DEFENSE HEALTH BOARD
OPEN SESSION
MEETING MINUTES

June 6, 2022
Virtual Meeting

1. **Attendees – Appendix One**

2. **June 6, 2022 – Opening Remarks/Introductions**

- CAPT Gorman welcomed attendees, introduced himself, and called the Open Session meeting to order.
- Dr. Karen Guice, DHB President, welcomed attendees, and provided an overview of the meeting schedule.
- 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 the DHB members. CAPT Gorman recognized the distinguished guests attending the meeting and introduced Ms. Seileen Mullen, the Acting Secretary of Defense for Health Affairs and invited her to speak.
- Ms. Mullen thanked Dr. Guice and CAPT Gorman. She commented on the topics for discussion and noted they are all priorities for this Administration.
- CAPT Gorman thanked Ms. Mullen for her support of the Board and attendance at the meeting.
- CAPT Gorman thanked the following departing Service Liaisons who have supported the Board over the past few years:
  - COL Raphael Grippi, French Health Foreign Liaison Officer
  - COL Christopher Wright, British Foreign Liaison Officer
  - LTC Yuya Tanaka, Medical Liaison Officer from the Japanese Self-Defense Forces

3. **Administrative Remarks**

- CAPT Gorman reviewed the virtual meeting ground rules, announced there would be no voting during the meeting, 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 and thanked all attendees for their participation.

4. **Department of Defense's response to the DHB's Active Duty Women's Health Care Services report**

Ms. Kimberly Lahm, the Program Director for Patient Advocacy & Experience, Women's, Child and Family Health Policy, for the Office of the Assistant Secretary for Health Affairs, Health Services Policy & Oversight brief on the Department's current programs and initiative to address women's health Discussion points of note include:

- Dr. Parkinson acknowledged the Health Care Delivery (HCD) Subcommittee's work on this subject and thanked Ms. Lahm for a comprehensive report. He applauded the Women in Service Working Group (WIS WG) for their work to provide consistent

guidance to the Department for women's health care services. Dr. Parkinson stated he is encouraged by the DoD's response and the commitment of the DHA to standardization.

- Dr. Ator applauded the response and noted there were areas where the Department could improve in providing women's health care services.
- Dr. Currier mentioned the wide-reaching agenda, standardization, and access to some reproductive services vary by state. She asked how the military handles the differences in access. Ms. Lahm mentioned the department is monitoring these differences to ensure women have uniform care, and there are ongoing discussions about these issues, which are at the forefront of the Department's focus.
- Dr. Maybank asked about the intersection of mental health (MH) and trauma-informed health care services. Ms. Lahm noted all post-partum mothers get assessment in post-partum care and well-baby appointments. The sexual assault advisory group aims to train MH providers in the latest evidenced-based trauma-informed care.
- Dr. Alizondo noted on the "Current Initiatives" slide there is a disconnect in action on women's health in general as many of the initiatives listed do not specify implementation plans. Ms. Lahm replied that the Department emphasizes that women's health is total force health. Ms. Lahm gave an example of a women's health algorithm that providers will use to identify key women's health issues and, if they fall outside the scope of the primary care provider, refer them to a specialist.
- Dr. Kaplan stated he found the Department's response disappointing as they did not address sufficient detailed responses to the report's specific recommendations. Ms. Lahm thanked Dr. Kaplan and noted the DHB recommendations are central topics for the WIS WG.
- Dr. Parkinson noted there is a more specific recommendation for a best practice drawn from the Air Force related to providing an area for breastfeeding. He expressed concern that the WIS WG should be better connected within the DoD to clearly define who is accountable and how implementation will be standardize across the DoD. Ms. Lahm noted the WIS WG is a new group and hopes it will be a group with authority and is the best place to promote best practices from different areas of research and policy.
- Dr. Lazarus mentioned infertility treatments are not uniformly available and asked if there is advocacy for wider availability. Dr. Medows asked about fertility treatment for Active Duty Service Members (ADSM) specifically. Ms. Lahm replied that fertility testing is covered, as are service-connected fertility treatments. Non service-connected fertility treatments are not covered; however, ADSMs may receive fertility treatment at a reduced cost at six military treatment facilities where general military education training occurs. TRICARE covers fertility testing.
- Ms. Mooney asked if there are any plans to develop knowledge, skills, and abilities (KSAs) for women's health issues, specifically obstetrics/gynecology (OB/GYN). Ms. Lahm responded that she will need to check on the development of plans for KSAs for women's health issues.
- Dr. Ator noted that dissemination and implementation of the DHB's identified best practices would be impactful to changing the current state of women's health. Ms. Lahm noted that standardization of implementation is needed within such a large health system as the DoD.

