



**DEFENSE HEALTH BOARD MEETING
FEBRUARY 9, 2017**

Gatehouse
Room 252 A/B
8111 Gatehouse Road
Falls Church, VA 22042

1. ATTENDEES—ATTACHMENT ONE

2. OPEN SESSION

a. Administrative & Opening Remarks

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

b. Decision Brief: Improving Defense Health Program Medical Research Processes

Dr. H. Clifford Lane, Chair of the Public Health Subcommittee, presented a briefing of the Subcommittee's findings and recommendations. The Board, members of the Department of Defense (DoD) medical research community, and guests discussed:

- The scope of the tasking and whether the Public Health Subcommittee should broaden it to include all medical research conducted by DoD, regardless of funding source, rather than just research funded by the Defense Health Program (DHP) appropriation;
- If the report should distinguish more clearly between research at military treatment facilities (MTFs) and research, development, test, and evaluation (RDT&E) facilities;
- Expanding upon a few recruiting best practices, such as DoD medical research laboratories extensive recruiting strategies from academia, and the Army's success at recruiting post-doctoral researchers;
- Whether assigning a single person under the Defense Health Agency (DHA) Research and Development Directorate as the Institutional Official for all human subjects research, as stated in Recommendation 4a, would be feasible;
- Whether the Subcommittee should consider citing two additional references: "The National Trauma Institute: Lessons learned in the funding and conduct of sixteen trauma research studies" article, and the National Academy of Sciences 2016 report *Evaluation of the Congressionally Directed Medical Research Programs Review Process*.

The Board motioned to review the intent of the recommendations, rather than wordsmith, and provided the following considerations for the Subcommittee's findings and recommendations:

- **Recommendation 1a:** Members suggested including language regarding development of an overall strategy for health research with particular attention to the needs of the warfighter. Members also suggested replacing "medical research" with "health research" throughout the report, providing a clear definition on what "health research" encompasses from the perspective of the Subcommittee. Members also asked the Subcommittee to consider whether the recommendation should include but not be limited to programs funded through the DHP RDT&E and Clinical Investigations Programs.

- **Recommendation 1b:** The Board proposed that the Subcommittee recommend key metrics with respect to progress on the strategy outlined in Recommendation 1a.
- **Recommendation 1d:** Members discussed whether this recommendation should also include health research conducted by DoD, regardless of funding source.
- **Recommendation 2a:** The Board suggested that the Subcommittee request data on the gender and ethnic diversity of DoD health researchers and proposed creating a finding and recommendation based on these data. Further, the Board discussed whether this recommendation would include research leadership opportunities at MTFs.
- **Recommendation 2b:** Members suggested the Subcommittee consider what type of metrics could be included in this recommendation and asked whether “military medical center” may be more appropriate than “MTF.” Dr. Wayman Cheatham of the U.S. Navy Bureau of Medicine and Surgery added that the Center for Naval Analyses is conducting a review on how various health care organizations value research, to be released in August 2017 and offered that the Board may request release of these data.
- **Recommendation 2c:** The group discussed the feasibility of creating a relative value unit for research and whether the recommendation was too prescriptive. The group also discussed creating protected time for research and the possibility of accounting for research activities in Military Health System (MHS) GENESIS, the new electronic health record.
- **Recommendations 2d – 2e:** The Board asked the Subcommittee to consider emphasizing faculty and career development in these recommendations.
- **Recommendation 3:** The group reviewed the intent of the recommendation and asked the Subcommittee to consider recommending additional funding for career development and time for mentoring. They also discussed the possibility of creating Congressionally-directed not-for-profit partnerships or the establishment or use of private foundations to help facilitate research, highlighting formal memorandums of understanding established between the Department of Veterans Affairs and the academic community. Dr. George Ludwig of the U.S. Army Medical Research and Materiel Command indicated he had a presentation on a legislative change proposal to establish a foundation that the Subcommittee could reference.

After a robust discussion, the Board requested public comment on the report be sent to DHB staff by Thursday, February 23. With additional considerations suggested by members, the report will be reviewed again at the June 2017 meeting.

c. Health Care Delivery Subcommittee Tasking Update: Pediatric Health Care Services

Dr. George Anderson, Health Care Delivery Subcommittee Chair, and Dr. Jeremy Lazarus, Neurological/Behavioral Health Subcommittee Chair, reviewed the subcommittees’ efforts on the Pediatric Health Care Services tasking. Dr. Anderson and Dr. Lazarus reviewed areas of interest related to pediatric health care services, including:

- Difficulties monitoring the provision of pediatric services because of data limitations and challenges tracking TRICARE Standard beneficiary care;
- TRICARE Managed Care Support contractor reporting requirements;
- Emerging issues in pediatric medicine, such as the impact of vaccine exemptions and refusals;
- The coordination of care and the importance of the military family; and
- A vision of how pediatric beneficiaries should experience care in the MHS.

