



## DEFENSE HEALTH BOARD MEETING

OCTOBER 30, 2018

Defense Health Headquarters  
Pavilion Salons B and C  
7700 Arlington Boulevard  
Falls Church, VA 22042

### 1. ATTENDEES – ATTACHMENT ONE

### 2. OPEN SESSION

#### a. Administrative & Opening Remarks

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

#### b. Decision Brief: Low-Volume High-Risk Surgical Procedures: Surgical Volume and Its Relationship to Patient Safety and Quality of Care

Dr. Donald Jenkins, Chair of the Trauma and Injury Subcommittee, out-briefed to the Board the Report on Low-Volume High-Risk Surgical Procedures: Surgical Volume and Its Relationship to Patient Safety and Quality of Care. This report represented the culmination of six months of effort. Board members and members of the public discussed several topics, which focused on four themes:

- A culture of safety and quality, where a sole focus on surgical volume alone is not adequate to address patient safety and quality of care and outcomes. Members discussed leveraging risk-adjusted outcomes data, such as the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP) data, with NSQIP leaders further empowered to act upon outcomes in conjunction with Military Health System (MHS) NSQIP collaboratives.
- Data capture, optimization, and outcome measurements for quality of care, patient safety, and transparency efforts are essential. Discussion points included participation in national risk-adjusted registries and the development and implementation of shared-decision making models across the continuum of care.
- A focus on the ready medical force is an imperative through utilization of Knowledge, Skills, and Abilities (KSAs), surgical simulation training, and military-civilian partnerships for peacetime and wartime care. Board members highlighted the use of a highly realistic team-based simulation approach across the Services and at the Defense Health Agency (DHA)-level.
- There are standardization opportunities across the Services and at the DHA-level, including through civilian and Department of Veterans Affairs (VA) partnership efforts.

It was recommended that the report appendices provide additional information on the ACS Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) and the Trauma Quality Improvement Program (TQIP), since these registries were specifically included in the Findings and Recommendations. In addition to the revision of some wording of

the Findings and Recommendations, two additional recommendations were discussed and added: 1) The Department of Defense (DoD) should seek engagement with international partners to increase experience in high-intensity environments; 2) MTF commanders must identify opportunities to partner with civilian and VA healthcare institutions to increase experience in high-intensity environments.

After Board deliberation, the Findings and Recommendations, including the agreed upon changes, were approved by vote. Once finalized, this report will be routed to the Office of the Assistant Secretary of Defense for Health Affairs for consideration, coordination, and Department response. The second phase of this report is expected to be briefed out at the May DHB meeting, and will examine low-volume procedures in the purchased care network and evaluate the potential for the MHS to sign onto the “Surgical Volume Pledge” agreed upon by Dartmouth-Hitchcock Medical Center, Johns Hopkins Medicine, and the University of Michigan Health System.

#### **c. Healthy Military Family Systems: Examining Child Abuse and Neglect Review Update**

Board member and Chair of the Neurological/Behavioral Health Subcommittee, Dr. Jeremy Lazarus, presented an update to the Board on the Healthy Military Family Systems: Examining Child Abuse and Neglect tasking. The Board will review the policies and practices currently in place to prevent, detect, assess, and treat abusive behavior and the resulting injuries towards children in the health care setting. In addition, recommendations should serve to reduce stigma, maximize prevention, and encourage a culture of safety to improve reporting of child abuse and neglect incidents to form more healthy family systems.

The kick-off teleconference was held on October 24, 2018 where the Board worked on planning the way forward. The current areas of interest include, but are not limited to, examining risk-factors unique to the military population, such as deployments and adverse childhood experiences (ACEs); methods of prevention and treatment programs for victims and abusers; recent changes to reporting protocols for child abuse incidents and tracking efforts between the military and civilian community, in accordance with Talia’s Law; and any efforts to strengthen the interface between medical and non-medical communities. The first in-person meeting is scheduled for October 31, 2018. The draft report is scheduled to be briefed out to the Board during the August 2019 Board meeting.

It was noted that there could be benefit from reviewing practices and resources already in place within the medical setting, including trauma center practices, as well as training, treatment, and reporting practices already in place within the Service command structure. It was noted that there could be further opportunity for standardization at the DHA-level through *National Defense Authorization Act (NDAA) 2017, Section 702*. The discussion also focused on reducing the stigma and empowering those affected by child abuse and neglect to come forward to raise awareness. It was also recommended to include the U.S. Coast Guard in future discussions.