- RADM (Ret.) Chinn mentioned a need to focus on trauma training, for example surgical skills for OB/GYN providers.
- Ms. Mullen noted this Department is very sympathetic to reproductive assistance for ADSMs. She noted that there are complicated policy issues, but it is largely a funding issue and that the DoD previously estimated the expense at $5 billion per year or more.

5. DHB Health Care Delivery Subcommittee Tasker Update: Optimizing Virtual Health in the Military Health System

Dr. Brigid McCaw, DHB Board Member and HCD Subcommittee Chair, briefed the DHB on Optimizing Virtual Health (VH) in the Military Health System. Discussion points of note include:

- Dr. Lazarus commented that it is very likely the Beneficiary Mental Health Access (BMHA) report will have some overlap with this VH tasking and the Neurological/Behavioral Health (NBH) Subcommittee would benefit from the HCD Subcommittee's briefings and meetings.
- Dr. Berwick mentioned potential subject matter experts with VH expertise. Dr. McCaw asked Dr. Berwick to follow up separately for recommendations of sources of VH expertise.
- Dr. Jacobs noted that while there is a gain in efficiency with VH, there are losses in some aspects of providing care such as the degradation of the patient-doctor relationship. Dr. Jacobs added concern regarding additional administrative burdens on providers with medical charts and electronic health records. Dr. McCaw replied there should be documentation regarding the patient-provider relationship in satisfaction and provider retention.
- Dr. Parkinson referenced the DHB TRICARE report as a foundational document for Optimizing VH in the MHS.
- Dr. Browne noted the DHB's VH recommendations should include of discussion of the limitations that state licensure requirements place on the availability of telehealth in the purchased services sector of MHS.
- Dr. Maybank discussed the intersection of VH with both the BMHA and Racial and Ethnic Health Disparities taskings and requested clarification on how the word "diversity" is used on the briefing slides. Dr. Zebrowski noted in the context of this briefing, the word "diversity" refers to the diversity of the MHS in terms of geography, age, and active duty or retiree status. Dr. McCaw added that the subcommittee looks forward to Dr. Maybank's guidance on how to clarify the language it uses.
- Dr. Alizondo mentioned the need to look at what technologies are available and what resources can be leveraged for VH optimization, to look at best practices from large health systems, and learn from health systems that are examining outcomes from VH.

6. DHB Neurological/Behavioral Health Subcommittee Tasker Update: Beneficiary Mental Health Access

Dr. Alex Valadka, DHB member and NBH Subcommittee Chair, briefed the DHB on Beneficiary Mental Health Access. Discussion points of note include:

- Dr. Lazarus mentioned the DHB's report on Healthy Military Family Systems: Examining Child Abuse and Neglect may overlap and be useful. He commented that many state and federal entities such as Center for Medicare and Medicaid, Substance Abuse and Mental Health Services Administration, and American Medical Association are looking at this topic. He added there is an inter-agency coordinating council that may have useful information. Dr. Lazarus recommended that if the National Institute of Mental Health is researching any novel treatments, they should brief the NBH Subcommittee.
- Dr. Parkinson suggested to look at the mental health domains of the DoD's Total Force Fitness model before recommending novel therapies and to focus on reducing demand for MH care before focusing on lack of providers. Dr. Valadka replied that treatment should start with what is least harmful.
- Dr. Maybank referenced the "Addressing the Mental Health Care Crisis in Children and Adolescents" briefing at the March 2022 meeting and the need to be very specific about defining vulnerable populations in addition to addressing equity in all aspects of the Board's work.

