DEFENSE HEALTH BOARD
OPEN SESSION
MEETING MINUTES

March 30, 2022
Virtual Meeting

1. Attendees – Appendix One

2. Opening Remarks/Introductions

- CAPT Gorman introduced himself, welcomed the attendees, and called the Open Session meeting to order.
- CAPT Gorman noted that this is the first Defense Health Board (DHB) meeting since the Department of Defense (DoD) implemented a review of all DoD advisory committees.
- Dr. Karen Guice, DHB President, welcomed attendees, and provided an overview of today's meeting schedule and agenda items, starting with a briefing on Racial and Ethnic Health Disparities in the Military Health System, a briefing on Virtual Health in the Military Health System, and ending with a briefing on Beneficiary Mental Health Care Access.
- Dr. Guice asked for a moment of silence to honor the men and women who serve the United States and initiated the roll call for DHB members. CAPT Gorman recognized the distinguished guests attending the meeting.
- CAPT Gorman reviewed the virtual meeting ground rules and requested that meeting attendees disclose any conflicts of interest.
- CAPT Gorman commended the MicroHealth and BookZurman contract support staff for their work to put this meeting together.
- Dr. Guice noted the Board received two written statements prior to the meeting.
    - The first was from the National Military Family Association, addressing the need for mental and behavioral health care for military families with specific comments regarding scheduling, telemedicine, cost, provider directories, and provider networks.
    - The second statement was from the TRICARE for Kids Coalition regarding establishing pediatric medical necessity standards; access to mental, emotional, and behavioral health care services; improving the TRICARE provider directory; halting the reduction of the military medical end strength; improving the Extended Care Health Option program; recognizing the dependency of Incapacitated Adult Children; providing a mechanism for communicating beneficiary and provider problems; and TRICARE coverage of young adults to age 26.
    - The two statements address issues that are not current Board taskings but were provided to the Board members and will be provided to the Subcommittees should the Department task the Board with reviews related to the statements.

3. Framing the Issue: Racial Disparities in the Military Health System

Dr. Tracey Koehlmoos, Professor of Preventive Medicine & Biostatistics at the Uniformed Services University of the Health Sciences, briefed the DHB on racial and ethnic health disparities in the Military Health System (MHS). Discussion points of note include:

- Dr. Lein thanked Dr. Koehlmoos for her presentation and stated that the National Perinatal Information Center data has race and ethnicity outcomes data.
- Dr. Jacobs stated that under-represented minorities face issues of availability and trust when accessing medical care. He stated that the MHS' relative homogeneity in service provision makes it a useful benchmark for civilian medicine. Dr. Jacobs asked Dr. Koehlmoos about minority trust in the case of vaccines. Dr. Koehlmoos referenced a study examining racial disparities in vaccine uptake in the MHS. Dr. Koehlmoos noted that vaccination is also DoD policy for Service members (SMs) and civilian contractors, but that she was unsure about family member disparities.
- Dr. Armstrong asked whether Dr. Koehlmoos had considered examining infant mortality as a leading indicator for equity. Dr. Koehlmoos stated that she has looked at maternal mortality and morbidity, and that the infant mortality data faces quality issues that she attributes to differences in the assignment of records to babies. CAPT Gorman added that the MHS' birth registry is still active.
- Dr. Armstrong stated that it is gratifying to see an absence of disparities in trauma and surgery. He stated that while universal access appears to reduce disparities, some disparities remain. Dr. Armstrong followed up asking about what evidence from trauma and surgery could help eliminate disparities. Dr. Koehlmoos replied that patients registered "in the system" have better access to appropriate care and have better surgical outcomes, so access is a key factor.
- Dr. Alleyne stated it is important to ask what generates health inequities and to apply frameworks for building equity and reducing the negative impacts of the social determinants of health. Dr. Alleyne referenced the "Innovation + Engagement x Equity" approach to improve the health care landscape and asked how to reconcile practice-based approaches for integration into military health. Dr. Koehlmoos stated that it is never enough just to describe disparities. For the MHS, there is a need to address what can be done internally (i.e., in MHS facilities; however, outside of military treatment facilities, the MHS is subject to civilian provider practices.)
- Dr. Alleyne noted disparities in maternal health outcomes and stated that even among affluent African American women, poor maternal health outcomes are more common. Dr. Koehlmoos stated that genetic information is increasingly available and so, the "genetic" argument can be tested. Dr. Koehlmoos stated that the MHS can lead the rest of the country. Dr. Koehlmoos noted that MHS beneficiaries are not transient – a factor that helps this analysis.
- Ms. Emerson asked if recent research addresses disabled and/or "exceptional family members" in the military. Dr. Koehlmoos stated that she does not know of any work in this area.
- Dr. Medows commended Dr. Koehlmoos for her presentation and noted the complexity of racial disparities in opioid abuse.
- Dr. Medows recommended including beneficiaries' perception of their ability to access care as part of an assessment of health equity. Dr. Koehlmoos referenced the Blue Star Families annual Military Family Lifestyle survey that reported Service members and their

