



DEFENSE HEALTH BOARD MEETING
MAY 20, 2019
Defense Health Headquarters
Pavilion Salons B and C
7700 Arlington Boulevard
Falls Church, VA 22042

1. ATTENDEES – ATTACHMENT ONE

2. OPEN SESSION

a. Administrative & Opening Remarks

Gen (Ret.) Richard Myers opened the meeting and welcomed the attendees. CAPT Juliann Althoff called the meeting to order as the Defense Health Board (DHB) Designated Federal Officer (DFO). Following a moment of silence to honor Service members, meeting attendees introduced themselves.

b. Low-Volume High-Risk Surgical Procedures: Surgical Volume and Its Relationship to Patient Safety and Quality of Care: Second Report

Dr. Lenworth Jacobs, Board Member and Trauma and Injury (T&I) Subcommittee Acting Chair, and Dr. John Armstrong, T&I Subcommittee member, briefed this report to the Board for deliberation. The first report, published in November 2018, examined surgical quality and patient safety within direct care (military medical treatment facilities [MTFs]). This second report addressed the array of low-volume high-risk (LVHR) surgical procedures performed in purchased care (PC; TRICARE) and evaluated the potential for the Military Health System (MHS) to sign on to the “Surgical Volume Pledge” (SVP) agreed to by Dartmouth-Hitchcock Medical Center, Johns Hopkins Medicine, and the University of Michigan Health System. The SVP specifies that a facility that does not meet volume thresholds for 10 LVHR procedures will direct surgical care to higher volume facilities. Significant points from the briefing include:

- Only three of more than 6,000 hospitals nationwide have taken the SVP; there is limited evidence regarding impact on outcomes or access to care.
- High performing health care systems such as Kaiser Permanente, Mayo Clinic, Massachusetts General Hospital, and the Veterans Health Administration (VHA) assess quality in terms of good surgical technique and judgment, team proficiency, proper support services, sound hospital structural processes, and appropriate surgical candidate selection.
- Surgical performance improvement also requires validated, risk-adjusted, outcomes-based programs, such as the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP). NSQIP is used in all 48 surgical inpatient MTFs.
- DHA leadership has high visibility on direct care quality and safety and reviews all sentinel events, but has lesser visibility of purchased care quality and safety and little to no visibility on quality and safety in deployed environments. There is limited staffing of the direct care quality program and of TRICARE quality oversight.
- MHS quality and patient safety metrics are tracked in separate dashboards for the direct and purchased care (PC) networks, with only eight overlapping measures.

- The SVP is of limited utility in PC. MHS beneficiaries make up only a portion of surgeon and facility cases among PC surgeons; total volume by surgeon and facility are unknown.
- TRICARE contracts do not currently require reporting of NSQIP data to TRICARE quality oversight personnel.
- In 2018, Walter Reed National Military Medical Center (WRNMMC) became the first MTF to participate in the ACS' Surgical Quality Verification program *Optimal Resources for Surgical Quality and Safety* ("the Red Book").

The Board deliberated and approved all Findings and Recommendations with no edits. Recommendations included, but were not limited to, the following: (1) The MHS should not join the Surgical Volume Pledge and (2) the DHA must require that all institutions providing surgical care in the direct care and purchased care networks participate in NSQIP. The report will be routed to the Office of the Assistant Secretary of Defense for Health Affairs (OASD[HA]) for consideration, coordination, and Department response.

c. Healthy Military Family Systems: Examining Child Abuse and Neglect Review Update

Dr. Jeremy Lazarus, Board Member and Neurological/Behavioral Health Subcommittee Chair, provided an update on this tasking. The tasking includes a review of policies and practices in place to prevent, detect, assess, and treat abusive behavior and resulting injuries in military families. Recommendations will address prevention, treatment, reporting, stigma reduction, and other related factors from the MHS perspective. The Child Abuse and Neglect (CAN) subset met six times from February to May 2019, including two in-person meetings, to receive briefings on family readiness and various aspects of CAN. The draft report is scheduled to be briefed out to the Board at the August 2019 Board meeting.

