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**“WHAT ARE YOUR “MEDICAL OPTIONS”?”
TRANSLATING EVIDENCE INTO VALUE-BASED KNOWLEDGE
& DECISION-MAKING UTILIZING THEORY OF CHANGE**

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The Uniformed Services University of the Health Sciences' (USU's) Center for Global Health Engagement (CGHE) is pleased to share the sixth issue of the Department of Defense Global Health Engagement (DoD GHE) Snapshot. The DoD GHE Snapshot is intended to create self-publishing opportunities for GHE professionals to share knowledge and experiences and learn from one another in real time. We hope you enjoy and please refer to our social media and website for real time updates.

“WHAT ARE YOUR “MEDICAL OPTIONS?” TRANSLATING EVIDENCE INTO VALUE-BASED KNOWLEDGE & DECISION-MAKING UTILIZING THEORY OF CHANGE”



If United States (U.S.) medical resources are not available to care for sick or injured U.S. Service Members, what other resources are available to provide care?

As Global Health Engagement (GHE) practitioners and Department of Defense (DoD) medical planners engage and build health capabilities, conduct exercises, and medically support operations with partners and allies, sharing information about partner health capabilities can mitigate key gaps or shortages in medical care. Information on host and partner capabilities comes from a menagerie of sources, such as contracted civilian organizations, post-engagement reports from various agencies, pre-deployment site surveys and the internet. Despite the multitude of sources, the DoD does not have a centralized program focusing on gathering, curating, and facilitating sharing of quality information about partner nation health care capabilities across the enterprise that also facilitates ease of contribution and balances access with security concerns—all while focusing on user needs. While a number of different DoD organizations have developed limited, localized solutions after identifying similar capability gaps, the Uniformed Services University of the Health Sciences' Center for Global Health Engagement (USU's CGHE), in support of the Office of the Joint Staff Surgeon (OJSS), is tasked to implement MEDICAL OPTIONS as a capability to close such gaps as part of the larger Department of Defense GHE Knowledge Management Program.

MEDICAL OPTIONS Overview

Medical Evaluations Describing Interoperability Capability Assessment Levels Of Partner Trauma Institutions Or Non-battle injury Services (MEDICAL OPTIONS) provides a web-accessible platform to support the consolidation and sharing of non-U.S. health capability information. MEDICAL OPTIONS seeks to enhance the knowledge and understanding of host and partner health capabilities for the DoD and USG to enable health support to military operations and Combatant Command Trauma Systems with the goals of impacting the morbidity and mortality of service members injured abroad and enabling military operations through interoperability. As expeditionary operations in support of competition, crisis, or conflict involve intrinsic health and medical risks, a quality understanding of available health capabilities assists in guiding patient care and global health engagement activities.



MEDICAL OPTIONS Supports Validated Requirements Utilizing an Evidence & Value-Based Approach

In 2022, USU's CGHE conducted a Needs Assessment to study health capability survey processes. USU's CGHE sought to understand health capability data and information gathering and storage, as well as what

information is considered most critical as leaders make decisions regarding patient care and movement. The Needs Assessment recommended the creation of a standard survey template, new guidance and policy documents, the development of training programs on how to conduct health capability surveys, and a curated storage depot to archive health capability surveys.



