



**DEFENSE HEALTH BOARD MEETING
FEBRUARY 10-11, 2016**

Inn by the Sea Hotel
Wind and Sea Room
7830 Fay Avenue
La Jolla, CA 92037

1. **ATTENDEES – ATTACHMENT ONE**
2. **NEW BUSINESS**

February 10, 2016—Administrative Session

Dr. Nancy Dickey welcomed Defense Health Board (DHB) members to the meeting. Ms. Christine Bader discussed upcoming Board and Subcommittee vacancies, reviewed the member nomination process, and requested that members provide nominations to Col Douglas Rouse. Dr. John Baldwin discussed the work of the DHB Bylaws Review Work Group, outlining the planned revisions for the DHB Bylaws, which will be reviewed by the Board in June 2016. Ms. Bader then discussed the status of recent DHB recommendations. The group reviewed the meeting agenda and logistics for the meeting. Col Rouse reviewed travel policies. Ms. Bader reminded members to report any conflicts of interest they may have regarding issues being discussed at the meeting.

Action/POC: Provide Board and Subcommittee nominations to Col Rouse/Members.

February 10, 2016—Open Session

a. Administrative & Opening Remarks

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

Action/POC: None.

b. Health Care Delivery Subcommittee Update: Pediatric Clinical Preventive Services

Dr. George Anderson, Chair of the Health Care Delivery Subcommittee, reviewed the Subcommittee's efforts on the Pediatric Clinical Preventive Services tasking. He noted that the group is still very early in the process and is focused on collecting information to inform development of the report and recommendations. Dr. Anderson reviewed key areas of interest, including how the Department of Defense (DoD) and the Services determine which clinical preventive services to offer various age groups in the direct and purchased care components; the impact of the Affordable Care Act (ACA) on pediatric clinical preventive services; current tools

and processes for tracking compliance with pediatric clinical preventive services in beneficiaries; and challenges in monitoring compliance in the direct and purchased care populations. Other key areas of interest to the Subcommittee include barriers to compliance; standardization of processes across the Military Health System; impact/capabilities of a new electronic medical record; and opportunities to implement policies, systems, or programs to improve compliance and monitoring of compliance.

The group held robust discussion about the challenges associated with maintaining compliance with recommended immunizations for pediatric military beneficiaries, noting that each Service uses different tools and processes to record and deliver immunizations and that the systems used by each Service are not interoperable. The members also discussed challenges that both DoD and the civilian sector face, including vaccine shortages and parents' refusal to vaccinate their children. The group also mentioned other issues in DoD pediatric preventive care that may be of interest for the Subcommittee to pursue, including childhood obesity, the effect of the ACA on DoD processes, and the shift from cost-based to value-based payments.

Action/POC: None.

d. Public Health Subcommittee Update: Improving Defense Health Program Medical Research Processes

Dr. H. Clifford Lane, Chair of the Public Health Subcommittee, reviewed the Subcommittee's work on the tasking, Improving Defense Health Program (DHP) Medical Research Processes. He discussed the unique challenges faced by DoD medical researchers and outlined key areas of interest based on the briefings received to date. He shared that restrictions on how Operation and Maintenance (O&M) and Research, Development, Testing, and Evaluation (RDT&E) funds may be used complicate the ability to support complementary research efforts. The group discussed challenges related to the poor visibility on O&M-funded research, as well as the lack of a clear research career track and support system for new researchers.

Meeting attendees held a robust discussion about the definition of medical research, noting that it will be important to define the term as the Subcommittee continues to develop its report and recommendations. The group also discussed challenges associated with a lack of protected research time for DoD clinical researchers, as well as inefficiencies and delays resulting from DoD's policies regarding multi-center studies, institutional review boards (IRBs), cooperative research agreements, and funding restrictions.

