DEFENSE HEALTH BOARD MEETING
NOVEMBER 2, 2017
Commanding Officer's Board Room
Naval Medical Center Portsmouth, Building 1
620 John Paul Jones Circle
Portsmouth, VA 23708

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. Following a moment of silence to honor Service members, Dr. Dickey then took the opportunity to highlight recent media articles recognizing the accomplishments of the Board and Board members, to include the recent Defense Health Board Report on Pediatric Health Care Services:

- A newspaper article featured the Board's review of pediatric health care, including comments from Dr. George Anderson, Chair of the Health Care Delivery Subcommittee, and Dr. Jeremy Lazarus, Chair of the Neurological/Behavioral Health Subcommittee (*Military Update,* September 28, 2017).

- A summary of the Pediatric report's findings and recommendations to the Department was also featured in a Huffington Post article (*Huffington Post*, September 5, 2017).

- Board member Dr. Lenworth Jacobs was featured in a New York Times article where his "Stop the Bleed" initiative was highlighted in light of the Las Vegas shootings (*New York Times*, October 5, 2017). This is an educational campaign focusing on bystander tourniquet training and how it can save lives.

Board members and meeting attendees then introduced themselves.

b. Navy Medicine East (NME)

RDML Anne Swap, Commander of Navy Medicine East (NME), opened the day of briefings with an overview of the mission and vision of her organization, and reiterated the guiding principles of Navy Medicine. She provided a snapshot of the numerous Military Treatment Facilities (MTFs), branch clinics, public health activities, and the Enhanced Multi-Service Market (eMSM) which fall under NME. RDML Swap noted there are 475,000 total NME enrollees, including active duty service members, retirees, and their families. NME provides support to the operating forces and regularly deploys medical personnel in support of numerous missions worldwide. She noted that a large number of NME staff are currently deployed on the USNS Comfort in Puerto Rico providing disaster relief.

RDML Swap presented an overview of the numerous Training and Educational programs run by Navy Medical Center Portsmouth (NMCP), to include 14 Graduate Medical Programs with 350+

seats per year, as well as Professional Nursing and Graduate Dental Education programs. She spoke of the importance of readiness, both for individuals to be medically ready to deploy as well as the need for those healthcare providers deploying to be a ready medical force. She informed attendees about the Captain James A. Lovell Federal Health Care Center facility, a fully integrated first-of-its-kind federal healthcare facility with a combined Navy/VA mission. She explained the significance of the concept of value-based care in the emerging joint Navy/VA combined healthcare delivery facilities.

RDML Swap also briefly discussed the enhanced Multiservice Markets (eMSMs), and the group expressed enthusiasm for this concept and the importance of service participation. She briefed ongoing collaborations and noted that Camp Lejeune will become Naval Medical Center Camp Lejeune and will receive an upgrade to its trauma care capabilities. It will become a Level 3 trauma center, which prompted much discussion. In addition to its military role, it will also provide accessible trauma care to the regional civilian population, boosting access while expanding the case volume and mix required to sustain military providers' critical skillsets.

Current needs and future opportunities for NME were discussed, including the challenges of estimating costs of health care and the cost of improved patient outcomes. There was also discussion on the costs and benefits of embedded mental health services for the operating forces, and making these services more available to operating forces pier side at shipyards.

c. Tidewater Military Health System (TMHS)—Enhanced Multi-Service Market (eMSM)

Col Lynn Johnson, Tidewater Military Health System (TMHS) Chief Operating Officer (COO), provided a presentation on the concept and operation of the eMSM. While these markets actually started in 2015, there continue to be challenges with full integration which would make its efforts more efficient. TMHS is one of 6 DoD eMSMs nationwide and encompasses the three regional MTFs (NMCP, McDonald Army Health Center, and the 633rd Medical Group – USAF Hospital Langley). The eMSMs seek to integrate healthcare delivery through a seamless continuum of services to promote overall health. The integration process is still ongoing across the services, as are efforts to standardize business processes, as well as readiness and quality metrics.

The eMSM has seen an increase in enrollment, the consolidation of operating rooms across the market, recruitment of additional physical therapists, and the establishment of a Neonatal Intensive Care Unit (NICU) at Langley Air Force Base, VA. Col Johnson spoke about the future creation of new care delivery facilities in the Williamsburg area for beneficiaries. He anticipates further increases in enrollment, which will necessitate recruitment of additional health care professionals and specialists across the eMSM.

