



DEFENSE HEALTH BOARD
OPEN SESSION MEETING MINUTES
MAY 18, 2020
Virtual Meeting

1. Attendees – Appendix One

2. Opening Remarks/Introductions

- CAPT Gorman called the meeting to order.
- Dr. Lazarus provided an overview of the last Defense Health Board (DHB) meeting in February 2020 at the Gatehouse location in Falls Church, Virginia. He reviewed the current agenda and provided a brief description of the presentations for the meeting.
- The Board members introduced themselves. CAPT Gorman recognized the Public Health Subcommittee members and Distinguished Guests attending today. DHB Staff read a roll call for all other public attendees.
- Dr. Lazarus recognized and thanked Gen (Ret.) Myers for his twelve years of service to the DHB as his term on the Board will end in August.
- Dr. Lazarus recognized Mr. Chris Fogle, Management Analyst for the DHB Support Staff who was absent due to his mobilization as part of the Army Reserves' response to COVID-19.
- CAPT Gorman provided guidelines for the first DHB virtual meeting.

3. Measles, Mumps, and Rubella (MMR) Booster Immunization Practices Review Decision Brief

- Dr. Lane, DHB member and Public Health Subcommittee Chair, briefed the DHB on the Measles, Mumps, and Rubella (MMR) Booster Immunization Practices Review report for deliberation and approval.
 - Taking into account the epidemiology of mumps, the waning immunity of the mumps component of the MMR vaccine, and current mumps outbreaks within military populations, the Public Health Subcommittee recommended that the DoD ensures all Service members have at least 3 doses of the MMR vaccine.
 - This recommendation differs from the current Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices' recommendation for MMR Vaccinations, where a third dose would only be given during outbreak situations.
 - Dr. Lane expressed that the objective of this report with the recommendations is to minimize the risk of infection to ensure operational readiness of the Force.
- Board members and members of the public discussed the findings and recommendations of the report. Please see the slide deck on the Meeting Materials page of DHB website (health.mil/dhb) for more information. These are the discussion points of note (Appendix Two):

- Members discussed current and potential future immunization policies based on the findings of the report. Specifically, a member asked about how an additional 3rd dose of Mumps vaccine would affect implementation of current military immunization policy from a cost and logistics perspective.
- Members discussed future areas of research related to diseases with military relevance with particular focus on COVID-19. Dr. Gordon commented that the DoD has the capability of developing vaccines when there is no commercial incentive to do so and it should engage in vaccine research prior to an outbreak.
- Maj Gen Murphy asked if there were risks for an adverse event from a 3rd MMR dose. Dr. Lane answered good data regarding use of a 3rd dose is scant, but the risks are low and an adverse event would most likely occur after the 1st dose. There was also discussion of the military's risk mitigation and public health operations for military-wide vaccinations.
- Dr. Margaret Ryan commented that the report's recommendations could lead to some Service members receiving 5 lifetime doses of MMR. Dr. Lane clarified that the recommendation in the report is to be a best practice where all Service members would have at minimum 3 doses of MMR.
- After public discussion, Dr. Lazarus asked the Board members if they required further deliberation for any specific findings and recommendations prior to a vote. Members made no requests. Dr. Lazarus called for a voice vote to approve the report. The Board approved all recommendations by unanimous vote. At the recommendation of the DHA Ethics attorney, Dr. Guice and Dr. Lee did not participate in the briefing and abstained from voting due to a reported conflict of interest.

4. Joint Artificial Intelligence Center (JAIC) Medical Artificial Intelligence

CAPT Hassan Tetteh, Health Mission Chief of the Joint Artificial Intelligence Center (JAIC) briefed the Board on the work of the Joint Artificial Intelligence Center and on Medical Artificial Intelligence. These are the discussion points of note (Appendix Two):

- Dr. Gordon asked about the use of the “medical avatar,” a digital physician that interacts with a patient using data from the patient’s Electronic Health Record and social media data. CAPT Tetteh replied that this type of patient encounter has been very successful and that younger Service members tend to be more comfortable seeking care from non-human providers. He stated this type of care is helpful in reducing stigma for seeking mental health services and increasing engagement with the health system.
- Dr. Parkinson requested examples of how the JAIC’s activities are connected to the Total Force Fitness model to ensure a holistic approach to improving military health care. CAPT Tetteh explained how the JAIC identifies a transition partner at the development stage of every product line to ensure cooperation and buy-in from colleagues at DHA. This ensures that all efforts align with DHA guidelines and goals.
- Dr. Bruce Doll asked about training and developments in AI research. CAPT Tetteh described the present effort to increase AI research capacity in the DoD through the development of an AI Fellowship. AI Fellows will become experts in AI research and development and assist in the expansion of the AI capabilities in their respective Services after their Fellowship.

