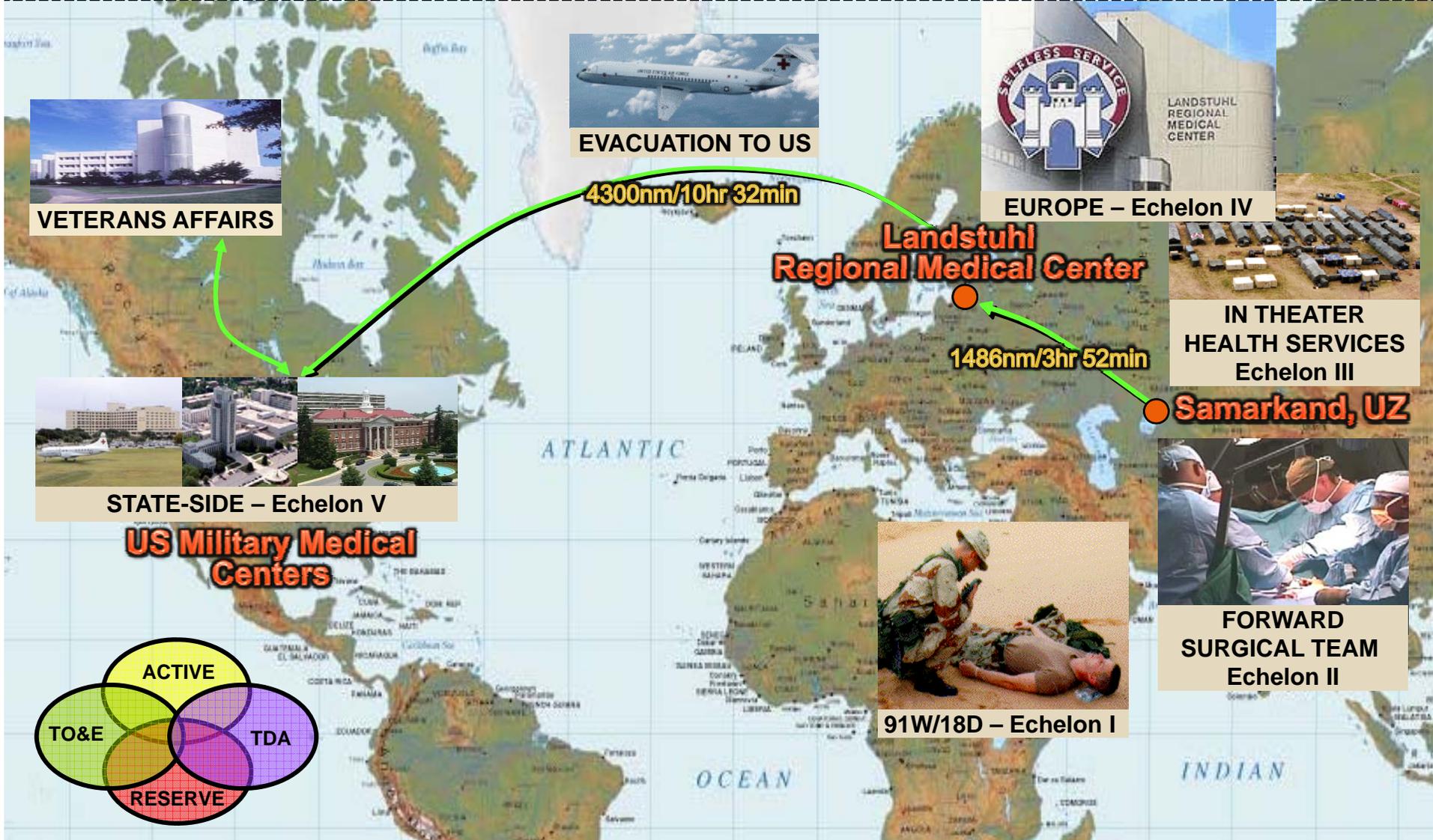




# MEDICAL PROJECTION

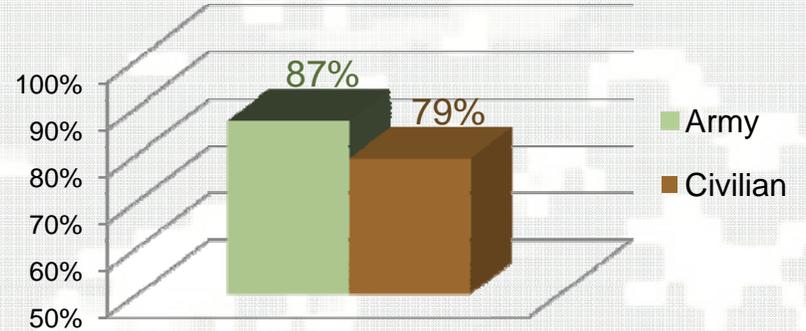


# IT'S ABOUT THE OUTCOMES

## ⊕ Clinical

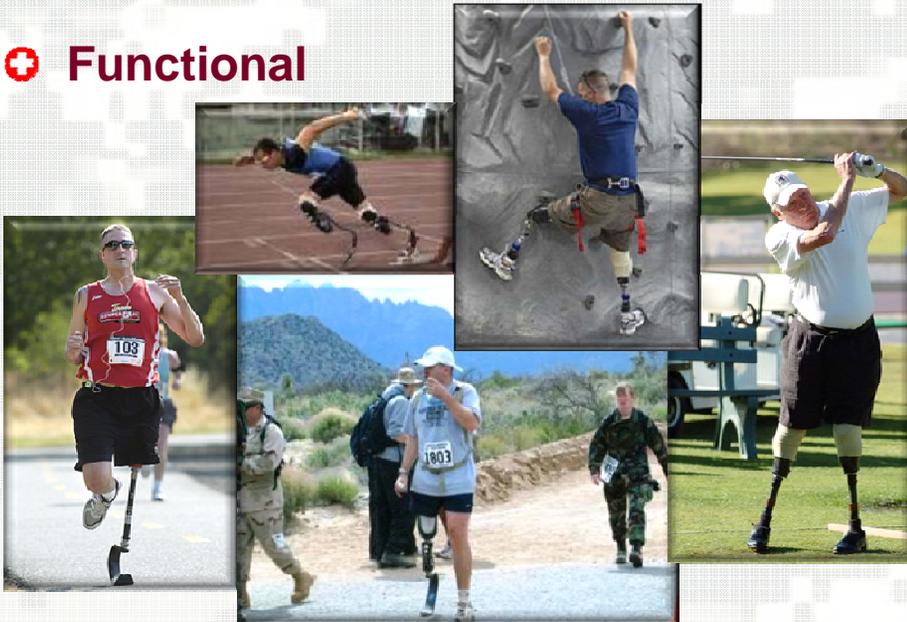


## ⊕ Patient Satisfaction



Satisfaction with care is rated good-to-excellent by 87 percent of Army patients, compared to a national average of 79 percent for similar HMOs. ( AMEDD Website – Aug 2009)