Prior to the meeting, the Board also received written statements from the public pertinent to this work. The first was a letter from Ms. Wendy Kruse, the President of the Military Special Needs Network, identifying two areas of concern related to the challenges involved with seeking care for children with complex medical needs and the second, an email from Mr. Jeremy Hilton, requesting his article titled “A Pattern of Malfeasance: the Department of Defense’s Treatment of Special Needs Military Kids” be passed to Board members for their consideration.

d. Tasking Update: Deployment Health Centers Review

Dr. Eve Higginbotham, Deployment Health Centers (DHC) Review Subset Chair, described the history of the tasking and reviewed the group’s efforts to date. The Subset was tasked to review ongoing research and clinical efforts at the Deployment Health Clinical Center (DHCC), the Armed Forces Health Surveillance Branch, and the Naval Health Research Center. Areas of interest include:

- Affirmation of value of the DHCs to DoD;
- Comparison of the original intent of the DHCs with their current missions and scopes;
- A review of the responses to the Board’s previous findings, recommendations, and their continued applicability;
- Alignment of MHS, DHA, and Navy Medicine strategies with the previous site visit findings and recommendations;
- An examination of resources for the three DHCs, such as funding, manpower, and facilities; and
- The potential gap in the provision of clinical care services for military personnel after deployment because of the DHCC’s focus on psychological health.

Dr. Higginbotham added that the Subset’s findings will reflect the Public Health Subcommittee’s findings from their report, *Improving DHP Medical Research Processes*.

e. Overview of Army Medicine

BG John Cho, Deputy Chief of Staff for Support, U.S. Army Medical Command G-1/4/6, provided an overview of the Army Medicine organization, lines of effort, and ongoing initiatives. BG Cho reviewed:

- The challenge of sustaining clinical competencies and currency because of Defense Health Program funding constraints as well as conflicting funding priorities;
- The Army’s endeavors to improve Army Medicine personnel readiness and medical readiness, such as the Medical Readiness Assessment Tool; and
- Army Medicine’s Performance Triad and the Medical Simulation Training Center.

BG Cho and the Board also discussed:

- The importance of recognizing gender issues, noting that Army Medicine has codified programs to address the health of all Soldiers;
- The use of computer-assisted modeling to train health professionals; and
- The existing relationships between Army Medicine and the DHCs.

f. Overview of Navy Medicine

RADM Terry Moulton, U.S. Navy Deputy Surgeon General, presented Navy Medicine's organization, strategy, partnerships, and future opportunities. RADM Moulton presented:

- Navy Medicine's strategic goals, including readiness, and the revision of the Hospital Corps "A" curriculum, which will be rolled out later this year at the Medical Education and Training Campus;
- Navy's Medicine's focuses, including value-based care and the movement towards improving outcomes and disease states; and
- Navy Medicine's process improvement priorities that resulted from the 2014 MHS review and their progress to date.

RADM Moulton and the Board also discussed:

- The value of the recent realignment of Navy Medicine Echelon levels for increased visibility and engagement;
- Embedding Navy Medicine mental health assets for suicide prevention at strategic locations; and
- The efficiency of and demand for mental health care in Navy Medicine.

g. Overview of Air Force Medical Service

Lt Gen Mark Ediger, Surgeon General of the U.S. Air Force, provided an overview of the Air Force Medical Service (AFMS), including:

- The AFMS focus areas: full spectrum readiness, integrated operational support, trusted care, and the Air Force Medical Home;
- AFMS's deployable capabilities, such as aeromedical evacuation, austere surgical teams, and a special operations surgical team; and
- AFMS's partnership opportunities, such as health coaching with the University of Pittsburgh Medical Center, as well as clinical currency and training initiatives, such as the Sustained Medical Readiness Trained-Regional Currency Site at the University Medical Center in Southern Nevada.

Lt Gen Ediger and the Board also discussed

- The advantages of the Air Force isolation unit for outbreaks, such as its adjustable size, ease of disposal, and ability to rapidly deploy;
- The importance of military hospitals for operational health issues, conducting research, and testing clinical operations; and
- Strengthening collaborations between clinical and engineering expertise to systematically foster research.

h. Overview of Coast Guard Health Services

RADM Erica Schwartz, Director of Health, Safety and Work-Life for the U.S. Coast Guard, presented the history of the U.S. Coast Guard, its composition, and its statutory authorities.

RADM Schwartz also reviewed:

- U.S. Coast Guard's health care system, the location of its clinics, and where Coast Guard beneficiaries receive care;
- Health services challenges faced by the Coast Guard, including the lack of an electronic health record, difficulty retaining and recruiting U.S. Public Health Service (PHS) health care providers, and the lack of standard health care service delivery; and
- U.S. Coast Guard Health Services' priorities, including acquiring an electronic health record, maintaining a vibrant health care workforce, defining its core clinical services, and providing health care workforce with a staffing model.