- Mr. Dennis McGurk, a member of the public, and Board members inquired how the JAIC interacts with existing programs and data sets such as the Army Study to Assess Risk and Resilience in Service members (STARRS) project. CAPT Tetteh explained that the JAIC does interact with the STARRS project but also hopes to accelerate new data sources in order to increase the scale of AI-led solutions. They are working in collaboration with behavioral health offices in the Services to achieve this.

5. Market Establishment: Conditions-Based Approach

Dr. Barclay Butler, Assistant Director for Management for the Defense Health Agency, provided a brief on a conditions-based approach to market certification. These are the discussion points of note (Appendix Two):

- Dr. Butler explained the goal is to establish market management infrastructure to maintain the highest standards of care leading to a medically ready force and a ready medical force. He noted that since the last DHB meeting on February 10, the Board’s comment on the inefficiency of the original 300-plus conditions to certify markets was proved true and that the process has been refined to include fewer conditions.
- Dr. Kaplan asked what beneficiary-facing metrics are in place to assess how the market is working and how the medical treatment facility (MTF) transition has incorporated the transition to greater use of telemedicine in recent months. Dr. Butler gave numerous examples of these metrics, such as how an increase in Operating Room utilization reflects greater efficiency after the switch to a centralized office for scheduling. He also explained that telehealth is a large focus of the transition and their emphasis is on engaging with providers to make sure they understand how to redesign their workflow to adapt to this “new normal.”
- Board members discussed the relationship between DHA and civilian partners in the transition. Dr. Butler described how partnerships are enhanced through the transition and are measured by standardized metrics related to patient satisfaction, services delivered, staff fulfillment, and ultimately whether Service members are better able to complete their missions.
- Dr. Butler emphasized the importance of being a good business partner with care support partners in order to fully understand their needs and capabilities before making changes to their work environment.
- Members of the public discussed how the transition’s strategic pause due to COVID-19 impacted training in MTFs. Dr. Butler stated that some health professionals have been graduated early depending on their individual circumstances. A member of the public stated that the training pipeline has been adjusted to meet the requirements of critical care teams.

6. Health Care Delivery Subcommittee Tasking Update: Active Duty Women’s Health Care Services

Dr. Michael Parkinson, Board member and Chair of the Health Care Delivery Subcommittee, provided an update on the status of the Active Duty Women’s Health Care Services report. These are the discussion points of note (Appendix Two):

- Dr. Sharfstein asked if the report will speak about telehealth and its increased use due to COVID-19. Dr. Parkinson replied they will make a note of the suggestion to consider including in the report.
- Dr. Browne recommended the subcommittee also look at including domestic violence, intimate partner violence, and post-partum depression.
- Dr. Parkinson stated the subcommittee is planning to speak with a representative of the Israeli Defense Forces as they have a gender-inclusive military similar to the United States.
- A subcommittee member remarked that there has been little coordination of recommendations issued by DACOWITS. Implementing these recommendations could have resolved some of the problems the subcommittee is finding and could guide the DHB's own recommendations.

7. Neurological/Behavioral Health Subcommittee Tasking Update: Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Processes

Dr. Lazarus briefed on the Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Processes. He reviewed the tasking and issue statement from the Terms of Reference and summarized the subcommittee's activities to date. Please see slide deck on the DHB website for more information. These are the discussion points of note (Appendix Two):


- Members discussed the issue of the limited predictive validity of psychiatric screening and the increased cost of additional psychiatric support at MEPS and training installations. They discussed whether additional preliminary screening is worth the extra cost of implementation.
- Dr. Zebrowski described the subcommittee's investigation of a research strategy that would more closely track key variables across a Service member's career in order to better understand what characteristics or events put a Service member at higher risk for mental disorders.
- Members discussed the benefits of a holistic method of training that focuses on building skills that improve physical and mental resilience. Part of this method involves adapting the training environment to support these skills. Members were also interested in a feedback loop from training events that identify mental health risk to acquisition operations.

