



**DEFENSE HEALTH BOARD MEETING
NOVEMBER 4, 2019
Madigan Army Medical Center
Cahill Conference Room 2-68-4
9040 Jackson Avenue
Joint Base Lewis-McChord, Washington**

1. ATTENDEES – APPENDIX ONE

2. OPEN SESSION

a. Administrative, Opening Remarks, and General Comments

Dr. Jeremy Lazarus opened the meeting and welcomed the attendees. CAPT Gregory Gorman called the meeting to order as the Defense Health Board (DHB) Designated Federal Officer. Following a moment of silence to honor Service members, meeting attendees introduced themselves.

The minutes below capture the most salient points of discussion for each briefing. Refer to the posted material for additional information.

b. Madigan Army Medical Center Overview

- COL Scott Roofe, Deputy Commanding Officer for Madigan Army Medical Center (MAMC), provided the briefing.
- A member asked about MAMC's ability to accommodate psychiatric patients. COL Roofe responded MAMC has 12 operational beds that can be used for patients with psychiatric illness, as well as a residential treatment facility with six beds.
- Members discussed MAMC's experience with the iterative rollout of the Department of Defense's (DoD's) new electronic health record (EHR) system, Military Health System (MHS) GENESIS:
 - The Department of Veterans Affairs (VA) is also transitioning to MHS GENESIS. National and local VA personnel have conducted frequent site visits to MAMC to discuss lessons learned from the rollout.
 - GENESIS is not fully interoperable with civilian EHR systems. DoD's current focus is establishing GENESIS as the primary EHR in use by DoD and the VA.
 - Members acknowledged remaining complexities involved in the rollout, and emphasized the importance of identifying best processes and practices for continued implementation of MHS GENESIS.
 - Members discussed how GENESIS will lead to requirements for data analytics and clinical informatics capabilities within the MHS.
- Members asked how MAMC develops and sustains the skills of its physicians. COL Roofe described opportunities offered by MAMC, which include working with partner facilities in Seattle and leveraging simulation center capabilities.

c. Health Care Delivery Subcommittee Tasking Update: Active Duty Women's Health Care Services

- Dr. Michael Parkinson, chair of the Health Care Delivery Subcommittee, provided the briefing.

- Members discussed additional areas of potential focus for the report, which included: relationship violence; pre- and post-natal depression; comorbid mental and behavioral health issues; and potential best practices used by foreign militaries to support military women's health.

d. Joint Base Lewis-McChord (JBLM) Women's Health Resources

- LTC Leilani Siaki, Chief of the Center for Nursing Science and Clinical Inquiry at MAMC; LTC Elizabeth Nutter, Chief of OBGYN Ambulatory Services and Midwifery Services at MAMC; and COL (Ret.) Lori Trego, Associate Professor at the University of Colorado Anschutz Medical Campus College of Nursing, provided the briefing.
- LTC Nutter described several focus areas for active duty's women's health:
 - Increasing awareness and access to contraception prior to deployment is a medical readiness issue, since only about 41% of women are asked about contraception prior to deployment. It is important to ensure the right method of contraception is used to avoid any potential medical complications while deployed.
 - The Army's new combat fitness test may present increased risk of musculoskeletal injury for female service members. LTC Nutter stated there is a need for evidence-based research and recommendations on how to train female service members to prepare for this new standard and mitigate injury risk.
- Members discussed the impact of unplanned pregnancies on medical readiness. Members and the briefers agreed long-acting reversible contraception (LARC) methods are a superior choice for most active duty service women.
- Members asked if DoD's research on women's health incorporates lessons learned from foreign militaries with women service members. The briefers stated it is important to understand cultural context for foreign militaries. The Israeli Defense Force could provide much of this data.
- Members recommended having assessment, monitoring, and evaluation metrics to ensure best practices for advancing military women's health are having the intended effects. In the case of contraception, a member questioned whether data from MHS GENESIS could be used to assess effectiveness.

e. 62nd Medical Squadron Overview

- Col Robert McCoy, Commander of the 62nd Medical Squadron, provided the briefing.
- Members inquired how the 62nd Medical Squadron reduces stigma associated with seeking mental health care. Col McCoy described resources and processes in place, emphasizing the role of chaplains in supporting mental health. The 62nd Medical Squadron also has an alternative entrance to its medical facility with direct access to its behavioral health unit, which allows service members increased privacy and helps to combat fear of stigma.

f. Naval Hospital Bremerton Overview

- CAPT Shannon Johnson, Commander of Naval Hospital Bremerton (NHB), provided the briefing and described several changes and challenges for NHB, including:
 - Geographical isolation: The NHB is located on the Kitsap Peninsula, which has limited and time-consuming options for accessing surrounding cities. There is also a limited manpower pool, which negatively affects hiring capability and personnel

retention. With decreases in services and manning at NHB, one concern is pre-natal care; the purchased care network has the capacity to provide labor & delivery services but not pre-natal services for MHS beneficiaries.

