DEFENSE HEALTH BOARD
OPEN SESSION MEETING MINUTES
AUGUST 7, 2020
Virtual Meeting

1. **Attendees – Appendix One**

2. **Opening Remarks/Introductions**

- CAPT Gorman welcomed everyone to the Open Session meeting and called the meeting to order.
- Dr. Lazarus also welcomed everyone to the meeting. He reflected on the last meeting, held on May 18, 2020, as the first virtual board meeting. He stated that meeting materials from today's meeting are available on the Defense Health Board (DHB) website for download.
- Dr. Lazarus went through the schedule of today's meeting, starting with the decision brief for the Mental Health Accession tasking and ending with an update from the Active Duty Women's Health tasking.
- Dr. Lazarus initiated the roll call for the DHB members and subcommittee members. CAPT Gorman recognized the distinguished guests attending the meeting.
- Dr. Lazarus announced that two DHB members, Gen (Ret.) Richard Myers and Dr. John Groopman, will end their term serving on the DHB this month. He thanked them for their service to the DHB and presented each one with a plaque virtually.
- Dr. Lazarus stated that the Board received two written statements from the public. As the statements are not relevant to the current DHB agenda, the Board took no action during this meeting.

3. **Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Processes Decision Brief**

- Dr. Lazarus, President of the DHB and Chair of the Neurological/Behavioral Health Subcommittee, briefed the DHB on the Mental Health Accession Screening: Predictive value of Current Measures and Processes report for deliberation and approval.
  - The DHB proposed 16 recommendations that address factors including actions that can improve mental health screenings and support mental health and wellbeing, and further study and research to provide additional context and information on the risk of mental health conditions in the military.
  - During its year-long investigation, the DHB found that mental health accession screening takes a "deficit-minded" approach: a recruit with a specific mental health history, condition, or diagnosis fails to meet the qualification standards that are acceptable for military service. This perspective is limiting; additionally challenges and complexities make it difficult to identify with confidence those recruits who do not meet the standards.
  - To address this finding, the DHB recommends a paradigm shift in how the DoD approaches mental health accession screening. It is important for the DoD to define mental health readiness within the context of the socio-ecological model of resilience

and to understand that mental health accession screening is only one part of a multifactorial approach to Service member success.
    - The DHB also reported that lethal means restriction is the most effective method of preventing suicide. The DHB proposed that DoD: address access to firearms as a manageable health risk; add questions about personal firearm ownership and safety to the annual Periodic Health Assessment; consider registration of personal firearms for military personnel; maximize the ability and training of Commanders to intervene and separate lethal means from suicidal Service members; and implement a standard approach across the military to train and support Commanders' abilities to restrict access to personal firearms for Service members in crisis.
- Board members and members of the public discussed the findings and recommendations of the report. Please see the slide deck on the Meeting Materials page of the DHB website (health.mil/dhb) for more information. These are the discussion points of note (Appendix Two):
    - Dr. Lee asked about the role of mental health experts and the number of mental health experts needed to meet the proposed recommendations. Specifically, she asked whether the existing workforce is sufficient for the magnitude of mental health cases presented within the DoD. CAPT Gorman stated that there are many other resources within the DoD that Service members can use: social workers and chaplains, for support.
    - Dr. Jacobs expressed interest in the methods used by the Israeli Defense Force's (IDF) Suicide Prevention Program to reduce the suicide rate by approximately 60%. Dr. Lazarus clarified that it was a 63% reduction over an 11-year period and explained that the IDF works to separate Service members from a variety of lethal means. He offered to conduct a follow up conversation with the IDF to obtain more details.
    - CSM Gragg, citing his experience as a previous drill sergeant, concurred with the issues related to attrition in the DHB report. He explained that the topic of mental health and "fit" of each person to a Service is not always explicitly addressed during recruitment. This can inadvertently influence recruits' beliefs that military service has not fulfilled their expectations, which leads to attrition. Dr. Oldham followed up on CSM Gragg's comment and suggested a personality profile may help recruits determine the Service that aligns with their personality.
    - Dr. Browne suggested that artificial intelligence (AI) could be helpful in predicting success in lieu of or in addition to screening tools, for which there is limited evidence of predictive power. Dr. McCaw suggested the context in which screeners use the tools is important (i.e. the timing). She also explained that it is important to look at strength and resilience for a successful military career.
    - Ms. Huck asked if screeners review dependent military records during the accession process. Dr. Lazarus explained that the report notes the process for reviewing dependent military records as part of the initial records review prior to screening at MEPS. He also explained that if parents know that their child's pediatric records are used during accession screening, it may deter parents from seeking help as they do not want to impact their child's future chance of a military career. Dr. Browne expressed concern that if military records are open, there could be discrimination

