DEFENSE HEALTH BOARD
OPEN MEETING MINUTES

March 22, 2023
8111 Gatehouse Road, Room 252 A-B
Falls Church, VA 22042
and
Virtual via Zoom

1. **Attendees – Appendix One**

2. **Opening Remarks/Introductions**

- CAPT Gorman welcomed attendees, introduced himself, and called the meeting to order.
- Dr. Karen Guice, DHB President, welcomed Members to the meeting, introduced herself, summarized the events of the previous Board meeting, and provided an overview of the meeting schedule and briefings.
- Dr. Guice asked for a moment of silence to honor the men and women who serve in the United States military.
- The Members and Distinguished Visitors introduced themselves.

3. **Administrative Remarks**

- CAPT Gorman reviewed the rules, report deliberation process, and logistics for the meeting.
- CAPT Gorman commended the MicroHealth and BookZurman contract support staff for their work in putting this meeting together and thanked all attendees for their participation.

4. **Written Statements to the Defense Health Board**

Dr. Guice reviewed five written statements to the DHB; all were in the Members' meeting materials and available to the public.

- A letter from LTC Noelle Larson, Division Chief of Pediatric Endocrinology at Walter Reed National Military Medical Center, expressing concern over inaction around access to gender affirming healthcare services for transgender and gender diverse dependent beneficiaries.
- A letter from the Chairs of the Departments of Pediatrics at Walter Reed National Military Medical Center and the Uniformed Services University of the Health Sciences (USUHS), COL Joseph May and COL Patrick Hickey, respectively, in support of LTC Larson's statement.
- The third, fourth, and fifth statements are from Dr. Kelly Pretorius, Ms. Randi Mosvick, and Ms. Abigail Straka, civilians living in Japan. They express concern for the lack of health care services, including telehealth and tele-mental health, for those civilians serving and living at military installations overseas.

- Dr. Guice acknowledged the statements and asked CAPT Gorman to forward them to Health Affairs. She acknowledged that the first two letters are not directly related to any current DHB tasking.

5. Optimizing Virtual Health in the Military Health System

Dr. Guice recused herself from discussion and vote due to a potential conflict of interest. Dr. Lazarus replaced Dr. Guice as meeting chair. HON Clegg Dodd abstained from the discussion and vote having just been sworn in as a DHB Member. Dr. McCaw briefed on the DHB's report, "Optimizing Virtual Health in the Military Health System." Discussion points of note:

- Gen (ret.) Chilton asked for the definition of "deployed" and "non deployed," in the Virtual Health (VH) context. The Members discussed replacing these terms with "garrison" and "non-garrison." Dr. Malanoski stated that "brick and mortar" facilities exist in both deployed and non-deployed settings. There was consensus that to maintain the language as stakeholders understand the difference between "deployed" and "non-deployed" care.
- Dr. Jacobs stated his preference for a patient-centered approach to VH. Dr. McCaw stated her appreciation for the Military Health System's (MHS) global responsibilities and the potential of VH to enhance MHS capabilities.
- Dr. Maybank stated the integration of digital systems should be a key priority and asked for greater specificity in this area. Dr. McCaw discussed the benefits and drawbacks of greater specificity in recommendation language. Dr. Browne and Dr. Alleyne expressed their support for greater specificity in Recommendation 5.
- Dr. Parkinson stated that this report is timely and makes important strides towards improving VH capacities. He emphasized the importance of being respectful of the Defense Health Agency's (DHA) recent efforts while pushing for improvements.
- Dr. Berwick asked whether the report's reference to interoperability in Recommendation 3 refers to civilian and military health information systems. Dr. McCaw stated that the report focuses on interoperability with TRICARE and with the Department of Veterans Affairs (VA) to ensure continuity of care for Service Members (SMs) transitioning to veteran status.
- RADM (Ret.) Chinn asked whether the reference to a "community of users" in Recommendation 1 pertains only to active-duty SMs. He noted that policies and recommendations often leave out Reservists and National Guardsmen.
- Dr. Maybank stated she would have liked the report to focus more attention to racial inequities, including discussions of health outcomes. She asked that Recommendation 4 be amended to include a "call out" to the DHB's commitment to racial equity. Dr. McCaw stated that attention to digital equity captures this, but questions of social risk and equity are not central to their tasking on VH.
- Dr. Currier asked if it is possible to prioritize recommendations to encourage an optimal response. Brig Gen Harrell expressed his support for prioritizing recommendations.
- HON Mullen stated that the MHS views VH as essential and that she has asked USUHS President, Dr. Jonathan Woodson, to spearhead a USUHS digital health strategy. She stated further that the MHS realizes it is "behind the curve" on VH and is working to address this problem. Maj Gen Friedrichs stated that the presence of a "lively"