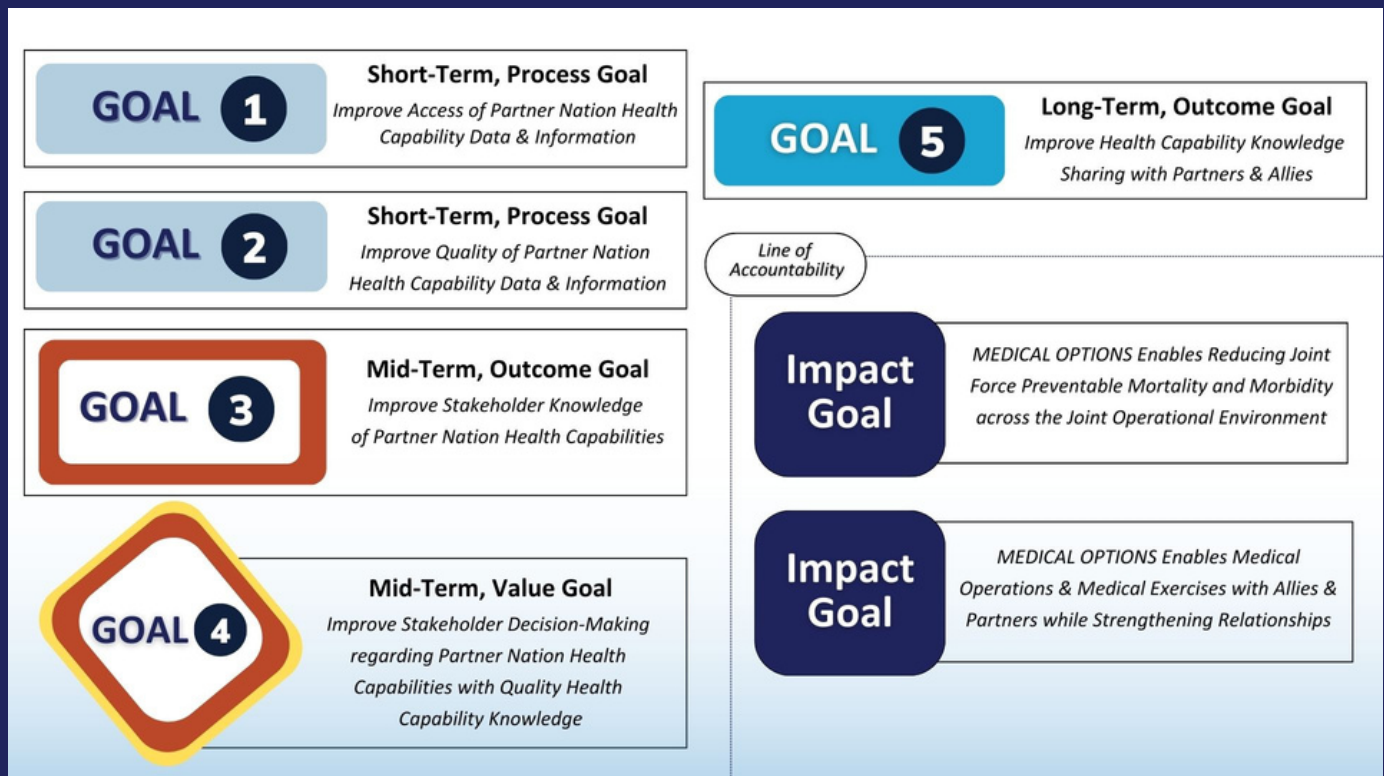
The Needs Assessment findings align with the DOTmLPF-P Change Recommendation (DCR) for GHE, endorsed by the Joint Requirements Oversight Council on 25 February 2019. More specifically, the Needs Assessment addresses elements of DCR Action #4, "Establish a Joint GHE knowledge management structure to support the GHE community of practice and serve as the knowledge manager for GHE lessons learned and tactics, techniques, and procedures (TTPs)".¹

In conjunction with the USU's CGHE Needs Assessment and literature review, MEDICAL OPTIONS translates research and findings into evidence and value-based practice. MEDICAL OPTIONS initial design and implementation utilizes an integrated approach leveraging a theory of change framework, implementation science, and programmatic monitoring and evaluation to achieve clearly defined, deliverable, and achievable goals and provides value by improving decision-space for decision-makers.

MEDICAL OPTIONS Theory of Change: Achieving Quality Knowledge Value for Decision-Makers