RADM Schwartz and the Board also discussed:

- The possibility of recruiting health care providers from the Services to help fill open positions at the clinics;
- The limited promotion opportunities for PHS Officers in the U.S. Coast Guard Health Services as compared to other federal agencies, such as the Centers for Disease Control and Prevention; and
- The requirement to pay a salary to PHS students whilst they attend the Uniformed Services University of the Health Sciences (USUHS).

i. Defense Health Agency Overview

VADM Raquel Bono, Director of the DHA, provided an overview of the DHA. She reviewed:

- The history of the DHA, MHS reform efforts, and the Joint leadership of the agency;
- Efforts to reduce variability and drive standardization, including MHS GENESIS and the consolidation of TRICARE regions; and
- The importance of leveraging best practices from the commercial health care sector to help improve the MHS, as well as informing the national health care sector on the MHS's best practices.

VADM Bono and the Board also discussed:

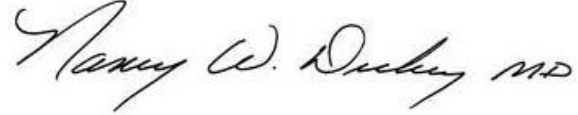
- Ensuring that research conducted is relevant to operational needs, and improving the DHA's visibility and coordination to capitalize on competitive research funding;
- The importance of medical simulation for training MHS health care providers and collaboration between DHA's Research and Development, Education and Training, and Operations Directorates in this field; and
- Leveraging vast databases, such as those operated by DoD, for predictive analytics and the importance of interoperability between federal agencies' databases.

3. NEXT MEETING

The next DHB meeting is scheduled for June 27-28, 2017 in Falls Church, Virginia.

4. CERTIFICATION OF MINUTES

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



04/13/2017

Nancy W. Dickey, MD
President, Defense Health Board

Date

ATTACHMENT ONE: MEETING ATTENDEES

BOARD & SUBCOMMITTEE MEMBERS			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
Dr.	George	Anderson	<i>Defense Health Board (DHB) Second Vice President</i> Former Executive Director, The Society of Federal Health Professionals (AMSUS)
Dr.	Craig	Blakely	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Ms.	Bonnie	Carroll*	National Director, Tragedy Assistance Program for Survivors, Inc.
Dr.	John	Clements	Professor and Department Chair of Microbiology & Immunology; Director of the Tulane Center for Infectious Disease Research; Co-Director of the Louisiana Vaccine Center Tulane University School of Medicine
Dr.	Nancy	Dickey	<i>DHB President</i> Professor, Department of Family and Community Medicine, Texas A&M University
GEN (Ret.)	Frederick	Franks	Class of 1966 Chair, Simon Center for the Professional; Military Ethic, U.S. Military Academy at West Point; Former Commanding General, U.S. Army Training and Doctrine Command
Dr.	Steven	Gordon	Chairman, Department of Infectious Diseases, Cleveland Clinic Foundation
Dr.	John	Groopman	Anna M. Baetjer Professor of Environmental Health, Department of Environmental Health Sciences, Bloomberg School of Public Health, Johns Hopkins University
Dr.	Eve	Higginbotham	Vice Dean, Perelman School of Medicine, University of Pennsylvania
Dr.	David	Hovda	Department of Neurosurgery; Departments of Surgery and Molecular and Medical Pharmacology; Director, UCLA Brain Injury Research Center
Dr.	Lenworth	Jacobs*	Chief Academic Officer and Vice President of Academic Affairs, Hartford Hospital
Dr.	Donald	Jenkins*	Vice Chair for Quality, University of Texas Health Science Center at San Antonio, Department of Surgery – Trauma Division
Dr.	H. Clifford	Lane	Director, Division of Clinical Research, National Institute of Allergy and Infectious Disease, National Institutes of Health
Dr.	Jeremy	Lazarus	Clinical Professor of Psychiatry, University of Colorado Denver School of Medicine
Dr.	Vivian	Lee	Senior Vice President, University Health Sciences; CEO, University of Utah Health Care; Dean, School of Medicine University of Utah
Gen (Ret.)	Richard	Myers	<i>DHB First Vice President</i> RMyers & Associates LLC/ President, Kansas State University
Dr.	Tadataka	Yamada*	Venture Partner, Frazier Healthcare Ventures; Adjunct Professor, Department of Internal Medicine, University of Michigan Medical School
DHB STAFF			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
CAPT	Juliann	Althoff	DHB Executive Director (Acting)/Designated Federal Officer (DFO)
Ms.	Katharine	Austin	DHB Analyst, Grant Thornton LLP