7. Update on the Health Systems Subcommittee tasker titled Eliminating Racial and Ethnic Health Disparities in the Military Health System

Since the previous session ended early, the last planned brief was moved up. Dr. Michael-Anne Browne, DHB member and Health Systems Subcommittee Chair, briefed the DHB on Eliminating Racial and Ethnic Health Disparities in the Military Health System. Discussion points of note include:

- Dr. Browne noted there is a lot of intersection with this TOR and the other taskings and thanked Dr. Maybank for mentioning this earlier. Dr. Browne asked CAPT Gorman if it is possible to have a meeting with all three subcommittees due to intersections of all three TORs and possible overlap of recommendations. CAPT Gorman will take this suggestion under advisement and will investigate what is permitted under the Federal Advisory Committee Act.
- Dr. Parkinson referenced Dr. Berwick's earlier recommendation to look through an equity lens at adverse events outcomes. These health care disparities can be considered health safety issues. Regarding provider bias, this is delicate but worth looking at. The *New England Journal of Medicine* tried to track disparity in the Medicare Advantage program.
- Dr. Berwick hopes the group does due diligence to verify the MHS's success in reducing health disparities and what may be underlying that progress. Dr. Browne noted Kaiser has reportedly done a good job eliminating biases and reiterated the need to verify these disparity reductions.
- Dr. Lazarus commented that under CAPT Gorman's leadership there have been publications in academic journals based on DHB reports and it would be great to publish another article based on the Board's work on the Eliminating Racial and Ethnic Health Disparities in the Military Health System tasking.
- Dr. Jacobs asked to clarify the percentages regarding race and ethnicity on the "Background" slide. Dr. Browne explained that 31% of ADSMs self-identify as a racial minority and 16% of ASDMs also self-identify as Hispanic ethnicity. Dr. Maybank

clarified that Federal systems define ethnicity and race independently, therefore anyone can self-identify as Hispanic ethnicity and any race.

8. Mental Health Access from the DoD Perspective

Dr. Kate McGraw, Division Chief of DHA's Psychological Health Center of Excellence (PHCoE) briefed the DHB on Mental Health Access from the DoD Perspective. Discussion points of note include:

- Dr. Berwick mentioned concern about workforce burnout in the civilian sector and that there are not enough providers to meet the demand for mental health care. Dr. Berwick asked if Dr. McGraw sees a solution to the provider shortage. Dr. McGraw noted the cumulative load creates a unique need and it is important to see who else can be leveraged to meet the need.
- Dr. Jacobs noted the 9.6 million beneficiary population in the MHS and asked how mental health care compares between the DoD/MHS and the VA/Veteran's Health Administration (VHA). Dr. McGraw answered that the DoD has excellent care and works with the VHA to meet the needs and not lose anyone in the transition. She noted they are different care systems though they use the same clinical guidelines. DoD's focus is around ensuring the readiness of the force, including family readiness, and the VHA is focused on providing care to the patient. Dr. Jacobs asked if it is better for an ADSM to stay with direct care or move to purchased care if they have a choice. Dr. McGraw replied that in her experience the military (direct care) has a greater system of accountability than the private sector, which does not have the same centralization or standardization of care as the MHS.
- Dr. Currier asked about the role of the MHS in training providers and how the MHS addresses provider shortage and suggested more investment in training could help alleviate the provider shortage. Dr. McGraw replied the new staffing model might address this. She added that the Uniformed Services University of the Health Sciences provides a pipeline to bring providers to the field. Dr. McGraw explained that compensation is a barrier to competition with the civilian sector. She also explained that reimbursement for providers is not on par, as the DoD pays less than the VA.
- Dr. Lazarus asked if there are gaps that the DHB could provide specific recommendations to address, such as promoting a collaborative care model which integrates mental health care with primary care. Dr. McGraw replied that the DHB could examine cost-effectiveness of policy implementation and look at cost as part of the feasibility component.
- Dr. Browne remarked that it seems most of the efforts Dr. McGraw mentioned are aimed at individuals seeking help and asked about settings that might lead to poorer mental health as evidenced by the recent increased suicide rates in settings such as Alaska and the USS George Washington. Dr. McGraw replied that it is difficult to identify the factors that drive suicide, but it is being studied.
- Dr. Belding asked to clarify the data on access to care times and if the data includes ADSMs who attempted to access care but did not receive the care. Dr. McGraw answered that the data from the military's Medical Data Repository is limited and tracks only direct care, not purchased care. She explained that TRICARE does not track when

providers receive a request for care and when the care is given and that there are other limitations in purchased care data.