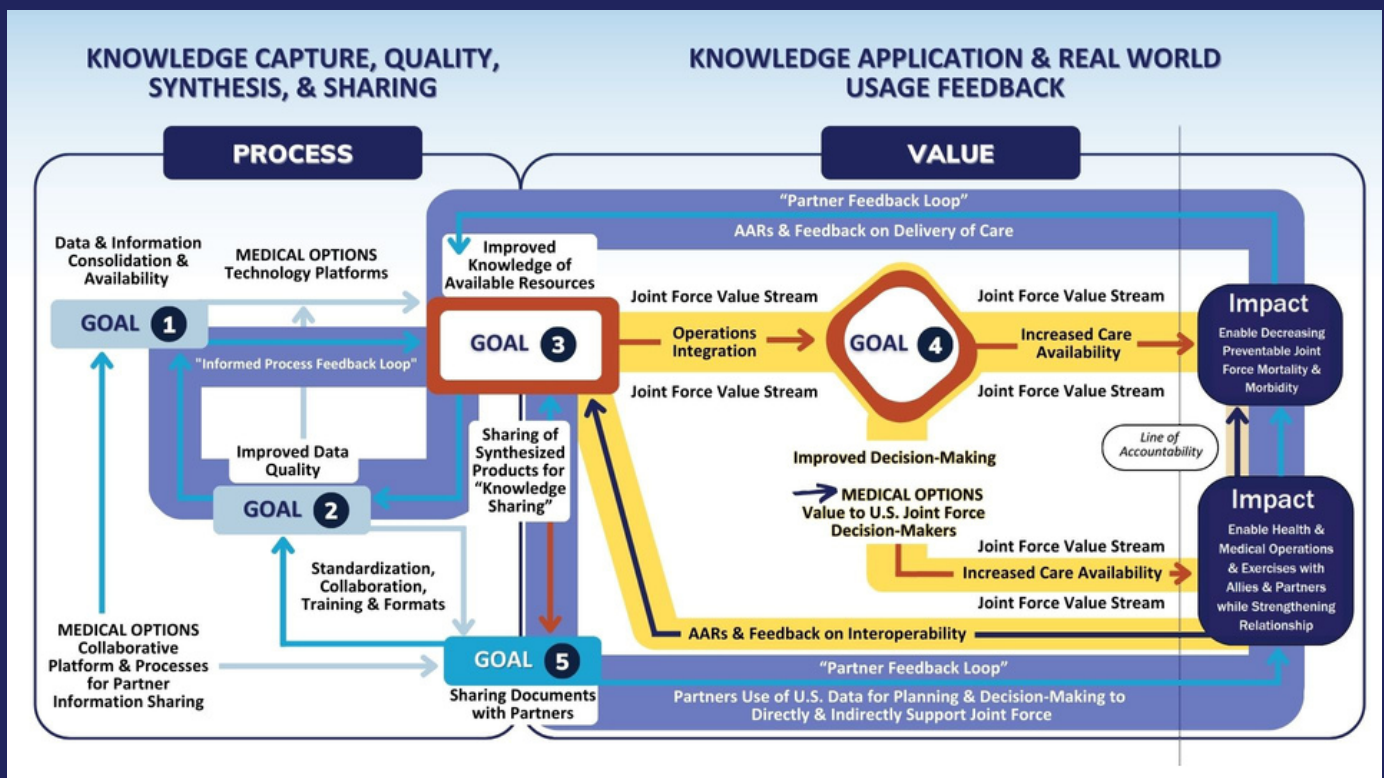
MEDICAL OPTIONS utilizes a Theory of Change (ToC) evidence-based approach regarding MEDICAL OPTIONS' programmatic design, monitoring, and evaluation. ToC comprehensively illustrates via a "ToC Map" how and why a desired effect is expected to occur.³ ToC focuses particularly on mapping what a program does (for example, conducting various activities) and what a program wants to achieve (goals).³ ToC accomplishes achieving desired goals by first establishing a long-term goal, then undergoes programmatic design by identifying connecting inter- and intra- relationships between processes, procedures, and activities necessary to achieve the long-term goal utilizing backwards planning.³ ToC design approach includes establishing objectives (outcomes) necessary to achieve the long-term goal.³ ToC and the ToC Map identifies the precise links between activities, allowing a greater understanding of how to achieve the long-term goal.³ ToC with an adjoining ToC Map leads to overall better planning, better identification and execution of activities, monitoring, and evaluation, as ToC allows for measuring progress towards achieving a long-term goal going beyond just programmatic outputs (for example, measures of performance).³ Figures 1 and 2 illustrate MEDICAL OPTIONS ToC Goals and ToC Map below.