discussion over VH recommendations speaks to the importance of this report. He commended the report's candor. He further noted that the military has identified data and communication as "the single most important aspect of our ability to fight in the future." Maj Gen Friedrichs suggested modifying Recommendation 19 to explicitly acknowledge that the MHS is part of the military. He suggested revising Recommendation 19b to require the MHS to adopt DoD standards to address interoperability concerns. Maj Gen Friedrichs additionally noted that the VA has a better track record of retaining providers than the MHS, and that "quality of life" policies such as scheduled remote workdays contribute to the VA's higher retention rate.

- Brig Gen Harrell stated his support for statements made by Maj Gen Friedrichs and by Dr. Parkinson. He further stated that VH is key to the task of returning SMs to the battlefield by allowing forward-deployed providers access to specialized care knowledge. Dr. Jacobs echoed this point.
- Dr. Srinivasan stated his desire to see more focus on patient preferences. Dr. Parkinson stated that patients often prefer VH, and that VH can be safer than in-person care in some cases.
- CAPT Gorman read a Zoom chat comment from overseas viewers pertaining to inequalities in VH access between beneficiaries residing inside and outside the contiguous United States.
- Dr. Lazarus led a discussion of report recommendations, one by one, with appeals for motions and seconds to amend each, and subsequent votes after all amendments considered. Please see the slides on the Meeting Materials page of the DHB website (health.mil/dhb) for more information. Changes include:
  - Recommendation 1: "Reserve or Guard" added.
  - Recommendation 3: "clinically appropriate and interoperable" is added.
  - Recommendation 4: "and advanced equity" is added.
  - Recommendation 5: "and external health providers" is added
  - Recommendation 6: "for example, mental health, DNBI, teleradiology, and health disparities that are impacting readiness" is added. "Special medical needs" is removed.
  - Recommendation 13: "direct care" added.
  - Recommendation 17: "d. establish interoperability with the MHS and the VA and other health systems" is added.
  - Recommendation 19a: "comply with the joint all domain in command-and-control framework and other DoD data standards that govern reciprocity and data sharing" is added.
  - Recommendation 19b: "DoD" is added.
- The Board voted to approve the report's findings and recommendations as amended. Dr. McCaw thanked the Board and support staff for their efforts. Dr. Guice thanked Dr. McCaw for her leadership.

6. Eliminating Racial and Ethnic Health Disparities

Dr. Browne briefed on the Board's report "Eliminating Racial and Ethnic Health Disparities." Discussion points of note:

