DEFENSE HEALTH BOARD
OPEN SESSION MEETING MINUTES
FEBRUARY 10, 2020
8111 Gatehouse Road, Conference Room 345-346
Falls Church, Virginia 22042

1. Attendees – Appendix One

2. Presentation: Secretary of Defense Outstanding Public Service Award

HON McCaffery presented the award to Dr. Dickey, former president of the Defense Health Board.

3. Opening Remarks/Introductions

- Dr. Lazarus provided an overview of the last DHB meeting in November 2019 at Joint Base Lewis-McChord. He reviewed the current agenda and provided a brief description of the presentations for the meeting. All attendees made introductions.
- CAPT Gorman provided administrative remarks.
- Dr. Lazarus presented Col Schlolaut with a departing gift to signify the end of his term as Germany's service liaison.

4. Defense Health Agency Transition

Dr. Butler briefed on the Defense Health Agency (DHA) Transition and improving the Military Health System (MHS) through a market-based construct. Please see slide deck on the Meeting Materials page of DHB website (health.mil/dhb) for more information. Discussion points of note:

- Members were interested in mature markets' outcome metrics that indicate effectiveness. They inquired on the efficiency of using >300 conditions to certify markets. Dr. Butler responded that evaluations are underway for the four markets stood up on January 30, 2020.
- Members discussed how the transition process could improve and better leverage the military-civilian partnerships to increase readiness. Specifically, members are interested in ways to maintain a medically ready force and how the military can leverage civilian hospitals to continue training and maintaining skills of military trauma surgery team.
    - Dr. Butler stated that the system is currently "over-structured" (overly complicated). In the transition's next five years, MTFs will be more streamlined and Service providers will move towards civilian medical centers for training.
    - Members discussed the system of care and how to best translate what is learned on the battlefields into what is practiced in the MTFs.
    - HON McCaffery provided future directions for increased optimization, to include partnerships with the Department of Veterans Affairs.
    - A member asked about the role of technology and the state of information management. Dr. Butler clarified that MHS GENESIS is a data acquisition system, not a data management system. Members asked if the DHA has the resources add data management capabilities to GENESIS. Dr. Butler responded that while the MHS used to be ahead in terms of data management, data analytics are currently fragmented across the Services. LTG Place is looking to centralize data analytics

under DHA J-5, but issues regarding resources and data infrastructure need to be worked out.
    - Mr. Kiyokawa discussed the optimal distribution of personnel. He opined on the need to sunset legacy systems to better optimize resources.
- The members expressed their full support of the DHA transition, their agreement on ensuring proper resource allocation, and their interest in helping to expedite the process from their vantage point as DHB members.

5. Tasking Update: Health Care Delivery Subcommittee

Dr. Parkinson briefed on the Active Duty Women's Health Care Services tasker. He reviewed the tasking and issue statement from the Terms of Reference. Please see the slide deck on the DHB website for more information. Discussion points of note:

- A member inquired about where the information on the psychological and mental health aspect of the tasking would fit in the report.
    - Dr. Parkinson explained the areas of interest presented were highlights of the last trip to Joint Base San Antonio-Lackland with the Air Force Basic Military Training (BMT).
    - Dr. Kaplan pointed out that during JBSA-Lackland briefings, information was presented on adjustment disorders during BMT.
- A member suggested examining Israeli Defense Forces policies and procedures for any novel lessons learned. Dr. Parkinson responded that the subcommittee is aware of the innovations from Israel and that it would be an agenda item for the next in-person meeting.
- A member asked if the subcommittee considered having a public/open session for the next in-person meeting. It may be helpful to have direct input from women's advocacy groups and other research interest groups. The DHB analyst team noted that they have conducted over a dozen informational teleconferences with subject matter experts from these groups and back briefed the members.

6. Tasking Update: Neurological/Behavioral Health Subcommittee

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. Discussion points of note:

- Members discussed the Air Force's Behavioral Evaluation and Screening of Trainees (BEST) program and the utility of the Lackland Behavioral Questionnaire as a screening tool.
- A member commented on the lack of longitudinal data. While AMSARA tracks attrition rates across all the Services and has some data on the reason for attrition, the Board may be able to recommend additional data strategies and approaches to improve accession analytics.

