



## **DEFENSE HEALTH BOARD MEETING**

**AUGUST 27, 2018**

**9:00 AM – 5:00 PM PDT**

Naval Medical Center San Diego

Building 6, VTC Room

San Diego, CA 92134

### **1. ATTENDEES – ATTACHMENT ONE**

### **2. OPEN SESSION**

#### **a. Administrative & Opening Remarks**

Dr. Nancy Dickey opened the meeting and welcomed the attendees. CAPT Juliann Althoff called the meeting to order as the Defense Health Board (DHB) Designated Federal Officer (DFO). Following a moment of silence to honor Service members, meeting attendees introduced themselves.

#### **b. Navy Medicine West (NMW)**

The Commander, NMW and Chief of the Navy Medical Corps, RDML Paul Pearigen, provided an overview of NMW, headquartered in San Diego, CA. NMW is comprised of 10 military treatment facilities (MTFs), two dental centers, eight research labs, and 18,500 staff spanning across the Pacific, whose mission is to lead a functionally integrated regional health system known for its readiness, responsiveness, and reliability. The large Navy and Marine Corps presence in Southern California is served by a single service market office with over 250,000 TRICARE Prime Enrollees. Current strategic goals within the market include maximizing medical force readiness, training and case mix complexity through enriched knowledge, skills, and abilities (KSA) efforts designed to ensure competency and currency, as well as promoting standardization and collaboration within the market; as well as increasing access to healthcare for patients.

NMW also provides support for numerous operational platforms as well as Global Health Engagement activities such as Pacific Partnership. NMW operates Navy Medicine's research and development (R&D) enterprise of eight research labs, supporting efforts in areas to include infectious diseases, human performance, and injury prevention and rehabilitation.

RDML Pearigen provided an update on the recent deployment of Military Health System (MHS) GENESIS at Initial Operating Capability (IOC) sites Naval Health Clinic Oak Harbor and Naval Hospital Bremerton, and upcoming Wave one MHS GENESIS deployment plans at Naval Health Clinic Lemoore. Implementation and adoption challenges of MHS GENESIS were discussed and NMW remains engaged and committed to helping pave the way forward with this new Electronic Health Record. Other discussion revolved around future funding efforts, recapture from the network, contract utilization, emerging threats, and ongoing work with the development of partnerships.

### **c. Naval Medical Center San Diego (NMCS D)**

The Commanding Officer, NMCS D, CAPT Joel Roos, provided an overview of NMCS D, which is located in the largest U.S. Navy-U.S. Marine Corps fleet concentration in the country. NMCS D is a multispecialty hospital and ambulatory care complex with 245 beds, 11 community clinics, nine dental clinics, and one dental laboratory with a mission to provide safe, high quality patient centered medical care, prepare and deploy to support the Nation when called, and to shape the future of military medicine through training, education and research.

CAPT Roos highlighted the robust academic opportunities, including 25 residency and fellowship Graduate Medical Education (GME) programs, advanced medical simulation programs, and a bio-skills training laboratory. The numerous valuable NMCS D partnerships were also discussed, to include local academic centers such as University of California San Diego, the Department of Veterans Affairs (VA), operational military commands, foreign militaries, as well as private corporations such as Strategic Operations who provides hyper-realistic battlefield simulation training.

LCDR Lynita Mullins, from the NMCS D Physical Medicine and Rehabilitation/Comprehensive Combat and Complex Care Department, then provided an overview of wounded warrior care for amputees, which served as a follow up to the 2015 DHB report: Sustainment and Advancements of Amputee Care. This is a unique patient population who require ongoing support and lifelong care. Due to advanced physical activities (such as return to Active Duty), many have unique, short-notice prosthetic requirements. There was discussion about future considerations for this population to include department personnel/workload challenges, coordination with the VA, and the use of registries.

### **d. Introduction to New DHB Review: Healthy Military Family Systems: Examining Child Abuse and Neglect**

Board member and Chair of the Neurological/Behavioral Health Subcommittee, Dr. Jeremy Lazarus, introduced the Healthy Military Family Systems: Examining Child Abuse and Neglect tasking assigned by Mr. Tom McCaffery, the Acting Assistant Secretary of Defense (ASD) for Health Affairs (HA), on June 15, 2018.