Action/POC: None.

f. Naval Health Research Center: Research Activities, Challenges, and Opportunities

CAPT Rita Simmons, Commanding Officer of the Naval Health Research Center (NHRC), shared an overview of the NHRC's mission, research projects and capabilities, and opportunities to improve DoD research processes. She discussed unique capabilities of NHRC and current

projects in medical informatics, deployment and operational health readiness, and military population health. These projects include collection, analysis, and interpretation of databases such as the Medical Planners' Toolkit, the Expeditionary Medical Encounter Database, and the Millennium Cohort Study. CAPT Simmons also highlighted specific research activities NHRC is conducting in support of deployment and operational health readiness and military population health, including optimization of military treatment facility operations and course of action assessments for theater joint health service support. She then shared suggestions to improve DoD research processes, including developing tools to improve visibility of DHP-funded research; increasing core research funding; standardizing IRBs, funding, and contracting guidelines; and incentivizing collaborative research. Members discussed how NHRC collaborates with other research centers to minimize duplication of research efforts. They also requested additional information about the average IRB timeline for research protocols conducted by NHRC.

CDR Dennis Faix provided an overview of the Millennium Cohort Study's funding, management, and methodology. CDR Faix discussed publications and projects associated with the Millennium Cohort and outlined new areas of focus such as precision medicine, airborne hazards, traumatic brain injury, and cancer. The group discussed factors that affect cohort member retention and the process of developing and keeping cohort surveys updated. Members also talked about the possibility of using data from the Millennium Cohort Study database to conduct research on social determinants of health.

Action/POC: None.

g. Naval Medical Center San Diego: Research Activities, Challenges, and Opportunities

Dr. John Malone, Head of the Clinical Investigations Department (CID) at Naval Medical Center San Diego (NMCS D), briefed the Board on the research programs at NMCS D and Navy Medicine West. He shared that the research programs within the CID at NMCS D facilitate research, disseminate Clinical Investigation Programs funds, initiate and process cooperative research agreements, and process IRB protocols. Dr. Malone highlighted how the CID supports the Command's mission of operational readiness, patient care, and medical education by facilitating scientifically sound research and publications. He provided an overview of the publications and IRB protocols from NMCS D, as well as major research accomplishments. He also discussed opportunities for improving medical research within DoD, such as emphasizing the importance of research; standardizing all research IRB and cooperative agreement forms; and encouraging clinicians to obtain training in statistics, study design, epidemiology, and writing, especially those supervising research.

The group discussed how research fits into the larger command structure at Navy Medicine West. Attendees agreed that research should be a priority for DoD, but that the process can be challenging, especially in the context of other competing operational, garrison and education priorities.

Action/POC: None.

h. Center for Wireless and Population Health Systems

Dr. Kevin Patrick, Director at the Center for Wireless and Population Health (CWPHS) from University of California, San Diego, provided an overview of the Center's mission and research. He shared that CWPHS conducts research on systems of wireless, clinical, and home technologies to measure environmental exposures and improve health-related behaviors in subpopulations of individuals with various medical conditions, such as tuberculosis, schizophrenia, traumatic brain injury, and cancer. He provided an example of how mobile technology can be used to monitor air quality in the San Diego area and how the data collected may be used to map exposure to pollutants and track conditions affected by air quality, such as asthma. The group discussed ways in which wireless technology and social networks are used to improve population health, such as mobile applications to aid in weight loss and monitor chronic disease, and new approaches to collecting and analyzing aggregate data to conduct public health surveillance and research.

The group held a robust discussion about the applications of mobile and wireless technology to study and promote health within DoD. They also talked about methods to assess data quality and link mobile data to medical databases, as well as challenges associated with maintaining user privacy.

Action/POC: None.

h. Naval Center for Combat and Operational Stress Control

CDR Jean Fisak, Deputy Director of the Naval Center for Combat & Operational Stress Control (NCCOSC), briefed the Board on the mission and programs of NCCOSC. She shared that the focus of NCCOSC is to "improve[s] the psychological health of Sailors and Marines through comprehensive programs that educate service members, decrease stigma, build resilience, aid research and promote best practices in the treatment of combat and operational stress injuries." She described NCCOSC's four primary focus areas, which include strategic communications and administration, knowledge management, programs, and research facilitation. CDR Fisak also provided suggestions for improving research processes within DoD, noting that researchers benefit from non-research experience and that communication and collaboration between researchers and their Command is vital to building a successful program.