## ⊕ Functional

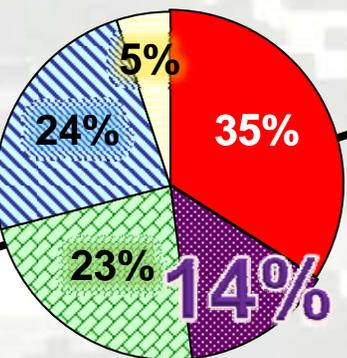


## ⊕ Stewardship

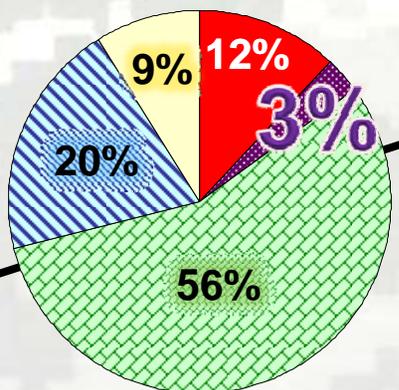


# GOALS OF MILITARY MEDICAL R&D

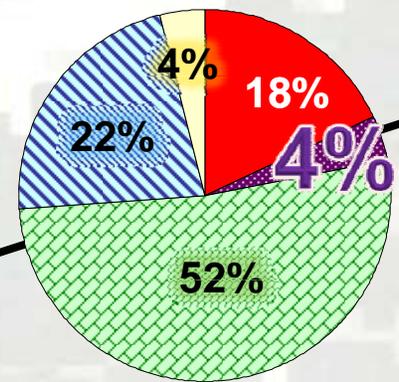
## DECREASED MEDICAL FOOTPRINT DECREASED DNBI, INCREASED SURVIVABILITY



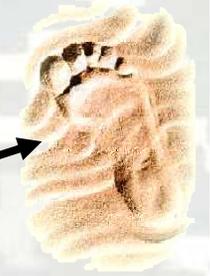
**DESERT SHIELD/STORM**  
DNBI = 0.392  
Survivability = 78.2%