8. Next Meeting

The next DHB quarterly meeting will be on August 6 in Falls Church, VA. While the DHB staff continues to plan for this in-person meeting, they continue to monitor the situation and travel restrictions. This meeting may be virtual or a hybrid meeting with some member attending in person and others virtually.

9. Certification of Minutes

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



Jeremy Lazarus, MD
President, Defense Health Board

06/10/2020

Date

APPENDIX ONE: MEETING ATTENDEES

BOARD MEMBERS			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
Dr.	John	Armstrong	Division Director and Associate Professor of Surgery, University of South Florida
Dr.	Craig	Blakely	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Dr.	Michael-Anne	Browne	Associate Chief Medical Officer, Stanford Children's Health; Clinical Associate Professor, Stanford University School of Medicine
Dr.	Steven	Gordon	Chair, Department of Infectious Diseases, Cleveland Clinic
Dr.	John	Groopman	Professor of Preventive Medicine, Bloomberg School of Public Health, Johns Hopkins University
Dr.	Karen	Guice	Executive Director and Chief Medical Officer, Government and Public Sector Advisory Service, Ernst & Young
Dr.	Lenworth	Jacobs, Jr.	Director, Trauma Institute, Hartford Hospital; Professor of Surgery, University of Connecticut
Dr.	Robert	Kaplan	Senior Fellow and Marvin Bower Professor of Leadership Development, Emeritus at the Harvard Business School
Dr.	H. Clifford	Lane	Director, Division of Clinical Research, National Institute of Allergy and Infectious Disease, National Institutes of Health
Dr.	Jeremy	Lazarus	<i>DHB President</i> Clinical Professor of Psychiatry, University of Colorado Denver School of Medicine
Dr.	Vivian	Lee	President, Health Platforms, Verily (formerly Google Life Sciences)
RADM (Ret)	Kathleen	Martin	<i>DHB Second Vice President</i> Chief Executive Officer, Vinson Hall Retirement Community- Vinson Hall LLC; Former Executive Director, Navy Marine Coast Guard Residence Foundation
Dr.	Brigid	McCaw	Former Medical Director, Family Violence Prevention Program, Kaiser Permanente Northern California Region
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
Dr.	Michael	Parkinson	Senior Medical Director, University of Pittsburgh Medical Center
Dr.	Steven	Sharfstein	President Emeritus, Sheppard Pratt Health System; Clinical Professor of Psychiatry, University of Maryland
Dr.	Alex	Valadka	Professor and Chair, Department of Neurosurgery, Virginia Commonwealth University
PUBLIC HEALTH SUBCOMMITTEE MEMBERS			
Dr.	Georges	Benjamin	Executive Director, American Public Health Association
Dr.	Wilsie	Bishop	Vice President of Health Affairs, East Tennessee State University
Dr.	John	Clements	Professor Emeritus, Department of Microbiology and Immunology, Tulane University School of Medicine
Dr.	Charles	Dodd	Senior Veterinarian for Public Health Command Region-Central; Assistant Professor and Director of Outreach, College of Veterinary Medicine, Kansas State University