Ms.	Lisa	Austin	DHB Task Lead, Grant Thornton LLP
Ms.	Kendal	Brown	DHB Management Analyst, Information Innovators, Inc.
Ms.	Camille	Gaviola	DHB Deputy Director/Alternate DFO
Ms.	Reem	Ghoneim	DHB Analyst, Grant Thornton LLP
Ms.	Sara	Higgins	DHB Analyst, Grant Thornton LLP
Ms.	Margaret	Welsh	DHB Management Analyst, Grant Thornton LLP
OTHER ATTENDEES			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
Ms.	Jennifer	Benitz	Military Health System Communications/Public Affairs
Mr.	Daniel	Blum	Blum Consulting
VADM	Raquel	Bono	Director, Defense Health Agency (DHA)
Lt Col	Ruth	Brenner	Air Force Medical Support Agency, Public Health Branch
Dr.	Kelley	Brix	Division Director, DHA J9 Research and Development Directorate
COL	Thomas	Bundt	Commander, U.S. Army Medical Research Institute of Infectious Diseases
CAPT	Timothy	Burgess	Director, Infectious Disease Clinical Research Program (IDCRP)
MG	Joseph	Carvalho	Joint Staff Surgeon, Office of the Chairman of the Joint Chiefs of Staff
COL	Melinda	Cavicchia	Preventive Medicine Physician/Deputy Chief of Staff for Public Health/Army Office of the Surgeon General
Mr.	Brian	Cetera	Federal Business Development Manager, Vecna Technologies
Dr.	Wayman	Cheatham	Director for Research and Development, U.S. Navy Bureau of Medicine and Surgery
RADM	Colin	Chinn	Acting Deputy Director, DHA
BG	John	Cho	Deputy Chief of Staff for Support, U.S. Army Medical Command G-1/4/6
MG	Jeffrey	Clark	Director, DHA Healthcare Operations Directorate
Ms.	Rachel	Conley	Ombudsman, U.S. Coast Guard
Brig Gen	James	Dienst	Director, J7 – Education and Training Directorate, DHA
Ms.	Lyn	DiFato	CEO, Trifecta Solutions
Dr.	Bruce	Doll	Assistant Vice President, Uniformed Services University of the Health Sciences (USUHS)
Lt Gen	Mark	Ediger	Surgeon General of the U.S. Air Force
Ms.	Catherine	Haight	Chief of Office of Integrated Services Branch, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
Ms.	Peggy	Haun	Military Special Needs Network
Mr.	Jeremy	Hilton	Co-Founder and Legislative Advocate, TRICARE for Kids
Ms.	Ann	Kenny	VP, Federal Business Development, Telligen
CDR	Alan	Lam	Bureau of Medicine and Surgery, M3B7 Public Health, Emergency Preparedness and Response
Ms.	Pamela	Logan	Naval Medical Research Center Contractor/PSI
Mr.	Nick	Lopes	Senior Director, MAXIMUS Federal
Col	Cheryl	Lowry	DHA Healthcare Operations and Research Directorate
CSM	Robert	Luciano	Senior Enlisted Advisor, DHA
Dr.	George	Ludwig	Principal Assistant for Research and Technology, U.S. Army Medical Research and Materiel Command (USAMRMC)
Dr.	Yvonne	Maddox	Vice President for Research, USUHS
Ms.	Carol	McDonough	Senior Consultant, Proposal Solutions
Ms.	Ellen	Milhiser	Editor, Synopsis
RADM	Terry	Moulton	U.S. Navy Deputy Surgeon General
Dr.	Terry	Rauch	Acting Deputy Assistant Secretary of Defense for Health

			Readiness Policy and Oversight
CAPT	Mark	Riddle	Naval Medical Research Center
Col	Douglas	Rouse	Medical Logistics, USAMRMC
Ms.	Jessica	Ruble	Battelle Memorial Institute
Ms.	Karen	Ruedisueli	Government Relations Deputy Director, National Military Family Association
Captain	Martin	Ruth	British Healthcare Liaison Officer
COL	Kai	Schlolaut	German Liaison Officer
RADM	Erica	Schwartz	Chief Medical Officer, U.S. Coast Guard
Ms.	Joan	Senio	Senior Principal, Noblis
Dr.	David	Smith	Performing the Duties of the Assistant Secretary of Defense for Health Affairs
Mr.	Bradley	Smolek	Ernst & Young
LTC	Michele	Soltis	Preventive Medicine Staff Officer, Public Health Directorate, Deputy Chief of Staff for Public Health, Office of the Surgeon General
Mr.	Aamir	Syed	Grant Thornton LLP
Dr.	David	Tribble	Professor and Science Director, IDCRP, USUHS
Mr.	Edward	Wright	Senior Scientific Advisor, Henry M. Jackson Foundation for the Advancement of Military Medicine
Mr.	J	Zarate	AssistTech

*Participated via teleconference