- RADM (Ret.) Chinn asked if the facilities surveyed by the DHB team in San Diego use check-in kiosks. He noted that kiosks often lack race and ethnicity questions. RADM (Ret.) Chinn stated that he would prefer to keep his personal information private in the Defense Enrollment Eligibility Reporting System (DEERS). Dr. Browne distinguished reading and changing information stored in DEERS. HON Mullen stated that DEERS is a very secure but very old system. Dr. Browne asked whether it is possible to access DEERS to view one's records. Maj Gen Friedrichs stated that this is possible if 1. DEERS is working correctly and 2. The person attempting to access DEERS has the appropriate privileges. He noted that these two conditions often do not jointly abide. Dr. Browne stated that it is necessary to update DEERS information to match patients' self-identifications.
- Dr. Lazarus asked DHB Staff to collate and provide the DHB information pertaining to DEERS before the next meeting. Dr. Guice stated that meeting participants can relay DEERS information to the DHB Staff via email.
- Dr. Berwick stated that it is necessary to ensure that the voices of members of marginalized groups are included. Dr. Browne stated that local "on the ground" experiences are needed to properly understand the issues affecting people.
- Dr. Jacobs asked whether the DHB can confirm that racial disparities exist in the MHS, given the poor quality of the data. Dr. Browne summarized the existing literature, with very good data for Service Members and less good data for other beneficiaries. She stated that the DHB can emphasize the need for better race and ethnicity data to measure disparities.
- Dr. Maybank stated that a recommendation for an overall strategy to advance equity is needed. Dr. Browne asked whether Dr. Maybank could recommend a place for such a recommendation in the report. HON Mullen stated that the Office of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) is accountable for equity policies. Dr. Browne asked whether USD(P&R) oversees TRICARE beneficiaries. HON Mullen stated that it does. MG Place stated that there is an overlap between DoD equity efforts.
- Dr. Parkinson asked if evidence of best practices exist. Dr. Browne stated that the poor quality of racial and ethnic data is a major finding. Dr. Browne stated that individual reports suggest MHS surgical outcomes show the least disparities by race and ethnicity. She stated further that the best approach to reducing disparities is to have clinical standards and adhere to them.
- Dr. Alleyne stated that American Indian and Alaska Native people (AI/AN) serve in the military at higher rates than other groups. Dr. Browne stated that AI/AN people are approximately 1.1% of the national population.

7. Beneficiary Mental Health Care Access

Dr. Valadka briefed on the DHB's report "Beneficiary Mental Health Care Access." Discussion points of note:

- Dr. Jacobs stated that the report does not address social media usage. Dr. Valadka agreed and stated that the mental health (MH) crisis is a broader social phenomenon.
- Dr. Parkinson stated his approval of the report's framework. He stated that the report is missing an emphasis on practicing healthy behaviors and lifestyles, fitness, plant-based

diets, exercise, social connection, and sleep. He asked how the military performs on these six dimensions from pre-recruitment to the end of an SM's career. Dr. Parkinson further noted the absence of discussion of MH phone applications (apps). Dr. Valadka stated that the report was expansive but could not address all topics fully, and asked Dr. Schorr to comment on the report's citations of the topics Dr. Parkinson raised. Dr. Schorr stated that smart phone and social media usage may contribute to MH trends. He further noted that the report addresses most of the six dimensions that Dr. Parkinson mentioned in its review of Total Force Fitness (TFF) including the relevance of "behavioral fitness" – a recently discontinued TFF dimension. Dr. Guice noted that MH apps are available and referenced the DHA mobile apps that CAPT Gorman demonstrated on his computer browser. Dr. Lazarus agreed and discussed the impact of social media on adolescents. He called for further research on the impact of medical information and disinformation on MH.

- Dr. Alleyne asked for comments on the role of stigma and social determinants of MH. Dr. Valadka noted that the recommendation calling for maintaining audio-only telehealth reimbursement speaks to social determinants. Regarding racial disparities, Dr. Valadka noted that White people die by suicide at higher rates than other large groups.
- Dr. Guice noted that certain treatment modalities would be prohibited by current security clearance requirements.
- Dr. McCaw stated that the report is sobering. She asked for clarification on the reference to "opt out" programs in Recommendation 10c. Dr. Valadka explained that opt out programs automatically enroll beneficiaries while providing the opportunity for them to disenroll if they chose to do so, rather than relying on the end-user to initiate participation by "opting-in."
- Dr. McCaw asked about tailoring destigmatization efforts to different cultural groups. She noted that some of the wellness apps show promise.
- RADM (Ret.) Chinn stated that he was surprised by language referring to DHA's limited authority over the purchased care system. Dr. Valadka asked Dr. Schorr to comment. Dr. Schorr clarified that DHA is limited insofar as it cannot command provider increases or salary increases to increase purchased care provider supply. He further noted that reports from TRICARE may be subject to selection bias. Dr. Schorr described the DoD Inspector General's concerns pertaining to MHS staffing models. Dr. Guice stated that TRICARE providers are only bound by TRICARE contracts. HON Mullen stated that many top private MH providers operate on a cash-only basis. She noted that TRICARE underpays providers relative to other insurance programs. HON Mullen stated that MH apps need to be evaluated. She stated her support for research on the effects of misinformation. She noted that stigma is declining but that the populations most at risk and over-represented in the military often struggle with stigma.
- Dr. Jacobs noted rising suicidal ideation among adolescents and the challenges associated with manning suicide hotlines.
- Dr. Lazarus, responding to RADM (Ret.) Chinn and HON Mullen, stated that MH disorders are a growing problem globally.
- Dr. Alleyne asked how ancillary MH service providers, such as chaplains and counselors, are being utilized and whether they are appropriately resourced. HON Mullen stated that Under Secretary of Defense for Personnel and Readiness, HON Cisneros, is bringing attention to this topic. She stated that there is an urgent need to ensure that providers