The Board discussed the programs that NCCOSC developed to prevent suicide, suggesting that lessons learned from those programs might be applied in the civilian community. They also talked about the importance of transparency surrounding research funding, as well as the benefits of reducing redundancy in research, collaborating on joint research efforts, and delegating ownership of long-term research initiatives.

Action/POC: None.

i. Perspectives of a Deployed Combat Hospital Commander

CAPT William J. Leonard shared his experiences and perspectives as the former Commanding Officer of the North Atlantic Treaty Organization Role 3 Military Medical Unit at Kandahar Airfield. He provided an overview of the unit's medical facilities and a history of the hospital. CAPT Leonard also discussed the challenges and risks associated with decreased staffing and lower patient throughput. He noted that in periods with decreased casualties, it was difficult for military trauma providers to maintain clinical proficiency, and that shorter rotations for highly skilled specialists may be beneficial when they are underutilized. Prolonged lulls in workflow can also increase stress among caregivers in the deployed environment. He also emphasized the importance of making sure that caregivers in the deployed setting have been exposed to the kinds of injuries that occur in combat during their training and the substantial benefits of training as a team before deploying. The group discussed how training emergency medicine caregivers in trauma hospitals can be beneficial, but that the kinds of injuries seen in urban trauma centers do not necessarily represent the injuries incurred in combat. They also noted that it is important for caregivers to train to the technology, resources, procedures, and operations tempo they will use and experience when deployed.

February 10-11, 2016—Preparatory Session

The Board received an impromptu briefing on the Zika virus from Dr. Lane over a working lunch. Dr. Lane discussed the unique characteristics of the virus and research efforts underway to improve understanding of clinical effects, particularly on the developing fetus, potential vaccines, and improved methods of control.

On February 11, 2016, DHB members visited the Surface Warfare Medical Institute (SWMI) in San Diego, California. They received an overview of the Independent Duty Corpsman (IDC) training program, which highlighted the unique role that IDCs play in the field as first responders and in administering care. They also received briefings from several IDCs who shared their experiences in the field. The Board then toured SWMI, where they saw classrooms, a dental training clinic, training facilities, and IDC training simulations.

3. NEXT MEETING

The next DHB meeting is scheduled for June 2-3, 2016, 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.



4/7/2016

Nancy W. Dickey, MD
President, Defense Health Board

Date

ATTACHMENT ONE: MEETING ATTENDEES
February 10, 2016

BOARD MEMBERS			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
Dr.	Anderson	George	<i>Defense Health Board (DHB) Second Vice President</i> Former Executive Director, The Society of the Federal Health Agencies
Dr.	Baldwin	John	Advisor on Health Sciences to the Chancellor, and Professor of Internal Medicine and Surgery, Texas Tech University Health Sciences Center
Dr.	Blakely	Craig	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Ms.	Carroll	Bonnie	National Director, Tragedy Assistance Program for Survivors, Inc.
Dr.	Dickey	Nancy	<i>DHB President</i> Professor, Department of Family and Community Medicine, Texas A&M University
Dr.	Gordon*	Steven	Chairman, Department of Infectious Diseases, Cleveland Clinic Foundation
Dr.	Groopman	John	Anna M. Baetjer Professor of Environmental Health, Department of Environmental Health Sciences, Bloomberg School of Public Health, Johns Hopkins University
Dr.	Higginbotham *	Eve	Perelman School of Medicine, University of Pennsylvania
Dr.	Hovda	David	University of California, Los Angeles Neurosurgery, Departments of Surgery and of Molecular and Medical Pharmacology Director, UCLA Brain Injury Research Center
Dr.	Jacobs	Lenworth	Chief Academic Officer and Vice President of Academic Affairs, Hartford Hospital
Dr.	Lazarus	Jeremy	Clinical Professor of Psychiatry, University of Colorado Denver School of Medicine
RADM (Ret.)	Lane	H. Clifford	Director, Division of Clinical Research, National Institute of Allergy and Infectious Disease, National Institutes of Health
RADM (Ret.)	Martin	Kathleen	Chief Executive Officer, Vinson Hall Corporation, LLC
Gen (Ret.)	Myers	Richard	<i>DHB First Vice President</i> RMyers & Associates LLC
Dr.	Poland	Gregory	Director, Mayo Vaccine Research Group; Director for Strategy, Center for Innovation, Mayo Clinic and Foundation
INVITED GUESTS & STAFF			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
CAPT	Acosta	José	Commanding Officer, Naval Medical Center San Diego
Ms.	Austin	Lisa	DHB Task Lead, Grant Thornton LLP
Ms.	Bader	Christine	DHB Executive Director/Designated Federal Officer (DFO)

