



MCALLISTER & QUINN

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How Did We Get Here and Where Do We Go?

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August 2019

www.jm-aq.com/research

Disclosures

- Andy Quinn has no relevant financial or non-financial interest(s) to disclose.

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Commercial support was not received for this activity.

Objectives

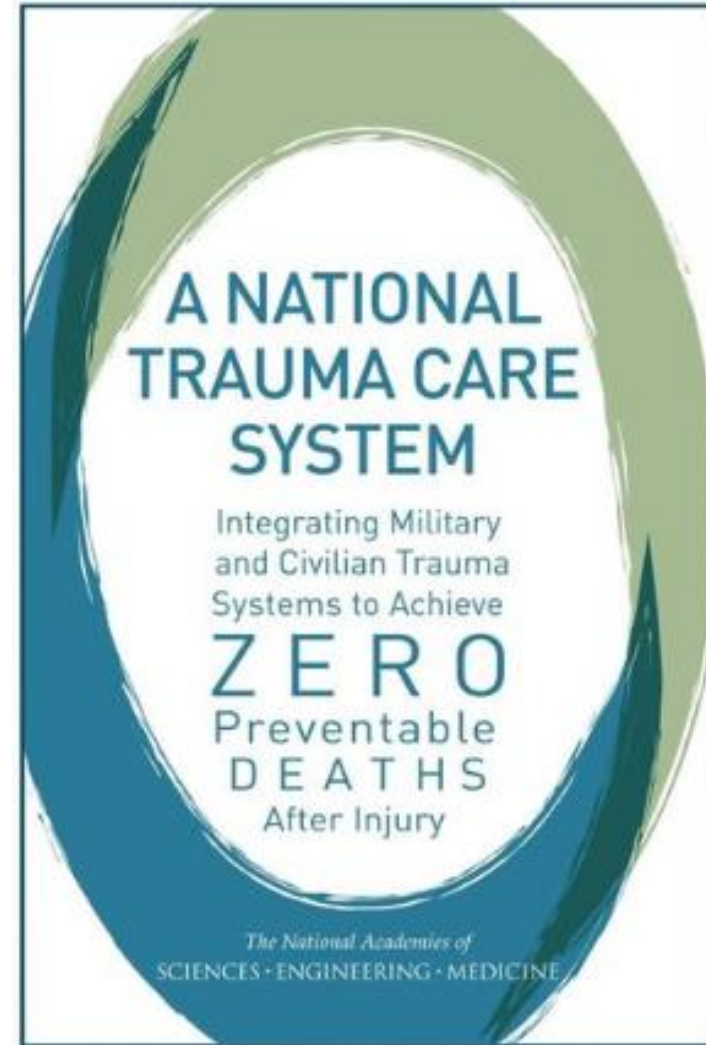
- Describe the historical data regarding military – civilian embedding
- Discuss future directions for military – civilian embedding

Who I am – Andy Quinn

- Served nearly a decade on Capitol Hill for Congressman Steny Hoyer (D-MD), the current House Majority Leader
- Left government service in 2002
- Founded McAllister & Quinn in 2004
- McAllister & Quinn now has 50 staff, 275 contractors, and over 165 clients



Issued in 2016



Key findings from the report related to the civilian trauma system

- Trauma is the leading cause of death for under 46
- 2 million Americans died of trauma since 2001 at a cost of \$670 billion
- On the civilian side, 20% of the deaths could be prevented costing 30,000 lives annually
- Survivability highly variable in the civilian sector - where you are hurt determines whether you survive
- Investment in trauma research is woefully inadequate and there is no single institute at NIH that can direct funding at identified gaps
- Greatest opportunity to save lives in the pre-hospital setting

Key findings from the report related to the military

- The military in Iraq and Afghanistan, because of continuous performance improvement, decreased mortality to the lowest point in recorded military history.
- In Iraq and Afghanistan we lost over 6,800 service personnel with potentially 1,000 deaths preventable.
- Within the DoD there is no single authority responsible for trauma readiness.
- Military participation in trauma quality initiatives was minimal.
- DoD lacked validated and standardized trauma training and skills sustainment programs.

Key Recommendations of the report

- We need a unified civilian and military trauma strategy and system to achieve zero preventable deaths.
- Change of this magnitude must be led by the White House.
- This unified system includes aims, infrastructure, data, best practices, and personnel.
- The White House should issue an executive order establishing a National Trauma Research Action Plan requiring coordination between DoD, HHS, VA, CDC, PCORI and DOT on research.
- **Assign military trauma teams in civilian trauma centers for skills acquisition and sustainment.**

National Defense Authorization Act - 2017

Mandated the creation of the Joint Trauma System at DHA. This system will:

1. Establish standards of care at MTFs
2. Coordinate research
3. Coordinate lessons learned from civilian partnerships

Established the Joint Trauma Education and Training Directorate. Duties include:

1. **Entering and coordinating partnerships**
2. Establishing goals and metrics for these partnerships
3. Develop methods of data collection
4. Develop standardized combat casualty care instruction for DoD
5. Develop trauma care registry
6. Develop personnel management plan for key medical specialties such as trauma surgery, critical care and anesthesiology

National Defense Authorization Act- 2017

Requirements for partnership with civilian trauma centers:

- Focus is geared to level 1 academic medical centers and large teaching hospitals
- DoD personnel would embed on “an enduring basis”
- DoD should consider patient volume and acuity when considering partners

Mission Zero Act

- Introduced in 2006 by Congressman Mike Burgess, MD (R-TX)
- Enacted June 2019 – passed by the House 5 separate times before enactment
- Creates a Military Trauma Team and Military Provider Placement Grant Program within HHS
- Trauma Team – 20 programs authorized for funding up to \$1M per year with an overall cap of \$10M.
- Provider Placement – \$100K per physician and \$50K per interprofessional provider up to \$5M cap.
- Grants would be used to offset insurance, office space, education, state licensing fees, and research costs that host institutions would incur.

Mission Zero Act

- This is an authorization and not an appropriation - we have a checking account but no money in it
- We will need to appropriate funding toward this effort in FY 21
- Civilian trauma centers want embedded military personnel. Part of this is financial but also very much for patriotic reasons

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