d. Defense Health Agency Transformation

VADM Raquel Bono, Director, DHA, provided an overview of DHA's approach to healthcare reform, including its alignment with National Defense Strategy efforts to reduce duplicative organizations and systems to best support the Joint Force. VADM Bono highlighted the joint medical effort in recent conflicts, remarking on the importance of transferring battlefield outcomes, including the unprecedented survivability rates in the Central Command (CENTCOM) area of responsibility (AOR), to the MTFs. She noted significant aspects of MHS transformation subsequent to the *National Defense Authorization Act (NDAA) for Fiscal Year 2017 (FY17)*: consolidation of healthcare management systems (*Section 702*), the defining of overall medical force size requirements and structure (*Section 721*), the optimization of the MTF footprint (*Section 703*), the deployment of MHS GENESIS, and the implementation of 11 enterprise-wide initiatives expected to save \$2.6 billion. VADM Bono described the market-oriented approach to MTF management and administration, which includes: migration of all CONUS MTFs to DHA in October 2019; stand up of 20 large markets; establishment of the small market and stand-alone MTF Office; and stand up of the OCONUS Defense Health Regions, with full operating capability (FOC) reached no later than September 30, 2021. VADM Bono discussed the implementation of Leapfrog as a starting point to compare direct and purchased care systems and to improve transparency.

e. Active Duty Women's Health

Dr. Terry Adirim, Deputy Assistant Secretary of Defense for Health Services Policy and Oversight, provided an overview of active duty (AD) women's health, including the MHS's broadening focus from reproductive health to a more comprehensive data-driven approach. Currently, women comprise 17% of the total AD force and in 2015, with the issuance of *Implementation Guidance for the Full Integration of Women in the Armed Forces*, women qualified for all military occupations, including direct combat roles. Unique needs of AD women include: (1) Musculoskeletal (MSK) injury prevention; (2) Access to reproductive care and contraception; (3) Maternal, perinatal, and postnatal support; (4) Sexual assault prevention, response, and treatment; and (5) Mental Health. Women's issues are addressed through the VA/DoD Health Executive Council Women's Health Working Group, the Women's Health Transition Assistance Pilot Program (WH TAP Pilot), and the DHA's Women and Infant Clinical Community (WICC). Information is also being collected through the Women's Health Data Book and the forthcoming AD women's health survey, expected in 2020.

f. Military Families: Looking to the Future

CDR Abigail Yablonsky, Research Scientist at the Naval Health Research Center, provided an overview of the military family, an integral component of operational readiness now and in the future. Family readiness and military readiness are intertwined: research suggests that Service members' concerns about their families while on deployment cause more stress than combat-related concerns. This relationship is extremely significant, given that 54.3% of the 1.3 million AD service members are married and 41.2% have at least one child. Demographic changes within the military family have kept pace with larger societal changes, including an increase in dual-earner, multi-racial, and same-sex parent families. Of note, children from military families are 8-10 times more likely to serve in the armed forces than children of non-veterans; however current military members are less likely to encourage their children to serve than in the past. CDR Yablonsky discussed a way ahead to support military families, including increased access to mental health services, extended time at one duty station, programs to strengthen relationship and parenting skills, quality childcare options, parental leave, increase in pay - especially in enlisted ranks, and official military recognition for family members after deployments.

g. Root of the Root: Translating the Science of Toxic Stress to Transform Health

Dr. Nadine Burke Harris, Surgeon General, State of California, provided insights on leading the Center for Youth Wellness, including her work to address Adverse Childhood Experiences (ACEs), the physiologic reaction to ACEs, and efforts to address the toxic stress response to ACEs. The term "ACEs" refers to abuse, neglect, and other potentially traumatic experiences that people experience under the age of 18. An elevated number of ACEs causes multi-system physiologic alterations including neurologic, immunologic, endocrine, and epigenetic changes and increases the risk for seven out of the 10 leading causes of death. Dr. Burke Harris highlighted the importance of early identification of ACEs through screening with subsequent, tailored interventions; these may include balanced nutrition, regular exercise, psychotherapy and/or psychiatric care, quality sleep, supportive relationships, and mindfulness/meditation practices. Dr. Burke Harris discussed key drivers for addressing toxic stress, to include prevention efforts, community and ecological action, universal screening, effective referral

systems, comprehensive and available services, a robust research agenda, and biomedical advances.

h. Farewell: CAPT Juliann Althoff

The Board members and staff bid farewell to CAPT Althoff, who has been the DHB Executive Director/DFO since July 2016. Gen (Ret.) Richard Myers, DHB First Vice President, and Dr. Jeremy Lazarus, DHB member and Neurological/Behavioral Health Subcommittee Chair, acknowledged CAPT Althoff's outstanding support to the DHB and honored her leadership efforts through a letter of appreciation, coin, lapel pin, and emblem. CAPT Greg Gorman was introduced as the DHB Executive Director/DFO and will assume these duties in June.

3. NEXT MEETING

The next DHB meeting is scheduled for August 6, 2019 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.

