

# Leveraging Mil-Civ Collaborations to Achieve Zero Preventable Injury Deaths

## *Public-Private Collaboration to Sustain DoD Currency*

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**Uniformed Services University, Bethesda, MD**

# **This Afternoon's Session**

- **Strategic Importance of Mil-Civ Partnerships (broader context)**
  - **Mr. Andy Quinn: Historical arc - NDAA 2017 to *Mission Zero Act***
  - **Dr. Peggy Knudson: Overview of the role of the MHSSPACS**
  - **Dr. David Milia: Perspective from Trauma Centers Association of America**
- **Service-Specific Partnership Opportunities**
  - **COL (Dr) Jason Seery: US Army strategy for mil-civ partnering**
  - **Dr. Dan Grabo: Navy leadership perspective**
  - **Col (Dr) Jeremy Cannon: USAF strategy for mil-civ partnership**
- **Implementation and Management of Mil-Civ Partnerships**
  - **Mr. Tom Hove: Lessons learned from rapid implementation of program**
  - **Dr. Dan Cox: Civilian view on managing a mature partnership**
  - **COL (Dr) Kirby Gross: Military view on management**

# Disclosures

- **Viewpoints are those of the presenter and are not official positions of U.S. Government; no relevant financial conflicts to disclose**

# Backdrop for Mil-Civ Collaboration to Sustain Currency



- **The recent wartime experience exposed the need for a ready force of trauma and intensive care providers (and a Joint Trauma System) *and* the risk of going to war without such capabilities**



**NATO  
UNCLASS**

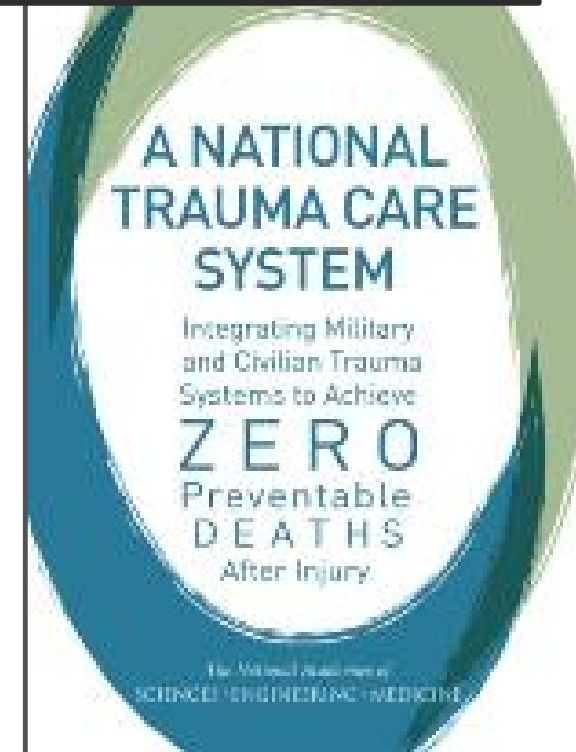
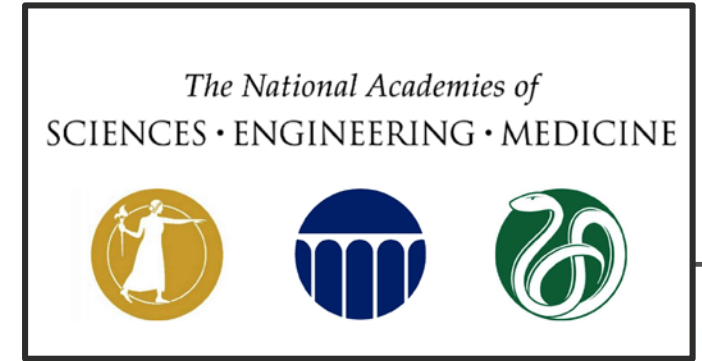
**Wounded: 53,311**  
**Deaths: 6,891**  
*defense.gov/news/casualty*

# Military Medicine Intersects with Civilian Sector

## 2015-2016 National Academy of Medicine Committee on Military Trauma Care's Learning Health System and its Translation to the Civilian Sector

- Sponsored by federal and civilian entities, the National Academies identified strengths and weaknesses of the military's wartime trauma *care*, trauma *systems* and trauma *research* efforts
- Recommendations were made on how these lessons apply to national preparedness and homeland security, including the value in establishing – through policy and legislation – an *integrated* national trauma action plan

<http://www.nationalacademies.org/hmd/Reports/2016/A-National-Trauma-Care-System-Integrating-Military-and-Civilian-Trauma-Systems.aspx>



