



**DEFENSE HEALTH BOARD MEETING
NOVEMBER 18-19, 2013**

Defense Health Headquarters
7700 Arlington Blvd.
Falls Church, VA 22042

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

November 18—Administrative Session

Dr. Nancy Dickey welcomed Defense Health Board (DHB) members and subcommittee members to the meeting. Ms. Christine Bader also welcomed the group and introduced new DHB members and support staff.

Dr. Steven Gordon provided a review of the updated DHB Bylaws. The group discussed the Bylaws and the importance of declaring any conflicts of interest as they arise, unanimously approving the updated Bylaws with the agreed upon edits. Ms. Bader provided a status update on current Board taskings and recent recommendations. She noted that following the August DHB meeting, the DHB President and Vice Presidents drafted a memorandum expressing their concerns regarding the implementation of the recommendations within the Dover Port Mortuary Report. The memorandum has been sent to the Acting Under Secretary of Defense for Personnel and Readiness, Hon Jessica Wright, and the Assistant Secretary of Defense for Health Affair [ASD(HA)], Dr. Johnathan Woodson, copying the Director of the Defense Health Agency, Lt Gen Douglas Robb.

Ms. Marianne Coates provided a brief media update to the members. Following, Ms. Bader closed the session by acknowledging Hon Togo West's resignation from the DHB.

Action/POC: None.

November 18, 2013--Open Session

a. Administrative & Opening Remarks

Dr. Nancy Dickey opened the meeting and welcomed the attendees, specifically welcoming Dr. John Corrigan as a newly-appointed member to the Neurological/Behavioral Health Subcommittee. Mr. Allen Middleton 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. Decision Brief: Obesity Report

Board member Dr. Dennis O’Leary thanked his fellow work-group members and provided an update on the recent activities to address the tasking to the DHB regarding obesity with a focus on the content of the draft final report. Since the last Board meeting, the members have met twice via teleconference. Dr. O’Leary presented the final findings and recommendations.

During the public comment period, Dr. Howard Fishbein, the Principal Investigator of a study funded by the National Heart, Lung, and Blood Institute, thanked DHB for their work and noted that the report addressed the important issue of metrics. The members engaged in a robust discussion and agreed upon the following change to recommendation nine:

Previous Recommendation 9: To ensure personnel are receiving tailored and appropriate guidance regarding weight, DoD should require that all military treatment facility personnel receive enhanced training, on effective counseling and support approaches to weight management in military patient populations.

New Recommendation 9: To ensure personnel are receiving tailored and appropriate guidance regarding weight, DoD should require that all military healthcare personnel receive enhanced training, at appropriate levels, on effective counseling and support approaches to weight management in military patient populations.

The members voted unanimously to approve the obesity report with the agreed upon revision to recommendation nine. The revision clarifies that all Service healthcare personnel should receive enhanced training at the appropriate levels on effective counseling and support approaches to weight management. The report will be finalized for signature following the meeting.

Action/POC: Finalize the Obesity report with noted changes /DHB staff.

c. Update on DoD Suicide Prevention Efforts

Ms. Jackie Garrick, provided an update on the Department of Defense’s (DoD) current suicide prevention efforts, specifically discussing the implementation of the recommendations from the 2009 DHB Task Force on the Prevention of Suicide in the Military. She particularly noted the Defense Suicide Prevention Office’s (DSPO) efforts regarding research and program evaluation. She also indicated that DSPO has been working to identify stakeholder groups that need to be trained or receive information about suicide prevention, and what information each group needs. Members inquired regarding efforts to ensure access to mental health care across the country and in rural areas, noting that many Guard and Reservist members do not have insurance coverage. Ms. Garrick indicated that DSPO is emphasizing peer support, a crisis line and a resilience-focused approach.

Board members expressed interest in hearing about the implementation of the strategic work that DSPO has been carrying out, as well as effectiveness and outcome data regarding the suicide

prevention efforts. Ms. Garrick indicated that DSPO is developing an interim report to address the question of data.