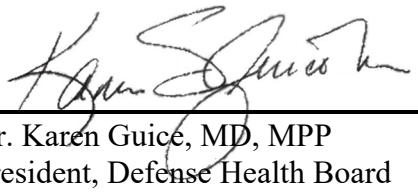
- Mr. Don Berry commented that reimbursement for TRICARE is less than Medicare and asked if this impacts providers. Dr. McGraw replied that it limits the provider pool for purchased care. Mr. Berry stated that some states have programs that augment MHS services through a DoD-state collaboration and gave the University of Arkansas for Medical Sciences as an example.
- RADM (Ret.) Chinn mentioned the range of sources for the pipeline of behavioral health providers, such as the Air Force psychiatry residency program, other Service training programs, and Nurse practitioner programs – all of which a competing for the same resources. He emphasized the shortage of providers is a national crisis.
- Dr. Karen Ruedisueli asked if the mental health staffing model will include the three million MHS retirees. Dr. McGraw will look into the answer to this.

9. 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.
- Dr. Guice thanked all who attended and the briefers for their presentations.
- The next DHB quarterly meeting is scheduled for August 10, 2022, to be held at the Lovell Federal Health Care Center in North Chicago, Illinois.

10. Certification of Minutes

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



6/23/2022

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.	Maria	Alizondo	Director, Health Information Management Services, UCLA Health System
Dr.	John	Armstrong	Professor of Surgery, University of South Florida
Dr.	Donald	Berwick	President Emeritus and Senior Fellow, Institute for Healthcare Improvement
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
Gen (Ret.)	Kevin	Chilton	President, Chilton & Associates, LLC
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.	K. Aletha	Maybank	Chief Health Equity Officer and Group Vice President, American Medical Association
Dr.	Brigid	McCaw	Senior Clinical Advisor, California Quality Improvement Learning Collaborative, University of California, San Francisco
Dr.	Rhonda	Medows	Chief Population Health Officer, Providence St. Joseph Health
Col (Ret.)	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)
Ms.	Camille	Gaviola	Deputy Director/Alternate DFO
Dr.	Catherine	Zebrowski	Executive Secretary/Clinical Consultant/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			
Ms.	Annette	Askins-Roberts	DFO, Uniformed Services University for Health Sciences (USUHS) Board of Regents
Dr.	Gregory	Ator	*Health Care Delivery Subcommittee Member* Chief Medical Information Officer, University of Kansas Hospital
Col (Ret.)	Tamara	Averett-Brauer	Air Force Research Laboratory, USUHA Graduate School of Nursing

Mr.	Patrick	Baird	Director, Federal Accounts, Alkermes, Inc.
Dr.	Jennifer	Belding	*Neurological/Behavioral Health Subcommittee Member* Behavioral Health Research Lead, Leidos, Inc.
Col	Don	Berry	President and Government Affairs Director, Military Officers Association of America (MOAA), Arkansas Council of Chapters
MG	Telita	Crosland	Deputy Surgeon General, US Army
Mr.	Derik	Crotts	Communications Strategist, Military Health System and the DHA
LTG	R. Scott	Dingle	Surgeon General, US Army
Ms.	Sheila	Duffy	Government Relations Manager, American Association of Colleges of Osteopathic Medicine
Dr.	Marion	Ehrich	Professor, Dept of Biomedical Sciences and Pathobiology, Virginia-Maryland College of Veterinary Medicine
CSM	Michael	Gragg	Senior Enlisted Advisory, DHA
COL	Raphael	Grippi	French Military Health Service Liaison Officer
Maj	Melissa	Harden	Lead Joint Air Defense Analyst, Strategic Analysis & Experimentation Division, US Air Force (USAF)
Mr.	Jeremy	Hilton	South Central Regional Liaison, Defense State Liaison Office, DoD Military Community and Family Policy
Ms.	Eileen	Huck	Government Relations Senior Deputy Director, National Military Family Association
Ms.	Patricia	Johnston	Director of Public Policy, National Association for Children's Behavioral Health
Dr.	Robert	Kaplan	*Health Systems Subcommittee Member* Senior Fellow and Professor Emeritus, Harvard Business School
Ms.	Ellen	Milhiser	Editor, Synopsis
Lt Gen	Robert	Miller	Surgeon General, USAF
Dr.	Aileen	Mooney	Uniformed Services University of the Health Sciences
Ms.	Seileen	Mullen	Acting Assistant Secretary of Defense for Health Affairs (ASD(HA))
Ms.	Kara	Oakley	Oakley Capital Consulting, LLC
Mr.	Adam	Poling	Deputy Joint Staff Surgeon
RADM (Ret.)	William	Roberts	Acting President, USUHS
Ms.	Karen	Ruedisueli	Director, Health Affairs, Government Relations, MOAA
Dr.	David	Smith	Acting Principal Deputy ASD(HA)
Col	Pamela	Smith	Chief of Staff, DHA
Mr.	Ryan	Uyehara	Special Assistant to the ASD(HA)
Ms.	Laura	Villarreal	Public Affairs Manager and Health Affairs Communications Strategy
MSgt	Arielle	Watson	SEL, Personnel Policy, HQ SpOC/S1, USAF
LTC	Tanaka	Yuya	Japan Medical Liaison Officer