Dr.	Russell	Luepker	Senior Veterinarian for Public Health Command Region-Central; Assistant Professor and Director of Outreach, College of Veterinary Medicine, Kansas State University
DHB STAFF			
CAPT	Greg	Gorman	Executive Director/Designated Federal Officer (DFO)
Dr.	Catherine	Zebrowski	Executive Secretary/Clinical Consultant/Alternate DFO
Ms.	Camille	Gaviola	Deputy Director/Alternate DFO
Ms.	Chizoba	Chukwura	DHB Research Science Analyst, Knowesis, Inc.
Ms.	Wendy	Millar	DHB Management Analyst, Knowesis, Inc.
Ms.	Victoria	Okereke	DHB Research Science Analyst, Knowesis, Inc.
Ms.	Michele	Porter	DHB Management Analyst, Knowesis, Inc.
Mr.	Paul	Schaettle	DHB Research Science Analyst, Knowesis, Inc.
Dr.	Clarice	Waters	DHB Task Lead/Senior Analyst, Knowesis, Inc.
PUBLIC ATTENDEES			
Mr.	Brian	Acker	Senior Associate, Knowesis Inc.
Mr.	John	Allen	VP Government Affairs & Market Access USA, Valneva
Mr.	Patrick	Baird	Director, Federal Accounts Alkermes, Inc.
CMSgt	Julie	Bottroff	CMSgt/Senior Enlisted Advisor, Education and Training Directorate; Defense Health Agency
Mr.	Dan	Casterline	Federal National Account Executive, Merck Vaccines
Col	Valerie	Castle	Chief, Preventive Medicine; Air Force Medical Readiness Agency
COL	Melinda	Cavicchia	Deputy for Public Health Operation, DHA
MG	Telita	Crosland	Deputy Surgeon General, U.S. Army
Ms.	Odeyra	Curcic	Sr. Operations Research Policy Analyst Advisory Committee on Industrial Security and Industrial Base Policy (CISIBP), Defense Counterintelligence and Security Agency
RADM (Ret)	Bruce	Doll	Assistant Vice President for Technology Research and Innovation, USU
CAPT	Joel	Dulaigh	US Surgeon General's Chief of Staff
LTC	Shoko	Edogawa	Japanese Medical Liaison Officer, Office of The Surgeon General, U.S. Army
Mr.	Steve	Flowers	Managing Principal, Knowesis Inc.
Ms.	Tina	Getachew	Government Relations Specialist, American College of Radiology
COL	Raphael	Grippi	French Medical Liaison Officer, Office of The Surgeon General, U.S. Army

Mr.	Carlson	Hatch	DHA Media Relations
Dr.	Elizabeth	Kostas-Polston	Associate Professor; Daniel K. Inouye Graduate School of Nursing; Uniformed Services University of the Health Sciences; Women's Health Nurse Practitioner
COL (Ret.)	Dennis	McGurk	RTI International, DoD Senior Account Executive
Ms.	Ellen	Milhiser	Editor, Synopsis (publication)
Ms.	Aileen	Mooney	Armed Forces Health Surveillance Branch- Global Emerging Infections Surveillance/Cherokee Nation Businesses
Maj Gen	Sean	Murphy	Deputy Surgeon General, Air Force
Col	Tonya	Rans	Chief, Immunization Healthcare Division, DHA
Ms.	Cassie	Ricci	Federal Sector Policy and Strategy Leader at GE Healthcare
RADM	Mary	Riggs	Interim Assistant Director, Healthcare Administration, DHA
RADM (Ret)	Carol	Romano	Dean, Graduate School of Nursing, USUHS
Dr.	Margaret	Ryan	Medical Director of DHA Immunization Healthcare Division Pacific Region Office at Naval Medical Center San Diego
Ms.	Stephanie	Simonich	Project Manager for the Committee on Industrial Security and Industrial Base Policy, DCSA Contractor, Metis Solutions
Dr.	David	Smith	Acting Principal Deputy Assistant Secretary of Defense for Health Affairs
CAPT	Shane	Steiner	Division Chief, Operational Medicine and Quality Improvement Division (CG-1121), United States Coast Guard
Ms.	Diane	Taft-Moore	Defense Counterintelligence and Security Agency
COL	Chris	Wright	British Medical Liaison Officer, Office of The Surgeon General, U.S. Army

APPENDIX TWO: OPEN SESSION ZOOM CHAT

Measles, Mumps, and Rubella (MMR) Booster Immunization Practices Review Decision Brief

From Steve Gordon - DHB Member to Everyone: 10:44 AM

Cliff and team: amazing brief and fully support the recommendations. Cannot help but see parallels with COVID 19 (no good blood test for correlates of protection; presymptomatic phase where transmission may occur). 1. Do you anticipate any monovaccine mumps vaccine work will be done (enough economic incentive and many resources now diverted to COVID 19 vaccine)? Can you comment on sequelae of male infertility following mumps in men?

From Michael-Anne Browne - DHB Member to Everyone: 10:55 AM

How do you propose the guidelines handle potentially pregnant recruits?

From Mike Parkinson – DHB Member and Health Care Delivery Subcommittee Chair to Everyone: 10:56 AM

Dr Lane and Committee. Excellent report. Do you specifically therefore recommend that Service stop serological screening? I hope so.

