

# Amputee Patient Database(s): Closing the Gap Between DoD and the VA

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# Overview

- Existing and planned databases likely to address some amputee patient database requirements
  - FHIE (Federal Health Information Exchange) – Now
  - C/HDR (VA Health Data Repository and DoD Clinical Data Repository) – 2005
- Need for a separate DoD/VA, focused amputee patient, relational database

# Possible Database Functions

- Data sharing – continuity of patient care from AO to CONUS (DoD) to VA
- Clinical information
- Long term surveillance/tracking information
- Administrative/benefit information
- Quality assurance (possible research with IRB)

# Specific Challenges

- Defining “Amputee Patient” population
  - All upper and lower extremity including digits
  - All VA eligible (exclude family members from database?)
- Identifying most useful database variables from the infinite universe of variable possibilities and among myriad existing databases
  - DoD-VA amputee patient database vs. expanded local databases
- Dedicated resources to develop and maintain database(s)

# Inclusion of DoD Sister Services in the DoD-VA Amputee Patient Database

- Army – WRAMC, BAMC, other sites
- Navy/Marines
- Air Force
- Tracking active duty, reserve, national guard, veterans

# Existing Database Capability

- Now – DoD to VA flow using Federal Health Information Exchange (FHIE) database
  - Electronic discharge summaries
  - Progress notes with select data elements
  - POC: Greg W. Donham, Interagency Program Manager, 817.385.3876
- U.S. Army Amputee Care Program patient database at WRAMC, COL(ret) Scoville
- VA National Prosthetics Patient Database, Mr. Downs
- 2005 –bidirectional information flow using VA Health Data Repository and DoD Clinical Data Repository C/HDR)

## Other Existing Databases

- DoD: SIDRS, SADRS, MODS, TRACCES, PAARTS, CHCS1, CIS, ICDB
- VA: NPCD, PTF, CPRS, FSOD, GWR, HEC, IRR, MPI, NEBD, NMHDS, REID

# Moving Forward Smartly

- Buy-in to include amputee specific focus: DoD/VA Leadership - including the Health Executive Council
- Working group determine work flow, data elements, map with existing capabilities – include DoD/VA clinical and database experts (in consultation with industry and other civilian experts)
- Signed agreement addressing issues of
  - Data
  - Clinical business process
  - Access
  - Time frame
  - Costs

# Prioritizing Next Steps

- DoD/VA leadership support (and funding) for a DoD/VA amputee patient database working group
- DoD/VA leadership to establish MOU related to amputee patient database (nature and extent)
- Identify clinical and database support and resources
- Expand existing FHIE design, if approved and appropriate

# Work Group Tasks

- Focus on quality assurance for amputee care (future research with IRB approval)
- Recruit expertise in relational database development while learning from existing successful databases (prosthetic, cancer, SCI, etc.)
- Develop single dictionary of variables including demographics, clinical data, administrative data, and outcome measures, for example:
  - PEQ, FIM, 6-minute walk test, Get Up and Go, etc.
  - Address ceiling and floor effects from existing instruments
- Solicit variables of interest from all disciplines
- Develop an overall database implementation and maintenance program

# Existing DoD/VA Collaborations

“The VA has worked with DoD to improve surveillance and medical record keeping and record transmittal, e.g. the lifelong medical record, developing baseline health data, and developing more accessible physical examinations, and separation physical examinations.”

- Caring for War Wounded (Dept of VA), 2003

- Please note that Katie Adamson mentioned POCs for database development thru the National Cancer Institute and Johns Hopkins Limb Loss Registry. She may be a useful person for the working group when leadership gives its support.