perform at the highest scope of competencies. Dr. Valadka stated that the Neurological and Behavioral Health (NBH) subcommittee had spoken to Army Chaplains on this topic.

- Dr. Browne emphasized the importance of TRICARE's low payment rate in suppressing provider uptake of TRICARE patients.
- MG Place stated that the report lacks sufficient discussion of social determinants of health and elevation of the importance of "social-connectedness". He discussed the Army's suicide reduction efforts in Alaska. MG Place recommended telling the military departments that the DHB supports all resilience enhancement efforts and that such efforts are more important than hiring providers.
- Dr. Guice stated that increasing provider payment could take years to impact provider supply. Maj Gen Friedrichs suggested a finding stating that the MH crisis is a national issue that impacts the MHS. He stated that acknowledging that finding could encourage Congress to better resource MHS MH. Maj Gen Friedrichs stated that the DHB should widen the scope of its tasking to improving national MH, thereby helping MHS MH. He further suggested a finding commending the DoD's TFF framework. He asked whether the NBH SC reviewed the US Surgeon General's report on MH. Dr. Schorr stated that the team and several Members read this report. Maj Gen Friedrichs suggested citing it where those recommendations mesh with the DHB's proposed recommendations. He further suggested expanding the report to address MH in deployed settings.
- Dr. Belding stated that the geographic mobility of families impacts access. In response to MG Place, she noted that the NBH SC attempted to craft actionable recommendations.
- Dr. Lazarus stated that the NBH SC was limited by the scope of the tasking. The report consequently focused on beneficiaries and not on the operational needs of the Services or on resolving the national MH crisis.
- Dr. Alleyne discussed mid-level psychological "first aid" training and the impact of food insecurity on MH. Dr. Maybank stated that the social determinants of the MH crisis are costly, and that this report's recommendation will not resolve those challenges. Dr. Malanoski stated that the report should have focused more on outcomes. Dr. Browne agreed with Dr. Lazarus and stated that the report's scope is defined by its tasking. She asked whether another paragraph should be added calling for a new tasking. She emphasized that solving the national MH crisis was not within the scope of the task. Dr. Guice suggested discussing these concerns in the report's limitations chapter. Dr. Parkinson stated that the Subcommittee interpreted the terms of reference to address access, which includes addressing a clinician shortage, echoing Drs. Browne, Lazarus, and Valadka. Dr. Parkinson agreed with Dr. Guice that another paragraph may be needed. He suggested committing further to TFF, given that this framework speaks to social determinants of health.
- Dr. Guice asked whether there was enough time to fully deliberate the recommendations given the discussion. CAPT Gorman reminded the Board of the option to approve, disapprove, or table the recommendations. RADM (Ret.) Chinn made a motion to table; Dr. Parkinson seconded the motion. The Board voted to send the report back to the NBH SC to re-work and to deliberate again on June 28th at the next DHB meeting. HON Clegg Dodd abstained from the vote. Dr. Valadka thanked the Board and support staff for their efforts. Dr. Guice thanked Dr. McCaw for her leadership.