against the families. Dr. Lazarus suggested that the risk and benefits of open military records be a topic of research.
    - LCDR Long asked if six months is too short a time to determine the mental health of Service members and inquired about assessing mental health upon completion of training. She noted that the stressors in the training environment differ from a duty station; some Service members are in training for up to two years depending on the specialty. Dr. Lazarus explained the Subcommittee did not review the time after training.
    - Ms. Miller stated that she is encouraged by the comprehensive approach of this report. She cautioned, however, that it is important to understand the accessions process within the context of operational demands. For example, the Services recruit to fill a status quo for different components of in-year training seats and gaps. Ms. Miller also noted that accession screenings are batch processed to be cost-effective and that the cost of attrition out of basic training is approximately $75,000. She also cited challenges in filling government and contractor positions at the MEPS.
    - Dr. Kaplan stated that there is a good deal of individually-focused data and suggested using AI to data mine in an unstructured manner to better predict who is a good fit for service. Dr. McCaw agreed that AI is useful to cross-reference data about behavioral health or substance use but noted that caution in its use. Dr. Browne suggested that AI help determine the usefulness of behavioral health interventions by examining the medical record.
    - CSM Gragg suggested that recommendation 14 might not be useful. He questioned the benefit of registering personal firearms to alleviate suicides by firearms. He suggested that improving the coping mechanisms for people with mental health issues is a better method for reducing suicide risk. Dr. Lazarus responded that if Commanders had better information about their units, especially who had a registered firearm, they would be better prepared in crises.
- After public discussion, Dr. Lazarus asked the Board members if they required further discussion or edits to any specific findings and recommendations prior to a vote. Members made no requests. Dr. Lazarus called for a voice vote to approve the findings and recommendations as a set. The DHB members approved all findings and recommendations by unanimous vote.

4. TRICARE Briefing/Introduction of TRICARE Modernization Tasking

- Mr. Christopher Priest, Deputy Assistant Director for Healthcare Operations, DHA, and Dr. Ken Yale, Senior Advisor for Health Strategy and Innovation, DHA briefed the DHB on the TRICARE Transformation.
    - Dr. Yale explained that the TRICARE contracts have progressed since 2013; this fifth generation of contracts plans to move away from the fee-for-service model to an outcome-oriented payment approach.
    - Mr. Priest reiterated leveraging the DHB's expertise to help guide the TRICARE transformation.
- Dr. Michael-Anne Browne, DHB member and Working Group Chair, briefed an overview on the Modernizing TRICARE Benefit Tasking. The objective of the tasking is

for the DHB to determine the criteria to prioritize a list of identified innovations to modernize the benefits.

- Discussion points of note (Appendix Two):
  - Dr. Jacobs asked if there is a projected number of trauma care units under the new contract. Mr. Priest stated that trauma care experience for a ready medical force is one of the focused initiatives. He said that the establishment of trauma centers is challenging due to billing issues. Mr. Priest also explained that trauma care is a pertinent issue but it is not a major focus in modernization of the TRICARE benefit.
  - Dr. Lazarus inquired if increased demand of TRICARE used in the civilian setting would increase burnout for medical professionals. Dr. Browne suggested that the plan for integration of civilian and military treatment facilities should incorporate that increased demand.
  - Dr. Parkinson asked if the pharmacy benefit is included in the TRICARE contract and whether the DHA is considering innovations in benefit design. Mr. Priest explained that pharmacy is not a part of the contract, but is a separate contract. However, other innovations focus on pharmacy benefits. Mr. Priest responded that there are no discussions about changes in benefit design but he welcomes any recommendations by the DHB on how to modify benefit design. Mr. Priest noted that Congress must approve any changes to benefit designs first.
  - Dr. Lee asked about prioritizing the Military Health System's Quadruple Aim and inquired about the degree of access to pilot data for evaluation. Mr. Priest explained that data from project pilots are available for evaluation.