#### **d. DHA in Transition**

Mr. Guy Kiyokawa, Deputy Director, DHA, provided an overview of the DHA consolidation, which includes a four-year, four-phased approach to support DHA's administration and management of MTFs that began on October 1, 2018. The DHA's business case follows the Secretary of Defense's priorities to restore readiness and lethality, strengthen alliances, and bring business reforms to the DoD. The business case for an enterprise approach includes improvements in outcomes and experience of care, safety and quality, readiness, and efficiencies, which aligns with the quadruple aim of better health, better care, lower cost, and improved readiness. Cybersecurity is also a key enterprise component to bolster medical networks and eliminate duplicative information technology (IT) systems. The overall purpose of the consolidation is to narrow variability and establish standard expectations, which requires a data-driven approach using baseline metrics. The Quadruple Aim Performance Process Model, which includes identifying and closing gaps in performance, is integral in driving these changes.

As an enterprise, the DHA is working on modifying functions, such as developing standardized procedural instructions, standardizing medical equipment, bolstering common health IT infrastructures, and ensuring a comprehensive integrated TRICARE benefit for family readiness. Other functions can be done at the market-level, which will lead to savings. Discussion points included Graduate Medical Education (GME) programs, specifically within the context of Service/DHA responsibilities; the continuing need to develop a medical research strategy; and the need for innovation, such as using a value-based approach within TRICARE. Mr. Kiyokawa mentioned that the DHA will be implementing an innovation cell; further improvement opportunities are expected through legislation.

#### **e. Pediatric Health Care Services Report**

CAPT Ed Simmer, USN, Chief Clinical Officer for TRICARE Health Plan, provided an update to the Board's recommendations from the 2017 Pediatric Health Care Services report. The Department's response to the report was signed on September 28, 2018. The majority of the Board's recommendations were accepted by the Department. The report's four overarching report recommendations focused on 1) improving patient and family experience; 2) advancing measurement, collection and reporting of pediatric data; 3) standardizing and adopting best practice; and 4) improving care coordination for pediatric beneficiaries.

During the discussion of improving patient and family experience, the recent integration of multiple surveys into the Joint Outpatient Experience Survey was noted, along with the launch of the Global Nurse Advice Line, which enables patients to access next day appointments based on nurse triage; extension of clinic hours; and the elimination of Urgent Care pre-authorization requirements. The pediatric quality dashboard was highlighted as a tool to collect and report pediatric data. This dashboard is now being used in direct care and discussion included the way ahead on how purchased care data can be collected and compared to direct care data. Members discussed the standardization and adoption of best practices, including the use of Clinical Practice Guidelines; the hospice care benefit; and expanded access to buprenorphine, including through office-based outpatient treatment. The discussion also included the autism care benefit, which is currently being rewritten to reflect evidenced-based practices and patient feedback, with an increased focus on comprehensive services, such as occupational therapy and parent involvement. CAPT Simmer also introduced future plans for improving care coordination within

TRICARE Select, such as behavioral health and primary care optimization and further incorporation of telehealth services.

#### **f. DoD Periodic Health Assessment (PHA)**

Dr. Fred Glogower, Program Manager, DHA Health Assessments, Public Health Division, provided an overview of the PHA, a mandated annual requirement that supports individual medical readiness by identifying and documenting duty-limiting/deployment-limiting medical conditions and providing preventive health and screening information. The optimized PHA now standardizes the PHA across the Services for total force interoperability and was initiated in Fiscal Year 2018. Prior to PHA standardization, each Service had developed and used their own version of the PHA and their health care and mental health providers were trained and held to Service-specific standards.

There are three parts to the PHA: Service Member Self-Assessment, Record Review and Recommendations, and Health Care Provider (HCP) Review. First, the Service member completes the PHA self-assessment online which includes information about behavioral health, and receives automated electronic health education. Next, the Record Reviewer assesses the information and addresses any auto generated flags then provides additional comments, as necessary, to the HCP. The HCP, or licensed mental health professional with Mental Health Assessment (MHA)-specific training, reviews the behavioral portion, as necessary, and, if indicated, conducts a person-to-person MHA, makes any necessary consults, and signs the PHA as complete.