8. TRICARE T-5 Contract

Dr. Yale briefed on the TRICARE T-5 contract. Discussion points of note:

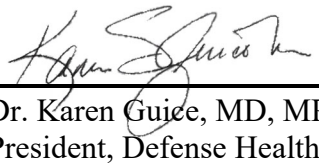
- Dr. Alleyne asked Dr. Yale to explain how TRICARE incentivizes interoperability. Dr. Yale stated that TRICARE requires managed care providers to send paper records by fax and that electronic transfer is optimal. He further stated that managed care support contractors (MCSCs) could be incentivized to use health information exchanges. He stated that TRICARE gives performance bonuses to MCSCs for the percent of "clear and legible" reports sent back through MHS Genesis. Dr. Jacobs asked whether Dr. Yale can establish an electronic conduit to ensure uniformity of information transmission. Dr. Yale stated that TRICARE plans to establish these linkages. Maj Gen Friedrichs stated that one of the attractions of a Cerner system is that it has these capacities. Dr. Yale noted that the negotiation process lasted seven months and that several contract requirements are not present in his slides because they are currently contested.
- Maj Gen Friedrichs asked whether the T-5 contract addresses TRICARE directory inaccuracies. Dr. Yale stated that the contract requires testing of the network's accuracy, including appointment and hospital availability.
- CAPT Gorman read a message from a public attendee who stated that provider directories are a special pain point for families with a Member enrolled in the Exceptional Family Member Program. Dr. Yale stated that record transfer is easier in direct care. He further noted that, if patients have private sector records, MCSCs are required to maintain those records and ensure warm handoffs to other providers.
- Dr. Browne asked whether TRICARE patient outcomes will be stratified by race or ethnicity. Dr. Yale stated that this is a good recommendation. Dr. Browne asked whether the incentives included in the contract are meaningful. Dr. Yale stated that the T-5 contract mandates payment method changes to emphasize outcomes. He noted that value-based care typically costs more than traditional fee-for-service care. He noted that TRICARE has memorandums of understanding between military treatment facilities and MCSCs.
- Dr. Lazarus asked whether the T-5 contract changes BH access standards. Dr. Yale stated that the current access standards are the same but that these standards are already difficult to meet. He noted that performance incentives are meant to improve patient access.
- Dr. Armstrong asked about contract enforcement. Dr. Yale stated that TRICARE has a staff of approximately 300 continuously monitoring compliance and providing backup support. He noted that TRICARE monitors program demonstrations.
- Dr. Guice asked for further clarification on the T-5 contract timeline. Dr. Yale stated that clinically-integrated networks are currently being tested to evaluate what additional resources are needed to debut them earlier in the contract period.

9. Closing Remarks

CAPT Gorman and Dr. Guice thanked everyone for their attendance and noted the next DHB meeting is scheduled for June 28, 2023 in Falls Church, VA. CAPT Gorman adjourned the meeting.

10. Certification of Minutes

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



4/30/2023

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	*DHM Second Vice President* Clinical Professor of Psychiatry, University of Colorado, Denver
Dr.	E. Oscar	Alleyne	Managing Director, Public Health Division, MITRE Corporation
Dr.	John	Armstrong	Professor of Surgery, University of South Florida
Dr.	Don	Berwick	President Emeritus and Senior Fellow, Institute for Healthcare Improvement
Dr.	Wilsie	Bishop	Vice Present of Health Affairs and Professor Emerita, East Tennessee State University
Dr.	Michael-Anne	Browne	Associate Chief Medical Officer, Stanford Children's Health
Dr.	Maria	Caban Alizondo	Director, Health Information Management Services, UCLA Health System
Gen (Ret.)	Kevin	Chilton	President, Chilton & Associates, LLC
RADM (Ret.)	Colin	Chinn	Chief Medical Officer, Peraton
HON	Jackie	Clegg Dodd	Founder and Managing Partner, Clegg International Consultants, LLC
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
Dr.	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.	Tanner	Dean	Management Analyst (Office Support), BookZurman, Inc.
Ms.	Celeste	Hermano	Management Analyst, MicroHealth, LLC
Mr.	Rubens	Lacerda	Management Analyst (Meeting Support), BookZurman, Inc.
Mr.	Paul	Schaettle	Alternate Project Manager/Senior Analyst, MicroHealth, LLC
Dr.	Chris	Schorr	Research Analyst, MicroHealth, LLC
Dr.	Clarice	Waters	Project Manager/Senior Analyst, MicroHealth, LLC
PUBLIC ATTENDEES			
Dr.	Sonia	Alemagno	Dean, College of Public Health, Kent State University
Ms.	Rachel	Avenick	Associate, Booz Allen Hamilton, Federal Health Programs Consulting Division
Dr.	Lee	Beers	Professor of Pediatrics, Medical Director of Community Health and Advocacy
Dr.	Jennifer	Belding	Research Psychologist, Naval Health Research Center