Participants discussed the eMSM's mail order pharmacy initiatives that resulted in increased patronage at an overall savings when compared to retail pharmacy costs. There was discussion about the new TRICARE changes that will take place January 1, 2018 with the implementation of TRICARE Select; specifically, how the associated enrollment requirements will reduce beneficiary "shadow populations" and give much needed clarity on actual enrollment numbers. The group discussed readiness and the importance of combat casualty care and surgical readiness for deployment, along with KSAs (knowledge/skills/abilities) and the importance of expanding partnership opportunities with civilian hospitals. It was noted that all health care is local, and it was also acknowledged that this critical readiness exacts a cost that cannot be captured in dollars alone.

There was also discussion about the 2017 National Defense Authorization Act (NDAA). Section 702 directs the Defense Health Agency to take over the management and administration of all MTFs from the Services, which will be a monumental change in military medicine and will help with standardization of services and integration of healthcare across the military health system. An innovative VA/DoD sharing agreement between Naval Hospital Beaufort and the Johnson VA Medical Center Charleston was also discussed.

d. Naval Medical Center, Portsmouth

CAPT Christopher Culp, Naval Medical Center, Portsmouth (NMCP) Commanding Officer, gave a brief overview of the history of this hospital. NMCP is the Navy's oldest continuously operating medical facility. It encompasses nine branch clinics that ensure readiness and provide healthcare to beneficiaries, including operational forces and their families. A breakdown of NMCP enrollment, resource availability, and Command manpower statistics was presented. The hospital's significant support to the operating forces was also discussed, including an Expeditionary Medical Unit in Iraq.

Recent accomplishments include a master plan involving repair and modernization of operating rooms, upgrades to laboratory and inpatient rooms, and the consolidation of outpatient women's and children's health clinics. In addition, integration of more mental health staff into fleet operations was discussed, along with an initiative to expand primary care in Suffolk and Chesapeake in FY18 and the Center's ongoing Stroke and STEMI Center efforts. Due to the requirement of hiring civilian General Schedule (GS) staff as well as civilian contractors, CAPT Culp noted that NMCP often faces staffing challenges, sometimes taking a minimum of 200 days to fill open positions.

The group was interested in discussing requirements for designation as a trauma center. The simulation center at NMCP was also discussed and the group noted the need to expand simulation to improve readiness of trauma surgeons, and also the need ensure the integration of military and civilian trauma care providers into a single system.

e. 633rd Medical Group—USAF Hospital Langley

Col Mark Nassir, Commander of the 633rd Medical Group (633 MDG), provided an overview of the 633 MDG. He explained that Langley AFB, which was founded in 1916, has a rich history as the oldest continuously operating airfield in the country. The 633 MDG has a state-of-the-art facility which includes ER, ICU, OR, Birthing Center and MRI capability. Readiness is considered job one, and the Command maintains a diverse expeditionary medical response program with a global response capability ready to deploy within 72 hours. A team of providers are presently in Puerto Rico delivering care to Hurricane-affected victims. High reliability and trusted care are critical focus areas, and communication was noted as being essential to mission success as it enables increased quality of care and promotes their goal of 'zero-harm" to patients.

Lack of access to primary care due to staffing/space issues and low inpatient occupancy rates are some of the challenges currently facing the Command. Recent successes include positive relationships and partnerships within the eMSM, and the recertification of the facility by the Joint Commission in October 2017.

The group discussed alternate sources of health care personnel during deployment or shortages, to include short-term hires, leveraging specialists from other MTFs in the market, or leveraging the network. Expanding mental health services is priority and telehealth is now being done on a limited basis. Additionally, there are partnerships with local graduate medical education (GME) psychiatric programs.

f. McDonald Army Health Center

LTC Vince Myers, Commander of McDonald Army Health Center (MCAHC), described the mission and vision of the Center at Fort Eustis, VA. He outlined some of the roles and responsibilities of the Center. The facility provides health care to beneficiaries of the Tidewater eMSM. Although it is a small clinic, MCAHC experiences high demand for health care services.

LTC Myers indicated the Center's priorities are force readiness, patient experience, and health and wellness, with an additional focus on the cost of quality care. He expressed enthusiasm for the eMSM concept. He told attendees that as a result of the establishment of a community-based medical home in Williamsburg, services have been expanded to include behavioral and mental health care for both leaders and soldiers. Pharmacy services will be now be delivered at four different locations, and include weekend operating hours. LTC Myers emphasized the potential opportunities for telehealth care delivery with expected growth in enrollment.

