



**DEFENSE HEALTH BOARD MEETING  
NOVEMBER 9-10, 2015**

Davis Conference Center  
7633 Bayshore Boulevard  
MacDill Air Force Base, Florida 33621

- 1. ATTENDEES – ATTACHMENT ONE**
- 2. NEW BUSINESS**

**November 9, 2015—Administrative Session**

Dr. Nancy Dickey welcomed Defense Health Board (DHB) members to the meeting. Ms. Christine Bader discussed upcoming Board and Subcommittee vacancies, requesting that members provide nominations to Col Douglas Rouse. Ms. Bader also requested three volunteers to review and revise the DHB bylaws prior to the February Board meeting. Ms. Bader then discussed the status of recent DHB recommendations, including the work of the Independent Review Panel on Military Medical Construction Standards, and provided an update on the Board's two new taskings. The group reviewed the meeting agenda and logistics for the meeting. Dr. Dickey then reviewed the results of the survey on the effectiveness of DHB operations. Col Rouse reminded members to report any conflicts of interest they may have regarding issues being discussed at the meeting.

**Action/POC:**

- 1) Provide Board and Subcommittee nominations to Col Rouse/Members.
- 2) Volunteer to review DHB bylaws/Members.

**November 9, 2015—Open Session**

**a. Administrative & Opening Remarks**

Dr. Dickey opened the meeting and welcomed the attendees. Ms. Bader called the meeting to order as the DHB Designated Federal Officer. Following a moment of silence to honor Service members, meeting attendees introduced themselves.

**Action/POC:** None.

**b. Decision Brief: Review of the Scientific Evidence of Using Population Normative Values for Post-Concussive Computerized Neurocognitive Assessments**

The Board discussed the report at length, spending the majority of their time deliberating the findings and recommendations. DHB members and public attendees held a robust discussion about obstacles encountered in accessing de-identified Department of Defense (DoD) data; possible underreporting of mild traumatic brain injury (mTBI) in the military; the role of

Institutional Review Boards in improving military medical research; the need to better define the term “multimodal assessments;” current DoD research on mTBI; and whether legislation requiring pre-deployment baseline neurocognitive testing should be rescinded or modified. Attendees noted that there were opportunities to conduct further research with the available dataset, as well as conduct longitudinal studies related to mTBI.

The Board then agreed upon changes to the following finding and recommendation:

- **Finding 7:** Members clarified the term “multimodal approaches” and approved the finding as, “There is evidence, academic and from DoD, that multimodal approaches including assessments such as imaging, biomarkers, and physical diagnostic techniques, may be more effective than NCATs alone in evaluating and managing mild traumatic brain injury.”
- **Recommendation 7:** Members recognized that DoD currently is conducting research and approved the recommendation as, “DoD should sustain and advance research to determine if a multimodal approach may be developed which is cost-effective and superior to NCAT testing alone in assessing and managing mild traumatic brain injury.”

The Board voted unanimously to approve the report with the agreed-upon revisions. The report will be finalized for signature following the meeting.

**Action/POC:** Finalize the report with noted changes/DHB staff.

**d. 6<sup>th</sup> Medical Group Overview and Mental Health/Suicides/Post Traumatic Stress Disorder and Veterans Affairs Collaboration**

Maj Jeremy Pallas, Director of Psychological Health and Family Advocacy Program Element Chief, 6th Medical Operations Squadron, and 6th Air Mobility Wing Suicide Prevention Program Manager, provided an overview of the 6<sup>th</sup> Medical Group. He stated the 6<sup>th</sup> Medical Group provides health care to DoD’s largest single unit catchment area, including two Unified Combatant Command Headquarters. The 6<sup>th</sup> Medical Group’s Mental Health Flight includes a family advocacy program, a mental health clinic, and the Alcohol and Drug Abuse Prevention and Treatment program, and serves a large number of patients who are not from the 6<sup>th</sup> Air Mobility Wing.