Dr.	Krystyna	Bienia	Clinical Psychologist, Complex Pediatrics Clinical Community Program Manager, Senior Policy Analyst, Medical Affairs, Defense Health Agency (DHA)
Ms.	Brenda	Campbell	Strategic Communications Advisor, DHA
Dr.	David	Classen	Infectious Disease Physician, University of Utah School of Medicine; Chief Medical Information Officer, Pascal Metrics
CAPT	Meghan	Corso	Chief, Behavioral Health Clinical Operations, DHA
Mr.	Derik	Crotts	Communications Strategist, DHA Communications
Mr.	Will	Culp	Associate Vice President, Business Development, Humana Government Business
Ms.	Amber	Duffey	USAF Spouse, Kadena Air Base, Japan
	Jaime	Dunn	*Professional Affiliation Unknown*
COL	Sandrine	Duron	Canadian Forces Health Services Attaché
Ms.	Rebecca	Emerson	Executive Director, Exceptional Families of the Military
	Brook	Epp	*Professional Affiliation Unknown*
Ms.	Lalaine	Estella	Supporting DHA Communications
Maj Gen	Paul	Friedrichs	Joint Staff Surgeon, the Joint Staff, Office of the Chairman of the Joint Chiefs of Staff
Ms.	Edna	Garcia-Kelley	Nurse Consultant, Health Readiness Support Division, DHA Public Health
Ms.	Heather	Gardner	USAF Spouse, Saskatchewan, Canada
Dr.	Casey	Geaney	Medical Director, Integrated Referral Management and Appointing Center
Dr.	Reshma	Gupta	Interim Chief, Population Health and Accountable Care, University of California, Davis Health
Brig Gen	Thomas	Harrell	Air Force Medical Readiness Agency Commander
Dr.	Odette	Harris	Associate Professor of Neurosurgery & Director of Brain Injury, Stanford University School of Medicine
Dr.	Kimberly	Hepner	Senior Behavioral Scientist, Faculty Member, Pardee RAND Graduate School
Mr.	Jeremy	Hilton	South Central Regional Liaison, Defense State Liaison Office, Office of the Deputy Assistant Secretary of Defense Military Community and Family Policy
LTC	Yasuyuki	Honda	Japan Medical Liaison Officer
Ms.	Eileen	Huck	Senior Deputy Director, Government Relations
Mr.	Patrick	Johnson	Director, Federal Advocacy, American Academy of Pediatrics
Mr.	Timothy	Jones	Senior Associate Director, Federal Relations, The Joint Commission
Dr.	Robert	Kaplan	Senior Fellow and Professor Emeritus, Harvard Business School
Mr.	Michael	Kile	Operational Virtual Health Program Manager, MHS Virtual Medical Center
LTC	Gary	Legault	Director Virtual Medical Center, United States Army
Dr.	Diana	Luan	Subject Matter Expert to the Military Health System Research Program, Research and Development Directorate
CAPT	Jerry	Mahlau-Heinert	Mental Health Integrator, United States Coast Guard
Dr.	Michael	Malanoski	Deputy Director, DHA
Ms.	Rachel	Martell	USAF Spouse, Kadena Air Base, Japan
Dr.	Catherine	McCann	Public Health Consultant, Center for Advancing Health Communities, National Association of Chronic Disease Directors
Dr.	Kate	McGraw	Chief, Psychological Health Center of Excellence, Research and Engineering Directorate, DHA
Dr.	Francis	McVeigh	Director, Readiness and Operational Army Virtual Health
Ms.	Ellen	Milhiser	Editor, Synopsis