Dr. Glogower described the optimized PHA as promising. There are multiple opportunities to leverage PHA data for robust data analysis, longitudinal trending, targeted interventions, and use in the Joint Medical Readiness System. It was noted that there would be benefit in further considering the relationship between the PHA and areas such as predictive analytics, personalized testing, increased personnel resourcing for increased efforts, and the tracking of healthcare outside the network.

#### **g. Farewell: Dr. Nancy Dickey**

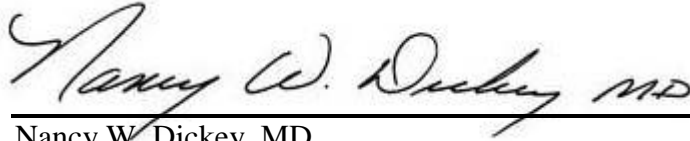
Distinguished guests, Board members, and staff bid farewell to Dr. Dickey, who has been the DHB President since 2011 and has served as a DHB Member since 2008. Dr. Terry Adirim, Deputy Assistant Secretary of Defense for Health Services Policy and Oversight, VADM Raquel Bono, DHA Director, Gen (Ret.) Richard Myers, DHB First Vice President, Dr. George Anderson, DHB Second Vice President, Surgeon General representatives, and CAPT Althoff, acknowledged Dr. Dickey's contributions to military health and honored her leadership efforts through letters of appreciation, coin and plaque presentations, as well as a cake-cutting ceremony.

### **3. NEXT MEETING**

The next DHB meeting is scheduled for February 11, 2019 with a location TBD.

#### 4. CERTIFICATION OF MINUTES

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



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Nancy W. Dickey, MD  
President, Defense Health Board

2/1/19

Date

**ATTACHMENT ONE: ATTENDEES**

<b>BOARD MEMBERS</b>			
<b>TITLE</b>	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>ORGANIZATION</b>
Maj Gen (Ret.) Dr.	George	Anderson	<i>DHB Second Vice President</i> Former Executive Director, AMSUS
Dr.	Craig	Blakely	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Dr.	Nancy	Dickey	<i>DHB President</i> Professor, Department of Family and Community Medicine, Texas A&M University
Dr.	John	Groopman	Edyth H. Schoenrich Professor of Preventive Medicine, Department of Environmental Health and Engineering, Johns Hopkins Bloomberg School of Public Health; Associate Director for Population Sciences, Johns Hopkins School of Medicine
Dr.	Eve	Higginbotham-Williams	Vice Dean, Inclusion and Diversity; Senior Fellow, Leonard Davis Institute of Health Economics; Professor of Ophthalmology, University of Pennsylvania
Dr.	Lenworth	Jacobs	Chief Academic Officer and Vice President of Academic Affairs, Hartford Hospital
Dr.	Donald	Jenkins	<i>Chair, Trauma &amp; Injury Subcommittee</i> Professor/Clinical, Division of Trauma and Emergency Surgery, University of Texas Health Science Center at San Antonio, Vice Chair for Quality, 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
RADM (Ret.)	Kathleen	Martin	Former Chief Executive Officer, Vinson Hall Retirement Community - Vinson Hall LLC; Former Executive Director, Navy Marine Coast Guard Residence Foundation
Gen (Ret.)	Richard	Myers	<i>DHB First Vice President</i> President, Kansas State University; RMyers & Associates LLC; 15 <sup>th</sup> Chairman of the Joint Chiefs of Staff
<b>DEFENSE HEALTH BOARD SUPPORT DIVISION</b>			
<b>TITLE</b>	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>ORGANIZATION</b>
CAPT	Juliann	Althoff	DHB Executive Director/Designated Federal Officer (DFO)
Ms.	Camille	Gaviola	DHB Deputy Director/Alternate DFO
Ms.	Alexandra	Andrada	DHB Research Science Analyst, Knowesis Inc.
Ms.	Amanda	Grifka	DHB Research Science Analyst, Knowesis Inc.
Ms.	Aileen	Mooney	DHB Research Science Analyst, Knowesis Inc.
Dr.	Lauren	Zapf	DHB Team Lead/Analyst, Knowesis Inc.
<b>OTHER ATTENDEES</b>			
<b>TITLE</b>	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>ORGANIZATION</b>
Ms.	Debra	Abbaszadeh	Member of the Public, Pumping Essentials
Dr.	Terri	Adirim	Deputy Assistant Secretary of Defense for Health Services Policy and Oversight, Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA))
Ms.	Marianne	Alaniz	Member of the Public, Air Force Medical Operations Agency
Dr.	John	Armstrong	Defense Health Board Trauma and Injury Subcommittee Member; Associate Professor of Surgery, University of South Florida
CDR	David	Barrows	Action Officer, M5, Office of the Chief Medical Officer, Bureau of Medicine and Surgery, U.S. Navy

