



**DEFENSE HEALTH BOARD MEETING
AUGUST 20-21, 2015**

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

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

August 20, 2015—Administrative Session

Dr. Nancy Dickey welcomed Defense Health Board (DHB) members to the meeting, including new Board members. Ms. Christine Bader noted the passing of Trauma and Injury Subcommittee member Dr. Norman McSwain. Members received media guidance from Ms. Karen Roberts and updates on the recent Office of Personnel Management Security Breaches from Ms. Linda Thomas and Ms. Rahwa Keleta. Ms. Bader then discussed the status of recent DHB recommendations. The group reviewed plans for the November 2015 Board meeting and briefly discussed progress in scheduling 2016 meetings. Col Douglas Rouse reminded members to report any conflicts of interest they may have regarding the meeting.

Action/POC: None.

August 20, 2015—Open Session

a. Administrative & Opening Remarks

Dr. Nancy Dickey opened the meeting and welcomed the attendees. Ms. Bader called the meeting to order as the DHB Designated Federal Officer. Dr. Dickey and Dr. Donald Jenkins noted the sad loss of Dr. Norman McSwain and recognized the selfless contributions he had made to the Defense Health Board as a member of the Trauma and Injury Subcommittee. Following a moment of silence to honor Service members, meeting attendees introduced themselves.

Action/POC: None.

b. Decision Brief: Continuing Education for Department of Defense Health Professionals

With Gen (Ret.) Richard Myers presiding during this session, Dr. Dickey, Chair of the Continuing Health Education Subset, provided an overview of the report's findings and recommendations. DHB members and public attendees held a robust discussion about: 1) creating recommendations that better identify accountable offices or individuals; 2) variance in continuing education (CE) policies and administration among the Services; and 3) the difficulty

in assessing the relationship between CE and performance trends (e.g., quality of care and patient safety), with a caution that CE may not be an effective remedy for a specific performance issue. Attendees noted that correlating performance trends with CE was aspirational and that the Department of Defense (DoD) has a unique opportunity to be a leader in the field of CE. The group also discussed the importance of attending professional conferences/meetings for professional development and the challenges created by government approval processes, especially for non-federal source travel.

The Board then agreed upon changes to the following findings and recommendations:

- **Overarching Recommendation:** Members agreed to include “centralized” before “innovative.”
- **Recommendation 1:** Members approved the recommendation as, “DoD should establish a CE budget and delegate approval authority to the Military Treatment Facility Commander level or equivalent to create a timely, streamlined approval process for military health professionals to participate in CE conferences.”
- **Recommendation 3:** The Board members approved replacing “provider” with “administrator,” adding “bi-directional” before “tracking,” and adding “while reducing the administrative burden to the individual and the system” to the end of the recommendation.
- **Recommendation 6:** Members agreed to change “assess the relationship between CE and performance trends in patient safety, quality, cost, and efficiency” to “provide appropriate CE initiatives and related metrics in order to enhance a culture of patient safety and improve quality, cost of services, and efficiency of operations.”
- **Recommendation 9.2:** Members agreed to include, “the Defense Health Agency, on behalf of the MHS [Military Health System]” to the recommendation.
- **Finding 11:** Members added “skills transfer” to the finding.
- **Recommendation 11.3:** Board members approved creating a new recommendation, “DoD should clarify and where possible simplify approval processes for non-federal source travel and expedite approval within ethics and conflict of interest guidelines of invited DoD presenters and contributors who are utilizing non-federal source travel.”
- **Recommendation 12:** Members concurred to include “interprofessional team” before “CE roadmaps.”

The Board voted unanimously to approve the report with the agreed-upon revisions. The report will be finalized for signature following the meeting.

Action/POC: Finalize the Continuing Education for Department of Defense Health Professionals report with noted changes/DHB staff.



