breakthrough Performance

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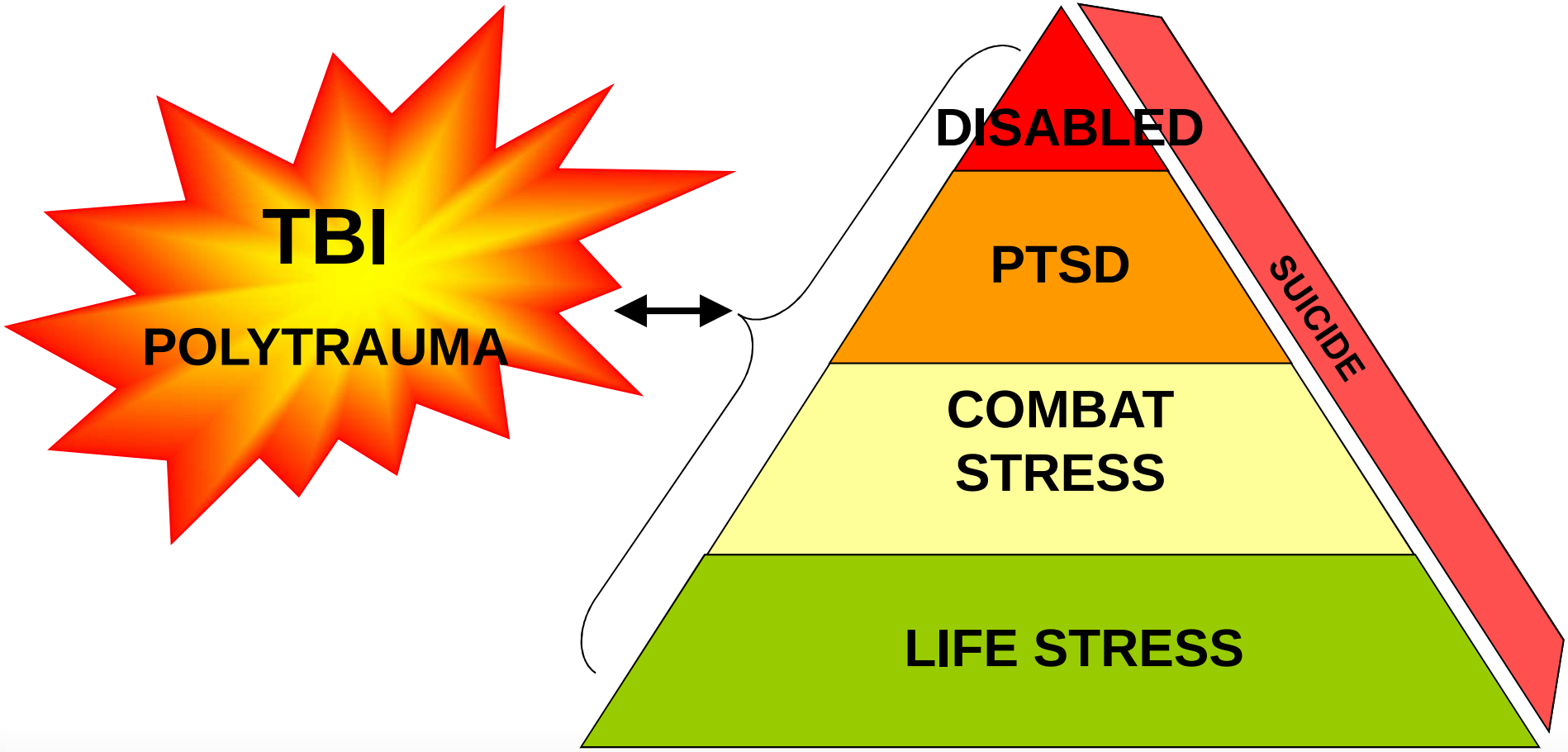
Overview


TBI
POLYTRAUMA
DISABLED
PTSD
COMBAT STRESS
LIFE STRESS
SUICIDE

Overview*

- About 300,000 Marines have deployed since 11 Sep 2009
  - Nearly 9000 wounded significantly enough to warrant Personnel Casualty Report
- 50,000-60,000 mild Traumatic Brain Injured
  - Vast majority fully recovered on own, but not all
  - Long term problems with TBI still being uncovered
- Up to 20,000 with Post Traumatic Stress Disorder
  - Severity and disability vary
  - Incidence of Traumatic Stress Injuries (that don't lead to disorder) unknown but clearly many times higher
- Marine Corps leadership intends to keep these Warfighter care issues as a military medicine focus