families' experiences of accessing education and healthcare. Dr. Guice added that the MHS collects a variety of information (e.g., health behavior surveys) regularly.

- Dr. Etzel stated that now would be an ideal time to look at disparities in infant mortality. Dr. Koehlmoos responded that the birth/death registry is well-suited for this task.

4. Defense Health Agency Update on Virtual Health for the Defense Health Board

Lt Col Nathan Reynolds, Chief of the Virtual Health Branch of the Healthcare Optimization Division at the Defense Health Agency (DHA) briefed the DHB on Virtual Health in the DHA. Discussion points of note include:

- Dr. Bishop asked what kind of VH education programs are being made available to active duty SMs. Lt Col Reynolds cited MHS Video Connect and GENESIS as examples of DHA's efforts to provide materials for beneficiaries to adopt new technologies and processes. He also stated that it remains a challenge to facilitate VH education among providers.
- RADM (Ret.) Chinn noted three key VH areas: tele-critical care, tele-radiology, and tele-behavioral health and asked if the DHA is considering implementing tele-dermatology. Lt Col Reynolds noted that the DHA wants to provide specialty care, including dermatology, both centrally and regionally, to apply the excess capacity of the MHS regionally to underserved areas. Lt Col Reynolds stated that specialty care "hubs" can extend care to underserved areas.
- Dr. Jacobs noted that trauma care uses radiographic and angiographic images but the large bandwidth required to transmit these types of images means the transmission often fails. Dr. Jacobs asked about the feasibility of extending VH technologies, such as image transmission, overseas and to the field. Lt Col Reynolds stated that this is part of the complexity of a global system and emphasized the need for redundancies and multiple options. Lt Col Reynolds noted that, due to deployments, medical work must sometimes be consolidated.
- Dr. McCaw asked about quality assurance in the context of the Doctors on Demand program in the private sector. Lt Col Reynolds responded that he is not sure if Doctors on Demand has access to electronic medical records.
- Dr. Medows emphasized her appreciation for the increased use of family medicine and the ability to connect with day-to-day use of primary care.
- Dr. Valadka asked about how military expertise can help civilian care, for example experience with blast explosion injuries applied to treating injuries in civilians. Lt Col Reynolds stated that the military also learns from civilian medicine and that tele-critical care is not exclusive to the MHS.
- Dr. Armstrong asked about tracking use and outcomes with VH. Lt Col Reynolds stated that monthly metrics like volume of use are used to ensure platforms are postured appropriately.
- Dr. Lazarus stated that, in Colorado, there are serious problems of rural access to healthcare and that VH is being leveraged to mitigate this. Dr. Lazarus asked how

civilian care can improve their VH capacities. Lt Col Reynolds stated that the MHS has a robust process to ensure credentialing but that there are legal issues, such as providing VH mentoring and advice to patients. The MHS is working through these concerns with their office of general counsel.