7. Foreign Military Briefing: Women's Health and Mental Health

- Panel presentation from Service liaisons from the United Kingdom (UK), Canada, Germany, France, and Japan. Please see slide deck on the DHB website for more information. Discussion points of note:
  - In the UK, there is no behavioral health screening upon recruitment. However, due to the National Health System and socialized healthcare, recruiters have access to applicants' full medical histories.
  - Canada uses enrollment screening to ensure that recruits meet the enrollment standard as well as the minimum medical standards for military occupations.
  - In Germany, the joint medical service provides standardized care for all the Services. There is no mental health screening to determine inclusion or exclusion from military service. The German liaison noted anecdotally that about 90% of those presenting with behavioral health conditions at recruitment have done well in the German Armed Forces, so screening does not add increased benefit. He also noted that the social issues in the American population and the German population are different. Finally, he stated that every recruit must be physically assessed and meet the minimum requirements for military service.
  - France has a joint medical service (Military Health Service) that is considered the fourth branch of their military (in addition to the Army, Navy, and Air Force). The French MHS provides healthcare for military service members; MHS clinics provide health services to all, including civilians.
  - Japan has a universal health care system and a government-mandated fee schedule for services. Therefore military Service members are free to go to military or civilian hospitals. Larger military hospitals are equipped to take in civilians, but the smaller hospitals in more rural areas of the country only accept Service members.
- The Service liaisons discussed suicide in the military for their respective countries.
  - Japan has the highest rate of suicide in the general population compared to the other countries on the panel. Currently, Japan's rate is about double the US rate in the general population. Over the last 15 years, the suicide rate in the general population has approximately decreased by half.
  - Compared to the general population, Germany's military suicide rate is rising even after adjusting for age/gender. Stress disorders contribute to the increased suicide rate.
  - UK's military suicide rate is similar to the general population. Suicide rates among young men in the UK is higher than other demographic groups, both in the military and the general population.
  - In Canada, there is an inquiry into each suicide that happens while in uniform.
  - In France, the rate is similar to the general population except for one military group (gendarmes) who have higher rates, perhaps due to their access to weapons.
- Members noted that each country has better access to health records or longer probation time periods for evaluation of Service members. The current tasking is looking at the impact of behavioral health issues on readiness to deploy; this does not seem to be a problem in other countries.
  - Germany does not have a good system of record and relies heavily on self-disclosure and medical history from the civilian sector.

    - Japan does not deploy often so this is not a current problem. However, should Japan deploy more in the future, this could become a problem.
    - In Canada, the military cannot exclude due to mental health issues. Through the Universality of Service Statute "all members of CAF must be fit and ready to serve…at any time". Therefore, while the military are not allowed to exclude people from the CAF because of mental health issues by itself, they can be excluded if they are not fit and ready to serve.
- Members were interested in mental health resiliency programming and how it differed across nations.
    - The UK liaison reported that there is not currently a unified approach to building mental health resilience but an entire branch of the surgeon general's department is working on this.
    - Canada has not been challenged with enough deployments to test the effectiveness of their mental health resiliency programming.
- Members were interested in retention and attrition rates in the different militaries. Generally, the highest attrition rates are usually seen in the first year due to medical reasons and the misperception of what military service is. The UK liaison noted that the initial contract is 3 years of service, and after that many leave the military.

8. Tasking Update: Public Health Subcommittee

RADM(Ret.) Lane briefed on the *Measles, Mumps, and Rubella Booster Immunization Practices tasker*. Please see slide deck on the DHB website for more information. Discussion points of note:

- In the public media, measles outbreaks are more highly discussed than mumps. Members were curious on the focus on mumps in the military. While mumps does not have a high mortality rate, there is a high morbidity rate that negatively affects readiness.
- There is no standard practice for screening for mumps immunity across the Services. An attendee noted that the Air Force (AF) uses serology to examine titers for measles, mumps, and rubella and the AF has not reported any mumps outbreaks.

9. Department of Defense Total Force Fitness

CAPT Elenberg briefed on Total Force Fitness (TFF) and the objective of increasing readiness. Please see slide deck on the DHB website for more information. Discussion points of note:

- Members commended the intent of the TFF model to synchronize efforts across the DoD. Members were particularly interested in the process to push out such a program. CAPT Elenberg emphasized the importance of relationships and leveraging the Services' authorities to implement successful programs for change.
- Members questioned the success of individual-level behavior change and discussed the importance of leadership influence and the command climate.
    - In order for Commanders to prioritize health within their units, it is imperative to show outcomes related to health behavior change.
    - The TFF model is able to do that, as it is a holistic approach. A member suggested showing outcomes across the TFF model with 1-3 metrics at each level (individual, unit, command, etc.)

