



**DEFENSE HEALTH BOARD MEETING
NOVEMBER 1, 2016**

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. She introduced CAPT Juliann Althoff as the Executive Director (Acting) of the Defense Health Board (DHB) and an Alternate DHB Designated Federal Officer, temporarily representing the Designated Federal Officer, Col Douglas Rouse, at the meeting. An overview of the agenda was provided, and CAPT Althoff called the meeting to order. Meeting attendees then introduced themselves.

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

Dr. John Clements, Public Health Subcommittee Member, reviewed the Subcommittee's work on the tasking, Improving Defense Health Program (DHP) Medical Research Processes, on behalf of the Subcommittee Chair, Dr. H. Clifford Lane. The briefing summarized the tasking, timeline, and highlighted several areas of interest, to include funding streams for DHP medical research and associated challenges. Additionally, while medical research is considered an essential mission of the Department of Defense (DoD) per DoD Instruction 600.08, DoD inconsistently provides the infrastructure support needed to conduct research effectively. Further, there are challenges related to the lack of clear research career paths, consideration of research activities for promotion, command buy-in of research at military treatment facilities (MTFs), lack of centralized reporting of all DoD medical research activities, and attendance of DoD investigators at professional meetings. Finally, it was noted that many of the findings of the Subcommittee were aligned with previous reviews, identifying similar issues. Discussions were focused around the difficulties of tracking research spending, as well as the value and importance of research within the DoD and at MTFs. There was also discussion on the uniqueness of the U.S. Army Medical Research Materiel Command and the opportunities it provides for conducting medical research.

c. Health Care Delivery Subcommittee Tasking Update: Pediatric Health Care Services

Dr. George Anderson, Health Care Delivery Subcommittee Chair, reviewed the Subcommittee's efforts on the expanded Pediatric Health Care Services tasking and described upcoming work will include collaboration with the Neurological/Behavioral Health (NBH) Subcommittee. Dr. Anderson reviewed the expanded tasking with the proposed timeline and identified key areas of interest related to pediatric health care services, such as challenges monitoring pediatric preventive services due to multiple, non-interoperable data sources and challenges comparing

TRICARE covered services to national recommendations. Other areas of interest to the Subcommittee include emerging issues such as care for transgender beneficiaries, the importance of the military family in the context of coordination of care, and deciding on a common vision for how pediatric beneficiaries should experience quality care within the Military Health System (MHS).

d. Tasking Update: Deployment Health Centers Review

Dr. Eve Higginbotham, Deployment Health Center (DHC) Review Subset Chair, described the history of the tasking and reviewed the group's efforts to date. The Subset was tasked to review ongoing research and clinical efforts at the Deployment Health Clinical Center (DHCC), the Armed Forces Health Surveillance Branch, and the Naval Health Research Center (NHRC). The Subset discussed efforts to date, including a meeting with the Defense Health Agency (DHA) leadership team, VADM Raquel Bono and MG Jeffrey Clark, about the agency's strategy and vision in relation to the two DHCs within the DHA. The key takeaways from a teleconference with DHA leadership included an emphasis on organizational changes since the previous site visits, and the potential for enhanced alignment of resources. A similar meeting will be held with Navy leadership later in the month to discuss the NHRC. Areas of potential interest for this tasking include: the affirmation of value of the DHCs to the DoD; comparison of the original intent of the DHCs with their current missions and scopes; a review of responses to previous findings and recommendations made by the Board; the alignment of site visit findings and recommendations with the strategies of the MHS, DHA, and Navy Medicine; examination of resources; and the potential gap in provision of services with realignment of DHCs. Of note, this is an ongoing tasking which is familiar to the Board. The Subset members will conduct site visits on November 29, and December 5 and 6. A comment from the group included the importance to address the impact of leadership changes on the DHCs.

