
Joint Pathology Center (JPC)

Status of Compliance with Section 722 of the NDAA for FY08

Brief for the Defense Health Board

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Status

- JPC CONOPS completed by JPCWG chartered by ASD(HA)
 - 27 Aug 08
- POTUS delegated JPC establishment to DoD
 - 27 Apr 09
- Delegation of JPC C2 within DoD pending
 - Senior medical leadership have recommended delegation to JTF CAPMED June 09
 - Pending decision from DEPSECDEF
 - JTF CAPMED created JPC Implementation Team
 - Charter and team set in Jul 09
 - Membership; AFIP, Service Pathology Reps, JTF CAPMED, Exec Agent (Army), VA, OSD HA, TMA, USU
- Plan, Build, Execute methodology

Plans

- JPC Initial Operating Capability (IOC) currently set for Jul 2010 (27 Aug 08 CONOPS)
- JPC Full Operating Capability (FOC) set for Summer 2011
- JPC I-Team in Plan phase
 - Refinement of CONOPS through gap analysis
 - Development of detailed OPLAN
 - Development of implementation plan to include milestones
 - Coordination with AFIP's BRAC closure plan

JPC Capabilities

- Establish Joint Pathology Center to be fully operational NLT Summer 2011
 - Full spectrum pathology consultative services for the federal government in support of clinical care
 - Consultation utilizing state-of-the-art molecular testing, histopathology and immunohistochemistry
 - Mission critical testing such as depleted uranium and embedded fragment analysis in support of DoD/VA programs
 - Serves as primary pathology reference center for the Armed Forces Medical Examiner System
 - Pathology Education
 - Partnership with Uniformed Services University to provide Continuing Medical Education to physicians within the federal government
 - Integral component of WRNMMC and DoD pathology residency and fellowship programs

JPC Capabilities (con't)

- Clinical Research
 - Support military relevant and military critical research including TBI initiative, combat wound initiative and US Military Cancer Institutes (USMCI) initiatives
 - Pathology research through WRNMMC and other military facilities
 - Use of repository material for research
 - Partner with USMCI
 - Utilize cohort registry and ACTUR data for research
- Tissue Biorepository
 - Maintain and modernize
 - Use material for clinical care and develop process for utilization
- Utilize Strategic Partnerships to leverage and enhance existing capabilities
 - USMCI and Uniformed Services University

JPC

- Organizational Placement:
 - Director JPC will report to JTF HQ
- Resources:
 - Staffing based on gap analysis and validation of staffing model
 - Director
 - 29 board certified subspecialist pathologists
 - Derm, GU, Heme, GI/Hepatic, Pulmonary/Mediastinal, Oral/ENT/Endocrine, GYN/Breast, CV, Neuro, Nephro, Environmental, ID, Soft Tissue/Bone
 - In collaboration: Rad Path (WRNMMC staff) and Vet Path (C2 TBD)
 - 75 Technical and administrative support staff
 - Budget (Preliminary Estimate)
 - Estimated start up costs \$4M
 - Estimated annual budget \$21M
 - Working with TMA/HA for funding

Way Ahead

- Complete gap analysis, OPLAN and I Team deliberation
- Coordinate with AFIP closure plan to ensure continuity of clinical care
- Work with all stakeholders to ensure retained services are programmed to appropriate organizations

Back-up Slides

JPC CONOPS

- CONOPS leverages capabilities of existing organizations
 - Synergy, reduce redundancy, economy of scale
 - Provides framework for development of strategic partnerships
- CONOPS meets NDAA language
- Developed in collaborative process with Services and VA to meet patient care needs
- CONOPS reviewed and approved by Health Affairs JPC Work Group

Attributes and Capabilities Required for IOC and FOC at minimum

- IOC
 - Maintenance of Tissue Repository
 - Limited Scope of Secondary Consultation / Diagnostic Services
 - Selection of Interim Director
 - Office of the Director
 - Support Staff
 - Limited Research and Education in Pathology
- FOC
 - Molecular Pathology, Histology, Telepathology
 - PMO, Tumor Registry (ACTUR)
 - Implement Plan to Modernize Tissue Repository
 - Implement plan to expand Research and Education
 - Implement full scope of Secondary Consultation