*estimates based on median published rates

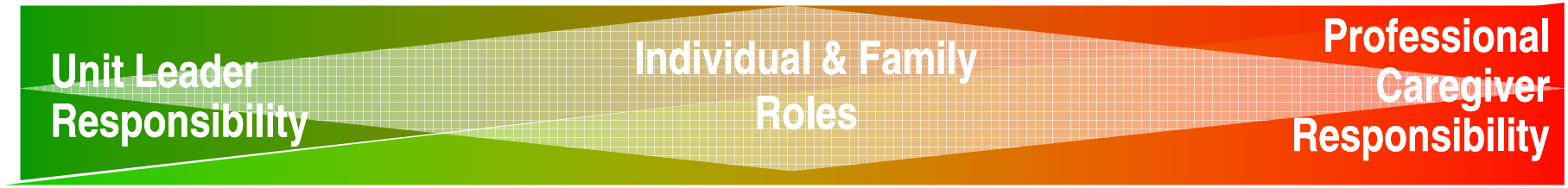
Stress/Traumatic Stress

- Everyone experiences stress
- Most Marines process these experiences "well" (without long term dysfunction)
- Some experience post traumatic growth
- If only RESILIENCE came in a pill
- Medical's (limited) role

COSC

Combat Operational Stress Control Continuum

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
Fit and Focused	Problems but Likely Meeting Job Expectations	Distressed and Causing Job / Home Problems	Need Professional Assistance to Recover



Leader Tasks	Marine and Family	Professionals
• Strengthen • Identify • Mitigate • Treat • Reintegrate	• Come forward and ask for help • Be alert for concerning changes	• Includes Medical and Chaplain • Most Marines will get better with good care

OSCAR

- OSCAR (Operational Stress Control and Readiness) embeds mental health professional teams as organic assets in operational units (currently Ground Combat Element)
- This approach is based on psychological health conditions being:
  - Common
  - Hard to detect
  - Hard to admit (stigmatized)
  - Treatable (respond best to early intervention)
  - Potentially disabling
  - Possibly preventable

OSCAR Extender Framework

- Extended to smaller and non-GCE units through medical, religious, and warfighter personnel already assigned
  - Intensive Training Curriculum (2-4 days)
  - Help leaders with COSC
  - Be known, trusted, easily approachable
  - Encourage getting help
  - Provide advice, support, or treatment
  - Help Marines get back in the fight

OSCAR Extender Framework

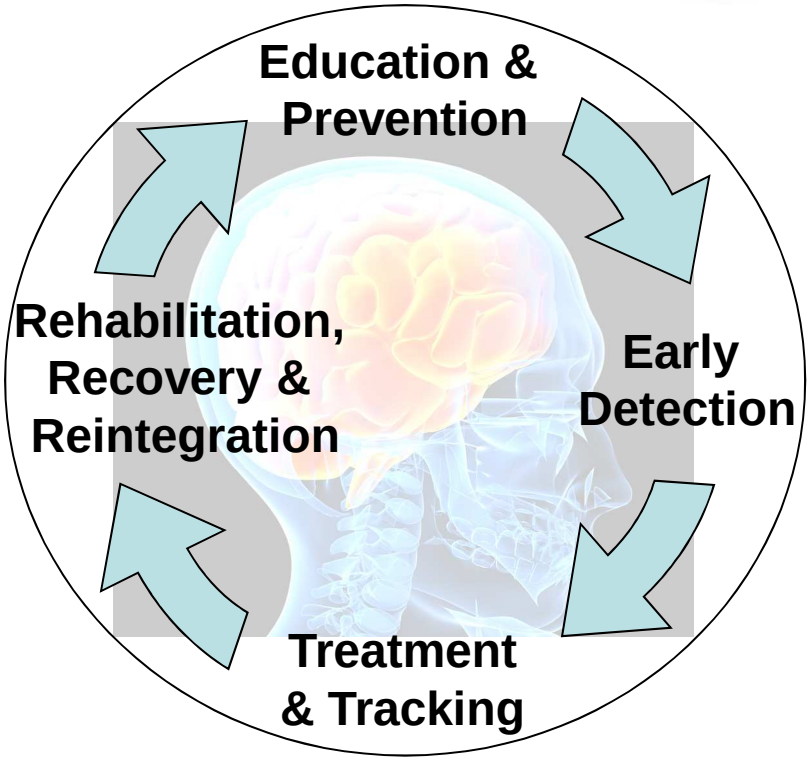
- OSCAR Extenders
  - Selected physicians, dental officers, nurses, other medical service providers, chaplains, and religious program specialists from the infantry battalions
  - Selected corpsmen from the infantry battalions and companies
- OSCAR Senior Mentors
  - Executive Officers and Senior Enlisted Advisors from the infantry battalions and companies
- OSCAR Peer Mentors
  - Selected officers and enlisted Marines from the infantry battalions and companies