From Steven Sharfstein – DHB and Neurological/Behavioral Health Subcommittee Member to Everyone: 10:57 AM

Is there a similar concern about measles and rubella in the military as there is about mumps?

From CMSgt Julie Bottroff to Everyone: 10:57 AM

Recruits are given at MEPS

From Vivian Lee – DHB and Health Care Delivery Subcommittee Member to Everyone: 10:59 AM

Thanks for a really terrific report and brief. Logistically--do most recruits routinely receive other vaccinations? Would it be straightforward to implement the recommendations?

From Mike Parkinson – DHB Member and Health Care Delivery Subcommittee Chair to Everyone: 11:01 AM

Just an observation. The recommendation to more widely use MMR routinely in incoming recruits is timely given the likely cohorts of "anti-vaxxer" cohorts and lax state regs which may be coming the military's way so to speak.

From John Armstrong – DHB and Trauma & Injury Subcommittee Member to Everyone: 11:01 AM

Comprehensive report, well briefed. Thank you, Subcommittee!

From Alex Valadka - DHB Member to Everyone: 11:02 AM

What happens if a recruit refuses to be vaccinated?

From Margaret Ryan to Everyone: 11:14 AM

DHA Immunization Healthcare Division wants to clarify that these recommendations, in practice, mean that ALL recruits will get 2 doses MMR in basic training. No bootcamp has the extensive resources that would be required to look at childhood records [which are diverse and problematic]. Also, most service members will get 3rd MMR soon after bootcamp. We should recognize that this is a very very large number of MMR doses, over what we currently give. And we should recognize that it means at least 5 lifetime MMR doses for most service members.

Joint Artificial Intelligence Center (JAIC) Medical Artificial Intelligence Briefing

From Steve Gordon - DHB Member to Everyone: 11:54 AM

Captain Tetteh kudos and Amazing overview! And so timely as COVID19 pandemic has accelerated digital platforms to deliver care for us all. How far along is your team in developing the "provider avatar" in the cloud that driven by AI algorithms and access to patient records and facebook that could provide advice/evaluations 24/7?

From Bruce Doll to Everyone: 12:10 PM

Thank you for your informative presentation. The products you mentioned are specific to relevant needs but understandably to not provide a broad based introduction of AI. To maximize a broad based adoption of AI by researchers and providers, what initiatives for education/curriculum for these two communities are being pursued by JAIC.

From Dennis McGurk to Everyone: 12:11 PM

CAPT Tetteh - do you think the DoD will use current study teams (e.g., STARRS) or other performers to do Suicide Prevention AI efforts?

From Michael-Anne Browne - DHB Member to Everyone: 12:27 PM

Is the DOD sufficiently prioritizing the recruitment of software engineers, either as civilians or military recruits?

From John Armstrong – DHB and Trauma & Injury Subcommittee Member to Everyone: 01:54 PM

Prioritized by readiness value

Health Care Delivery Subcommittee Tasking Update: Active Duty Women’s Health Care Services

From Steven Sharfstein – DHB and Neurological/Behavioral Health Subcommittee Member to Everyone: 02:10 PM

Will the report talk to the use of telehealth for women’s health now and into the future given the explosion of use due to COVID.

From Michael-Anne Browne – DHB Member to Everyone: 02:11 PM

I agree - the tasking is very wide. Additional areas to consider in the area of gender-specific mental health issues are domestic assault (similar to sexual assault in some ways, but also unique) and post-partum depression

From Brigid McCaw – DHB and Neurological/Behavioral Health Subcommittee Member to Everyone: 02:15 PM

I agree, another area of burgeoning research is in mental health- co-existing conditions such as depression, PTSD, intimate partner violence, that impact treatment of other conditions. Also the disparities between the level of women's care in the military vs VA vs civilian settings.

Neurological/Behavioral Health Subcommittee Tasking Update: Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Processes:

From Dennis McGurk to Everyone: 02:43 PM

Dr Lazarus - are you seeing any use of Wearable data to help identify those at risk for MH issues?

From Michael-Anne Browne – DHB Member to Everyone: 02:52 PM

I agree sleep is essential and often under-appreciated contributor to wellness, mental and otherwise.