5. Health Care Delivery Subcommittee Tasking Updates: Active Duty Women's Health Care Services

Dr. Michael Parkinson, DHB member and Chair of the Health Care Delivery Subcommittee, briefed updates of the Active Duty Women's Health Care Services report. These are the discussion points of note (Appendix Two):

- CAPT Gorman asked about the status of the maternal and peripartum payment bundle pilot.
- Dr. Browne asked if the report discusses sexual assault by a non-intimate partner. Dr. Parkinson confirmed the report would discuss sexual assault of all types, including non-intimate partner and intimate partner violence.

6. Administrative Updates

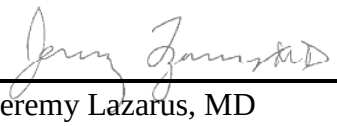
CAPT Gorman explained that if there are more questions about today's meeting, members can email the DHB organizational inbox (dha.ncr.dhb.mbx.defense-health-board@mail.mil).

7. Next Meeting

The next DHB quarterly meeting will be for November 5-6 in Falls Church, VA. While the DHB staff continues to plan for an in-person meeting, COVID-19-related concerns and travel restrictions may convert it to a virtual or hybrid (some attendees virtual, other in-person) meeting.

8. Certification of Minutes

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



9/8/2020

Jeremy Lazarus, MD
President, Defense Health Board

Date

APPENDIX ONE: MEETING ATTENDEES

BOARD MEMBERS			
TITLE	**FIRST NAME**	**LAST NAME**	**ORGANIZATION**
Dr.	John	Armstrong	Division Director and Associate Professor of Surgery, University of South Florida; 3rd Florida State Surgeon General and Secretary of Health, and 27th State Health Officer of Florida
Dr.	Craig	Blakely	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Dr.	Michael-Anne	Browne	Associate Chief Medical Officer, Stanford Children's Health; Clinical Associate Professor, Stanford University School of Medicine
Dr.	Jonathan	Friedman	Professor of Surgery, Neuroscience and Experimental Therapeutics; Texas A&M Health Science Center College of Medicine; Director, The Texas Brain and Spine Institute
Dr.	Steven	Gordon	Chair, Department of Infectious Diseases, Cleveland Clinic
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* 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
Dr.	Alex	Valadka	Professor and Chair, Department of Neurosurgery, Virginia Commonwealth University
Neurological/Behavioral Health Subcommittee Members			
Dr.	Sonia	Alemagno	Dean, College of Public Health Kent State University
Dr.	Stephanie	Reid-Arndt	Associate Dean for Academic Affairs, School of Health Professions, University of Missouri
Dr.	Thomas	Uhde	Professor and Chair, Department of Psychiatry & Behavioral Sciences, Professor, Department of Neuroscience, Medical University of South Carolina