Figure 1: MEDICAL OPTIONS Theory of Change & Program Goals



MEDICAL OPTIONS ToC splits into two primary areas focusing on process and value. MEDICAL OPTIONS ToC comprises five primary goals supporting each other to achieve value while enabling impact. MEDICAL OPTIONS short-term, mid-term, long-term and impact goals affect process, outcomes, or value. MEDICAL OPTIONS dynamic design integrates implementation science, monitoring, and evaluation mechanisms within the program’s non-linear design. Although MEDICAL OPTIONS is only directly accountable to improve knowledge quality and value for decision-makers regarding partner nation health capabilities (“line of accountability”) within the program’s defined scope, MEDICAL OPTIONS encompasses the ability to enable larger impact goals. Notably, MEDICAL OPTIONS can enable strengthening relationships with partners and allies via medical operations and exercises, as well as facilitate decreasing preventable Joint Force mortality and morbidity.

Figure 2. MEDICAL OPTIONS Theory of Change Map



MEET DR. OPTIONS!



Dr. Options, the mascot of MEDICAL OPTIONS, embodies the program’s values and mission. Dr. Options’ purpose is to provide U.S. medical planners with essential information for building optimal medical support systems, advising commanders on available medical resources, mitigating risks, and saving lives. Dr. Options’ superpower is “enabling interoperability in medical care,” sourced through the collaborative efforts of medics, corpsmen, doctors, nurses, and allies. Dr. Options teaches, guides, encourages, and mentors the Joint Force on conducting health capability assessments and accessing medical capabilities via the MEDICAL OPTIONS website.

MEDICAL OPTIONS Platform Overview

MEDICAL OPTIONS provides a host of features facilitating value-based health capability decision-making for decision-makers. MEDICAL OPTIONS' initial focus includes collecting health capability surveys from DoD and USG stakeholders while actioning governance processes and protocols ensuring accessible, quality health capability information. MEDICAL OPTIONS is not intended to replace other sources of information describing health facility capabilities, such as ISOS reports or Travax. Data included in MEDICAL OPTIONS should eventually flow into the Joint Operating Medical Information System's (JOMIS) Medical Common Operating Picture (MEDCOP) platform, allowing aggregation with other data sources. Additionally, MEDICAL OPTIONS is establishing and organizing country pages by Geographical Combatant Commands, further centralizing and sharing engagement after-action reports, health threat assessments, and other key country-level knowledge products.

The government owned and managed Intelink hosts the initial MEDICAL OPTIONS web-platform tool. Intelink is an enterprise information sharing and collaborative web service solution built on the Microsoft SharePoint platform and provided under the purview of the National Security Agency (NSA) with authorization to hold documents and information upwards to the CONTROLLED UNCLASSIFIED INFORMATION (CUI) level. Intelink is Common Access Card (CAC) and Personal Identity Verification (PIV) Certificate enabled for secure access. The MEDICAL OPTIONS team does not own Intelink, but act as power users of Intelink, utilizing the DoD-

provided system to manage and organize content on behalf of the OJSS. Although partner nation health capability information is generally UNCLASSIFIED, FOR OFFICIAL USE ONLY (FOUO), or (CUI), MEDICAL OPTIONS is working towards including higher classification platforms and networks to allow for even greater support across Joint Operational Environments.



MEDICAL OPTIONS Integrated Programmatic, Monitoring, & Evaluation

MEDICAL OPTIONS, as part of the ToC framework, integrates evidence-based programmatic level assessment, monitoring and evaluation (PAM&E) to measure, track, assess, and evaluate the efficiency and effectiveness of MEDICAL OPTIONS to stakeholders. The ability to effectively monitor and evaluate MEDICAL OPTIONS allows for real-time decision-making, communicating, and collaborating with both MEDICAL OPTIONS internal and external stakeholders to meet MEDICAL OPTIONS established goals, while continuously improving MEDICAL OPTIONS processes, interactive digital platform development, and stakeholder engagement.

THE DIRECT LINK FOR MEDICAL OPTIONS IS HERE



<https://intelshare.intelink.gov/sites/medicaloptions/SitePages/medicalOptionsHome.aspx>

Conclusion

Decision-makers require quality information, knowledge, and recommendations when making high-stakes decisions. When service members' lives are at risk, understanding the availability and quality of health capabilities and resources assists decision-makers in balancing both the risks to mission and the risks to force as they make their decisions. MEDICAL OPTIONS evidence-based, ToC approach, provides strategic, operational, tactical, and GHE stakeholders a shared understanding of available quality health capability information of host and partner nations in various U.S. DoD operating environments.



For questions or additional information, please contact us at cghe@usuhs.edu or visit our website at cghe.usuhs.edu

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