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**c. U.S. Army Medical Research Institute of Infectious Disease
Biosafety/Biosecurity/Biosurety and Ebola Response Support**

COL Neal Woollen, Director of Biosecurity at the U.S. Army Medical Research Institute of Infectious Disease (USAMRIID), provided an overview of the organization's biosecurity and biosafety risk mitigation efforts. COL Woollen stressed the criticality of synchronizing facility engineering controls, biosafety measures, and biosecurity measures for risk mitigation and the necessity of employing personnel who are able to integrate science with regulatory requirements. The group then discussed the challenges associated with not having reciprocity with other research institutions because of the differences in biosafety and biosecurity parameters, emphasizing how a lack of reciprocity may impede science. COL Woollen highlighted that it would be beneficial to find a balance between meeting biosafety/biosecurity requirements, fully mitigating risk, and improving reciprocity.

COL Woolen also described USAMRIID's response to the recent Ebola outbreak, highlighting challenges, positive outcomes, and lessons learned. He stated an important lesson learned with the Ebola response was to continue engagement with other international aid organizations and host country government entities. The group then discussed future challenges for USAMRIID. COL Woollen stated the results of the anthrax investigations would be the next challenge, as well as preparing for unexpected threats.

Action/POC: None.

d. Research Efforts at Walter Reed Army Institute of Research

COL Stephen Thomas, Deputy Commander of Operations at Walter Reed Army Institute of Research (WRAIR), provided a briefing on WRAIR's spectrum of national and international research capabilities, expertise, and relationships. He stressed the importance of cultivating long-term relationships for the success of infectious disease research and development, stating that the majority of personnel in the overseas facilities were locals. COL Thomas also highlighted WRAIR's Multidrug-resistant Organism and Repository Network, which has been used as a model for civilian programs. He then noted examples of WRAIR's infectious disease research successes, including a human immunodeficiency virus study and the advancement of dengue, malaria, and Ebola vaccine candidates.

Participants discussed the challenges of developing military officers as senior researchers because of deployments and other military responsibilities. COL Thomas expressed it would be beneficial if military officers could deploy earlier in their careers in order to maintain continuity with research and development and gain perspective on the importance of supporting military

operations. COL Thomas then reviewed WRAIR's contributions to the field of infectious disease research, military psychiatry, neuroscience, and pharmaceutical development. Participants discussed military psychiatry developments by WRAIR, noting a particular area of interest for the Army Surgeon General is sleep. The group then reviewed recent challenges for WRAIR, including a shortage of experienced support personnel for the Ebola response and bio-surveillance weaknesses in West Africa.

Action/POC: None.

e. Department of Defense/Department of Veterans Affairs Health Care Collaboration

Mr. Michael Bouchard, Director of the DoD/Department of Veterans Affairs (VA) Program Coordination Office at the Defense Health Agency, described the office's responsibilities and DoD/VA partnership history and achievements. Mr. Bouchard also explained the Joint Strategic Plan and key DoD/VA program elements, such as the Joint Incentive Fund, Interagency Care Coordination Committee, and the Choice Program. The group discussed the issue of interoperability between the VA and DoD electronic health records (EHRs), and Mr. Bouchard indicated that progress has been made in improving information sharing, but additional challenges remain. Mr. Bouchard also mentioned that DoD will be working closely with the VA to address health record interoperability with the new DoD EHR. Participants also discussed veterans' base access issues at VA/DoD joint venture sites and Mr. Bouchard stated they are making progress in resolving DoD base access issues for over 16,000 veterans. The group also discussed details of the Choice Act.

Action/POC: None.

f. U.S. Navy Hospital Ships: Missions and Accomplishments

Mr. John Zarkowsky, Deputy Director of Capabilities Development and Integration, U.S. Navy Bureau of Medicine and Surgery, described the roles of the U.S. Navy's hospital ships in past combat and humanitarian missions. He reviewed their extensive medical capabilities, highlighting their throughput efficiency and specialty care capacity. Mr. Zarkowsky noted the hospital ships are vital military assets, especially for operations in the Pacific, and added that the U.S. Navy is investigating options to develop faster and less expensive hospital ships to better support both combat operations and humanitarian assistance/disaster response.

