



**DEFENSE HEALTH BOARD MEETING
FEBRUARY 11, 2019
Gatehouse
8111 Gatehouse Rd.
Rooms 345 and 346
Falls Church, VA 22042**

1. ATTENDEES – ATTACHMENT ONE

2. OPEN SESSION

a. Administrative & Opening Remarks

Gen (Ret.) Richard Myers 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.

CAPT Althoff thanked everyone for being flexible with the government delay and highlighted associated changes in the agenda. Gen (Ret.) Myers congratulated Board member, GEN (Ret) Fredrick Franks, for recently receiving the Henry Viscardi Achievement Award for exemplary leadership in improving the lives of those with disabilities.

b. Part Two: Low Volume, High Risk Surgical Procedures Update

Board member and Chair of the Trauma and Injury Subcommittee, Dr. Donald Jenkins, first discussed Part One of this tasking, published in November 2018 and currently assigned to the Defense Health Agency (DHA) for a Department response which should be completed within 180 days. He noted that colleagues he has spoken with, to include active duty military surgeons, have enthusiastically commended Part One, strongly concurring with sections on military medical treatment facility (MTF) surgical care; Knowledge, Skills, and Abilities (KSAs); training standardization; risk adjusted outcome programs, and expansion of military/civilian partnerships.

Part Two of this tasking will address the array of low-volume high-risk surgical procedures performed in the TRICARE network of purchased care; evaluate the potential for the MHS to sign on to the Surgical Volume Pledge agreed to by Dartmouth-Hitchcock Medical Center, Johns Hopkins Medicine, and the University of Michigan Health System; and provide relevant findings and recommendations. The kick-off teleconference for Part Two, in which the Board planned the initial way forward, was held on November 27, 2018. Areas of interest for Part Two include, but are not limited to, purchased care (TRICARE) quality improvement opportunities, the Surgical Volume Pledge, and challenges and initiatives in civilian sector rural surgery. Two additional teleconferences have been held to date, to obtain briefings on TRICARE surgical quality, and to hear the perspectives of large health systems that have not taken the Surgical Volume Pledge. Future plans include briefings by surgical quality leaders from top ranked hospitals and developing and refining findings and recommendations. The draft report is slated to be briefed out to the Board at the May 2019 Board meeting.

The group discussed Leapfrog, a transparency initiative that includes public reporting of hospital volume data. It was noted that DHA's Walter Reed National Military Medical Center is now one of 2,000 + facilities reporting data via Leapfrog. In comparison, no additional hospital systems have joined the original three sites on the Surgical Volume Pledge. Dr. Jenkins remarked that Leapfrog leadership did brief the Subcommittee during Part One of the tasking and more teleconferences are planned regarding Leapfrog initiatives within the Department.

c. DHA Quadruple Aim Performance Process: Transforming Performance Improvement

Mr. John Gardner, DHA Chief Strategy Officer, provided an overview of the Quadruple Aim Performance Process (QPP). The QPP is a tool designed to align strategy across the Enterprise, in pursuit of the Quadruple Aim (Improved Readiness, Better Health, Better Care, and Lower Cost). The QPP will facilitate the move from decentralized management across Services to a fully integrated system of health and readiness consistent with *National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017, Section 702*. QPP aims include: implementing a standard approach to change; achieving efficiencies by using DHA strategic priorities to drive resource decisions; aligning projects within DHA strategic priorities; root cause identification to generate effective solutions; enabling enterprise transparency and accountability through a unified portfolio of system-wide efforts; and leveraging system-wide knowledge at MTF and Market levels to inform strategic goals and priorities.

MTFs transitioning to the DHA, beginning with Phase 1 MTFs in FY 2019, will submit a QPP plan to set priorities and improvement targets for the year. The QPP plans are "living documents" that allow adjustments and course corrections as new information emerges through various opportunities for shared learning, including discussions between DHA, Market and MTF leaders. QPP plans will align with the DHA Director's priorities and focus areas, and the MHS Critical Initiatives (CIs) such as deployability (medically ready force), improving medical force readiness (ready medical force), encouraging healthy behaviors, optimizing and standardizing access, improving condition based quality care, achieving zero patient harm, and improving effectiveness and efficiency.