5. Addressing the Mental Health Care Crisis in Children and Adolescents

Dr. Lee Beers, Professor of Pediatrics and Medical Director for Community Health and Advocacy at Children's National Hospital, briefed the DHB on the mental health (MH) care crisis in children and adolescents. Discussion points of note include:

- Dr. Lazarus commented that U.S. healthcare does not encourage young professionals to enter the mental health field and that in integrated health care settings, the challenge is the lack of sustained funding for MH professionals.
- Dr. Medows asked if Dr. Beers was aware of pilots or projects relating to the talent "pipeline" issue. Dr. Beers emphasized the importance of this question and noted the need for a more diverse workforce. Dr. Beers noted sub-specialty loan repayment pilot programs and a postdoctoral pilot program at Children's Hospital channeling providers into early-childhood MH.
- Dr. Maybank thanked Dr. Beers for elevating equity concerns and asked if there are approaches focused specifically on Black children. Dr. Beers responded that efforts to diversify the talent "pipeline" and additional training for existing MH professionals are needed. The American Psychiatric Association has a statement on the impact of racism on childhood MH. Dr. Beers stated there is need to explicitly address access barriers and to focus on the strengths of Black families. Dr. Beers noted a "raising resistors" program – an effort to build racial pride in minority children – and made reference to "liberation-based" psychology.
- Dr. Browne thanked Dr. Beers for her work and asked what was needed to incentivize professionals to enter the MH field. Dr. Browne also stated that the MH copay should be lower.
- Dr. Parkinson noted the rates of pre-diabetes have recently doubled in children with epigenetics closing in on the core pathways of inflammation. He also noted the importance of the built environment on health outcomes. Dr. Beers expressed her agreement with Dr. Parkinson, stating that the ecosystem of the family impacts children's health and wellbeing. Dr. Beers stated that MH promotion requires making the environment less toxic, including exposure to structural racism. Dr. Beers also noted the tendency for health care to be provided in "silos."
- Dr. Alleyne asked about the assumptions underlying "generational care," noting the apparent expectations of nuclear family structures. Dr. Beers expressed her agreement with Dr. Alleyne and clarified that when she speaks of "families" she does so in the broadest possible sense to include any adult caregiver to a child. Dr. Beers reiterated her interest in examining structural/systemic racism.
- Dr. Alizondo noted the MHS's remarkable progress and asked about the social determinants of health. Dr. Alizondo also noted the dearth of data establishing concrete linkages between group outcomes disparities and disparate treatment. Dr. Beers agreed

with Dr. Alizondo, stating that the absence of data linking disparities to disparate treatment is a major concern.
- Dr. Etzel stated that perspectives from "outside the clinic" should be brought to bear on "built environment" MH issues.

6. Administrative Updates

- CAPT Gorman thanked the attendees for their attendance and participation. CAPT Gorman asked attendees to direct questions and suggestions to the Defense Health Board's organizational email.
- The next DHB quarterly meeting is scheduled for June 6, 2022 and to be held virtually.