He also provided a briefing on mental health, suicides, and post-traumatic stress disorder (PTSD) at MacDill Air Force Base, highlighting the 6<sup>th</sup> Medical Group’s collaboration efforts with the Department of Veterans Affairs. Because PTSD is the top diagnosis in the 6<sup>th</sup> Medical Group, the 6<sup>th</sup> Medical Group established a PTSD clinic to enhance training, treatment, and oversight of the condition. The 6<sup>th</sup> Medical Group also implemented the U.S. Air Force Suicide Prevention Program, with no active duty suicides in the subsequent two years, and established an on-site collaboration with the Defense and Veterans Brain Injury Center within the Mental Health Flight. Maj Pallas discussed the effect of mental health on force readiness, emphasizing the stigma associated with seeking mental health care treatment, the challenges associated with treating individuals from different Services, the relationship between mental illness and TBI, and the importance of embedded mental health care models. Maj Pallas and attendees also discussed

the metrics the 6<sup>th</sup> Medical Group tracks to assess progress and identify opportunities to reduce the number of suicides and suicide attempts.

**Action/POC:** None.

**f. Civilian Partnerships for Training, Currency, and Business Plans – Develop Sustained Medical and Readiness Trained**

Col Karen Church, Chief Nurse and Deputy Commander, 6<sup>th</sup> Medical Group, described the Sustained Medical and Readiness Trained (SMART) concept, which utilizes training affiliation agreements/memorandums of understanding throughout Florida to maintain DoD health professionals' clinical currency and increase readiness. She noted that 6 military installations in Florida have robust medical facilities that require improved programs to maintain clinical currency, including the 6<sup>th</sup> Medical Group at MacDill Air Force Base, the 45<sup>th</sup> Medical Group at Patrick Air Force Base, the 96<sup>th</sup> Medical Group at Eglin Air Force Base, the 325<sup>th</sup> Medical Group at Tyndall Air Force Base, Naval Hospital Jacksonville, and Naval Hospital Pensacola. Col Church highlighted the U.S. Air Force's Small Hospital Clinical Skills Enhancement Program, which is designed to mitigate risks to patient safety and promote clinical currency in Air Force facilities with small patient populations.

Col Church discussed successes with the SMART program, such as partnerships with local civilian hospitals. However, she noted that restrictive State licensure laws and lengthy credentialing processes pose challenges for health care professionals with out-of-State licenses. Additionally, there are difficulties involved with enlisted technicians receiving certification for civilian equivalent scopes of practice, e.g., an enlisted cardiopulmonary technician receiving certification as a respiratory therapist by the Florida Board of Respiratory Care. Attendees and Col Church also discussed the benefits of simulation in maintaining clinical currency.

**Action/POC:** None.

**g. Medical Evaluation Boards**

Ms. Brenda Brock, the Lead Physical Evaluation Board Liaison Officer assigned to 6th Medical Support Squadron, described the roles and processes of Medical Evaluation Boards within the Integrated Disability Evaluation System (IDES) in making return-to-duty decisions at MacDill Air Force Base. She noted that while there are differences in each Service's processes, her office follows a streamlined process that results in Service members receiving more timely determinations, suggesting that a clinic devoted to Medical Evaluation Boards would increase efficiency. Ms. Brock and attendees discussed the challenges of devoting dedicated resources to a Medical Evaluation Board clinic, especially at smaller installations; the benefits of the Initial Review In Lieu of (I-RILO) process; and the differences between the IDES process used by the U.S. Air Force, U.S. Army, and U.S. Navy and the process used by the U.S. Coast Guard. Members stated they would be interested in learning more about DoD's perspective and how best practices are shared across the Services.