Implementation of QPP involves a cultural shift to a learning organization with new and centralized lines of authority and communication. Current priorities to enhance FY 2020 processes include: defining the readiness demand signal; developing competency objectives and training plans aligned to QPP guidance; defining requirements; developing a tool for a new streamlined plan template to include all parts of the plan process; and finalizing QPP annual cycle inputs/outputs.

Physician burn-out and resilience were discussed; DHA is continuing to customize their approach to this concern, leveraging support from subject matter experts (SMEs), and remaining cognizant of the DHA strategic roadmap, which includes a people-centered focus area. The discussion also included an emphasis on added value within the QPP and the importance of feedback at the MTF and Market levels.

d. 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 tasking includes a review of policies and practices currently in place to prevent, detect, assess, and treat abusive behavior and resulting injuries towards children in the health care setting. Recommendations will address prevention, treatment, reporting, stigma reduction, and other related factors from the Military Health System perspective.

The Child Abuse and Neglect (CAN) subset of the Board has met six times since November 2018, including an in-person meeting on January 11-12, 2019, to receive briefings from CAN SMEs inside and outside the Department. Areas of interest include determining the role of medical providers in the coordinated approach to child abuse and neglect in the DoD; supporting family readiness in the MHS; examining potential risk-factors for CAN, both those that apply to the general population, e.g., adverse childhood experiences (ACEs), and those that are unique to the military population, e.g., deployments; prevention and treatment programs for victims and abusers; recent changes to reporting protocols for CAN and related tracking efforts between the military and civilian communities; as well as gaps between the medical and non-medical communities in addressing CAN. Future plans include briefings on the spectrum of offender treatment and models that address family violence in routine care, a further look at ACEs, and further developing and refining findings and recommendations. The next update brief will be provided at the May 2019 Board meeting, with the draft report slated to be briefed out to the Board at the August 2019 Board meeting.

e. Department of Defense Global Health Engagement Overview

CAPT Danny Shiau, Director of the Uniformed Services University (USU) Center for Global Health Engagement (CGHE), gave an overview of Global Health Engagement (GHE) in the DoD. GHE is a joint effort aligned with the Combatant Commands and is one of the Principle Deputy Assistant Secretary of Defense for Health Affairs' top priorities for 2019. GHE is designed to improve partnerships and interoperability with Armed Forces and civilian authorities in Partner Nations in support of force health protection, global health security, humanitarian assistance, host nation capacity building, and chemical, biological, radiological, and nuclear (CBRN) defense. From FYs 2001-2018, approximately \$1.64 billion was budgeted for Overseas Humanitarian Assistance Shared Information System engagements, of which \$28.14 million (28%) was allocated to support over 4,000 GHE activities in 175 countries. The DoD is continuing to work to measure and define value added based on these investments.

Bio-surveillance is a significant DoD GHE mission. Over 450 bio-surveillance activities have been conducted in 80 countries through use of the Armed Forces Health Surveillance Branch's Global Emerging Infections Surveillance and Response System (GEIS) in 2017 alone. This capability leverages sentinel labs that perform respiratory surveillance to inform influenza vaccine design and international response. Of note, the military identified the first four cases of the H1N1 (swine flu) virus during the 2009 flu pandemic through these activities.

Examples of DoD GHE in action include Pacific Partnership, a multi-lateral, multiservice mission where host nation counterparts, international organizations, and non-governmental

organizations work together to improve regional disaster preparedness and response and enhance relationships across the region. DoD GHE also supports broader US government priorities in areas such as the Defense HIV/AIDS Prevention Program and the President's Malaria initiative. The African Peacekeeping Rapid Response Partnership (APRRP) is a State Department-funded program that aims to build capacity in African militaries and rapidly deploy peacekeepers. Finally, the United Arab Emirates (UAE) Trauma Program is a partnership between MHS and UAE designed to create a dedicated trauma, burn, and rehabilitative medicine capability in Abu Dhabi, UAE. This program aims to enhance and sustain wartime surgical skills while building interoperability.