While many programs exist within the Department of Defense (DoD) to support military families coping with abuse and child maltreatment, real or perceived stigma as well as a lack of knowledge about resources can hinder efforts to seek mental health and relationship counseling, and may also adversely affect the reporting of incidents of abuse. This stigma and potential lack of knowledge paired with trend rates indicated the need for a review of the existing policies and practices in place surrounding abuse. Sections 574 and 575 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 outline requirements for reporting allegations of child abuse in military families. Additionally, NDAA FY 2019 outlines a requirement for a pilot program for military families on the prevention of child abuse and training on safe childcare practices in order to reduce child abuse and fatalities due to abuse or neglect in covered households. Over the next year, the Board will review the policies and practices in place to prevent, detect, assess, and treat abusive behavior and the resulting injuries

that occur in military families. In addition, the Board will provide recommendations in the military health care setting to reduce the stigma and to improve the prevention and management of abuse and neglect. An update on this report will be provided in October.

**e. Trauma and Injury (T&I) Subcommittee Update: Low-Volume High-Risk Surgical Procedures Review**

Board member and Chair of the T&I Subcommittee, Dr. Donald Jenkins, presented an update to the low-volume high-risk surgical procedures tasking. The Subcommittee is currently forming findings and recommendations with plans to brief out the report to the Board this October. In the following six months, a secondary effort will focus on the MHS Purchased Care system (TRICARE) and will evaluate the potential for the MHS to sign onto the surgical “Volume Pledge” which involves Johns Hopkins, Dartmouth Hitchcock, and the University of Michigan.

Dr. Jenkins provided an overview of the Subcommittee's efforts since the last meeting, highlighting several areas of focus including data utilization and coding challenges, processes on how to optimize quality, the importance of partnerships (with civilian organizations as well as the VA), and the National Surgical Quality Improvement Program (NSQIP), which is used in all inpatient MTFs. Also mentioned were the importance of the performance and training of surgical teams (not just the surgeon), the KSA efforts which are underway, and opportunities for standardizing best practices across the Services and the MHS. The VA model for quality processes was also mentioned, which includes hospital infrastructure and support service requirements and assignment of levels of complexity to procedures.

During the discussion, the question of using volume alone as a measure for quality of care when outcome data (via NSQIP) are readily available was mentioned as a potentially more appropriate indicator for quality. Additionally, furthering the use of technology and simulation centers was emphasized in the discussion of training and education for the surgeon and the entire medical team. Other discussions included non-DoD health systems identifying best models of practice including from foreign militaries, such as the United Kingdom and Germany.

The Volume Pledge, which involves Johns Hopkins, Dartmouth-Hitchcock, and University of Michigan, was discussed and the Subcommittee has scheduled upcoming discussions with representatives from these three centers to learn more about their involvement with the pledge and observed outcomes.

**f. Naval Health Research Center (NHRC)/Millennium Cohort Study**

The Commanding Officer of NHRC, CAPT Marshall Monteville, introduced his team and provided an overview of the command and its laboratory capabilities, core research areas, as well as an update on the findings and recommendations from the DHB Report: 2016–2017 Deployment Health Centers Review.

The Director, Operational Readiness and Health Directorate, Mr. Michael Galarnau, detailed the successes and capabilities of his Directorate which focuses on optimizing warfighter performance or rehabilitation and reset using physical and cognitive studies to enhance

readiness, prevent injury, and build resilience. Operational Readiness leverages medical-modeling simulation war gaming, medical intelligence activities, and injury and outcome analysis to maximize decision support. The Director, Operational Infectious Disease (OID), Dr. Chris Myers, described the current projects underway to identify critical pathogen threats, to include surveillance of populations to recruit Depots, beneficiaries, and shipboard/Special Forces personnel, as well as influenza sequencing. He discussed several critical partnerships, lab accreditations and clinical trials. Lastly, CDR Natalie Wells, Director, Military Population Health, gave an overview of NHRC's Health and Behavioral Sciences Department and current work underway to protect and maintain the health of the warfighter and families such as clinical treatment interventions, recruitment assessment program, and the DoD birth and infant health research program. She also discussed the Recruitment Assessment Program, the only ongoing baseline health study in military recruits, with a 91% participation rate of Marine recruits providing valuable information about this population.

The presentation concluded with an overview of The Millennium Cohort Study. Research Epidemiologist, Deployment Health Research Department, Dr. Rudolph Rull provided an overview of the study, research priorities, productivity, timeline, and funding. The Millennium Cohort Study currently has 200,000 participants from all Services with an additional 100,000 expected to enroll in 2019. Research Psychologist, Military Population Health Directorate, Dr. Valerie Stander, discussed The Millennium Cohort Family Study, which has a panel of 9,872 dyads, focusing on child well-being, parenting, fertility and birth, and adverse events.