Ms.	Seileen	Mullen	Principal Deputy Assistant Secretary of Defense for Health Affairs
Ms.	Kara	Oakley	Chair, TRICARE for Kids Coalition
MG	Mike	Place	Chief of Staff, Office of the Surgeon General, US Army Medical Command
Ms.	Brittany	Powers	Media Relations Team Lead, DHA Strategic Communications
Mr.	Shane	Preston	Great Lakes Regional Liaison, Defense State Liaison Office, Office of the Deputy Assistant Secretary of Defense Military Community and Family Policy
Dr.	Carla	Pugh	Professor of Surgery, Stanford University School of Medicine
Lt Col	Nathan	Reynolds	Chief, Virtual Health Branch, Healthcare Optimization Division, DHA
Lt Gen (Ret.)	Douglas	Robb	Special Assistant to the President for Strategic Educational Projects, Uniformed Services University of the Health Sciences (USUHS)
Ms.	Jennifer	Robertson	Key Spouse Mentor, MPEP Americas
Ms.	Karen	Ruedisueli	Director, Health Affairs, Government Relations, Military Officers Association of America (MOAA)
Ms.	Elayne	Saejung	USAF Spouse, Kadena Air Base, Japan
CAPT	Richard	Schobitz	Director, Commissioned Corps Headquarters, USPHS Commissioned Corps
Dr.	Richard	Shoge	Senior Scientist – Biomedical Engineer, Chief, Military Health Systems Research Program (MHSRP), Research & Engineering (R&E), Defense Health Agency
COL	Stan	Smith	Chief, Religious Affairs, DHA
Dr.	Jayakanth	Srinivasan	Chief Engineer, VA Health Innovation and Central Office, the MITRE Corporation
Mrs.	Jennifer	Stankovic	Health Systems Specialist, Medical Benefits and Reimbursement Section, TRICARE Health Plan
Dr.	Gary	Timmerman	Professor and Chair, Department of Surgery, University of South Dakota Sanford School of Medicine
Ms.	Victoria	Trott	USAF Spouse, Seattle, WA
Dr.	Raghu	Upender	Associate Professor of Neurology, Vanderbilt University School of Medicine
Ms.	Amanda	Vicinato	Contracting Resources Group, Inc. supporting DHA Communications
Ms.	Melissa	Willette	New England Regional Liaison, Defense State Liaison Office, Office of the Deputy Assistant Secretary of Defense Military Community and Family Policy
Lt Col	Ryan	Wilson	Commander, 909th Air Refueling Squadron, 18th Wing, Kadena Air Base, Japan

APPENDIX TWO: Zoom Chat

09:04:27 From Defense Health Board Staff:
Welcome to the DHB Meeting. The agenda is attached here. but also available on our website.

09:04:43 From Defense Health Board Staff:
If there is any issue with audio, please direct message me in the chat and we will work to solve that problem.

09:05:05 From Defense Health Board Staff:
https://health.mil/About-MHS/MHS-Elements/Defense-Health-Board/Meeting-Materials

09:36:05 From Don Berwick - DHB Member:
On Recommendation #3, is interoperability with all sites of care - purchased or not - suggested for Tricare contract requirements?

09:41:17 From Okinawa Families:
On Recommendation #6, can overseas military families be identified as one of the priority categories?

09:42:15 From Don Berwick - DHB Member:
On Recommendation #12 - specific call for USU to incorporate such skill building?

09:53:36 From Judith Currier - DHB Member:
On recommendation # 6 would consider adding areas of disparities for prioritizing areas for care.

09:53:51 From Elayne Saejung:
Regarding licensing and credentialing, can DHA consider "federalizing" telehealth providers through 10 USC 1094(d)(1)(2), with the SecDef designating overseas installations ("location specifically designated by the Secretary for this purpose") as permissible for U.S. Tricare approved telehealth providers?

09:54:53 From Dr. Jayakanth (JK) Srinivasan - DHB Member:
Does the subcommittee have insight into patient preferences for virtual health?

10:07:28 From Okinawa Families:
There are overseas military spouses who are healthcare providers, unemployed, and cannot contribute to the national healthcare worker shortage via VH but are capable and ready.

10:09:38 From Heather Gardner:
In addition to the statement above. It has also already been confirmed by DHA that Japan (for example) does not hold jurisdiction for SOFA Members in regards to Telehealth.

10:10:20 From Okinawa Families:
@Dr Jayakanth preliminary survey results of military spouses on Okinawa indicate 43.6% plan to use VH post the public health emergency

10:48:39 From Okinawa Families:
Regarding #6 Recommend adding overseas and remote dependents

10:49:48 From Okinawa Families:
Will dependents be included in the health disparities assessment?