Action/POC: None.

g. Health Diplomacy: U.S. Navy Medical Response to the Tsunami in Indonesia

Dr. William McDaniel, RADM (Ret.), provided a briefing on the U.S. Naval Ship (USNS) Mercy's response to the earthquake and tsunami in Banda Aceh and Nias Island, Indonesia in 2005. Dr. McDaniel reviewed his role in coordinating the U.S. Navy medical response with local and international organizations and discussed challenges and cultural barriers faced in the response. A unique aspect of the response was the joint staffing of the Mercy with personnel not

only from the U.S. Navy, but also from Project Hope, the U.S. Public Health Service, and civilian mariners. He added that the collaboration with Project Hope created a positive image of the U.S. military, thus setting a precedent for forging ongoing collaborations with non-governmental organizations. Dr. McDaniel also reviewed several patient cases and highlighted lessons learned, emphasizing the importance of communication and forecasting disaster response needs. He also stated that the U.S. Public Health Service mental health teams developed a curriculum, which has become a template for humanitarian assistance/disaster response.

Action/POC: None.

h. Neurological/Behavioral Health Subcommittee Update

Dr. David Hovda, Chair of the Neurological/Behavioral Health Subcommittee, provided an update on the Subcommittee's tasking on the scientific evidence of using population normative values instead of individual pre-deployment baselines for comparison in post-concussion computerized neurocognitive assessments. He noted the Subcommittee's areas of interest, including the accuracy of the Automated Neuropsychological Assessment Metrics 4 (ANAM4) as a post-injury evaluation tool; limitations of the current ANAM4 normative dataset; costs associated with using the ANAM4; and future research on computerized neurocognitive assessment technology. The group discussed the accuracy of reported incidence of traumatic brain injury (TBI) in theater and in garrison. Members stated it was possible there is underreporting of TBIs and the reliance on self-reported injuries may lead to inaccurate incidence rates. Participants also discussed the vulnerability of the brain following a concussive event and the need for a recurrent concussion evaluation before return to duty of personnel who have experienced 3 concussions within a 12-month period. Dr. Hovda stated biomarker research studies may yield key insights into the physiology of TBI and effectiveness of various approaches to the management of TBI. The Subcommittee plans to present its report at the November meeting.

Action/POC: None.

August 21, 2015—Preparatory Session

DHB members held a roundtable discussion with the directors of the various centers at the National Defense University, reviewed specific strategic health and global health topics, and toured historic Fort Lesley J. McNair.

3. NEXT MEETING

The next DHB meeting is scheduled for November 9-10, 2015 at MacDill Air Force Base in Tampa, Florida.



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4. CERTIFICATION OF MINUTES

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

09/18/2015

Nancy W. Dickey, MD
President, Defense Health Board

Date

ATTACHMENT ONE: MEETING ATTENDEES
August 20, 2015

BOARD/SUBCOMMITTEE 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.	Blakely	Craig	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Dr.	Bullock	M. Ross	Professor, Neurosurgery; Director, 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
GEN (Ret.)	Franks	Frederick	Former Commanding General, U.S. Army Training and Doctrine Command
Dr.	Gordon	Steven	Chairman, Department of Infectious Diseases, Cleveland Clinic Foundation
Dr.	Higginbotham	Eve	Perelman School of Medicine, University of Pennsylvania
Dr.	Hovda	David	University of California, Los Angeles Neurosurgery, Departments of Surgery and of Molecular and Medical Pharmacology Director, UCLA Brain Injury Research Center
Dr.	Jacobs	Lenworth	Chief Academic Officer and Vice President of Academic Affairs, Hartford Hospital
Dr.	Jenkins*	Donald	Consultant, Division of Trauma, Critical Care and General Surgery; Professor of Surgery, College of Medicine; Medical Director, Trauma Center, Mayo Clinic
RADM (Ret.)	Lane	H. Clifford	Director, Division of Clinical Research, National Institute of Allergy and Infectious Disease, National Institutes of Health
Dr.	Lazarus	Jeremy	Clinical Professor of Psychiatry, University of Colorado Denver School of Medicine
RADM (Ret.)	Martin	Kathleen	Chief Executive Officer, Vinson Hall Corporation, LLC
Gen (Ret)	Myers	Richard	<i>DHB First Vice President</i> RMyers & Associates LLC
Dr.	Poland	Gregory	Director, Mayo Vaccine Research Group; Director for Strategy, Center for Innovation, Mayo Clinic and Foundation
INVITED GUESTS & STAFF			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
Ms.	Austin	Lisa	DHB Task Lead, Grant Thornton LLP
Ms.	Bader	Christine	DHB Executive Director/ Designated Federal Officer (DFO)
Mr.	Bouchard	Michael	Director, DoD/VA Program Coordination Office, Defense Health Agency (DHA)
COL	Cavicchia	Melinda	Preventive Medicine Physician, Health and Wellness, Army Office of the Surgeon General
COL(P)	Dingle	Scott	G-3/5/7, U.S. Army Medical Command, Army Office of the Surgeon General
Ms.	Gaviola	Camille	DHB Deputy Director/Alternate DFO

