Intrepid Fallen Heroes Fund


- The successful fundraising efforts of Arnold Fisher have generated philanthropic contributions to the IFHF for advanced medical facilities for military service members.

- The Center for the Intrepid (CFI) opened at Brooke Army Medical Center in 2007 for amputation prostheses and functional limb loss care.
Dedication

• The NICoE was officially dedicated and proffered to the Department of Defense in a Ribbon Cutting Ceremony on June 24, 2010
• The $65 million, 72,000-square-foot facility marks the generous contributions of the American people and the IFHF

To America’s Military Heroes
In Recognition of your Patriotism, Courage and Sacrifice
A PLACE TO HEAL THE INVISIBLE WOUNDS OF WAR

From the American People
and
The Intrepid Fallen Heroes Fund
National Intrepid Center of Excellence

Location: NNMC campus, Bethesda, MD
Lot Size: ~3 AC
Building Size: ~72,000 SF
Number of Stories: 2
Number of Personnel: ~111

Major Diagnostic / Rehabilitation Equipment:
- Magnetic Resonance Imaging (3-T) / Functional MRI / Diffusion Tensor Imaging
- Positron Emission Tomography with Computed Tomography (PET/CT)
- Magneto encephalography (MEG) Scanner
- Trans-Cranial Doppler Ultrasound
- Fluoroscopy
- CAREN (Computer Assisted Rehabilitation Environment) system
Vision: The NICoE is an instrument of Hope, Healing, Discovery, and Learning

Mission: To be the leader in advancing world-class psychological health and traumatic brain injury treatment, research, and education

Key Principles:

- A model of interdisciplinary diagnostic and treatment planning in a family focused, collaborative environment which promotes physical, psychological and spiritual healing
- A research hub to leverage the unique patient base, the most current technical and clinical resources in order to initiate innovative pilot studies designed to advance medical science in TBI and PH
- An education and training venue for the dissemination of next generation standards of care and resilience to providers as well as service members and families
- An innovative platform committed to long-term follow-up and family contact
Major Milestones

- Fall 2007 – Establishment of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)
- 3 December 2007 – NICoE proffer to DoD by Intrepid Fallen Heroes Fund
- 27 December 2007 – NICoE Work Group established, chaired by COL(P) Sutton, DCoE
- January 2008 – December 2009 – Initial CONOPS developed and market analysis of clinical & research requirements
- February 2009 – Dr. James Kelly named Director, NICoE
- Spring 2009 – Summer 2010 – Program design and preparation for IOC
- 24 June 2010 – Ribbon Cutting/Dedication Ceremony /Beneficial Occupancy
- 10 August 2010 - Transfer of Authority from DCoE/TMA to NNMC/JTF CapMed
- 4 October 2010 - Initiation of IOC Clinical Care
• Capacity for 20 patients and families at any given time receiving individualized assessment and treatment plans
• Ongoing research protocols underway pending IRB approval
• Training & Education for service members, families, and providers

* As of 29SEP 10 - continuing to review/validate CONOPS
The NICoE’s clinical mission is to:
- Offer specialized interdisciplinary diagnostic evaluations of complex TBI and PH conditions
- Provide a patient and family centered holistic clinical care environment
- Produce a comprehensive individualized treatment plan
- Measure outcomes of therapeutic interventions

Clinical Small-Working Groups (SWGs), comprised of expert panels, were developed to provide recommendations on NICoE’s clinical evaluation processes. The Clinical Operations Integration team is now identifying requirements and NICoE-specific:
- Clinical Practice Guidelines / Standard Operating Procedures
- Personnel requirements
- Equipment requirements
- Follow-up Metrics
Patient Profile

• Active duty service members with TBI complicated by other impairing PH conditions, who are not responding to conventional therapy and who have been prevented from returning to full duty

• The profile of service members who will be seen at the NICoE will include:
  – Active Duty
  – Mild to moderate TBI and PH (OEF/OIF/OND related)
  – Persistence of symptoms despite "defined" standard treatment
  – No active/untreated substance abuse disorder (no potential for withdrawal)
  – Capable of participating in an Intensive Outpatient Level of Care, including:
    • Able to perform all ADLs
    • Able to independently obtain/provide for their own food, transportation and conduct their own financial affairs
    • Not a danger to self or others
    • Not in need of services requiring a level of nursing care or medical monitoring higher than what can safely be provided in an outpatient setting
Continuity Services provides NNMC Warrior Care Clinic with Provider Referral Form

Warrior Care Clinic fills out Provider Referral Form and includes additional description and records

Clinical Care White Team reviews referrals and stratifies patients based on initial information

White Team confers with the referring primary providers to confirm accuracy of patient condition

Referral forms will be modified based on iterative process

Continuity Services will take the lead on capturing input from the White Team and NNMC/WRAMC referring team in order to modify NICoE referral forms