Challenges noted at MCAHC included the significant time required to hire new staff (85 days), an aging infrastructure, high provider turnover, and geographic barriers such as tunnels, bridges,

and tolls for beneficiaries seeking care. The group discussed why many beneficiaries choose purchased care over direct care in this market (freedom of choice in light of the aforementioned barriers seems to be a major determinant) and the value of creating more network (TRICARE) clinics vs. expanding military facilities.

g. Tour of the Old Hospital

Mr. Peter Kopaz, NCMP's Executive Director, and Mr. Allen Cutchin, the NMCP Historian, led the tour of the medical center's historic Building 1 for an understanding of NMCP's origins as the first naval hospital. The tour included a stop in the "dungeon" that had served as cold storage, as well as the old operating room on the fifth floor that was added during a remodel in the early 1900s. The tour concluded with an appreciation of the environment in which staff provided care from the 1830s through the 1900s.

h. Navy and Marine Corps Public Health Center

CAPT Todd Wagner, Commanding Officer of the Navy and Marine Corps Public Health Center (NMCPHC), presented an overview of the Center during a two-minute summary video which highlighted the Center's global presence and public health impact. NMCPHC has 6 operational commands worldwide that ensure mission readiness through disease prevention and health promotion for the Navy and Marine Corps. Some activities performed by the Center's personnel include surveillance of vector-borne diseases, testing vector control technology, evaluation of pest control management practices, evaluation of potential environmental exposures, and assistance with policy formulation.

CAPT Wagner talked about several priority issues, including psychological health, tobacco and drug abuse, and occupational and environmental exposures. He stressed the importance of mental health and its impact on force readiness. NMCPHC is very involved in the analysis of suicide awareness and prevention initiatives. CAPT Wagner indicated that they are also engaged in efforts to reduce tobacco use through education, health surveillance and risk assessment efforts.

According to CAPT Wagner, HIV incidence has been increasing among service members, causing greater military concern. NMCPHC is collaborating with other public health entities, including Army Public Health Command and the Centers for Disease Control and Prevention, to look at ways to combat these rising numbers. There was robust discussion concerning this increase, as well as discussion about possible causes, approaches, and potential solutions.

The group also discussed NMCPHC's strategy for identifying, understanding, and implementing counseling services for members at increased risk for suicide. It was noted that service members

most at-risk included those transitioning from deployment, undergoing a permanent change of station (PCS), getting married, or at their end of term separation (ETS) from active duty.

i. US Fleet Forces Command (Fleet Health Services (N01H)

CAPT Paul Kane, the Fleet Surgeon of the US Fleet Forces Command (USFFC) Fleet Health Services (N01H), provided a comprehensive briefing on the activities of this Navy force provider. Its global mission currently employs 900 personnel and 19 medical staff dedicated to aligning and executing all elements of readiness for the Fleet Forces. As part of its mission, USFFC engages in training, certification, and providing Combatant Commanders with combat-ready forces, which must be capable of conducting swift and sustained operations on short notice in support of national interests. USFFC also provides operational planning and coordination support to other Commands.

Fleet Health Services focuses on Fleet medical readiness, coordinates funding for medical requirements, recommends initiatives to develop capabilities for health service and force health protection and monitors, accesses and coordinates health service support for budget, policy and force structure development. Medical personnel assigned to Fleet platforms must be trained and ready. More Fleet platforms are now required to have psychologists/ psychiatrists on board as part of the organic medical staff. In addition, new training programs are being implemented that show promising results in improving readiness of the professional staff.

CAPT Kane raised a number of concerns that affect the medical readiness of the Fleet. These include the frequent lack of adequate bandwidth to support both the electronic health record (EHR) and the electronic pre-deployment health assessments (ePHA) while on board vessels. These bandwidth issues also impact medical providers' ability to connect to websites and upload and download critical information, such as medical records, while at sea.

CAPT Kane also noted that Military Sealift Command Civilian Mariners (CIVMARS), who crew sealift vessels in support of joint and combined forces worldwide, do not have TRICARE coverage, resulting in difficulties receiving care while at sea. There was also discussion about women's health, and it was noted that there is a walk-in facility pier side at the Norfolk Shipyard where Fleet female service members can receive routine yet critical services.

j. U.S. Air Force Air Combat Command Surgeon

Col Susan Pietrykowski, U.S. Air Force Air Combat Command (ACC) Deputy Command Surgeon, briefed the ACC Command Surgeon's strategy map as well as the Air Force Surgeon General's focus areas. Col Pietrykowski discussed the 2017 NDAA's guiding principles and explained how Air Force medicine plans to execute the directives under the law.