Action/POC: Follow up with Ms. Garrick to obtain a copy of the interim report upon its completion, and disseminate to DHB members/DHB staff.

d. DoD Pharmacy Operations

RADM Thomas McGinnis provided an overview on DoD Pharmacy Operations. He highlighted the attention to cost-effectiveness, citing current initiatives and goals to that end, including home-delivery as well as prescription of the lowest-cost medications as the first option when appropriate. He also emphasized the importance of the patient centered medical home to increase patients' understanding of why it is so important to adhere to prescription instructions, which will improve cost-effectiveness. RADM McGinnis also discussed how the shift to managing the pharmacy budget at a centralized enterprise (tri-Service) level will facilitate cost-effectiveness and efficiency. Members and guests engaged in discussion concerning these valuable lessons learned regarding cost-effectiveness, specifically noting the results in RADM McGinnis' briefing that prescription compliance increases when received through home delivery.

Action/POC: None.

e. Concussion Care in a Deployed Setting

COL Sidney Hinds provided a briefing on traumatic brain injury in the deployed settings. He made special note of the Military Acute Concussion Evaluation (MACE) and clinical practice guidelines and educational efforts that have been established by DoD for traumatic brain injury care, and have been so successfully implemented in the field that ally nations have learned from the U.S. The briefing stimulated significant discussion, with members inquiring about the use of biomarkers, pre- and post-testing, as well as if there has been a decline in concussive events in re-deployment due to these efforts.

COL Hinds indicated concussions are under-reported, and of those that are reported there is a 95-97% return to duty rate. He reviewed the process of screening and care for those who experience a concussive event, stating that the majority of concussion care (and the initial screening) is conducted by medics in the field, then those who meet the criteria for a concussive event are evaluated using the MACE card (which is purposely made overly-sensitive), and only a small portion are then referred to a physician at a Concussion Care Center. COL Hinds indicated that there is a lot of work being done to assess and improve the sensitivity and reliability of tests for traumatic brain injury; however, current tools are not sensitive enough and a clinician is still needed to clinically diagnose a traumatic brain injury at this point. He indicated that standard operating procedures (SOPs) were established for traumatic brain injury care. Dr. Adil Shamoo requested that COL Hinds share copies of those SOPs.

Members asked if there has been a noted reduced diagnosis of traumatic brain injury upon re-deployment, which would indicate success of the traumatic brain injury programs. COL Hinds

responded that he did not have the data to answer that question, however he confirmed a proactive approach to educating DoD leaders regarding the importance of diagnosing traumatic brain injuries and identifying individuals who may have been exposed and had concussions previously. He also indicated that 80% of traumatic brain injuries in DoD occur in garrison, and not in the deployed setting. Dr. Donald Jenkins inquired regarding if DoD has pursued mapping pre- and post- cognitive testing. COL Hinds indicated that there is mandatory pre-deployment testing, and there is also a post-injury assessment. Subject matter experts recently met to consider the opportunity for comparison and determined that the reliability is not great, but that there is a lot of normative data that is available to assess if the test is normal or not normal, which could be used in the place of a baseline, though not ideal. Jenkins indicated that he would appreciate a follow-up to this discussion.

COL Hinds indicated that the Army recently developed a policy for concussive care outside the deployed setting, and DCoE is looking at adjusting their clinical practice guidelines to reflect other situations rather than only the deployed environment. He emphasized that education and awareness remains very important.

Action/POC: Obtain copies of the traumatic brain injury care SOPs from COL Hinds for distribution to the DHB members/DHB staff.

f. Stigma Reduction Efforts in the DoD

CAPT Anthony Arita provided an information briefing on stigma reduction efforts in the DoD. He presented an overview of stigma and its impact, as well as current anti-stigma campaigns in DoD. CAPT Arita emphasized the impact of stigma on Service members' help-seeking behavior because Service members do not want the mention of mental health issues in their medical record to impact their opportunity to serve. He discussed improvements to mental health care access through embedding mental health providers in air craft carriers and patient centered medical homes. Members reaffirmed the importance of the impact of stigma on health, and the value of an effective champion in an anti-stigma campaign. The members also indicated interest in hearing about metric implementation and data regarding effectiveness and outcomes related to stigma and stigma reduction.

Action/POC: None.

g. Millennium Cohort Study: Overview of Findings

Ms. Isabel Jacobson provided an overview, methodology discussion and selected findings from the Millennium Cohort Study. She discussed findings regarding post-traumatic stress disorder, mental and behavioral health as well as physical health. She went on to provide discussion of the findings related to the effects of exposure to burn pits on respiratory health among deployers. Ms. Jacobson indicated that in order to minimize bias, the Millennium Cohort Study tends to look at associations rather than incidence of disease because associations on a group level tend to be more reliable. Members noted the importance of the study, and inquired regarding bias, limitations, compliance strategies as well as rationale for topic selection and long-term

hypothesis development. Members also suggested linkage with the Uniformed Services University of the Health Sciences (USUHS).