The modified forms will be used in the initial process in the next phase (February-June 2011)
FOC Referral Process

• Providers will have access to an online referral form
• Licensed Social Worker Continuity Managers (CM) will work with the Warrior’s provider to establish the appropriateness of their referral
  – A NICoE interdisciplinary screening team will work with CMs and referring provider to determine the most appropriate course of action
• Details of the Warrior’s command approval, funding, scheduling, travel arrangements and billeting at the dedicated NICoE Fisher House will be managed by Concierge Support Services
  – As the individualized treatment planning begins, Continuity Services Managers will determine the long-term capability of the Warrior’s medical support structure to maintain and sustain the most appropriate treatment strategies supportable near the service member’s home as it is developed
• Continuity Services personnel will establish and maintain a long-term follow-up method with the Warrior and the home provider support system
Evaluations

NICoE Clinical Evaluations include:

- Physical / Neurological Examination
- Psychiatric / Psychological Health Evaluation
- Physical Rehabilitation Evaluation
- Vestibular / Audiology / Speech Assessment
- Neuro-Ophthalmology Testing
- Electrophysiology (including Sleep Evaluation)
- Family Evaluations
- Vocational Testing/Screening
- Neuroimaging Evaluation
- Complementary and Alternative Medicine (CAM)
- Assistive Technology Lab
- Virtual Reality Diagnostic Assessment
- Nutritional Evaluation
- Clinical Pharmacy Evaluation
- Spirituality Consultation
- Substance Use Assessment
Research

• NICoE’s research goals are focused on:
  – Serving as a collaborative research hub by leveraging advanced technical and clinical resources and providing an environment for sharing information across military, federal, academic and industry partners.
  – Designing and implementing next generation pilot studies which advance novel diagnostic and treatment strategies of TBI and PH conditions
  – Serving as a knowledge source that applies evidence-based medicine and approaches which elevate the highest level of care on a global scale
  – Establishing a robust research database and specimen repository for advanced bio-informatic analysis by military and civilian academic and industry research partners.

• Planned collaborations with the Department of Veterans Affairs, Defense Centers of Excellence, Uniformed Services University of the Health Sciences, National Institutes of Health, Walter Reed Army Medical Center, and civilian academic centers.
NICoE's Training and Education (T&E) mission is to serve as:
- An education catalyst for stimulating research and discovery
- An agent for advancing clinical practices
- A platform for disseminating the next generation of standards of care for patients with complex PH and TBI to providers, service members and their families

T&E at the NICoE is based on four key components:
- Warrior and Family Education Resources
- Interprofessional Staff Development
- Continuing Health Professions Education
- Student, Resident and Fellow Education
Outreach / Network

• A NICoE Network will be a virtual or physical connection to Military Treatment Facilities and major military clinics engaged in the care of wounded Warriors with PH / TBI issues enabling sharing of health data, clinical diagnostic and treatment protocols, outcome assessment measures and best practices

• Projected capabilities of NICoE networks include:
  – Extension of treatment capabilities and clinical practice guidelines
  – Liaison personnel and workspace
    • Free standing
    • Incorporated in another facility
  – Key to operationalizing and maintaining a “string” to post-NICoE patients

• A web of networks will elevate and expand the quality of care for PH / TBI and establish standards for future clinical, research and educational projects through the rapid and timely exchange of information
Video Highlights
Discussion
Back Up
Initial Operating Capability (IOC)

- Clinical
  - 4 October 2010 – Five patients undergo selected clinical assessment and treatment evaluation in an outpatient setting
  - Initial patients selected from WRAMC, NNMC, and other NCA facilities
  - Subsequent patients and families will be identified from broadening catchment areas in coordination with Services
- Research
  - Projects and initiatives implemented per NNMC IRB approval
  - Collaborations being built with USUHS, NIH, and VA
- Training and Education
  - Activities focused on interdisciplinary staff training and patient/family training and education
  - Hosting external organizations addressing TBI and PH issues
Full Operating Capability (FOC)

• Clinical
  • Referrals from service providers located across the country
  • 20 patients at any given time for individualized assessment and treatment planning

• Research
  • A blanket protocol will be underway for the transfer of clinical patient data to a de-identified research database
  • Other research TBI/PH protocols supported on a continuing basis

• Training and Education
  • Activities continue to focus on service member and family education resources, and interdisciplinary staff development
  • Also, support to continuing health professions education and student, resident and fellow education
Research Projects

- Established relationship with NNMC IRB process
- Initial research protocols:
  - National Capital Consortium TBI Neuroimaging Core Project (325 Subjects)
  - HBO$_2$ research protocol
- NICoE will serve as a research hub, contributing significantly through the development of a Common Data Elements Database (CDE dB) for TBI and PH
- Virtual Reality research protocols for innovative assessments of TBI and PH issues are currently under development