e. Defense Suicide Prevention Office

Dr. Keita Franklin, Director of the Defense Suicide Prevention Office (DSPO), presented an energetic update on the status of the DHB's recommendations found in the August 2010 DoD Task Force on the Prevention of Suicide by Members of the Armed Forces. Of the 76 recommendations, 29 have been completed, while 26 are in progress, and 16 are ongoing and enduring activities of the office. The areas in which the recommendations have been grouped include organization and leadership; wellness and enhancement training; access to and delivery of quality care; and surveillance, investigations, and research. Dr. Franklin also discussed the redeveloped mission, vision, and lines of effort of the DSPO. In order to follow on the strategic goals, a theory-based on suicide prevention and awareness was adopted, taking on a public health approach to address a system issue. Some of the challenges faced include the large investment around pursuing evidence-based practices and the financial costs associated with it. Dr. Franklin also discussed the DSPO's challenges associated with using more quality data and surveillance information in order to move towards the study of risk behaviors and examine mental health data useful for programming. The briefing also covered the tenets of the public health approach as well as the lines of effort the DSPO is currently applying. Discussions included selecting best practices for suicide prevention, researching suicide risk biomarkers, and determining predictive factors for suicide. Furthermore, the potential effects of military culture, including toxic

leadership and bullying, and access to lethal weapons were discussed. The group noted an opportunity for social media to help address stigma and change ideas around suicide and acknowledged the importance of cultural mindfulness and cultural humility training for providers. Dr. Franklin also mentioned that the DSPO does not traditionally have resources available for publishing peer-reviewed literature. There was discussion on how and with whom the DSPO is partnering in the interagency as well as within the DoD, to include the Deployment Health Clinical Center and how it should be looking for best practices from other programs. The group was interested in learning more about the DoD Suicide Event Report surveillance system, which can be accessed through a DoD Principal Investigator. Dr. Jeremy Lazarus also requested a copy of the report presented on the addressed recommendations, and Dr. Franklin agreed to make it available.

f. Pediatric Care in the Military Health System

COL Stephen Philips, Deputy Chief, Clinical Support Division, Health Care Operations Directorate, DHA, along with his staff, briefed the DHB on the renewed emphasis on pediatric care within the MHS. The briefing provided information on TRICARE and described the benefits and challenges associated with its various pediatric initiatives. Furthermore, initiatives related to the Patient Centered Medical Home (PCMH), pediatric studies, transparency and communication, and TRICARE health plan changes and policy updates were discussed. Within the PCMH initiative, resources such as 24-hour appointment systems, enhanced patient and MTF tools, Nurse Advice Line, joint outpatient experience surveys, and standardized outpatient documentation are underway for improved access to care. In terms of pediatric studies, various research studies have been completed, and upcoming investigations are planned to better serve the pediatric beneficiary population within the MHS. Preventive care updates for the next year were shared, as well as ongoing pilots and demonstrations the DHA is exploring. The group discussed the standardized qualifications for health care providers within the urgent care system and that all must have specific credentials to be a part of the TRICARE network. The group also pointed out that issues such as unmet needs, quality of care, and tracking of misdiagnoses in pediatric patients are areas in which the DHA must do more work and would benefit from receiving feedback from advocacy groups and other experts.

g. DHB Scholars Presentation: Forward Genomic Surveillance Advances DoD Biomedical Research Toward Combating High-Consequence Emerging Infectious Diseases

CPT Suzanne Mate, a researcher at the Center for Genomic Sciences at the U.S. Army Medical Research Institute of Infectious Diseases, discussed her genomic surveillance efforts at the Liberian Institute of Biomedical Research during the Ebola virus outbreak. The primary objective of this research was to build Liberia's capacity to establish a permanent and sustained Ebola diagnostic laboratory with high-throughput sequencing capability. Activities included mapping genetic datasets to locate medical assets, transmitting biological data to first responders to better address points of viral escape, using molecular evidence to confirm sexual transmission of the virus, and utilizing epidemiological case tracing to examine variants of the Ebola virus transmitted from Guinea into Liberia. Virus persistence was also re-examined through this research, resulting in updated policy and recommendations. Policy changes and

recommendations included the importance of long-term care for survivors, changes in outbreak management, and the need for sustainable capacity building in the prevention and treatment of the Ebola virus. This same genomic surveillance strategy is now being applied in the U.S. to combat the Zika virus.