Dr.	Guice	Karen	Principal Deputy Assistant Secretary of Defense for Health Affairs
Ms.	Higgins	Sara	DHB Analyst, Grant Thornton LLP
CDR	Hollis	Ewell	Director of Public Health and Preventive Medicine, Health Services, Headquarters, U.S. Marine Corps
Ms.	Keleta	Rahwa	Health Insurance Portability and Accountability Act Compliance Manager, Defense Health Agency (DHA)
Mr.	Krukar	Michael	Executive Secretary, Independent Review Panel on Military Construction
LCDR	Lam	Alan	U.S. Navy Bureau of Medicine and Surgery
CAPT	Lipsitz	Robert	U.S. Navy Bureau of Medicine and Surgery
Ms.	Markowitz-Shulman	Ariel	DHB Analyst, Grant Thornton LLP
Brig Gen	McClain	James	Commander, Air Force Medical Support Agency
Dr.	McDaniel	William	RADM (Ret), U.S. Navy
COL	Nang	Roberto	Joint Medical Director of Global Health, National Defense University
Col	Oh	John	Chief, Preventive Medicine, Air Force Medical Support Agency
Mr.	Parish	Gregory	National Defense University
Dr.	Rice	Charles	President, Uniformed Services University of the Health Sciences
Ms.	Roberts	Karen	Deputy Director of Communications, DHA
Col	Rouse	Douglas	DHB Executive Secretary/ Alternate DFO
RADM	Schwartz	Erica	Chief Medical Officer, U.S. Coast Guard
Ms.	Thomas	Linda	Director, Privacy and Civil Liberties Office, DHA
COL	Thomas	Stephen	Deputy Commander, Operations, Walter Reed Army Institute of Research
Dr.	Vest	Kelly	Deputy Chief of Staff, Operations Veterinary Epidemiologist
Ms.	Welsh	Margaret	DHB Management Analyst, Grant Thornton LLP
COL	Woollen	Neal	Director of Biosecurity, U.S. Army Medical Research Institute of Infectious Diseases, U.S. Army Medical Research and Materiel Command
Mr.	Zarkowsky	John	Deputy Director, Capabilities Development and Integration, U.S. Navy Bureau of Medicine and Surgery
MEDIA & PUBLIC ATTENDEES			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
Ms.	Azar	Ramzy	Senior Health Analyst, DHA Public Health Division
Ms.	Berger	Susana	Research Analyst, Service Employees International Union (SEIU)
Ms.	Brown	Sara	SEIU

Mr.	Casterline	Dan	National Account Executive, Merck & Co Inc.
Mr.	Creech	Gerald	Chief, Business Operations, Education & Training Directorate, DHA
LTC	Facemire	Paul	Deputy Chief, Global Health Engagements, Office of the Surgeon General/ U.S. Army Medical Command
Lt Col	Fea	Michael	Deputy Chief, Officer Force Development Division (AF/SG1/8AN) Associate Director, Biomedical Sciences Corps
LTC	Hall	Tara	Department of the Army Surgeon General/Commanders' Initiative Group
COL	Korman	Amy	Deputy Director, Education and Training, DHA
LTC	Nguyen	Hang	Office of the Surgeon General/Commanders' Initiative Group
Ms.	Poland	Jean	
LTC	Short	Kim	Office of the Joint Staff Surgeon
Mr.	Syed	Aamir	Program Manager, Defense Health Board, Grant Thornton LLP

*Participated via telephone.