

# Guest Editorial

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## The DoD/VA Vision Center of Excellence— Looking Ahead, Seeing the Future

Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), respectively, began just preceding and immediately following the events of September 11, 2001. Different from previous conflicts, these wars have resulted in a new array of injuries to returning service members; specifically traumatic brain injury (TBI) and ocular injuries resulting from many of the small fragments generated by improvised explosive devices (IEDs).

Because of the frequency of ocular injuries and visual consequences commonly associated with TBIs, it became evident that some form of identification and tracking of these injuries would be necessary. In recognition of this need, Congress authorized the creation of the DoD/VA Vision Center of Excellence (VCE) in the National Defense Authorization Act of 2008.

The VCE was instructed to: “implement a comprehensive plan and strategy for the Department of Defense for a registry of information for tracing the diagnosis, surgical intervention or other operative procedure, other treatment, and follow up

for each case of significant eye injury incurred by a member of the Armed Forces while serving on active duty and to ensure the electronic exchange with the Secretary of Veterans Affairs of information obtained and for the Secretary of Veterans Affairs to access the registry and information...”

The interagency effort of the DoD and the VA, supported by funding

providers did not have full insight into the care provided initially following trauma. The Vision Registry demographic data, clinical data related to eye and vision injuries, and rehabilitation care will be accessible to both the DoD and VA. The information will guide improvements in clinical care, close knowledge gaps, identify research needs, and allow identification

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from both departments, established the VCE in 2009 and began the task of developing the operational concepts for a Defense and Veterans Eye Injury Registry, also known as the Vision Registry. Data elements were identified and an appropriate diagnostic and procedure code list was developed. In October 2010, the VCE held a kickoff to start building the pilot for the Vision Registry information management system.

The Vision Registry is designed to provide clinical data from the onset of an injury in the military theater through long-term outcomes within the VHA. In the past, when injured service members became veterans, there was little flow of clinical information, thus not allowing the DoD provider to see long-term outcomes of their interventions. In addition, VA

of veterans who may benefit from VA services. Ultimately, longitudinal outcomes then can be correlated with the battlefield injury information to provide future mitigation and prevention strategies for injuries.

The DoD/VA VCE has been developed under a Memorandum of Understanding between the VA and DoD. The VCE director is Colonel Donald A. Gagliano, MD, and the deputy director is VA ophthalmologist Mary G. Lawrence, MD, MPH. The functions of the VCE comprise clinical care integration, knowledge management, and research across all aspects of eye and vision care, including vision rehabilitation.

Currently housed in DoD contract space, the VCE will soon be moving to permanent space at the new Walter Reed National Military Medical Cen-

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ter in Bethesda, Maryland, and will have administrative offices in Crystal City, Virginia.

Each war brings new challenges in caring for those injured while on active duty. The IED and associated brain and ocular injuries has become a hallmark for the OIF and OEF conflicts. While not yet fully operational, the VCE and the Vision Registry are soon to begin bearing fruit. Identification of individuals who may benefit from VA services and following long-term outcomes in order to pro-

vide better war-fighting equipment, improved treatments, enhanced clinical training, and better-focused clinical research, represent but a few of the advantages. The VCE and Vision Registry will help tremendously in caring for our injured service members and veterans. ●

*Author disclosures*

*COL Gagliano, Dr. Lawrence, and Dr. Orcutt report no actual or potential conflicts of interest with regard to this editorial.*

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