h. DHB Scholars Presentation: Classifying the Histomorphology of Prostatic Adenocarcinoma with Deep Neural Networks: Teaching a Machine to Diagnose Cancer

LCDR Niels Olson, a pathology resident at the Naval Medical Center in San Diego, discussed his research on digitizing images of prostate cancer cells and applying machine learning algorithms to the data to provide a diagnosis. The research involved using a whole-slide imaging system to scan annotated slides of prostatic cancer. These slides are essentially labeled images; a set of algorithms designed to recognize patterns, known as a simple deep neural network, may then be used to identify the labeled images that have prostate cancer. The Board discussed rapid autopsy programs, which have shown that lesions benign at first capture can ultimately lead to death, and noted that this research may be a step forward in understanding how these lesions develop.

i. DHB Scholars Presentation: Mechanical Ventilation Methods in Transport of Critically Injured Patients

Maj Joseph Maddry, Director of the En Route Care Research Center at the 59th Medical Wing, discussed his retrospective review of critically injured patients requiring mechanical ventilation methods between 2007 and 2012. This study has shown that compliance with mechanical ventilation protocols is low, and non-compliance is associated with increased ventilator days, increased days in intensive care units, and increased mortality. The group was interested in understanding how to assess volume control measurements with amputees, which include using mechanical ventilation clinical practice guidelines as well as estimating wingspan, ideal body weight, or height. It was also discussed that in patients transported by critical care air transport teams, adjusting for altitude may be more hazardous to the patient than no adjustments.

j. DHB Scholars Presentation: Smokeless Tobacco Use in the US Military

LTC Sukhyung (Steve) Lee, a surgical oncologist at the Walter Reed National Medical Center, presented his research concerning smokeless tobacco in the U.S. military. The research shows that the rates of smokeless tobacco use in the military are statistically significantly higher compared to the rates of the US adult population. LTC Lee examined data collected at two sites—Fort Bragg, NC and Lackland Air Force Base, TX—and demonstrated that the demographic, behavioral, and perception-based data merits further research and potential special programming around reducing the use of smokeless tobacco in the military. The group discussed that historically, the cost of smokeless tobacco is generally cheaper at military installations, which can be an important environmental factor; however, current information suggests that the military no longer discounts tobacco products for on-base sales. The difficulties associated with reducing cultural acceptance of tobacco use and enforcement were also discussed. There is

potential for future collaborative longitudinal cohort studies using the populations identified in this work.

k. Defense Health Board Overview

Dr. Nancy Dickey, President of the Defense Health Board, in celebration of the 10th anniversary of the DHB, presented the mission, overview, and rich history of the Board that goes back to the late 1940's. Dr. Dickey explained that the DHB functions as a federal advisory committee and elaborated on the process in which the members can be tasked to provide findings and recommendations. She mapped the locations across the United States of the various site visits the Board has conducted since 2006. The organizational structure and diagram was shared, as well as the complete list of Board members and summary of the over 60 reports the Board has completed since its inception. Dr. Dickey also reviewed the current subcommittees and the ongoing taskings. Some metrics were discussed as well the impact the DHB has had; the diversity of the reports completed by the Board was noted.

l. Vision for the Defense Health Board

Dr. Karen Guice, Acting Assistant Secretary of Defense for Health Affairs, attended and shared her vision for the future of the DHB as it moves forward into its next 10 years. She commended the Board on the work it has completed and noted the contributions to the MHS overall. Dr. Guice discussed the possible content in next fiscal year's National Defense Authorization Act, including: the potential structural reform that may take place within the MHS; the examination of value-based purchasing; TRICARE changes to simplify pricing; and graduate medical education programs. Dr. Guice also emphasized the importance of actionable and concise recommendations in the creation of high-impact reports and the potential requests for shorter and more responsive taskings to the Board in the future.

3. NEXT MEETING

The next DHB meeting is scheduled for February 9-10, 2017, 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.