VADM	Raquel	Bono	Director, Defense Health Agency (DHA)
CDR	Kimberly	Broom	Service Liaison, U.S. Marine Corps
COL	Melinda	Cavicchia	Service Liaison, DHA
RADM	Colin	Chinn	Joint Staff Surgeon, Joint Staff
Mr.	Dan	Casterline	National Account Executive, Merck
Ms.	Pam	Colbert	Regulatory Attorney, Brown & Fortunato, P.C.
Brig Gen	Sean	Collins	Assistant for Mobilization and Reserve Affairs, OASD(HA)
Dr.	Paul	Cordts	Deputy Assistant Director, Medical Affairs, DHA
Lt. Col.	Amy	Costello	Service Liaison, U.S. Air Force
LTC	Andrew	Currie	Service Liaison, Canada
Mr.	Franklin	Dickey	Member of the Public, Defense Health Board
Dr.	Paul	Doan	Chief, Specialty Care Support, DHA
LTC	Shoko	Edogawa	Japanese Service Liaison
VADM	Forrest	Faison	Surgeon General, U.S. Navy
Dr.	Fred	Glogower	Program Manager, Health Assessments, Public Health Division, DHA
Ms.	Sara	Higgins	Former Research Science Analyst, DHB Support Division
Mr.	Steve	Hill	Lead Analyst, Medical Affairs, DHA
Dr.	Arthur	Kellerman	Dean, School of Medicine, Uniformed Services University
Mr.	Guy	Kiyokawa	Deputy Director, DHA
Ms.	Joy	Kosak	Member of the Public, Pumping Essentials
Dr.	Anthony	LaPorta	DHB Trauma and Injury Subcommittee Member; Professor of Surgery and Military Medicine, Rocky Vista University School of Medicine
Ms.	Patti	Lederer	NSQIP Program Manager, DHA
COL	Myron	McDaniels	Director of Health Care Delivery, Office of The Surgeon General (OTSG), U.S. Army
Mr.	Bryce	Mendez	Defense Health Analyst, Congressional Research Service
Maj Gen	Robert	Miller	Director, Medical Operations and Research, Office of the Surgeon General, Headquarters U.S. Air Force
RADM	Terry	Molton	Deputy Surgeon General, U.S. Navy
Ms.	Monique	Pena	Health Care Regulatory Attorney, Brown & Fortunato, P.C.
Brig Gen	Susan	Pietrykowski	Director, Manpower, Personnel and Resources, and Chief of the Medical Service Corps, Office of the Air Force Surgeon General
CAPT	Andrew	Plummer	Chief, Advanced Clinical Analytics for Quality Management within Healthcare Operations, DHA
Dr.	Douglas	Rouse	Former DHB Executive Secretary/Alternate DFO
CAPT	Martin	Ruth	Service Liaison, United Kingdom
Col	Kai	Schlolaut	Service Liaison, Germany
RADM	Erica	Schwartz	Surgeon General, U.S. Coast Guard
CAPT	Ed	Simmer*	Chief Clinical Officer, TRICARE Health Plans, DHA
LTC	Michele	Soltis	Service Liaison, U.S. Army
Dr.	Jill	Sterling	Chief, Integrated Clinical Quality Support Branch, Clinical Support Division, DHA
LCDR	Teshome	Tafes	Service Liaison, Uniformed Services University
Ms.	Jean	Ward	Former Administrative Assistant, DHB Support Division
Ms.	Margaret	Welsh	Former Event Planner, DHB Support Division
Lt Col	Richard	Zavadil	Action Officer, M5, Office of the Chief Medical Officer, Bureau of Medicine and Surgery, U.S. Air Force

\*Participated by phone