7. Certification of Minutes

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

4/15/2022

Dr. Karen Guice, MD, MPP
President, Defense Health Board

Date

APPENDIX ONE: MEETING ATTENDEES

BOARD MEMBERS			
TITLE	**FIRST NAME**	**LAST NAME**	**ORGANIZATION**
Dr.	Karen	Guice	*DHB President* Executive Director and Chief Medical Officer, Ernst & Young, Government and Public Sector Advisory Services
Dr.	Lenworth	Jacobs	*DHB First Vice President* Director, Trauma Institute, Hartford Hospital
Dr.	Jeremy	Lazarus	*DHB Second Vice President* Clinical Professor of Psychiatry, University of Colorado, Denver
Dr.	John	Armstrong	Associate Professor of Surgery, University of South Florida
Dr.	Wilsie	Bishop	Vice President of Health Affairs and Professor Emerita, East Tennessee State University
Dr.	Michael-Anne	Browne	Associate Chief Medical Officer, Stanford Children's Health
RADM (Ret.)	Colin	Chinn	Chief Medical Officer, Peraton
Dr.	Judith	Currier	Professor of Medicine, UCLA CARE Center
Dr.	Christi	Luby	Independent Consultant and Researcher
Dr.	Brigid	McCaw	Senior Clinical Advisor, California Quality Improvement Learning Collaborative, University of California, San Francisco
Dr.	Michael	Parkinson	Principal, P3 Health, LLC
Dr.	Alex	Valadka	Professor and Director of Neurotrauma, University of Texas Southwestern Medical Center
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.	Angela	Bee	Research Analyst, MicroHealth, LLC.
Mr.	Rubens	Lacerda	Management Analyst (Meeting Support), BookZurman, Inc.
Ms.	Amanda	McQueen	Management Analyst (Office Support), BookZurman, Inc.
Mr.	Paul	Schaettle	Alternate Project Manager/Senior Analyst, MicroHealth, LLC.
Dr.	Christopher	Schorr	Research Analyst, MicroHealth, LLC.
Dr.	Clarice	Waters	Project Manager/Senior Analyst, MicroHealth, LLC.
PUBLIC ATTENDEES			
Dr.	Sonia	Alemagno	*Neurological/Behavioral Health Subcommittee Member* Dean of the College of Public Health at Kent State University
Dr.	E. Oscar	Alleyne	*DHB Appointee* Managing Director, Public Health Division, MITRE Corporation
Dr.	Maria	Alizondo	*DHB Appointee* Director, Health Information Management Services, UCLA Health System
Mr.	Patrick	Baird	Director, Federal Account, Alkermes, Inc.
Ms.	Amanda	Banaag	Senior Data Analyst, Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. (HJF)
Dr.	Donald	Berwick	*DHB Appointee* President Emeritus and Senior Fellow, Institute for Healthcare Improvement
Dr.	Jennifer	Bittner	Co-Director for the Autism Family Advocacy Committee at Exceptional Families of the Military
Dr.	David	Classen	*Health Systems Subcommittee Member* Chief Medical Information Officer, Pascal Metrics
Mr.	Derik	Crotts	Communications Strategist, DHA

Mr.	Douglas	Curry	Communications, DHA
Maj Gen	John	DeGoes	Deputy Surgeon General, US Air Force
Ms.	Kathleen	Delano	CEO, PMIC Incorporated
RADM (Ret.)	Bruce	Doll	Assistant Vice President for Technology, Research, and Innovation, Uniformed Services University (USU)
Ms.	Holly	Duncan	Co-Director for the Autism Family Advocacy Committee at Exceptional Families of the Military
Dr.	Marion	Ehrich	*Public Health Subcommittee Member* Professor, Dept. of Biomedical Sciences and Pathobiology, Virginia-Maryland College of Veterinary Medicine
Ms.	Rebecca	Emerson	Executive Director of Exceptional Families of the Military
Dr.	Ruth	Etzel	*Public Health Subcommittee Member* Senior Advisory, Office of Water, Environmental Protection Agency
Maj Gen	Paul	Friedrichs	Command Surgeon of the Joints Chief of Staff
COL	Raphael	Grippi	French Liaison Officer, Headquarters Department of the Army, Office of the Surgeon General
Dr.	Lynette	Hamlin	Professor and Associate Dean for Faculty Affairs, Daniel K. Inouye Graduate School of Nursing, School of Medicine, Uniformed Services University of the Health Sciences (USUHS)
Dr.	Odette	Harris	*Trauma & Injury Subcommittee Member* Associate Professor of Neurosurgery & Director of Brain Injury, Stanford University School of Medicine
RADM	Denise	Hinton	Deputy Surgeon General, United States Public Health Service
Ms.	Eileen	Huck	Senior Deputy Director, Government Relations, National Military Family Association
Ms.	Miranda	Janvrin	Research Associate, HJF
Mr.	Patrick	Johnson	Director, Federal Advocacy, American Academy of Pediatrics
Ms.	Patricia	Johnston	Director of Public Policy, National Association for Children's Behavioral Health
Ms.	Jessica	Korona-Bailey	Research Associate, HJF
CAPT	Chris	Kurtz	Deputy Chief, Division of Operations, Plans and Readiness, US Navy Bureau of Medicine and Surgery
Col	Peter	Learn	Vice Chair of Surgery for Education, Department of Surgery, School of Medicine, USUHS
Dr.	Brian	Lein	Assistant Director, Healthcare Administration, DHA
Dr.	Cathaleen	Madsen	Program Manager, Center for Health Services Research, HJF
COL	James	Mancuso	Professor and Chair, Department of Preventive Medicine and Biostatistics, School of Medicine, USUHS
Dr.	Aletha	Maybank	*DHB Appointee* Chief Health Equity Officer and Group Vice President, American Medical Association
Dr.	Catherine	McCann	*Health Systems Subcommittee Member* President, Ellipses, Inc.
Dr.	Rhonda	Medows	*DHB Appointee* Chief Population Health Officer, Providence St. Joseph Health
Mr.	Bryce	Mendez	Analyst, Congressional Research Service
Ms.	Ellen	Milhiser	Editor, Synopsis Newsletter
Dr.	Jessica	Mitro	Program Manager – MiHReC19, HJF
Ms.	Aileen	Mooney	Doctoral Student, USUHS
Dr.	Lee	Norman	*Health Care Delivery Subcommittee Member*