Nancy W. Dickey, MD
President, Defense Health Board

1/18/2017

Date

ATTACHMENT ONE: MEETING ATTENDEES

BOARD & SUBCOMMITTEE MEMBERS			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
Dr.	George	Anderson	<i>Defense Health Board (DHB) Second Vice President</i> Former Executive Director, The Society of Federal Health Professionals (AMSUS)
Dr.	Craig	Blakely	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Ms.	Bonnie	Carroll	National Director, Tragedy Assistance Program for Survivors, Inc.
Dr.	John	Clements	Professor and Department Chair of Microbiology & Immunology Director of the Tulane Center for Infectious Disease Research Co-Director of the Louisiana Vaccine Center Tulane University School of Medicine
Dr.	Nancy	Dickey	<i>DHB President</i> Professor, Department of Family and Community Medicine, Texas A&M University
Dr.	Steven	Gordon	Chairman, Department of Infectious Diseases, Cleveland Clinic Foundation
Dr.	John	Groopman	Anna M. Baetjer Professor of Environmental Health, Department of Environmental Health Sciences, Bloomberg School of Public Health, Johns Hopkins University
Dr.	Eve	Higginbotham	Vice Dean, Perelman School of Medicine, University of Pennsylvania
Dr.	Lenworth	Jacobs	Chief Academic Officer and Vice President of Academic Affairs, Hartford Hospital
Dr.	Donald	Jenkins	Vice Chair for Quality, University of Texas Health Science Center at San Antonio, Department of Surgery – Trauma Division
Dr.	Jeremy	Lazarus	Clinical Professor of Psychiatry, University of Colorado Denver School of Medicine
RADM (Ret.)	Kathleen	Martin	Chief Executive Officer, Vinson Hall Corporation, LLC
Gen (Ret.)	Richard	Myers	<i>DHB First Vice President</i> RMyers & Associates LLC/ Interim President, Kansas State University
Dr.	Gregory	Poland	Director, Mayo Vaccine Research Group; Director for Strategy, Center for Innovation, Mayo Clinic and Foundation
Dr.	Tadataka	Yamada	Venture Partner, Frazier Healthcare Ventures; Adjunct Professor, Department of Internal Medicine, University of Michigan Medical School
DHB STAFF			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
CAPT	Juliann	Althoff	DHB Executive Director (Acting)/Alternate Designated Federal Officer (ADFO)
Ms.	Katharine	Austin	DHB Analyst, Grant Thornton LLP
Ms.	Lisa	Austin	DHB Task Lead, Grant Thornton LLP
Ms.	Camille	Gaviola	DHB Deputy Director/Alternate DFO
Ms.	Reem	Ghoneim	DHB Analyst, Grant Thornton LLP
Ms.	Sara	Higgins	DHB Analyst, Grant Thornton LLP
Ms.	Margaret	Welsh	DHB Management Analyst, Grant Thornton LLP
OTHER ATTENDEES			