**Action/POC:** None.

**h. Joint Committee Efforts to Create a National Policy to Enhance Survivability from Intentional Mass-Casualty and Active Shooter Events**

Dr. Lenworth Jacobs, member of the DHB and the Trauma and Injury Subcommittee and the Chief Academic Officer and Vice President of Academic Affairs at Hartford Hospital, provided a briefing on Joint Committee efforts to create a national policy to enhance survivability from intentional mass-casualty and active shooter events. Dr. Jacobs reviewed several recent incidents and discussed the challenges faced when responding to intentional mass-casualty and active shooter events. He emphasized the importance of educating the public to act as informed first responders to increase survival when these events occur and highlighted the need to supply accessible Bleeding Control Bags and tourniquets in public places. Attendees discussed the importance of increasing the resiliency of a population; the difficulty in securing public places, such as shopping malls; open carry laws on university campuses; similarities between public response to sexual assault issues and mass-casualties on university campuses; and how DoD can be a leader in how to respond to mass-casualty and active shooter events.

**Action/POC:** None.

**h. Anti-Access/Area Denial (A2/AD) Environments and Medical Operations**

Brig Gen James McClain, Commander of the Air Force Medical Support Agency, discussed anti-access/area denial (A2/AD) environments and their potential impact on medical operations.

**Action/POC:** None.

**November 10, 2015—Preparatory Session**

DHB members held classified discussions with the U.S. Central Command Surgeon and U.S. Special Operations Command Surgeon regarding medical support for combat operations. They also toured the James A. Haley Veterans Hospital Polytrauma and Rehabilitation Center and Michael Bilirakis Department of Veterans Affairs Spinal Cord Injury Center Gymnasium.

**3. NEXT MEETING**

The next DHB meeting is scheduled for February 10-11, 2016, in San Diego, California.

**4. CERTIFICATION OF MINUTES**

I hereby certify that, to the best of my knowledge, the foregoing meeting minutes are accurate and complete.



12/22/2015

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Nancy W. Dickey, MD  
President, Defense Health Board

Date

**ATTACHMENT ONE: MEETING ATTENDEES**  
**November 9, 2015**

<b>BOARD/SUBCOMMITTEE MEMBERS</b>			
<b>TITLE</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>ORGANIZATION</b>
Dr.	Anderson	George	<i>Defense Health Board (DHB) Second Vice President</i> Former Executive Director, The Society of the Federal Health Agencies
Dr.	Baldwin	John	Advisor on Health Sciences to the Chancellor, and Professor of Internal Medicine and Surgery, Texas Tech University Health Sciences Center
Dr.	Blakely	Craig	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Dr.	Bullock	M. Ross	Professor, Neurosurgery; Director, Neurotrauma Care, University of Miami
Dr.	Dickey	Nancy	<i>DHB President</i> Professor, Department of Family and Community Medicine, Texas A&M University
Dr.	Elliot*	Timothy	Professor, Department of Educational Psychology, Texas A&M University
GEN (Ret.)	Franks*	Frederick	Former Commanding General, U.S. Army Training and Doctrine Command
Dr.	Gordon	Steven	Chairman, Department of Infectious Diseases, Cleveland Clinic Foundation
Dr.	Higginbotham	Eve	Perelman School of Medicine, University of Pennsylvania
Dr.	Hovda	David	University of California, Los Angeles Neurosurgery, Departments of Surgery and of Molecular and Medical Pharmacology Director, UCLA Brain Injury Research Center
Dr.	Jacobs	Lenworth	Chief Academic Officer and Vice President of Academic Affairs, Hartford Hospital
Dr.	Jenkins	Donald	Consultant, Division of Trauma, Critical Care and General Surgery; Professor of Surgery, College of Medicine; Medical Director, Trauma Center, Mayo Clinic
RADM (Ret.)	Lane*	H. Clifford	Director, Division of Clinical Research, National Institute of Allergy and Infectious Disease, National Institutes of Health
Dr.	Lazarus	Jeremy	Clinical Professor of Psychiatry, University of Colorado Denver School of Medicine
RADM (Ret.)	Martin	Kathleen	Chief Executive Officer, Vinson Hall Corporation, LLC
Dr.	McCann	Una	The Johns Hopkins University School of Medicine, Department of Psychiatry & Behavioral Sciences, Johns Hopkins Bayview Medical Center
Gen (Ret)	Myers	Richard	<i>DHB First Vice President</i> RMyers & Associates LLC
Dr.	O'Leary*	Dennis	President Emeritus, The Joint Commission
<b>INVITED GUESTS &amp; STAFF</b>			
<b>TITLE</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>ORGANIZATION</b>
COL	Andrews	James	Chief, Operations, Defense Health Agency
Ms.	Austin	Lisa	DHB Task Lead, Grant Thornton LLP
Ms.	Bader	Christine	DHB Executive Director/Designated Federal Officer (DFO)
CAPT	Bree	Stephen	Surgeon Captain Royal Navy British Liaison Officer (Deployment Health)

