



DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

May 15, 2025

MEMORANDUM FOR DEFENSE HEALTH AGENCY NETWORK DIRECTORS

SUBJECT: Referral Management Guidance for Ocular Trauma Care in the Defense Health Agency

This memorandum provides objective criteria that military medical treatment facilities (MTFs) should consider in referral management to assess and treat ocular injuries in the Military Health System (MHS). These guidelines are not intended to replace providers' clinical judgment in treating and referring patients for ocular and vision care.

The establishment of Ocular Trauma Centers (OTCs) as Department of Defense Centers of Excellence (CoEs) for ocular injury was mandated by Congress in the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2022, Section 721. This was reinforced by the NDAA for FY 2023, Section 713, which required designation of regional specialty care CoEs, and the OTCs support the Defense Health Agency's (DHA) Strategic Plan to enhance beneficiary outcomes, beneficiary experience, and to support a ready medical force. The DHA Director designated four OTCs on November 18, 2022, which have been established and are at initial operating capability to provide enhanced ocular trauma services in the following Defense Health Networks (DHNs):

- National Capital Region; shared capabilities between:
 - Walter Reed National Military Medical Center
 - Alexander T. Augusta Military Medical Center
- Central; shared capabilities between:
 - Brooke Army Medical Center
 - Wilford Hall Ambulatory Surgical Center
- Indo-Pacific
 - Madigan Army Medical Center
- Pacific Rim
 - Naval Medical Center San Diego

The four OTCs are tertiary eye care centers associated with Ophthalmology Graduate Medical Education programs. They are designed to provide the full spectrum of ocular care, from initial medical and surgical treatment to rehabilitation. They allow for detailed care coordination and complex care requiring the expertise of multiple ophthalmic subspecialties to manage isolated and systemic polytrauma patients with concurrent ocular injuries. The OTCs serve as hubs for the treatment of eye injury patients evacuated from OCONUS/theater locations and provide standardized, state-of-the-art care for ocular trauma across the MHS. In the National Capital Region and Central DHNs, two geographically close MTFs work together to provide the complete spectrum of care.

At full operating capability, the OTCs will provide coverage by ophthalmic surgeons and subspecialists in the following areas:

- Retina
- Cornea
- Oculoplastics
- Glaucoma
- Pediatrics/Strabismus
- Neuro-Ophthalmology
- Specialty/Medical Contact Lens
- Low Vision Rehabilitation

The following objective criteria may be used when determining where a beneficiary's treatment should be delivered:

- **Patient Needs:** Providers should consider the individual clinical needs of each patient based on conditions and prognosis, the urgency of treatment needed, and access to care. The feasibility of referring the beneficiary and their attendant to an OTC or other MTF, including the ability and willingness of the patient to travel, may also be considered. Patient referrals are not restricted to the DHN in which the patient is initially treated, or where they reside, but a more holistic approach may be used to determine the location that will best serve the patient's needs.
- **MHS Capabilities:** Treating the full spectrum of care at one facility may result in better outcomes for ocular trauma cases than care spread across multiple facilities. The differences are not due to individual providers' abilities, but institutions' ability to provide timely and coordinated care between multiple subspecialties with reliable follow-up.
- **Referral Guidance:** Effective referral management ensures timely and appropriate ocular trauma care. Referral criteria to an OTC for both acute inpatient and routine outpatient consultation includes any patient:
 - With a severe or complicated ocular injury/condition, if the nearest MTF Ophthalmology clinic lacks the necessary capabilities;
 - Who requires attention from multiple ophthalmic subspecialties and/or polytrauma; and/or,
 - Who requires post-surgical/ocular injury rehabilitation and follow-on care.

Referring providers should consider the availability of care in the MHS first, starting with the nearest MTF with appropriate capabilities, followed by the nearest OTC, before referring to a qualified private sector care (PSC) facility. Vision Care Services

Coordinators (VCSC) are located at each OTC to assist in patient tracking and non-urgent coordination of care during normal business hours.

More information about the VCSC program can be found at:

<https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/VCE/Vision-Care-Services-Coordination> and the VCSCs can be reached by email at: dha.ncr.dha-re-activity.mbx.vce-vcsc@health.mil.

- **Capabilities in the Community:** In some instances, stabilization may require emergent transport to a PSC facility prior to a direct care referral. When the provider determines treatment in a PSC facility to be in the patient's best interest (e.g., for acute stabilization and/or inappropriateness of long-range transport), providers should note in the referral why the patient cannot be treated within the MHS.

DHA Headquarters and the OTCs are operationalizing standard operating procedures for each location, including developing processes to identify, evaluate, transport, and reattract beneficiaries with severe ocular injuries, with a focus on long-term functional outcomes.

For inquiries related to patient referrals, please contact the nearest Ocular Trauma Center (Ophthalmology clinics listed at the MTFs above). My point of contact for this memorandum is Vision Center of Excellence at dha.ncr.dha-re-activity.mbx.vce-vcsc@health.mil.

MATTHEW CASE
RDML, USN
Acting Assistant Director
Health Care Administration

Attachment:
DHA Director memorandum, 18 November 2022