She noted that headquarters has partnered with civilian medical centers through training agreements to provide increased access to trauma services regionally, while also gaining critical surgical experience and readiness for military providers. Col Pietrykowski described the power of partnership when speaking of the recent Las Vegas mass shooting. Active duty Air Force personnel had just participated in a mass casualty exercise with their Las Vegas civilian partner hospital a few days before the shooting. This exercise greatly improved the hospital's ability to respond real-time to this mass casualty in terms of patient care and teamwork. Of note, over half of the surgeons in the operating rooms at one civilian medical center that night were active duty Air Force surgeons. Also, several Air Force medics were available to provide on-scene pre-hospital care to shooting victims.

The group again discussed the critical importance of civilian-military surgical collaborations and partnerships as a single nation-wide trauma system. Such partnerships allow medical staff across the nation to efficiently act in times of crisis. There was follow-on discussion about the effectiveness of partnerships in trauma surgeon training and readiness.

k. Naval Special Warfare Group (NSWG) TWO Briefing

CDR Todd Sterling, Senior Medical Officer with Naval Special Warfare Group (NSW) Group TWO, provided an overview of the process involved in recruiting and training a qualified SEAL (Sea, Air, and Land) Team member. He discussed some of NSW's history and global force laydown. People are the greatest asset of the Team and he discussed the breakout of the training, expertise, and mindset necessary to become a SEAL. SEAL medics are highly trained enlisted medical personnel who receive Special Operations Medical training with an NSW focus. The cost of training a qualified ready-to-deploy SEAL is estimated to be $1,000,000.

Special Warfare Command maintains a robust program, called Care Coalition, which cares for the unique needs of families at home as well as the active duty Teams. The Care Coalition provides health care for SEALs and beneficiaries over their lifetime. CDR Sterling indicated that suicide and divorce rates are high among Team members; this is possibly a result of the high deployment and operational tempo. Traumatic brain injury (TBI) is another issue, and the Command provides ongoing routine screenings, along with comprehensive assessment and individualized treatment. Members may be also at high risk for anger, anxiety, post-traumatic stress disorder (PTSD), and sleep disorders. A major barrier to receiving mental health care in this community is the fear of members losing their careers. Mental health care services are therefore increasingly embedded with the Teams to improve trust, reduce stigma and maximize access. Several embedded medical providers, including a psychiatrist and a psychologist, joined CDR Sterling to provide insight on providing health care to this elite group of service members.

The group expressed the need to have Senior Officers and Commanders speak up on the importance of mental health to military operations and look for ways to reduce stigma. The

group agreed that it was essential to capture all medical records, including neurological information and mental health, as part of a comprehensive health database for SEAL recruits through retirement or separation. Currently, records are categorized into SEAL cohorts for easy tracking and comparative analysis.

3. NEXT MEETING

The next DHB meeting is tentatively scheduled for January 31 - February 1, 2018 at the DHHQ 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.

Nancy W. Dickey MD

January 30, 2018

Nancy W. Dickey, MD
President, Defense Health Board

Date

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ATTACHMENT ONE: MEETING ATTENDEES

BOARD MEMBERS			
TITLE	**FIRST NAME**	**LAST NAME**	**ORGANIZATION**
Dr.	George	Anderson	*Defense Health Board (DHB) Second Vice President* Former Executive Director, The Society of Federal Health Professionals (AMSUS)
Dr.	Craig	Blakely	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Dr.	Nancy	Dickey	*DHB President* Professor, Department of Family and Community Medicine, Texas A&M University
GEN (Ret.)	Frederick	Franks*	Commanding General, U.S. Army Training and Doctrine Command (1991-1994); Chairman, American Battle Monuments Commission (2005-2009)
Dr.	John	Groopman	Edyth H. Schoenrich Professor of Preventive Medicine, Department of Environmental Health and Engineering, Johns Hopkins Bloomberg School of Public Health; Associate Director for Population Sciences, Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins School of Medicine
Dr.	Eve	Higginbotham	Vice Dean, Inclusion and Diversity; Senior Fellow, Leonard Davis Institute of Health Economics; Professor of Ophthalmology, Scheie Eye Institute, Perelman School of Medicine
Dr.	David	Hovda*	Director, UCLA Brain Injury Research Center; Professor of Neurosurgery and of Molecular and Medical Pharmacology, David Geffen School of Medicine at UCLA
Dr.	Lenworth	Jacobs	Chief Academic Officer and Vice President of Academic Affairs, Hartford Hospital
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	Former Senior Vice President, University Health Sciences; Former CEO, University of Utah Health Care; Dean, School of Medicine, University of Utah
RADM (Ret.)	Kathleen	Martin	Chief Executive Officer, Vinson Hall Retirement Community - Vinson Hall LLC; Executive Director, Navy Marine Coast Guard Residence Foundation
Gen (Ret.)	Richard	Myers	*DHB First Vice President* RMyers & Associates LLC/ President, Kansas State University
Dr.	Tadataka (Tachi)	Yamada*	Venture Partner, Frazier Healthcare Ventures; Adjunct Professor, Department of Internal Medicine, University of Michigan Medical School
TITLE	**FIRST NAME**	**LAST NAME**	**ORGANIZATION**
CAPT	Juliann	Althoff	DHB Executive Director (Acting)/Designated Federal Officer (DFO)