#### **g. NMW Office of Neurotrauma**

The Program Director, Office of Neurotrauma at NMW, Mr. Michael Eby, provided an overview of concussion care and the multidisciplinary Concussion Care Clinics. In 2018, Camp Pendleton Intrepid Spirit Center (IS-7) opened. This facility includes intake/clinic areas including psychiatric testing, chiropractic treatment, acupuncture, neuropsychological testing rooms, and typical exams. The Center also includes physical therapy, a sleep lab, a family room, and a calm atmosphere for patient and family member relaxation and family education. Unique to IS-7 is the use of complementary alternative medicine (CAM) such as acupuncture, Thai Chi, and mind body medicine which has shown to improve wellbeing and metabolic rates.

Technological innovations unique to IS-7 were also discussed. The Neurotract Clinical Database, a clinical treatment and documentation tool, uses predictive analytics to improve quality of life and tracking of clinical outcomes. TRIDENT, a redeployment app-based screening tool for special operations personnel, is convenient and allows for screenings to be administered and sent to responsible providers in a timely manner. Fast Track, an expedited process where multiple specialists are able to address traumatic brain injury (TBI) and other patient concerns in one day.

#### **h. NSQIP**

The Co-Chairperson of the DoD NSQIP Collaborative Steering Panel and Advisor for Clinical Quality to the Director for Surgical Services, NMCSO, Ms. Mollie Mullen, provided an overview of NSQIP capabilities and the utilization of NSQIP in the DoD. NSQIP is a data-

driven, risk-adjusted, outcomes-based program used in all 48 inpatient MTFs, whose goal is to measure and improve the quality of surgical care and provides facility-based assessments of surgical outcomes.

Within each MTF, NSQIP leadership includes a Surgeon Champion and Surgical Case Reviewer (SCR). Within the MHS, SCRs are typically registered nurses who complete a one-month training for certification, with annual certification renewal requirements. The semiannual report is the gold standard where facility performance can be compared to the NSQIP population. On-demand, risk-adjusted rates, raw data reports, ad-hoc reports, and a participant user files can also be generated. NSQIP provides generalized, benchmarked assessment of surgical quality at MTFs, broad acceptance of risk-adjustment validity, and can provide actionable data for selected procedures; however, it is noted to be not highly effective for individual surgeon performance at larger facilities due to the sampling methodology. The DoD NSQIP program was launched in 2009 and in 2014 had 17 participating MTFs, but with a focused effort by the NSQIP Steering Committee and Working Group, NSQIP expanded to all 48 MTFs in early 2018. MTFs currently are only required to share a single NSQIP indicator, morbidity data on their transparency websites.

#### **i. USNS Mercy**

The Commanding Officer, MTF USNS Mercy (T-AH 19), CAPT John Rotruck, concluded the day with an overview of this hospital ship's capabilities, including its 88 critical care bed capacity and its ability to activate within five days of receiving notice and operate for 30 days without resupply. The Mercy team provides health services at the direction of the Secretary of Defense to meet Combatant Commander requirements in support of the U.S. National Security Strategy. The ship maximizes chances of survival in combat and disaster scenarios and provides an unparalleled forward platform for training, collaborative health exchange, mutual learning, relationship building, and readiness to support combat operations and all hazards events by providing patient care aboard during planned missions.

USNS Mercy provides world class medical capability that is afloat and expeditionary. CAPT Rotruck mentioned there is not a quick response but the large capacity and advanced specialty care brings U.S. healthcare system standards and outcomes forward. CAPT Rotruck also highlighted the recent 2018 Pacific Partnership mission, which looked to further regional resiliency, interoperability, and security through subject matter expert exchanges and multilateral engineering and health engagements. These efforts notably took place by invitation of the Host Nation, with Host Nation personnel and through the Host Nation Government, focused on capacity and capability building, rather than direct patient care.

### **3. NEXT MEETING**

The next DHB meeting is scheduled for October 30, 2018 in Falls Church, VA.

