Deployment Health Centers Review

Defense Health Board
February 9, 2017
Overview

- Membership
- Current Tasking
- Requests for Deployment Health Centers Review
- Meetings
- Areas of Interest
- Cross Cutting Challenges
- Way Forward
Defense Health Board (DHB) members participating in the review:

- There are four members from the Board that are reviewing this tasking.
Current Tasking: Three DHCs

- **Deployment Health Clinical Center (DHCC)**
  - **Mission:** “Improve the lives of our nation's service members, veterans and families by advancing excellence in psychological health care and prevention of psychological health disorders.”
  - Realigned under the Defense Health Agency (DHA) in February 2016

- **Armed Forces Health Surveillance Branch (AFHSB), formerly AFHSC**
  - **Mission:** “Provide timely, relevant, actionable, and comprehensive health surveillance information to promote, maintain, and enhance the health of military and military-associated populations
    - Acquire, analyze/interpret, disseminate information, and recommend evidence-based policy
    - Develop, refine, and improve standardized surveillance methods
    - Serve as focal point for sharing health surveillance products, expertise, and information
    - Coordinate a global program of militarily relevant infectious disease surveillance”
  - Realigned under DHA in August 2015

- **Naval Health Research Center (NHRC)**
  - **Mission:** “To optimize operational readiness and warfighter health by informing DoD policy and practice through research excellence.”
  - Designated as the DoD Deployment Health Research Center in 1999 to conduct epidemiologic studies investigating longitudinal health experience of previously deployed personnel.
Requests for Deployment Health Centers Review

- **2002:** The Armed Forces Epidemiological Board (AFEB) should “serve as a public health advisory body and provide a forum for program review of ongoing research and clinical efforts” for the Deployment Health Centers (DHCs).
  
  - Assistant Secretary of Defense (Health Affairs) Memo, September 17, 2002

- **2013:** The Board should “revisit the DHCC [Deployment Health Clinical Center] in 2013, to assess progress and perform a follow-up review” and “conduct reviews of the DHCC, Deployment Health Research Center, and Armed Forces Health Surveillance Center [AFHSC] every 3 years, for the next 6 years.”
  

- **2013:** The Board conducted a follow-up review of the DHCC and submitted recommendations to the Department.

- **2016:** Board initiating 3-year review in accordance with the January 22, 2013 memo.
Meetings Since Previous Board Meeting

- **November 29, 2016 – Meeting**
  - Site visit to NHRC in Point Loma, San Diego, CA

- **December 5, 2016 – Meeting**
  - Site visit to the AFHSB in the National Capital Region (NCR)

- **December 6, 2016 – Meeting**
  - Site visit to the DHCC in the NCR

- **January 17, 2017 – Teleconference**
  - Reviewed observations from November/December site visits
  - Discussed preliminary findings and recommendations

- **February 6, 2017 – Teleconference**
  - Continue review of findings and recommendations
Areas of Interest

- Affirmation of value of DHCs to DoD.
- Comparison of the original intent of the DHCs with the current missions and scopes.
- A review of the responses to DHB’s previous findings and recommendations and their continued applicability.
- Alignment of site visit findings and recommendations with the MHS, DHA, and Navy Medicine strategies.
- Examination of resources (funding, manpower, facilities, etc.).
- Potential gap in provision of clinical care services for military personnel after deployment due to DHCC’s focus on psychological health.
Cross Cutting Challenges

- Lack of overarching strategic alignment and formal coordination between centers.
- Lack of core funding to cover operational costs and uncertainty in long-term funding to sustain research studies
- Barriers to career paths in research
- Multiple procedural impediments to efficient conduct of research and surveillance activities.
- Staffing structures and hiring processes are arduous and difficult to manage with realignments and reorganization, leading to overreliance on contract staff.
- Lack of outcome measurements and monitoring of program cost-effectiveness.
Way Forward

- February – May 2017: Monthly teleconferences
- Additional briefings may be necessary to complete our analysis
- Information gathering and report writing through winter 2017
- Continue to refine findings and recommendations in spring 2017
- Present draft report at June 2017 DHB meeting
Questions?