Action/POC: None.

h. Medical Ethics Subcommittee Update: Dual Loyalties of Medical Providers Tasking

Dr. Shamoo, Chair of the Medical Ethics Subcommittee, provided an update on behalf of the Subcommittee on the issue of dual loyalties of medical providers. He highlighted the recent in-person meeting of the Subcommittee, and areas of interest including current ethics training in the military, experiences of healthcare providers and available evidence regarding ethical conflicts. Members discussed the importance of having the religious or spiritual perspective represented on the Subcommittee.

Action/POC: None.

i. Health Care Delivery Subcommittee Update: Sustainment and Advancement of Amputee Care Tasking

Dr. George Anderson, Chair of the Health Care Delivery Subcommittee, provided an update on the Subcommittee's tasking on the advancement and sustainment of amputee care. He highlighted the series of site-visits underway to the three DoD Amputee Rehabilitation Centers and mentioned key areas of interest, including patient load, current environment, collaboration, models and technology. The members discussed the importance of considering public-private as well as global partnerships.

Action/POC: None.

j. Public Health Subcommittee Update: Sustainment and Advancement of Amputee Care Tasking

Dr. H. Clifford Lane, Public Health Subcommittee Chair, provided a brief update on the deployment pulmonary health tasking for the Subcommittee. Dr. Lane's overview included describing key areas of interest, summarizing the way-ahead. The Subcommittee plans to meet monthly through mid-2014, and have a draft report for the June 2014 DHB meeting.

Action/POC: None.

k. Trauma and Injury Subcommittee Update: Theater Trauma Lessons Learned Tasking

Dr. John Gandy, member of the Trauma and Injury Subcommittee, provided an overview of what the Subcommittee has done to date on their task to summarize lessons learned in trauma care from the conflicts in Iraq and Afghanistan. The Subcommittee has been reviewing lessons learned from previous conflicts and drafting a listing of the lessons learned that will be included

in the report. They will be meeting again in December to further the outline of the report. Dr. Anderson mentioned the importance of the Health Care Delivery Subcommittee coordinating with the Trauma and Injury Subcommittee to address areas of overlap between their respective taskings.

Action/POC: Coordinate an opportunity for follow-up between the Health Care Delivery and Trauma and Injury subcommittees/DHB staff.

1. Continuing Health Education Update

Dr. Dickey provided an update regarding progress on the Continuing Health Education tasking. The working group met at USUHS in October for a round-table discussion with several representatives, including the President of the University as well as the Deans of the Schools of Medicine and Nursing. She indicated that the Board is going to need to address the question at a high level, as there are significant differences in continuing education from state to state as well as between professions. She also informed the board that the group hopes to present recommendations in the late summer or fall of 2014.

Action/POC: None.

November 19, 2013--Administrative Session

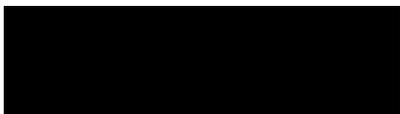
DHB members toured the 9/11 Pentagon Memorial, led by Gen (Ret.) Myers, and then toured the Pentagon. Additionally, Dr. Woodson met with members to discuss DoD health policy and DHB efforts.

3. NEXT MEETING

The next DHB meeting will be held on March 3-4, 2014.