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.	Chizoba	Chukwura	DHB Research Science Analyst, Knowesis, Inc.
Mr.	Christopher	Fogle	DHB Management Analyst, Knowesis, Inc.
Ms.	Victoria	Okereke	DHB Research Science Analyst, Knowesis, Inc.
Ms.	Michele	Porter	DHB Management Analyst, Knowesis, Inc.
Mr.	Paul	Schaettle	DHB Research Science Analyst, Knowesis, Inc.
Dr.	Clarice	Waters	DHB Task Lead/Senior Analyst, Knowesis, Inc.
PUBLIC ATTENDEES			
Mr.	Brad	Beatty	Founder, Lilian Bay Holdings, LLC
Mr.	Robert	Bowling	Operations Officers, Defense Advisory Committee on Women in the Services (DACOWITS)
CAPT	Chad	Bradford	Director Mental Health Policy and Oversight, OSD Health Affairs
COL	Arthur	Cajigal	Command Surgeon, US Military Entrance Processing Command
Dr.	Cindy	Caputo	Chief Medical Officer, Portland MEPS
Col	Valerie	Castle	Chief, Preventive Medicine, Air Force Medical Readiness Agency; Service Liaison, Air Force
COL	Melinda	Cavicchia	Deputy for Public Health Operations Public Health Directorate, DHA
Dr.	Paul	Ciminera	Director, Medical Accessions and Retention Policy, OASD(HA) Health Services Policy and Oversight
Ms.	Trinity	Cleveland	Associate, Mercer
Ms.	Odeyra	Curcic	Senior Operations Research Policy Analyst, Committee on Industrial Security and Industrial Base Policy (CISIBP), Defense Counterintelligence and Security Agency
Dr.	Jeff	Dobro	FACR Partner H&B, Strategy & Innovation Leader, Mercer
CAPT	Joel	Dulaigh	Chief of Staff to the Surgeon General
LTC	Shoko	Edogawa	Japanese Medical Liaison Officer, Office of The Surgeon General, U.S. Army
COL	Marvin	Emerson	Deputy Surgeon (OPS), Office of the Joint Staff Surgeon
COL	Elaine	Freeman	Military Director, DACOWITS
Brig Gen	Paul	Friedrichs	Joint Staff Surgeon
Dr.	Howard	Garb	Director, Biographical Evaluation and Screening of Trainees (BEST) Program, 559th Trainee Health Squadron

Dr.	Frederic	Glogower	Deployment Health, DHA
CSM	Michael	Gragg	Senior Enlisted Advisor, DHA
COL	Raphael	Grippi	French Medical Liaison Officer, Office of The Surgeon General, U.S. Army
Ms.	Eileen	Huck	Deputy Director for Health Care, National Military Family Association
Mr.	Patrick	Johnson	Director, Federal Advocacy, American Academy of Pediatrics
Ms.	Patricia	Johnston	Direction of Public Policy, National Association for Children's Behavioral Health
Dr.	Neal	Kennington	Senior Associate, Mercer
Dr.	Elizabeth	Kostas-Polston	Associate Professor; Daniel K. Inouye Graduate School of Nursing; Uniformed Services University of the Health Sciences; Women's Health Nurse Practitioner
Dr.	Jessica	LaCroix	Research Assistant Professor, USUHS; Associate Director, Suicide Care, Prevention, and Research Initiative
Dr.	Stephen	Lazoritz	Chief Medical Officer, Omaha MEPS
LCDR	Stephanie	Long	Behavior Development and Performance Branch, OPNAV N17 21st Century Sailor Office
Lt Col	Jessica	Lotridge	Preventive Medicine Resident, USUHS
COL	Myron	McDaniels	Assistance Chief of Staff, Office of the Surgeon General, Troop Commander, MEDCOM, U.S. Army
Mr.	Bryce	Mendez	Analyst, Defense Health Care Policy, Congressional Research Service
Ms.	Ellen	Milhiser	Editor, Synopsis
Maj Gen	Robert	Miller	Director, SG3/4, USAF
Ms.	Stephanie	Miller	Director, Accession Policy, OUSD P&R
Dr.	Colleen	Murphy	Western Sector Medical Officers at USMEPCOM
Dr.	John	Oldham	Chief of Staff, The Menninger Clinic; Distinguished Emeritus Professor, Menninger Department of Psychiatry and Behavioral Science, Baylor College of Medicine
Ms.	Michelle	Padgett	Director, Warfighter Health Predictive Readiness Analytics Projects, Joint Artificial Intelligence Center
Maj	Jeremy	Pallas	Mental Health Branch Chief, Air Education and Training Command, Office of the Command Surgeon
CAPT	Ingrid	Pauli	Deputy Director for Mental Health Operations, BUMED
LTG	Ron	Place	Director, DHA
Mr.	Christopher	Priest	Deputy Assistant Director Healthcare Operations, DHA
CAPT	Jamie	Reeves	Navy Director of Psychological Health, BUMED
RADM	Erica	Schwartz	Deputy Surgeon General, Office of the Surgeon General, DHHS
Maj	Jordan	Simonson	Branch Chief, Research and Development, Air Force Suicide Prevention Program