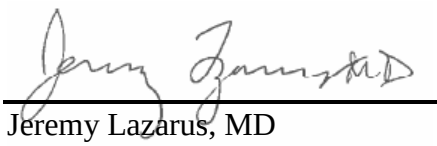
- CAPT Elenberg emphasized the need to engage stakeholders at all levels, from the state, county, and local levels.

10. Next Meeting

The next DHB quarterly meeting will be on May 18, 2020 at the Lovell Federal Health Care Center in North Chicago, IL.

11. Certification of Minutes

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



3/16/2020

Jeremy Lazarus, MD — Date
President, Defense Health Board

APPENDIX ONE: MEETING ATTENDEES

BOARD MEMBERS			
TITLE	**FIRST NAME**	**LAST NAME**	**ORGANIZATION**
Dr.	John	Armstrong	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	Chief Medical Officer, Stanford Health Care Alliance; 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.	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	*DHB President* Past President, American Medical Association; 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	*DHB Second Vice President* 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	*DHB First Vice President* President, Kansas State University; RMyers & Associates LLC; 15th 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
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
Dr.	Clarice	Waters	DHB Task Lead/Senior Analyst, Knowesis, Inc.
Ms.	Chizoba	Chukwura	DHB Research Science Analyst, Knowesis, Inc.
Mr.	Brendan	Thornton	DHB Research Science Analyst, Knowesis, Inc.
Mr.	Paul	Schaettle	DHB Research Science Analyst, Knowesis, Inc.
PUBLIC ATTENDEES			
Mr.	Brian	Acker	Senior Associate, Knowesis, Inc.
CDR	Jaspal	Ahluwalia	Service Liaison, Coast Guard
Capt	Sarah	Berhiede	Air Force Women's Initiative Team
Dr.	Barclay	Butler	Assistant Director of Management, Defense Health Agency

Mr.	Dan	Casterline	Federal National Account Executive, Vaccines, Merck
Col	Valerie	Castle	Service Liaison, Air Force
COL	Melinda	Cavicchia	Deputy for Public Health Operations, Defense Health Agency
Mr.	Jaime	Chirinos	DHA Photographer
LCol	Andrew	Currie	Service Liaison, Canada
Dr.	Nancy	Dickey	*Former DHB President* President Emeritus, Texas A&M Health Science Center
Dr.	Bruce	Doll	Assistant Vice President for Technological Research and Innovation, Office of Research, Uniformed Services University
CAPT	Joel	Dulaigh	Chief of Staff to the U.S. Surgeon General
Mr.	Kevin	Dwyer	HA/DHA Communications
LTC	Shoko	Edogawa	Service Liaison, Japan
COL	Raphael	Grippi	Service Liaison, France
Mr.	Patrick	Johnson	Director, Federal Advocacy, American Academy of Pediatrics
RDML	James	Hancock	Medical Officer of the Marine Corps
Ms.	Lisa	Howard	Barry Robinson Center
Mr.	Patrick	Johnson	Director, Federal Advocacy, American Academy of Pediatrics
Mr.	Arthur	Kellerman	Dean, F. Edward Hebert SOM, USUHS
Ms.	Patricia	Kline	Military Times
Dr.	Elizabeth	Kostos-Polston	Assistant Professor; Daniel K. Inouye Graduate School of Nursing, USUHS
Mr.	Guy	Kiyokawa	Deputy Director, Defense Health Agency
Lt	Emily	Lane	CRS Defense Healthcare Fellow
Dr.	Michael	Malanoski	Deputy Chief, Futures and Innovation, Office of the Navy Surgeon General
HON	Thomas	McCaffery	Assistant Secretary of Defense for Health Affairs
COL	Myron	McDaniels	Office of the Army Surgeon General
Maj Gen	Sean	Murphy	Air Force Deputy Surgeon General
Maj	Alea	Nadeem	Air Force Women's Initiative Team
Mr.	Thomas	Nowak	Director, BD & Capture, Livanta LLC
Ms.	Cassie	Ricci	Federal Sector Policy and Strategy Leader, GE Healthcare
RADM (Ret)	Carol	Romano	Dean, Graduate School of Nursing, USUHS
COL	Kai	Schlolaut	Service Liaison, Germany
COL	Michele	Soltis	Service Liaison, Army
Ms.	Hannah	Wagner	DHA Public Affairs
COL	Chris	Wright	Service Liaison, United Kingdom
Ms.	Jessica	Zamiska	Managing Director, McAllister & Quinn