### **4. CERTIFICATION OF MINUTES**

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



10/30/18

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Nancy W. Dickey, MD  
President, Defense Health Board

Date

**ATTACHMENT ONE: MEETING ATTENDEES**

<b>BOARD MEMBERS</b>			
<b>TITLE</b>	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>ORGANIZATION</b>
Maj Gen (Ret.) Dr.	George	Anderson	<i>DHB Second Vice President</i> Former Executive Director, AMSUS
Dr.	Craig	Blakely	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Dr.	Nancy	Dickey	<i>DHB President</i> Professor, Department of Family and Community Medicine, Texas A&M University
Dr.	Eve	Higginbotham-Williams	Vice Dean, Inclusion and Diversity; Senior Fellow, Leonard Davis Institute of Health Economics; Professor of Ophthalmology, University of Pennsylvania
Dr.	Lenworth	Jacobs*	Chief Academic Officer and Vice President of Academic Affairs, Hartford Hospital
Dr.	Donald	Jenkins	<i>Chair, Trauma &amp; Injury Subcommittee</i> Professor/Clinical, Division of Trauma and Emergency Surgery, University of Texas Health Science Center at San Antonio, Vice Chair for Quality, Department of Surgery–Trauma Division
Dr.	H. Clifford	Lane*	Director, Division of Clinical Research, National Institute of Allergy and Infectious Disease, National Institutes of Health
Dr.	Jeremy	Lazarus	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	Former Chief Executive Officer, Vinson Hall Retirement Community - Vinson Hall LLC; Former Executive Director, Navy Marine Coast Guard Residence Foundation
Gen (Ret.)	Richard	Myers	<i>DHB First Vice President</i> President, Kansas State University/RMyers & Associates LLC 15 <sup>th</sup> Chairman of the Joint Chiefs of Staff
<b>DEFENSE HEALTH BOARD SUPPORT DIVISION</b>			
<b>TITLE</b>	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>ORGANIZATION</b>
CAPT	Juliann	Althoff	DHB Executive Director/Designated Federal Officer (DFO)
Ms.	Alexandra	Andrada	DHB Research Science Analyst, Knowesis Inc.
Ms.	Camille	Gaviola	DHB Deputy Director/Alternate DFO
Ms.	Amanda	Grifka	DHB Research Science Analyst, Knowesis Inc.
Ms.	Brigid	McCarthy	DHB Management Analyst, Knowesis Inc.
Dr.	Lauren	Zapf	DHB Team Lead/Analyst, Knowesis Inc.
<b>OTHER ATTENDEES</b>			
<b>TITLE</b>	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>ORGANIZATION</b>
Mr.	Michael	Alvarez	Public Affairs Officer, NMCS D
Mr.	Dan	Casterline	National Account Executive, Merck
Dr.	Paul	Cordts	Deputy Assistant Director, Strategy, Plans, and Functional Integration, J-5, DHA
Mr.	Michael	Eby	Program Director, Office of Neurotrauma, Navy Medicine West
LTC	Shoko	Edogawa	Japanese Service Liaison
LCDR	Stephan	Eggan	Department Head, NHRC
Mr.	Michael	Galarneau	Director, Operational Readiness Research, NHRC
CAPT	Shannon	Johnson	Executive Officer, NMCS D
Dr.	Anthony	LaPorta	Defense Health Board Trauma and Injury Subcommittee Member; Professor of Surgery and Military Medicine, Rocky Vista University School of Medicine

Mr.	John	Marciano	Public Affairs Specialist, Public Affairs Office, NHRC
COL	Myron	McDaniels	Director of Health Care Delivery, Office of The Surgeon General (OTSG), U.S. Army
CAPT	Marshall	Monteville	Commanding Officer, NHRC
Ms.	Mollie	Mullen	Co-Chairperson DoD NSQIP Collaborative Steering Panel; Advisor for Clinical Quality to the Director for Surgical Services, NMCS
Dr.	Christopher	Myers	Director, Operational Infectious Disease, NHRC
RDML	Paul	Pearigen	Commander, Navy Medicine West; Chief, Navy Medical Corps
RADM	William	Roberts	Senior Vice President, Uniformed Services University
Dr.	Patricia	Rohrbeck	Department Head, Deployment Health Research, NHRC
CAPT	Joel	Roos	Commanding Officer, NMCS
CAPT	John	Rotruck	Commanding Officer, MTF USNS Mercy (T-AH 19)
Dr.	Rudolph	Rull	Research Epidemiologist, Deployment Health Research Department, NHRC
CAPT	Martin	Ruth	United Kingdom Service Liaison
Col	Kai	Schlolaut	German Health Liaison
CAPT	Katherine	Shobe	Executive Officer, NHRC
Dr.	Valerie	Stander	Research Psychologist, Military Population Health Directorate, NHRC
CDR	Shane	Steiner	Chief, Preventive Medicine, U.S. Coast Guard
Dr.	Daniel	Trone	Principal Investigator, Research Psychologist/Epidemiologist, NHRC
CDR	Natalie	Wells	Director, Military Population Health, NHRC

\* Members participated by phone