Ms.	Brock	Brenda	Lead Physical Evaluation Board Liaison Officer
Col	Church	Karen	Chief Nurse and Deputy Commander, 6th Medical Group, MacDill AFB, Florida
CAPT	Cota	Scott	U.S. Special Operations Command Surgeon
Col	Franke	Kevin	Commander, 6th Medical Group
COL	Hastings	Patricia	Medical Director, Joint Staff Surgeon
Ms.	Higgins	Sara	DHB Analyst, Grant Thornton LLP
CDR	Lam	Alan	U.S. Navy Bureau of Medicine and Surgery
CDR	Lewis	Jason	Deputy Chief of Staff, Office of the Assistant Secretary of Defense (Health Affairs)
Ms.	Markowitz-Shulman	Ariel	DHB Analyst, Grant Thornton LLP
Col	Mavity	Mark	U.S. Central Command Surgeon
Brig Gen	McClain	James	Commander, Air Force Medical Support Agency
Maj	Pallas	Jeremy	Family Advocacy Program Element Chief, 6th Medical Operations Squadron, MacDill Air Force Base, Florida
Col	Rouse	Douglas	DHB Executive Secretary/Alternate DFO
RADM	Schwartz	Erica	Chief Medical Officer, U.S. Coast Guard
COL	Stein	James	Preventive Medicine Staff Officer, Office of the Surgeon General
CDR	Steiner	Shane	Commander, U.S. Public Health Service/U.S. Coast Guard, Chief of Preventive Medicine
LT	Stoil	Lindsey	Joint Strategic Plans and Integration Officer, Health Care Operations Directorate, Defense Health Agency
CDR	Torrie	Ian	DHB Service Liaison Officer, Canadian Embassy
Ms.	Welsh	Margaret	DHB Management Analyst, Grant Thornton LLP
Dr.	Woodson	Jonathan	Assistant Secretary of Defense, Health Affairs

**MEDIA & PUBLIC ATTENDEES**

<b>TITLE</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>ORGANIZATION</b>
Mr.	Battle	Joe	Director, James A. Haley Veterans' Hospital
Mr.	Brown	Jonathan	Business Development, AnthroTronix, Inc.
Dr.	Catalano	Glenn	Assistant Chief of Staff, Mental Health & Behavioral Sciences, James A. Haley Veterans' Hospital
Mr.	Chamberland	James	GSK Vaccines
Dr.	Cutolo	Edward	Chief of Staff, James A. Haley Veterans' Hospital
COL	Hinds	Sidney	Defense and Veterans Brain Injury Center
Mr.	Isaacks	David	Deputy Network Director of Veterans Integrated Service Network 8, U.S. Department of Veterans Affairs

Ms.	Lattimore	Tracie	Senior Consultant, Knowesis
Ms.	Littles	Katerinea	Public Affairs Specialist, James A. Haley Veterans' Hospital
Dr.	Marion	Donald	Defense and Veterans Brain Injury Center
Dr.	Meyers	John	Neurocognitive Assessment Branch Program Director, Office of the Surgeon General of the Army
Mr.	Miller	Larry	Physician's Assistant, James A. Haley Veterans' Hospital
Dr.	Scott	Steven	Chief of Physical Medicine and Rehabilitation Service, Medical Director of the Polytrauma Rehabilitation Center, James A. Haley Veterans' Hospital

\*Participated via telephone.