**OPERATION ENDURING FREEDOM**  
DNBI = 0.305  
Survivability = 87.1%



**OPERATION IRAQI FREEDOM**  
DNBI = 0.231  
Survivability = 90.1%

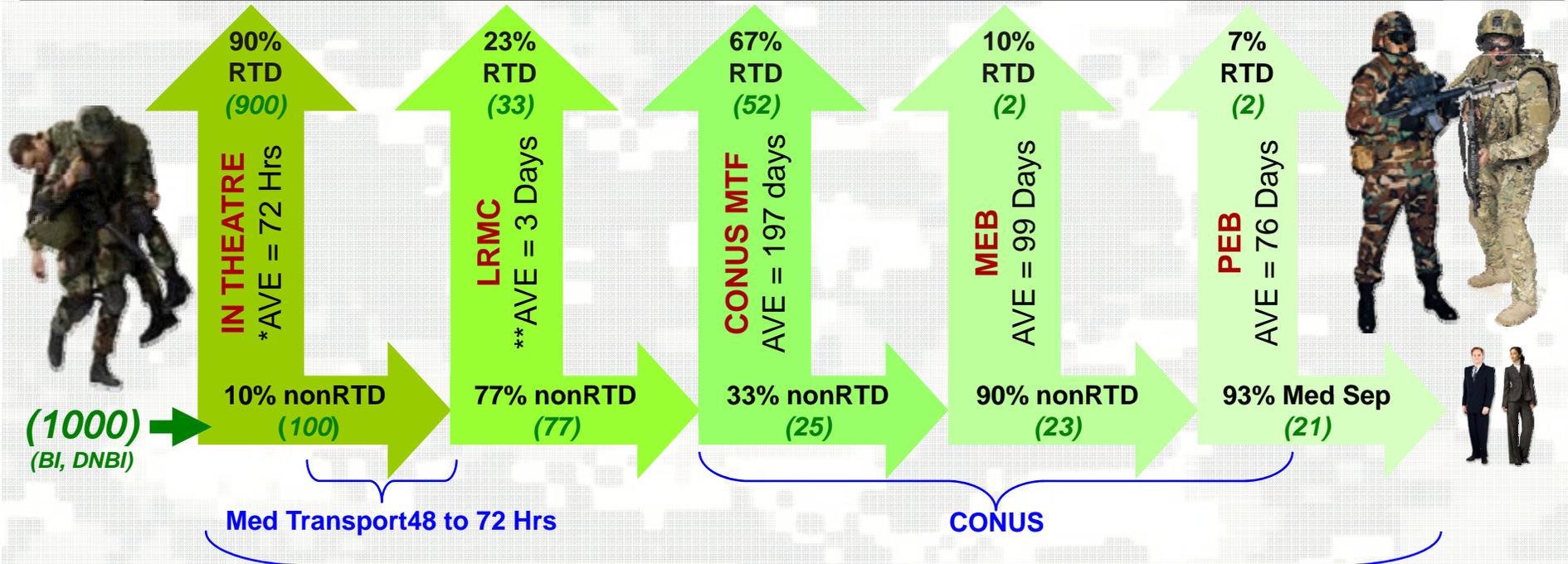


Pie Chart = Footprint = % of Personnel Assets in Theater  
DNBI Episodes / 1000 Soldiers (95<sup>th</sup> percentile)  
Survivability is calculated from total hostile casualties, as of Jul 08

# GOALS OF MILITARY MEDICAL R&D

## IMPROVED RETURN TO DUTY RATE

Army Battle Injury, Disease & Non-Battle Injury  
OEF/OIF - 1 January 2003 to 30 May 2007



\* CENTCOM Evacuation Policy: 7 days

\*\* LANDSTHUL Policy for retaining Soldiers prior to CONUS transfer: 15 days

DATA SOURCES: MODS, DIOR, TRAC<sup>2</sup>ES, MEBITT: Army OEF and OIF specific

POC: Dr. Michael J. Carino, OTSG, 5 July 2007

**Average 378 days**

**BOTTOM LINE:  
98% (979/1000) RTD**

# CHANGE DRIVERS IN MILITARY MEDICAL R&D EMPHASIS ON JOINT PROGRAMS & SERVICE COLLABORATION

NEW!