	6/26/19
General (Ret.) Richard Myers	Date
First Vice President, Defense Health Board	

ATTACHMENT ONE: ATTENDEES

BOARD MEMBERS			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
Dr.	Craig	Blakely	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
GEN (Ret.)	Frederick	Franks*	Commanding General, U.S. Army Training and Doctrine Command (1991-1994); Chairman, American Battle Monuments Commission (2005-2009)
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	<i>Chair, Neurological & Behavioral Health Subcommittee</i> Clinical Professor of Psychiatry, University of Colorado Denver School of Medicine
Dr.	Vivian	Lee	President, Health Platforms, Verily (formerly Google Life Sciences)
RADM (Ret.)	Kathleen	Martin	Former Chief Executive Officer, Vinson Hall Retirement Community - Vinson Hall LLC; Former Executive Director, Navy Marine Coast Guard Residence Foundation
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
DEFENSE HEALTH BOARD SUPPORT DIVISION			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
CAPT	Juliann	Althoff	DHB Executive Director/Designated Federal Officer (DFO)
CAPT	Gregory	Gorman	DHB Incoming Executive Director
Ms.	Camille	Gaviola	DHB Deputy Director/Alternate DFO
Dr.	Catherine	Zebrowski	DHB Executive Secretary/Clinical Consultant/Alternate DFO
Mr.	Brian	Acker	DHB Contract Program Manager, Knowesis, Inc.
Ms.	Alexandra	Andrada	DHB Research Science Analyst, Knowesis, Inc.
Ms.	Amanda	Grifka	DHB Research Science Analyst, Knowesis, Inc.
Ms.	Aileen	Mooney	DHB Research Science Analyst, Knowesis, Inc.
Dr.	Lauren	Zapf	DHB Team Lead/Analyst, Knowesis, Inc.
OTHER ATTENDEES			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
Dr.	Terry	Adirim	Deputy Assistant Secretary of Defense for Health Services Policy and Oversight
Dr.	John	Armstrong	DHB Trauma and Injury Subcommittee Member; Associate Professor of Surgery, University of South Florida
VADM	Raquel	Bono	Director, DHA
CDR	Kimberly	Broom	Service Liaison, U.S. Marine Corps
COL	Nicolas	Brossard	Service Liaison, France
Dr.	Nadine	Burke Harris*	Surgeon General, State of California
Mr.	Dan	Casterline	National Account Executive, Merck
RADM	Colin	Chinn	Joint Staff Surgeon, Joint Staff
COL	Eugene	Christen	Chief, Surgical Services Service Line, Office of the Surgeon General, U.S. Army
Dr.	Paul	Cordts	Deputy Assistant Director, Medical Affairs, DHA
Ms.	Tara	Cozzarelli	Program Analyst, DHA
LTC	Andrew	Currie	Service Liaison, Canada
Dr.	Sarah	Domnitz	Office of the Assistant Secretary of Defense for Health Affairs (OASD[HA])

Mr.	Kevin	Dwyer	Chief, Media Operations, DHA
CAPT	Eric	Elster	Chair, Department of Surgery, Uniformed Services University (USU)
Mr.	Steve	Flowers	Principal and Chief Operating Officer, Knowesis, Inc.
Mr.	Bill	Huleatt	Senior Analyst, Office of the Assistant Secretary of Defense, Military Community and Family Policy
Col	Margret	Jones	Director, Healthcare Operations, Air Force Medical Support Agency
Dr.	Arthur	Kellerman	Dean, School of Medicine, USU
Dr.	Anthony	LaPorta	DHB Trauma and Injury Subcommittee Member; Professor of Surgery and Military Medicine, Rocky Vista University School of Medicine
Mr.	Bryce	Mendez	Defense Health Analyst, Congressional Research Service
Ms.	Ellen	Milhiser	Editor, Synopsis
Dr.	Richard	Mooney	OASD(HA)
RADM	Terry	Moulton	Deputy Surgeon General, Navy Bureau of Medicine and Surgery
CAPT	Andrew	Plummer	Chief, Advanced Clinical Analytics for Quality Management within Healthcare Operations, DHA
CAPT	Martin	Ruth	Service Liaison, United Kingdom
Col	Kai	Schlolaut	Service Liaison, Germany
Dr.	Jill	Sterling	OASD(HA)
Mr.	Steve	Sternberg	US News & World Report
CAPT	Ray	Stiff	Executive Assistant to the Deputy Surgeon General, Navy Bureau of Medicine and Surgery
Dr.	Edward	Wright	Government and Public Health Solutions
CDR	Abigail	Yablonsky*	Research Scientist, Naval Health Research Center
Ms.	Jessica	Zamiska	Managing Director, McAllister & Quinn

*Participated by phone