TITLE	FIRST NAME	LAST NAME	ORGANIZATION
Dr.	Terry	Adirim	Deputy Assistant Secretary of Defense (Health Services Policy and Oversight)
Maj Gen	Roosevelt	Allen	Director, Medical Operations & Research
Ms.	Jen	Benitz	Military Health System Communications
Mr.	Daniel	Blum	Blum Consulting
CDR	Kimberly	Broom	Director of Public Health, Headquarters Marine Corps, Health Services
COL	Thomas	Blundt	Commander, U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID)
Dr.	Barclay	Butler	Component Acquisition Executive, Head of the Contracting Activity
MG	Joseph	Carvalho	Joint Staff Surgeon, Office of the Chairman of the Joint Chiefs of Staff
COL	Melinda	Cavicchia	Preventive Medicine Physician/Deputy Chief of Staff for Public Health/Army Office of the Surgeon General
Mr.	Ed	Chan	Health Affairs
Col	Michael	Charlton	Defense Medical Readiness Training Institute Division Chief
Mr.	Nilesh	Chudasama	Senior Manager, Grant Thornton
Col	David	Cohen	Director, Research and Acquisition Directorate, Air Force Medical Support Agency
Brig Gen	Sean	Collins	Assistant for Mobilization and Reserve Affairs, Office of the Assistant Secretary of Defense for Health Affairs
Dr.	John	Davison	Clinical Support Division, Health Care Operations Directorate, Defense Health Agency (DHA)
Brig Gen	James	Dienst	Director, J7 – Education and Training Directorate, DHA
Dr.	Bruce	Doll	Assistant Vice President, Uniformed Services University of the Health Sciences (USUHS)
Dr.	Howard	Fishbein	Westat
Dr.	Keita	Franklin	Director, Defense Suicide Prevention Office
Dr.	Karen	Guice	Acting Assistant Secretary of Defense for Health Affairs
LCDR	Melissa	Harnly	U.S. Navy Bureau of Medicine and Surgery (BUMED)
Ms.	Theresa	Hart	Nurse Consultant Program Manager, Health Care Operations Directorate, DHA
LCDR	Brent	Jones	Resident, USUHS
Ms.	Olivera	Jovanovic	Health Services Policy and Oversight
Mr.	Guy	Kiyokawa	Deputy Director, DHA
CDR	Alan	Lam	CDR MC USN, Bureau of Medicine and Surgery, M3B7 Public Health, Emergency Preparedness and Response
LTC	Sukhyung (Steve)	Lee	Surgical Oncologist, Walter Reed National Military Medical Center
COL	Christopher	Lettieri	Senior Medical Advisor, Joint Staff
Dr.	George	Ludwig	Acting Principal Assistant for Research & Technology, U.S. Army Medical Research and Materiel Command
Maj	Joseph	Maddry	Director, En Route Care Research Center, 59th Medical Wing
CPT	Suzanne	Mate	Center for Genomic Sciences, USAMRIID
Mr.	Stephen	McMillan	Director, Eisai
Dr.	Mark	Miller	Senior Fellow, Associate Director for Research, Founding Director of the Division of International Epidemiology and Population Studies, Fogarty International Center, National Institutes of Health
Col	Tracy	Neal-Walden	Air Force Medical Support Agency/SG3
Dr.	David	Neri	Assistant Deputy Chief for Research & Development (M2), BUMED

Col	John	Oh	Chief of Preventive Medicine, Air Force Medical Support Agency
Ms.	Ariana	Olshan	Director, McAllister & Quinn
LCDR	Niels	Olson	Pathology Resident, Naval Medical Center San Diego
Mr.	Gregory	Parish	National Defense University
COL	Stephen	Phillips	Deputy Chief, Clinical Support Division, Health Care Operations Directorate, DHA
Col	Russell	Pinard	Division Chief, Science and Technology Division, DHA Research, Development, and Acquisition Directorate
Ms.	Jean	Poland	
Ms.	Laurie	Rafferty	DHA Office of General Counsel
CDR	Elizabeth	Reeves	Preventive Medicine Graduate Medical Education, USUHS
Lt Col	Brandi	Ritter	Branch Chief, Research Regulatory Oversight Office, Readiness Division, DHA
Dr.	Douglas	Robb	USUHS, Scholar-in-residence
Dr.	Patrice	Robinson-Haley	Director, Research Regulatory Oversight Office, Office of the Under Secretary of Defense (Personnel and Readiness)
Ms.	Michelle	Rodrigues	Director, SRI International
Mr.	James	Rodriguez	Deputy Assistant Secretary of Defense, Warrior Care Policy
Captain	Martin	Ruth	British Healthcare Liaison Officer
RADM	Erica	Schwartz	Chief Medical Officer, U.S. Coast Guard
Ms.	Nereyda	Sevilla	Health Science Officer/Aerospace Physiologist, Chief Management Official, Air Force Clinical Investigations Program, Office of the Air Force Surgeon General
CDR	Shane	Steiner	Chief of Preventive Medicine, U.S. Coast Guard
CDR	Ian	Torrie	Health Services Attaché, Canadian Embassy
Mr.	Rennie	Vazquez	Director, Plans and Policy, Defense Suicide Prevention Office
RADM	Elaine	Wagner	Deputy Chief, Wounded, Ill, and Injured, BUMED
LTG	Nadja	West	Army Surgeon General
Mr.	Edward	Wright	Senior Scientific Advisor, Henry M. Jackson Foundation for the Advancement of Military Medicine