## Defense Health Program Medical R&D Office

NEW!

Established to provide policy, programming, and oversight for the DHP Research, Development, Technology, and Evaluation (RDT&E) funds for fiscal year 2010, with continued funding through fiscal year 2015



June 26, 2008

### Secretary Gates Memorandum *Caring for Our Wounded Personnel and Their Families*

"I request the development of a tailored plan to provide R&D investments that advance state of the art solutions for world class medical care with an emphasis on Post Traumatic Stress Disorder, Traumatic Brain Injury, prosthetics, Restoration Sight Eye-Care, and other conditions directly relevant to the injuries our soldiers are currently receiving on the battlefield."



April 6, 2009

### Secretary Gates News Conference *Details New Pentagon Priorities*

FY2010 Defense Budget: "Continue the steady growth in medical research and development by requesting \$400 million more than last year."

### Responsibilities

- ✦ Focal point for all Health Affairs / Force Health Protection & Readiness Medical R&D actions
- ✦ Develop program, documentation, and execution strategy
- ✦ Modify/approve strategic plans and guidance for program focus and priorities using component medical RDT&E organizations' recommendations
- ✦ Help guide the Biomedical Translational Initiative for advanced development and fielding of mature R&D
- ✦ Oversee DHP medical RDT&E planning, programming, budgeting and execution activities
- ✦ Ensure RDT&E projects are appropriately competed
- ✦ Approve final funds allocation
- ✦ Initiate reprogramming of funds for underperforming projects

### Funding Strategy

- ✦ Funding allocated by DoD into **DHP RDT&E** Program Elements for Fiscal Year 2010, with continued funding through FY2015
- ✦ Significant allocation of budget to technology transition, clinical applications, and product development

### Program Governance and Execution

- ✦ **Governance:** Through the established mechanisms of the Armed Services Biomedical Research Evaluation and Management (ASBREM) Committee
- ✦ **Execution:** By the DoD Components and be conducted through competitive processes such that a significant portion will be extramural work by industry and academia



# TRADITIONAL SCOPE OF THE MILITARY MEDICAL R&D MISSION

## SERVICE-Driven

## BATTLEFIELD Healthcare



UNITED STATES ARMY MEDICAL RESEARCH AND MATERIEL COMMAND



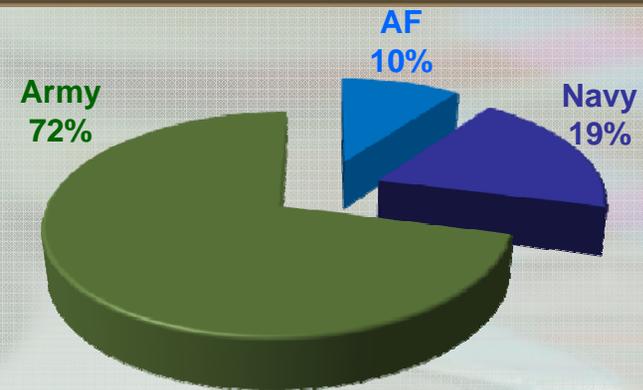
Office of Naval Research  
Science & Technology  
Warfighter Performance (34)

### Medical Research Competencies by Service

Army	On the Ground
Air Force	Aerospace
Navy	Sea / Ground*

\*In Support of the US Marine Corps

### % of Medical 6.1- 6.5 FY07 Funding by Service



#### ARMY:

- Infectious Diseases
- Combat Casualty Care
- Military Operational Medicine
- Medical Biological Defense
- Medical Chemical Defense



US Army Medical Command  
US Army Medical Research & Materiel Command



#### AIR FORCE:

- Warfighter Readiness
- Warfighter Interface
- Directed Energy Bioeffects
- Biosciences and Protection



Air Force Research Laboratory  
Human Effectiveness Directorate



#### NAVY:

- Human & Bioengineered Systems
- Warfighter Protection & Applications
- Research Protections



Office of Naval Research  
S&T Warfighter Performance (Code 34)

# CHANGING SCOPE OF THE MILITARY MEDICAL R&D MISSION

## JOINT-Driven BATTLEFIELD Healthcare and Redeployment REHABILITATION



UNITED STATES ARMY MEDICAL RESEARCH AND MATERIEL COMMAND



Science & Technology Warfighter Performance (34)