11:03:43 From Defense Health Board:
apologies that the zoom just dropped. we will get the shared screen going again shortly

11:21:34 From Heather Gardner:
When you say special family medical needs that is going to be interpreted as only being those enrolled in the exceptional family Members program

11:22:17 From Don Berwick:
Please remind me what DNBI means. Thanks.

11:22:33 From Defense Health Board:
disease non-battle injuries

11:23:35 From Don Berwick:
Perhaps spell it out in the recommendation? Thanks.

13:52:40 From Kara Tollett Oakley:
I am so encouraged by the work of this subcommittee. It makes excellent findings and recommendations, many of which require " developing this approach or this paradigm" which, at an agency such as DHA takes a great deal of time - years for many of the suggestions - with the urgency in mind, does the committee have model programs or well defined approaches that they can identify form DHA to "adopt" or "implement" so that we don't lose years in developing (or redeveloping) a "wheel"that others have already put in place? Similarly, are there workgroups or efforts already in place such as the Suicide Prevention and Response Independent Review Committee (SPRIRC) just announced by SECDEF and other similar groups maybe at sister federal agencies? My concern is not with the substance of the recs - fantastic — but concern for how many kids will age out before some may even be able to be developed. In the Tricare for Kids world we are extremely cognizant of the urgency of addressing these issues. Thank you so much for your work and your consideration of our input! Kara Oakley Tricare for Kids

14:34:36 From Richard Shoge:
Great discussion so far and very happy to be invited. Wanted to plug the Military Health System Research Program as a resource to fund intramural and academic researchers to investigate policy impacts, utilization, cost, quality of care, and outcomes within the MHS using MHS data. This meeting has helped us determine priorities for our next program announcement. Happy to discuss more offline.

14:45:28 From Dr. Jayakanth (JK) Srinivasan:
Did we examine care fragmentation differences across beneficiary groups?

14:47:22 From Dr. Jayakanth (JK) Srinivasan:
It might be worth parsing recommendation 4 further to address specific measures around care fragmentation and the patient experience (vice satisfaction)

14:51:28 From Dr. Jayakanth (JK) Srinivasan:
Building on what Dr. Guice said - the beneficiary experience is not monolithic when it comes to accessing mental healthcare

14:51:46 From Dr. Jayakanth (JK) Srinivasan:
There are stark differences between active duty, dependents and retireees

14:56:07 From Heather Gardner:
being a beneficiary I would love the opportunity to speak

14:56:56 From Heather Gardner:
The priorities for access are determined on AD, spouse, or child - making that determination by social status is against The Joint Commission Speak Up Against Discrimination Campaign.

14:57:26 From Heather Gardner:
Spouse from squadron in Okinawa who was referred to one of the two platforms available was on the waiting list for Mental Health Care for 18+ months.

14:57:37 From Heather Gardner:
Tricare access standards state the patient should have 28 days to access a specialty provider, like mental health. But we frequently exceed that.

15:00:24 From Defense Health Board:
Public Attendees - feel free to also email us your questions and comments at:
dha.ncr.dhb.mbx.defense-health-board@health.mil

15:31:23 From Rebecca Emerson:
Can you expand on the expanded requirements for the provider directory? This is a significant pain point for EFMP families in regards to assignments, especially if the new EFMP electronic systems pull from the availability reported in the directory.

16:02:16 From Rebecca Emerson, EFM:
Thank you for talking about the provider directory. I would like to add that assignments for military personnel can be tied to the accuracy of the provider directory. For example my husband was up for command and the directory showed no available care for any specialty his family needed in the area. I called around and this was not accurate. I was able to prove care was available and the assignment was processed. If we had relied on the directory my husband would have had to say no to command for us to stay together which would halt career progression. This is a common pain point I often hear within Exceptional Families of the

Military support groups (we are a volunteer MSO non profit filled with families who have special medical needs enrolled in EFMP).

16:12:26 From Jeremy Hilton (Defense-State Liaison Office):
Remarkable group and meeting. Thank you all for this discussion and advocacy for our military Members and their families.