CAPT	Bree	Stephen	Surgeon Captain Royal Navy British Liaison Officer (Deployment Health)
Dr.	Cordts	Paul	Deputy Director, Healthcare Operations, Defense Health Agency
CDR	Faix	Dennis	Director of Military Population Health, DoD Center for Deployment Health Research, Naval Health Research Center
CDR	Fisak	Jean	Deputy Director, Naval Center for Combat & Operational Stress Control
RDML	Gillingham	Bruce	Commander, Navy Medicine West
Dr.	Guice	Karen	Principal Deputy Assistant Secretary of Defense, Health Affairs
Ms.	Higgins	Sara	DHB Analyst, Grant Thornton LLP
CAPT	Leonard	William	Chief of Staff, Navy Medicine West
Dr.	Malone	John	Head, Clinical Investigations Department, NMC-San Diego, Research Program Manager, Navy Medicine West
Ms.	Markowitz-Shulman	Ariel	DHB Analyst, Grant Thornton LLP
Dr.	Patrick	Kevin	Professor, Family Medicine and Public Health, University of California Qualcomm Institute/Calit2 Robert Wood Johnson Foundation
Col	Rouse	Douglas	DHB Executive Secretary/Alternate DFO
CAPT	Samosorn	Angela	Military Aide to MG Wilmoth
CAPT	Simmons	Rita	Commanding Officer, Naval Medical Research Unit- San Antonio
COL	Stein	James	Preventive Medicine Staff Officer, Office of the Surgeon General
CDR	Steiner	Shane	Commander, U.S. Public Health Service/U.S. Coast Guard, Chief of Preventive Medicine
LT	Stoil	Lindsey	Joint Strategic Plans and Integration Officer, Health Care Operations Directorate, Defense Health Agency
CDR	Torrie	Ian	DHB Service Liaison Officer, Canadian Embassy
Ms.	Welsh	Margaret	DHB Management Analyst, Grant Thornton LLP
MG	Wilmoth	Margaret	Deputy Surgeon General, Army Reserve
MEDIA & PUBLIC ATTENDEES			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
Ms.	Allen	Rhonda	Clinical Investigations Department, Research Compliance, Naval Medical Center San Diego
Mr.	Byrne	Kevin	GFK Vaccines
Mr.	Casterline	Dan	Merck
Ms.	Cohoon	Barbara	Director Market Clinical Services UHC M&V
Dr.	Dukovich	Mitchell	Scientific Director, Clinical Investigations Department, Naval Medical Center Sand Diego

RADM (Ret.)	Johnson	James	Chairman of the Board of Microdermis; Former Commander, Naval Medical Center in San Diego
Ms.	Kowitz	Regena	Public Affairs Officer, Naval Health Research Center
Mrs.	Poland	Jean	
Dr.	Ryan	Margaret	Defense Health Agency, Immunizations

*Participated via telephone.