Suicide

- Issue for all services and the country
- While there is a medical role this is also a leadership issue
- Multiple efforts already underway
  - NCO/FMF Sailor Leadership Suicide Prevention Training
  - Leadership Suicide Prevention Video Messages
  - Integration of Suicide Prevention and Marine Corps Martial Arts Program
  - Relationship Distress Hotline
- NIMH study

TBI Management Continuum

- Every Warfighter trained to:
  - –Recognize the signs/symptoms
  - –Equipped to reduce the effects
- *In the event of an injury* treated early to minimize the impact and maximize recovery from TBI



- Requires an educated force trained to recognize, and treat and a commitment to documentation and tracking

Theater Clinical Practice Guidelines

Currently Being Codified in Directive Type Memorandum

MANDATORY MEDICAL SCREENING

- Mounted: All personnel in any damaged vehicle (e.g. blast, accident, rollover, etc)
- Dismounted: All within 50m of a blast; All within a structure hit by an explosive device
- Anyone who sustains a direct blow to the head or loss of consciousness
- Command Directed
  - NOT limited to repeated exposures

Theater Clinical Practice Guidelines

Currently Being Codified in Directive Type Memorandum

- ALL RECEIVE:
  - Medic/corpsman evaluation (MACE) and re-evaluation pre-RTD
  - Minimum 24 hrs downtime
- mTBI/Concussive Event
  - Medical evaluation above with Physician, PA or Nurse Practitioner oversight
- Witnessed Loss of Consciousness
  - Neurological evaluation by Licensed Practitioner
  - Loss of consciousness greater than 5 minutes requires evacuation to Level III facility

DATA CAPTURE

- In Theater
  - Currently Inconsistent (poor) Capture
  - Leader level
  - Medical level
- In Garrison
  - Better Capture
  - Limits of PDHA & PDHRA
  - New Avenues (e.g. One Source) May Limit Leader's Situational Awareness

TBI Research and Development

Blast Physics/ Blast Dosimetry

Neuroprotection & Repair Strategies: Brain Injury Prevention

Treatment & Clinical Improvement (e.g. Hyperbaric Oxygen Therapy, Cognitive Rehab)

Rehabilitation & Reintegration: Long Term Effects of TBI

Field Epidemiological Studies (mTBI)

Complementary Alternative Medicine

Concussion: Rapid field Assessment (e.g., Biomarkers/ Eye Tracking)

Force Protection Testing & Fielding

Expeditionary Medicine (mod 0)

Expeditionary Medicine (mod 1)

DCoE – Hyperbaric Oxygen Study

- First ever Level 1, evidence-based study of this intervention
  - Randomized, Controlled, Double-Blind, Multi-center Clinical Trial
  - Approximately $10 million budget
  - DoD goal for first results under 2 years
- Current Status
  - Received Food and Drug Administration Approval to move forward
  - Sites selected: San Antonio, TX; Fort Hood, TX; Fort Carson, CO; Camp Pendleton, CA; Camp Lejeune, NC
  - Finalizing contract for portable chambers to perform study at Forts Hood & Carson and Camps Pendleton & Lejeune
  - Anticipating first study enrollees April 2010

Conversation Starters

- Do current medical echelons/levels/roles, developed for a major campaign with a battle "front", provide the right framework in COIN and/or Distributed Operations?

- What about SSTR?