LCDR	Swati	Singh	Chief Medical Informatics Office, USCG
COL	Michele	Soltis	Public Health Directorate, DHA Service Liaison, Army
CAPT	Shane	Steiner	Assistance Chief Medical Officer, USCG
Mr.	John	Tenaglia	Deputy Assistance Director for Acquisition, DHA
RADM	Dana	Thomas	Chief Medical Officer and Director, Health, Safety, and Work-life, USCG
LTC	Peggy	Urbano	Military Personnel Policy, Accession Policy Office, OUSD P&R
COL	Katrina	Walters	Command Surgeon, USAREC
Ms.	Cindy	Ward	Principal, Mercer
Dr.	Natalya	Weber	Senior Health Science Officer, AMSARA
Mr.	Dan	Wendt	Principal, Mercer
Ms.	Kaley	Wilkinson	Principal, Mercer
Dr.	Diane	Williams	Navy Health
COL	Chris	Wright	British Medical Liaison Officer, Office of The Surgeon General, U.S. Army
Dr.	Ken	Yale	Senior Advisor, Health Strategy and Innovation, OASD(HA)

APPENDIX TWO: Open Session Zoom Chat Notes

From Eileen Huck: 2:18 PM

Did you review the practice of reviewing the pediatric medical records of military dependents who seek to enter the Service and if so, do you have thoughts on the appropriateness of this practice? Are military dependents who have been treated as youths for mental health issues being prevented from entering the service?

From LCDR Stephanie Long: 2:20 PM

I like the idea of a second screening at boot camp, as well as the idea of an off ramp. I'm wondering if 6 months is enough time to determine appropriateness of fit. Some of our Sailors remain in training for up to 2 years before getting to their first real duty station, so there may be a better test of fit within 6 months of their first duty station rather than 6 months of entry to service.

From Cynthia Caputo, MD: 2:38 PM

So many of your findings and recommendations resonate with the work we do in the MEPS. In Portland, OR we have a second pandemic – Nonsuicidal Self-Injury (NSSI). As a result of the shortage of Behavioral Health providers in the community, we have developed, with our Service Waiver Medical Research Authority (SWMRA) colleagues, a format for interviewing and documenting findings in order to facilitate accession of our applicants. Your finding (5) regarding looping downstream success would be very valuable for us to measure success. Secondly, if there is resilience testing that could be included in our local reports to SMRWA who consider waiver, it would be very helpful to include.

From Bradley Beatty: 2:43 PM

Artificial Intelligence (AI) can assist in research across mass fields of the date to reduce personnel cost in research

From Dr. Diane Williams: 2:50 PM

In response to Dr. Browne's call for research, I am a researcher interested in these areas, with relevant data. It is exceptionally difficult to identify funding for this type of research.

From Michael-Anne Browne, DHB Member: 2:51 PM

I agree that AI should be a focus of the research.

From Howard Garb: 2:56 PM

I agree that we need to honor an enlistee's commitment to service, but that should be balanced by whether a trainee reported honestly when they were asked about mental or behavioral problems at MEPS.

From RADM Dana Thomas: 3:11 PM

Thank you on behalf of the USCG. We are enriching our mental health staffing and expanding platforms to meet our members where they are geographically and psychologically. We will be poised to conduct some of these evaluations in parallel with our Armed Forces brothers and sisters. Respectfully, Dana Thomas

From Brigid McCaw, DHB & NBH Member: 5:16 PM

I want to reinforce the value of long-acting reversible contraceptives (LARC) - it is one of THE most important interventions to prevent child maltreatment. Unintended pregnancy is a significant risk factor for child abuse.