- Structural changes: A recommendation from National Defense Authorization Act for Fiscal Year 2017 (NDAA 17), Section 703, seeks to convert NHB into an ambulatory surgical center and outpatient clinic.
- NHB seeks to support surgical skills maintenance through regional partnerships. Members discussed how a formal strategy to cycle military surgeons, critical care nurses, and other professionals through civilian facilities would benefit skills sustainment.
- A member inquired if CAPT Johnson had access to data on the number of active duty members unavailable for deployment due to medical reasons. CAPT Johnson stated she did not have access to this data. The top conditions leading to a service member qualifying as “non-deployable” usually fall in the areas of musculoskeletal injury, behavioral health, or cardiology.
- A member inquired to what extent NHB follows the collaborative care model by embedding behavioral health specialists in its primary care facilities and teams. CAPT Johnson stated there are vacancies throughout the NHB coverage area and its branch health clinics. This is due to aforementioned hiring challenges.
- NHB and Naval Health Clinic Oak Harbor were the first Navy Medicine sites to debut MHS GENESIS and logged 14,000 changes and improvements to its system after the rollout. Members cited this as evidence of the need for additional analytic capability to leverage the data effectively.

g. Neurological/Behavioral Health Subcommittee Tasking Update: Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Processes

- Dr. Jeremy Lazarus, Chair of the Neurological/Behavioral Health Subcommittee, provided the briefing.
- Members discussed several issues related to the report, including data from the recent *DoD Suicide Event Report* showing the prevalence of behavioral health issues in military and civilian populations is similar when adjusted for differences in age and sex.
- A member recommended the 2013 article “Suicide Among Soldiers: A Review of Psychosocial Risk and Protective Factors” by Nock et al. in *Psychiatry* (PMID: 23631542).

h. Regional Health Command – Pacific Overview

- BG Jack Davis, Deputy Commanding General for Regional Health Command – Pacific (RHC-P), provided the briefing.
- Members discussed military suicides. A meeting participant cited a statistic where 50% of service members who commit suicide visit a military clinic for non-behavioral issues beforehand. Members agreed improved methods for assessing suicidal ideation are needed. BG Davis stated this is also an issue of concern for RHC-P leadership and they are actively seeking ways to support the mental health of service members.
- Members discussed efforts on recapturing purchased medical care from the private sector. One member stated it may be more efficient to focus on loss prevention in geographically remote locations within the RHC-P area of responsibility, such as Hawaii.

i. JBLM Behavioral Health Resources

- LTC Kevin Goke, Chief of Behavioral Health at MAMC, provided the briefing and described MAMC’s behavioral health intensive outpatient treatment program, which takes place over four weeks with four to five hours of treatment per day.
 - The program incorporates assessment and evaluation of treatment outcomes to identify best practices and areas for improvement.
 - Members discussed how the intensive outpatient program could support group-based tele-psychiatry, noting tele-behavioral health care is as effective as face-to-face treatment.
- A member asked what types of behavioral health care services are available for women. MAMC embeds behavioral health providers in its OBGYN clinics to provide women better access to mental health care, and also provides group therapy sessions.
- A member inquired how MAMC assesses for adverse childhood experiences (ACEs) when providing mental health care. LTC Goke stated trauma-informed cognitive behavioral treatment provides better outcomes. MAMC identifies these patients through internal referrals from its behavioral health clinics.
- Members discussed the predictive validity of mental health screens. Their practical efficacy is still controversial as risk factors for mental illness are not uniform.
- Members discussed access to lethal means and its relationship to suicide prevalence in the military. LTC Goke described legal challenges in addressing firearm ownership directly with service members. Instead, behavioral health specialists provide tools and information to improve safety, such as gun locks and options for storing firearms.
- A meeting participant inquired if there was a way to assess mental resilience. A member described the Connor-Davidson Resilience Scale, a test used with some military populations. Members agreed this was an area to explore further.

3. NEXT MEETING

The next DHB meeting is scheduled for February 10, 2020 in Falls Church, Virginia.