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

January 13, 2014
Date

ATTACHMENT ONE: MEETING ATTENDEES
November 18, 2013

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.	Bullock	M. Ross	Professor of Neurosurgery and Director of Neurotrauma Care, University of Miami
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.	Frank	Robert	President, University of New Mexico
GEN (Ret)	Franks*	Frederick	Former Commanding General, U.S. Army Training and Doctrine Command
Dr.	Gandy	John	Emergency Medicine Physician, Shenandoah Memorial Hospital
Dr.	Gordon	Steven	Chairman, Department of Infectious Diseases, Cleveland Clinic Foundation
Dr.	Hovda*	David	University of California, Los Angeles Neurosurgery, Departments of Surgery and of Molecular and Medical Pharmacology Director, UCLA Brain Injury Research Center
Col (Ret.)	Jenkins	Donald	Senior Associate Consultant Division of Trauma, Critical Care and General Surgery Mayo Clinic
RADM	Lane	H. Clifford	Director, Division of Clinical Research, National Institute of Allergy and Infectious Disease, National Institutes of Health
Gen (Ret)	Myers	Richard	<i>DHB First Vice President</i> RMyers & Associates LLC
Dr.	O'Leary	Dennis	President Emeritus, The Joint Commission
Dr.	Poland*	Gregory	Director, Mayo Vaccine Research Group, Director for Strategy, Center for Innovation, Mayo Clinic and Foundation
SUBCOMMITTEE MEMBERS			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
Dr.	Corrigan	John	DHB Neurological/Behavioral Health Subcommittee
Dr.	Shamoo	Adil	DHB Medical Ethics Subcommittee Member Professor, Department of Biochemistry and Molecular Biology University of Maryland School of Medicine
INVITED GUESTS & STAFF			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
CAPT	Arita	Anthony	Clinical Psychologist/Neuropsychologist; Director, DoD Deployment Health Clinical Center
Ms.	Bader	Christine	DHB Director/Alternate Designated Federal Officer (DFO)
Ms.	Badger	Katrina	DHB Task Lead, Grant Thornton, LLP
Brig Gen	Balserak	James	Mobilization Assistant to the Director, Defense Health Agency (DHA)

Ms.	Brown	Kendal	DHB Management Analyst/ Creative Computing Solutions, Inc.(CCSi)
Mrs.	Coates	Marianne	DHB Media Consultant/CCSi
RADM	Doll	Bruce	Deputy Chief, M2, Navy Medicine Research and Development, U.S. Navy Bureau of Medicine and Surgery
Maj Gen	Ediger	Mark	Deputy Surgeon General, Office of the Surgeon General, Headquarters U.S. Air Force
Ms.	Garrick	Jackie	Director, Defense Suicide Prevention Office
Ms.	Gaviola	Camille	DHB Deputy Director/Alternate DFO
Ms.	Higgins	Sara	DHB Analyst, Grant Thornton, LLP
COL	Hinds	Sidney	National Director, Defense and Veterans Brain Injury Center
CDR	Hollis	Ewell "Trey"	<i>DHB Service Liaison Officer</i> U.S. Marine Corps
Ms.	Jacobson**	Isabel	Senior Epidemiologist, Deployment Health Research Department, Naval Health Research Center
CAPT	Lipsitz	Robert	<i>DHB Service Liaison Officer</i> U.S. Navy
Dr.	Lockette	Warren	Deputy Assistant Secretary of Defense for Health Services Policy and Oversight
RADM	McGinnis	Thomas	Chief Pharmacy Officer, DHA
Mr.	Middleton	Allen	<i>DHB DFO</i> Deputy Assistant Secretary of Defense (Health Budgets and Financial Policy)
Ms.	Ribeiro	Elizabeth	DHB Analyst, CCSi
Dr.	Rice	Charles	President, USUHS
Col	Richardson	Katherine	<i>British Liaison Officer</i>
Lt Gen	Robb	Douglas	Director, DHA
Col	Rouse	Douglas	DHB Executive Secretary
Ms.	Ryan	Barbara	U.S. Army Office of the Surgeon General
CAPT	Schwartz	Erica	<i>DHB Service Liaison Officer</i> U.S. Coast Guard
LTC	Soltis	Bryony	<i>DHB Service Liaison Officer</i> U.S. Army
Dr.	Ursano	Robert	Department of Psychiatry, USUHS
LtCol	Witkop	Catherine	<i>DHB Service Liaison Officer</i> U.S. Air Force
Ms.	Witzmann	Tatjana	DHB Event Planner/Grant Thornton, LLP

MEDIA & PUBLIC ATTENDEES			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
LCDR	Blackmer	Shannon	Uniformed Services University of the Health Sciences (USUHS)/Prev. Medical residency
CDR	Bui	Han	USUHS Researcher
CPT	Claasson	Jon	PM Resident
Lt Col	Costello	Amy	Air Force Medical Support Agency
LCDR	Do	Tai	USUHS
Dr.	Fishbein	Howard	Battelle Memorial Institute
Ms.	Funk	Debbie	DF Communications Group
Ms.	Meehan	Virginia	Northwestern University
Mr.	Parisi	George	Defense Suicide Prevention Office
Mrs.	Seeger	Heather	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)
CAPT	Stoltz	Richard	DCoE
Mr.	Seim	Erik	WebMD Health Corporation
CPT	Sharp	Jon	PM Science Staff Officer

*Participated via telephone.

** Participated via video conference from 12:45 –4:15 PM EST