# Transformational NDAA of FY2017



## NATIONAL DEFENSE AUTHORIZATION ACT

**December 23<sup>rd</sup>, 2016 President signed 2017 NDAA**

- **Directed changes to management structures, enabling MHS to collectively transform into integrated system of readiness & health**
- **Provided set of interdependent and nested initiatives to optimize delivery of Quadruple Aim (readiness, health, care and lower cost)**
- **Drove overarching goals: ensure trained & ready medical personnel, deliver improved health care to beneficiaries and to perform these functions as one efficient enterprise**



# NDAA of FY2017

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“The most sweeping overhaul of the MHS in a generation”  
Sen John McCain (R, Arizona)

One Hundred Fourteenth Congress  
of the  
United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Monday,  
the fourth day of January, two thousand and sixteen*

An Act

To authorize appropriations for fiscal year 2017 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “National Defense Authorization Act for Fiscal Year 2017”.

# Underpinned by American College of Surgeons

## A Shared Ethos: The Military Health System Strategic Partnership with the American College of Surgeons



Mary Margaret Knudson, MD, FACS, CAPT Eric E Elster, MD, FACS, (US Navy),  
BRIG GEN Jonathan Woodson, MD, FACS, (US Army), Garrett Kirk, MPH, Patricia Turner, MD, FACS,  
David B Hoyt, MD, FACS

*J Am Col Surg 2017;222(6):1251-57*

- **Renewed and - for the first time - *formalized* Strategic Partnership with American College of Surgeons**
- **Established lines of effort with which to integrate military surgery into civilian sector (while improving *readiness, quality, research*)**



# Facets of Military's Role in a *National System*

CURRENT OPINION

A national trauma care system: From call to action

Todd E. Rasmussen, MD, *Bethesda, Maryland*

*J Trauma Acute Care Surgery* 2016;81(5):813-15

- 1. Military providers caring for injured civilians (several models for this)**
- 2. Military medical research investment results in products for civilian care**
- 3. DoD works with other federal agencies to improve national preparedness (e.g. HHS, Homeland Security, etc.)**

# Integration of Military into Civilian Trauma Care

## Tragedies of 2017 showed how military medical partners can help at home

Todd E. Rasmussen and Matthew J. Martin, Opinion contributors Published 6:00 a.m. ET Dec. 28, 2017 | Updated 8:50 a.m. ET Dec. 28, 2017



*We can save lives, strengthen national security and keep military health personnel sharp by adding them to trauma teams that handle crises at home.*

- **Partnerships in civilian systems paid off (Las Vegas & Sutherland Springs mass shootings and Tacoma train derailment)**
- **Military providers assigned to civilian centers, or military medical centers operating as U.S. trauma centers increase surge capacity following shootings, natural disasters & accidents**

# Military as *The Source* for Trauma Research

SPECIAL REPORT

*J Trauma Acute Care Surg* 2018;84:1012-1016

## Implementation of a National Trauma Research Action Plan (NTRAP)

Eileen M. Bulger, MD, Todd E. Rasmussen, MD, Gregory J. Jurkovich, MD, Timothy C. Fabian, MD,  
Rosemary A. Kozar, MD, Raul Coimbra, MD, Todd W. Costantini, MD, James Ficke, MD,  
Ajai K. Malhotra, MD, Michelle A. Price, PhD, Sharon L. Smith, MS,  
William G. Cioffi, MD, and Ronald M. Stewart, MD, *Seattle, Washington*

- **The vast majority of research dollars dedicated to topics in trauma & injury care are from the DoD (this fills important gap)**
- **The DoD need to develop new products for the battlefield also compels other federal partners (i.e. HHS, DHS, etc.) to acknowledge and accommodate the topic**

# DoD work with FDA to Accommodate Products

Public Law 115–92  
115th Congress

## An Act

To amend the Federal Food, Drug, and Cosmetic Act to authorize additional emergency uses for medical products to reduce deaths and severity of injuries caused by agents of war, and for other purposes.

Dec. 12, 2017

[H.R. 4374]

FDA News Release

## FDA and DoD formalize collaboration to advance medical products in support of American military personnel

*New Memorandum of Understanding aligns agency efforts to foster the development and use of safe and effective medical products for members of the U.S. military*

For Immediate Release

November 2, 2018

- Formalized an accommodating approach by the FDA to products being developed by the DoD for wartime illnesses or injuries
- Stance also enhances national preparedness (i.e. homeland security)

# Conclusion



## Perspective

### **Wartime Lessons — Shaping a National Trauma Action Plan**

Todd E. Rasmussen, M.D., and Arthur L. Kellermann, M.D., M.P.H.

N ENGL J MED 375;17 NEJM.ORG OCTOBER 27, 2016

- **U.S. military plays multi-faceted role in a National Trauma Action Plan to increase homeland security & response to mass casualties**
- **When it comes to effective military and civilian trauma care in “we’ll either succeed together or we’ll fail together...”**