APPENDIX TWO: Open Session Zoom Chat Notes

From Aileen Mooney to Everyone 12:47 PM
Are there any plans to develop KSA's for women's health issues, specifically OBGYN?

From Greg Ator 12:59 PM
Appreciate Dr Kaplan. A big part of our findings in the report was the identification of numerous best practices. So Dissemination and Implementation of these would be quite impactful towards changing current state.

From Aileen Mooney 01:00 PM
I think the focus of these efforts should be geared towards the implementation science aspect of all these recommendations and if they are helpful; what are the barriers to ensuring better practices?

From Ms. Seileen Mullen A /ASD Health Affairs 01:14 PM
This Department is very sympathetic to reproductive assistance for our ADSM and ADFM. While there are complicated policy issues, I believe it largely boils down to the expense which has been previously estimated at $5B a year or more. I am looking to obtain current costs.

From Ms. Seileen Mullen A /ASD Health Affairs 01:32 PM
FYI on 6/1/22/ the Federal Register published the following rule: TRICARE will now permanently provide coverage for all otherwise-covered, medically necessary telephonic office visits, in all geographic areas where TRICARE beneficiaries reside.

You can find additional informaiton at 32 CFR Part 199.

From Jeremy Lazarus - DHB Member 01:32 PM
Thanks so much.

From Amanda McQueen – DHB Staff 02:33 PM
Thanks to Dr. McGraw for this resource sponsored by PHCoE: RAND study - Behavioral Health of Minority Active Duty Service
Membershttps://www.rand.org/pubs/research_reports/RR4247.html

From Kara Tollett Oakley 02:54 PM
Thank you so much for this presentation, just to "amen" the provider shortage for pediatric specific care is already at crisis; so much of behavioral and mental health care for children is really stratified by need and age. Provider directories do not break down by age or specialty; good example, a 15 y/o with an eating disorder will need very different provider/care than a 5 yo with suicidal ideation. Yet no age differentiation in directories. Similarly confusing for beneficiaries, the categories of high acuity care in provider directories don't match the list of covered care categories, another confounding barrier to access for families. Appreciate so much all the attention and effort from all on these issues.

From Jennifer Belding 03:24 PM

Thank you for an interesting presentation. When you presented the data on access to care times, what was the source of that data? Was it data from MDR (the Military Health System Medical Data Repository)? If so, these data represent only those who were able to get care paid for by TRICARE and assumes that they were able to access care. It does not represent those who were unable to access care and "gave up," for lack of a better phrase. Can you please elaborate on this and other limitations of the data we have to conceptualize access to care?

From Don Berry 03:28 PM
MHS purchased care reimbursement is lower than Medicare reimbursement which creates a practice access barrier for family beneficiaries not served through an MTF provider.

From Rhonda Medows, MD - DHB Member 03:31 PM
very helpful presentation and information Thanks!

From Don Berry 03:31 PM
States have programs which can 'augment' MHS services were there a DoD-state collaboration. Such as Arkansas … Univ of Arkansas for Medical Sciences … AR Connect Now … https://www.faceyourfeelings.org/

From Don Berry 03:41 PM
Tricare providers may accept the reimbursement rate … but that does not mean they will provide access to a beneficiary … especially if w out a PCM/PCP referral

From Ms Seileen Mullen A/ASD HA 03:43 PM
Thank you - excellent session!