			Clinical Assistant Professor, Kansas University School of Medicine
Ms.	Kara	Oakley	Chair, TRICARE for Kids Coalition
RADM	Susan	Orsega	Senior Advisor to the Assistant Secretary for Health and the U.S. Surgeon General
Dr.	Elizabeth	Perkins	Developmental-Behavioral Pediatrician, Walter Reed NMMC Department of Pediatrics
Ms.	Elise	Planchet	Specialist, Federal Affairs, Children's Hospital Association
Dr.	Alysa	Pomer	Research Scientist, Center for Surgery and Public Health, Brigham and Women's Hospital
Ms.	Shirley	Raguindin	Associate Director, Defense Advisory Committee on Diversity and Inclusion Diversity Management Operations Center
Ms.	Karen	Ruedisueli	Director, Health Affairs, Government Relations, Military Officers Association of America
Dr.	Jennifer	Rusiecki	Professor of Preventive Medicine, Department of Preventive Medicine and Biostatistics, School of Medicine, USUHS
LTC	Yuya	Tanaka	Japan Liaison Officer, OASD HA
Dr.	Gary	Timmerman	*Trauma & Injury Subcommittee Member* Professor and Chair, Department of Surgery, University of South Dakota Sanford School of Medicine
Dr.	Frank	Tucker	CEO, MicroHealth, LLC.
Mr.	Sean	Wheatley	Associate, Booz Allen Hamilton, in support of DoD Office for Diversity, Equity, and Inclusion

APPENDIX TWO: Open Session Zoom Chat Notes

12:36:00 From Dr. Ruth Etzel - DHB Subcommittee Member:
In the U.S., we still see marked disparities in infant mortality between Black and White infants. Would it be possible to evaluate this in the military system?

12:40:18 From Dr. Rhonda Medows – DHB Appointee:
Interesting data - Appreciate you sharing it with us. I would really like to see more information that goes beyond this. It is difficult to say there is no or less disparities without seeing the full story. There are dimensions: (a) Coverage. (b) Access. (c) Quality of Care. (d) Patient Experience and (e) their self-reported health status

12:49:24 From Dr. Oscar Alleyne - DHB Appointee:
Question to presenter:

In the public health world, it is important to move beyond the language of measuring disparities as the questions need to be changed to what generates health inequity and how to mitigate to improve health and wellness. It is a comprehensive outlook for mitigation and implementation.

There are several frameworks for building equity and reducing the negative impacts of the social determinants of health. One "equation" used is Innovation plus Engagement times Equity improves the Health Landscape. That landscape is inclusive of care, service, access, upstream and downstream causes and influences.

How do you reconcile those practice based approaches for integration for military and family health?

12:53:41 From Rebecca Emerson - Executive Director, Exceptional Families of the Military:
Is there research on disability and/or Exceptional Family Member Program (EFMP) disparities within the military healthcare system?

12:59:52 From Kathleen Delano:
Thanks for a great presentation! 1) Can you elaborate on what's in the pipeline now, and 2) what major gaps you see in getting this done?

13:10:59 From Dr. Catherine McCann (she/her) - DHB Subcommittee Member:
Great comments Dr. Medows.

13:12:45 From Dr. Catherine McCann (she/her) - DHB Subcommittee Member:
Blue Star Families' annual Military Family Lifestyle Survey:
https://bluestarfam.org/survey/#reports

13:15:19 From Kathleen Delano:
Thanks for a wonderful, insightful presentation and important conversation.

13:15:27 From Dr. Catherine McCann (she/her) - DHB Subcommittee Member:
Thank you!