4. CERTIFICATION OF MINUTES

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



December 4, 2019

Jeremy Lazarus, MD
President, Defense Health Board

Date

APPENDIX ONE: ATTENDEES

BOARD MEMBERS			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
Dr.	John	Armstrong	Associate Professor of Surgery, University of South Florida
Dr.	Craig	Blakely	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Dr.	Michael-Anne	Browne	Chief Medical Officer, Stanford Health Care Alliance; Associate Chief Medical Officer, Stanford Children's Health; Clinical Associate Professor, Stanford University School of Medicine
Dr.	Jonathan	Friedman	Neurosurgeon; 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.	Karen	Guice	Executive Director and Chief Medical Officer, Government and Public Sector Advisory Service, Ernst & Young
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	<i>DHB President</i> Past President, American Medical Association; Clinical Professor of Psychiatry, University of Colorado Denver School of Medicine
Dr.	Vivian	Lee*	President, Health Platforms, Verily (formerly Google Life Sciences)
Dr.	Brigid	McCaw	Former Medical Director, Family Violence Prevention Program, Kaiser Permanente Northern California Region
Gen (Ret)	Richard	Myers*	<i>DHB First Vice President</i> President, Kansas State University; RMyers & Associates LLC; 15 th 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
DEFENSE HEALTH BOARD SUPPORT DIVISION			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
CAPT	Greg	Gorman	DHB Executive Director/Designated Federal Officer (DFO)
Ms.	Camille	Gaviola	DHB Deputy Director/Alternate DFO
Dr.	Catherine	Zebrowski	DHB Executive Secretary/Clinical Consultant/Alternate DFO
Dr.	Clarice	Waters	DHB Senior Research Analyst, Knowesis, Inc.
Ms.	Chizoba	Chukwura	DHB Research Science Analyst, Knowesis, Inc.
Mr.	Brendan	Thornton	DHB Research Science Analyst, Knowesis, Inc.
Ms.	Sharon	Mulvey	Associate, Knowesis, Inc.
OTHER ATTENDEES			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
COL	Jeremy	Beauchamp	Command Surgeon, I Corps
Dr.	Paul	Cordts	Deputy Assistant Director for Medical Affairs, DHA
BG	Jack	Davis	Deputy Command General, RHC-P; Market Manager, Hawaii Military Health System; Chief, Army Nurse Corps
Maj	Lisa	Deep	Executive Officer, Office of the Air Mobility Command Surgeon

Dr.	Bruce	Doll	Assistant Vice President for Technological Research and Innovation, Office of Research, Uniformed Services University
CAPT	Joel	Dulaigh	Chief of Staff to the U.S. Surgeon General
LTC	Shoko	Edogawa	Service Liaison, Japan
COL	Jacob	Gin	Executive Officer, RHC-P
LTC	Kevin	Goke	Chief of Behavioral Health, MAMC
Ms.	Kirstin	Grace-Simons	Public Affairs Specialist, RHC-P
COL	Raphael	Grippi	Service Liaison, France
Mr.	Chris	Gruber	MHS GENESIS Project Officer, MAMC
CPT	Vladislava	Ivanova	Chief, Production and Service Nutrition Care Division, MAMC
CAPT	Shannon	Johnson	Commander, NHB
1LT	Hannah	Jones	Aide-de-Camp, RHC-P
Brig Gen	Robert	Marks	Air Mobility Command Surgeon; Chief, Air Force Nurse Corps
Col	Robert	McCoy	Commander, 62 nd Medical Squadron
LTC	Elizabeth	Nutter	Chief of OBGYN Ambulatory Services and Midwifery Services, MAMC
COL	Scott	Roofe	Deputy Commanding Officer, MAMC
COL	Kai	Schlolaut	Service Liaison, Germany
LTC	Katherine B	Liesemer	Division Surgeon, 7 ID, JBLM
LTC	Leilani	Siaki	Chief of the Center for Nursing Science and Clinical Inquiry, MAMC
Mr.	Steven	Stelzer	Chief, Executive Services, MAMC
CAPT	Gerald	Taylor	Chief Medical Informatics Officer, U.S. Coast Guard (USCG)
RADM	Dana	Thomas	Director of Health, Safety, and Work-life, USCG
Lt Col	William	Toth	Clinical Informatics Fellow, MAMC
COL(Ret)	Lori	Trego	Associate Professor at the University of Colorado Anschutz Medical Campus College of Nursing
COL	Chris	Wright	Service Liaison, United Kingdom

*Participated by phone