The CGHE was created in 2016 and employs 38 personnel with a mission to provide operational support to the DoD GHE as it meet national security objectives. Their strategic framework consists of three lines of effort: education and training, research and scholarship, and leadership and service. Key enabling tasks include partnerships and collaboration, strategic communication and knowledge management, and effective internal processes.

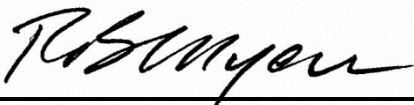
Members discussed the benefits of strengthening and increasing partnerships between the DoD GHE community and universities and other government agencies, e.g., United States Agency for International Development (USAID) and Centers for Disease Control and Prevention (CDC). There was discussion on One Health, which is a collaborative effort of many disciplines to attain optimal health for people and animals, in addition to the environment. There was also discussion on ethical issues that practitioners of GHE should consider especially in developing countries where initial care is provided but follow-up care may be challenging, and the consideration of the impact providing care may have on the local medical resources.

3. NEXT MEETING

The next DHB meeting is scheduled for May 20, 2019 in Falls Church, VA.

4. CERTIFICATION OF MINUTES

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



3/25/19

General (Ret.) Richard Myers
First Vice President, Defense Health Board

Date

ATTACHMENT ONE: ATTENDEES

BOARD MEMBERS			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
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.	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 & 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	<i>Chair, Neurological & Behavioral Health Subcommittee</i> Clinical Professor of Psychiatry, University of Colorado Denver School of Medicine
Gen (Ret.)	Richard	Myers	<i>DHB First Vice President</i> President, Kansas State University; RMyers & Associates LLC; 15 th Chairman of the Joint Chiefs of Staff
DEFENSE HEALTH BOARD SUPPORT DIVISION			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
CAPT	Juliann	Althoff	DHB Executive Director/Designated Federal Officer (DFO)
Ms.	Camille	Gaviola	DHB Deputy Director/Alternate DFO
Dr.	Catherine	Zebrowski	DHB Executive Secretary/Clinical Consultant/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.
OTHER ATTENDEES			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
LT	Manuel	Beltran	Executive Assistant (EA), Office of the Joint Staff Surgeon, Joint Staff
LTC	Brian	Brennan	Children’s Hospital of Philadelphia
RADM	Colin	Chinn	Joint Staff Surgeon, Joint Staff
Dr.	Paul	Cordts	Deputy Assistant Director, Medical Affairs, DHA
Mr.	Dominic	Cucaro	VA/DoD Managed Markets, Allergan
MG	R. Scott	Dingle	Deputy Surgeon General, US Army Medical Command
LTC	Shoko	Edogawa	Japanese Service Liaison
Ms.	Yara	Francis	Uniformed Services University
LCDR	Amanda	Gardner	EA to the Deputy Surgeon General, Navy Bureau of Medicine and Surgery
Col	Thomas	Harrell	Deputy Director, Medical Operations and Research, Office of the Surgeon General of the Air Force
MAJ	Hillary	McCormack	EA, Office of the Deputy Surgeon General, US Army Medical Command
COL	Myron	McDaniels	Director of Health Care Delivery, Office of The Surgeon General (OTSG), U.S. Army

RADM	Terry	Moulton	Deputy Surgeon General, Navy Bureau of Medicine and Surgery
CAPT	Martin	Ruth	British Healthcare Liaison Officer to the U.S.
Col	Kai	Schlolaut	German Health Foreign Liaison Officer
LTC	Michele	Soltis	Preventive Medicine Staff Officer, OTSG, Army Service Liaison
CDR	Shane	Steiner	Chief, Preventive Medicine, U.S. Coast Guard
Mr.	Steve	Sternberg	US News & World Report
Mr.	Robert	Thompson	Chief of Staff, USU
Dr.	Joanne	Wood	Children's Hospital of Philadelphia
Dr.	Edward	Wright	Government and Public Health Solutions
Ms.	Jessica	Zamiska	McAllister & Quinn