13:16:28 From Prof Tracey Perez Koehlmoos:
Thank you all so much.

13:54:25 From Dr. Rhonda Medows - DHB Appointee:
Very impressive telemedicine and virtual health system!

14:13:20 From Dr. Oscar Alleyne - DHB Appointee:
As the provider adoption of this tool is ongoing, how has CONUS telehealth licensing and interstate compacts impacted the DHA implementation specifically for PSC providers that often serve military and nonmilitary clients.

14:13:29 From Dr. Don Berwick - DHB Appointee:
With private sector care via telehealth, how have we handled restrictions on licensure and practice across state lines?

14:13:51 From Dr. Oscar Alleyne - DHB Appointee:
Don and I have the same question

14:17:27 From RADM (Ret.) Bruce Doll:
Thank you for your presentation Dr Reynolds. What aspects of dental care are planned or operational using VH in MHS?

14:23:52 From Holly Duncan:
Currently right now, ABA therapy for autism is only allowed through parent training via telehealth. Is it possible to expand that where the child can receive optional 1:1 therapy? -Holly Duncan, Co-Director for the Autism Family Advocacy for Exceptional Families of the Military (EFM)

14:33:51 From Dr. Mike Parkinson - DHB Member:
The Next Generation Tricare DHB report spoke to tele/virtual health and better integration with the Tricare contractors to best leverage direct system capabilities. With regionalization of appointment capabilities, please include Tricare contactor capability and measuring both episodic and total cost of care by episode. Thanks

15:01:27 From Dr. Oscar Alleyne - DHB Appointee:
Are there some assumptions that are made with the definition of generational care integration that would benefit from provider education and cultural competency that may strengthen the delivery of mental and Behavioral health quality care?

15:18:01 From Dr. Michael-Anne Browne - DHB Member:
What are the TRICARE Co-pays for primary care, specialty care, and behavioral/mental health care?

15:19:38 From Dr. Rhonda Medows - DHB Appointee:
Great presentation on a very timely topic!
▪Do you know of any initiatives or partnerships to invest in developing a broader pipeline of much needed professionals? With payers, nonprofits...)
▪Do you know of any specific efforts underway to increase access? (For example: Investments to recruit and train more professionals, funding for training programs for mid-levels, CSW [Certified Social Worker], to provide resources for primary care physicians interested in integrating mental health services in their practices?)

15:21:04 From Dr. Maria Alizondo - DHB Appointee:
Wonderful presentation. The data that is shared and retained becomes incredibly important as our pediatric patients move throughout the system. Much to think about - thank you!

15:30:15 From Eileen Huck:
Mental health is classified as specialty care under TRICARE. The amount of the copay will vary depending on whether the beneficiary is active duty, retired, enrolled in Prime or Select.

15:31:03 From Dr. Jeremy Lazarus - DHB Second Vice President:
Although mental health should be at "parity", the implementation in real life has been challenging.

15:31:04 From Kara Tollett Oakley:
And copays for mental health care were increased in 2017-18

15:32:32 From Kara Tollett Oakley:
Thank you Dr. Beers for this thorough and thoughtful presentation! Tricare for Kids working on many of these issues. I am especially thankful for your focus on the spectrum of promotion/prevention/etc. so that we can act now to change the trajectory for milkids for the future - this kind of population health approach only makes sense for all kinds of reasons, but especially with military connected children of today so likely to comprise the force of the future!

15:35:16 From Dr. Caban Alizondo - DHB Appointee:
Wonderful discussion that brings to mind SDOH [social determinants of health] and how we can capture the information that leads to improved systems to address these disparities especially in our pediatric populations.

15:37:25 From Dr. Ruth Etzel - DHB Subcommittee Member:
Dr. Parkinson mentioned environmental factors, which are often neglected in pediatrics. A stressor that hasn't yet been mentioned is that many adolescents are deeply worried about the climate crisis. This is yet another factors that adds to their growing burdens.

15:38:16 From Holly Duncan:
Thank you Dr. Beers! We at Exceptional Families of the Military represent EFMP families and are grateful for this presentation and attention on mental health, and agree that families in this population need a seat at the table.