### Emphasis on working together

- Joint programs
- Service collaboration



### R&D to help reset the force



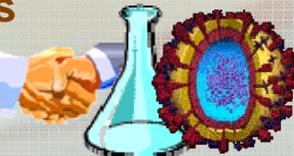
### Emphasis on contemporary health threats

- Blast Injury
- Post Traumatic Stress Disorder (PTSD)
- Traumatic Brain Injury (TBI)
- Restoration and rehabilitation of Wounded Warriors
- Uncontrolled hemorrhage



### Revolutionary approaches to biomedical research

- Improved laboratory techniques
- Systems biology
- Collaborative interdisciplinary research teams



# RESEARCH & DEVELOPMENT TO HELP RESET THE FORCE



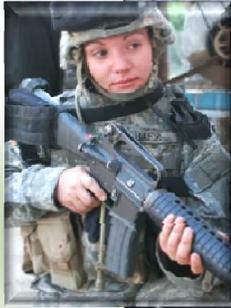
**Evidence-based return-to-duty standards and evaluation criteria**



Redeployment  
Medical Evacuation



**Reorientation and Reunion**

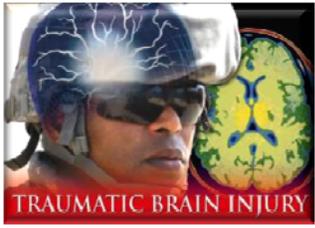


**Return to Duty**

**Warrior Transition Units (Army)**

**Transitional Reentry Sites**  
Defense and Veterans Brain Injury Center (DVVIC)

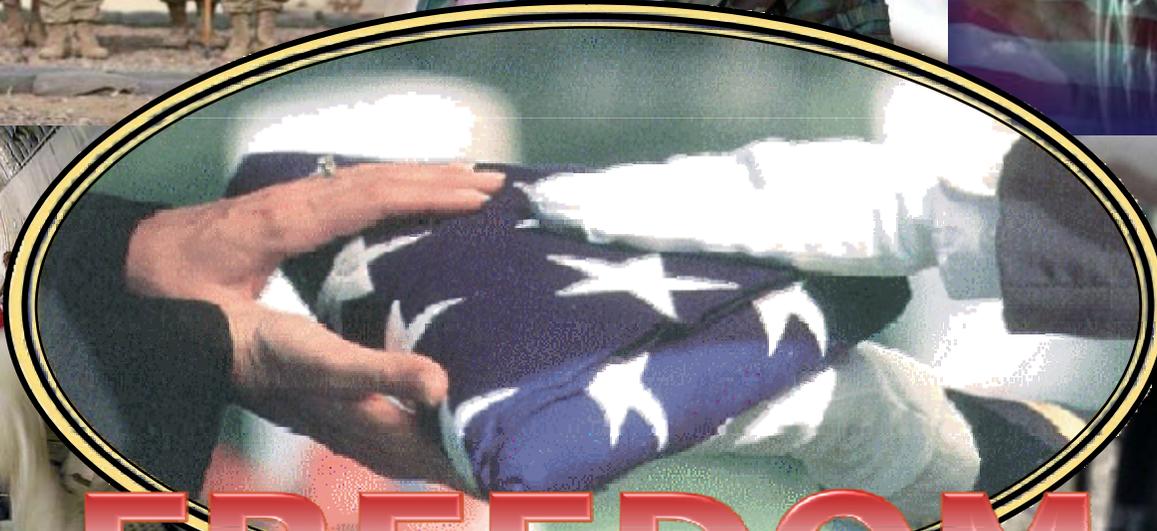
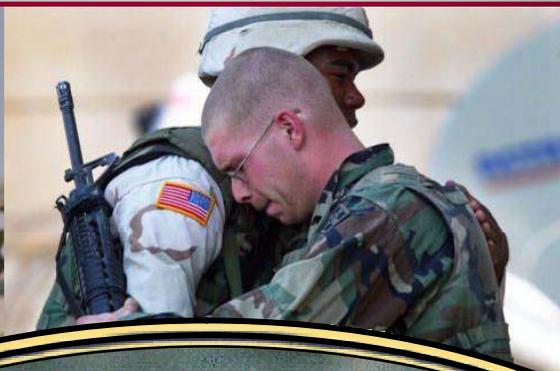
**Return to Civilian Life**







LEST WE FORGET WHY WE ARE HERE



FREEDOM