Ms.	Desmond	Bibio	DHB Analyst, Karna LLC
Ms.	Shandila	Collins	DHB Analyst, Karna LLC
Ms.	Camille	Gaviola	DHB Deputy Director/Alternate DFO
Ms.	Marilyn	Sheriff	DHB Management Analyst, Karna LLC
OTHER ATTENDEES			
TITLE	**FIRST NAME**	**LAST NAME**	**ORGANIZATION**
Maj Gen	Roosevelt	Allen, Jr.	Director, Medical Operations and Research, and Chief of the Dental Corps, Office of the Surgeon General, Headquarters U.S. Air Force
LCDR	Kishla	Askins	Military Assistant to Mr. Thomas McCaffery, Acting ASD(HA)
Dr.	Jimmy	Bradley	Field Vice President, Tidewater eMSM, Humana Military
CDR	Kimberly	Broom	Director of Public Health and Preventive Medicine, Headquarters Marine Corps, Health Services
CAPT	Matthew	Case	Executive Officer, Naval Medical Center Portsmouth
LCDR	Ashley	Clark	Psychologist, Naval Special Warfare Group TWO
Brig Gen	Sean	Collins	Assistant for Mobilization and Reserve Affairs, Office of the Assistant Secretary of Defense for Health Affairs
LT	Jesse	Crawford	Former SEAL Medic, Naval Special Warfare Group TWO
CAPT	Christopher	Culp	Commanding Officer, Naval Medical Center Portsmouth
Dr.	Bruce	Doll	Assistant Vice President, Uniformed Services University of the Health Sciences (USUHS)
LCDR	Huckelberry	Finne	Medical Department Head, Naval Special Warfare Group TWO
Col	Lynn	Johnson	Chief Operating Officer, Tidewater Military Health System eMSM
CAPT	Paul	Kane	Fleet Surgeon and Director of Fleet Health Services, US Fleet Forces Command
LTC	Shuichi	Kawano	Japanese Service Liaison, Office of the Army Surgeon General
Mr.	Thomas	McCaffery	Assistant Secretary of Defense, Health Affairs (Acting)
COL	Myron	McDaniels	Director of Health Care Delivery, Office of The Surgeon General, U.S. Army
LTC	Vincent	Myers	Commander, McDonald Army Health Center
Col	Mark	Nassir	Commander, 633rd Medical Group, Joint Base Langley-Eustis
CMDCM	Beth	Nilson	Command Master Chief, Naval Medical Center Portsmouth
Col	Susan	Pietrykowski	Deputy Command Surgeon, Headquarters Air Combat Command
Dr.	Douglas	Robb	Scholar-in-Residence, USUHS
Group CAPT	Martin	Ruth	British Liaison Officer
Col	Kai	Schlolaut	German Liaison Officer
LCDR	Heather	Shibley	Psychiatrist, Naval Special Warfare Group TWO
CAPT	Edward	Simmer	Chief Clinical Officer, J10/TRICARE Health Plan, Defense Health Agency
FORCM	Hosea	Smith, Jr.	Force Master Chief, Director Hospital Corps, US Navy Bureau of Medicine and Surgery
LTC	Michele	Soltis	US Army Liaison
Ms.	Crystal	Starnes	Humana Military, Tidewater eMSM, Humana Military

CDR	Shane	Steiner	Preventive Medicine & Epidemiology, U.S. Coast Guard Headquarters, Operational Medicine and Medical Readiness Division
CDR	Todd	Sterling	Senior Medical Officer, Naval Special Warfare Group TWO
RDML	Anne	Swap	Commander, Navy Medicine East; Senior Market Manager, Tidewater Military Health System; Director, Navy Medical Service Corps
Ms.	Kentichia	Taylor	Health System Manager, Tidewater eMSM, Humana Military
CAPT	Todd	Wagner	Commanding Officer, Navy and Marine Corps Public Health Center

*Participated via teleconference