



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

MAY 24 2010

HEALTH AFFAIRS

ACTION MEMO

FOR: COL DONALD L. NOAH, ACTING DASD (FHP&R)

FROM: CDR Edmond Feeks, Executive Secretary, Defense Health Board

SUBJECT: Defense Health Board Meeting – Minutes Certification

The Defense Health Board held a Core Board meeting on March 1-2, 2010 and the minutes for the meetings are at TAB A. According to 41 CFR §102-3.165, the Designated Federal Official must ensure certification of Federal Advisory Committee meeting minutes within the time limit specified.

RECOMMENDATION: That the attached meeting minutes be approved.

COORDINATION: NONE

Approve: *Donald L. Noah*

Disapprove: _____

Attachments:
As stated

Prepared by: CDR Edmond Feeks, DHB, 703-681-8448 Ext 1228, Livelink # 178273



**DEFENSE HEALTH BOARD (DHB)
CORE BOARD MEETING MINUTES
MARCH 1-2 2010
DOUBLETREE HOTEL COCOA BEACH
Challenger Ballroom
2080 North Atlantic Avenue
Cocoa Beach, Florida**

March 1, 2010

1. ATTENDEES - ATTACHMENT ONE

2. NEW BUSINESS – OPEN SESSION

a. Opening Remarks and Introductions

Discussion:

Dr. Wayne Lednar, Defense Health Board (DHB) Co-Vice President, welcomed meeting attendees. Col Donald Noah called the meeting to order as the DHB Alternate Designated Federal Officer (DFO), after which the DHB members and public attendees introduced themselves.

Action/POC: None.

b. Information Brief: Joint Pathology Center (JPC)

Discussion:

COL Thomas Baker, JPC Interim Director, provided a brief regarding Department of Defense (DoD)'s progress in establishing the JPC and addressed questions formally submitted by the DHB pertaining to details of the Department's strategic plan. COL Baker discussed background issues, the proposed staffing plan, as well as the types of support services that would be available as a result of a gap analysis conducted by the Department. COL Baker outlined proposed education and research activities, as well as those associated with the maintenance, modernization, and utilization of the Center's Tissue Repository. He indicated that a forthcoming plan would outline access protocols for Tissue Repository material to be used in research endeavors. Following, COL Baker discussed plans for veterinary pathology service facilities, noting that continuous service

delivery is a primary goal of the Implementation Team during the phase when the Armed Forces Institute of Pathology (AFIP) would transition to the JPC.

COL Baker then reviewed the JPC's governance, organizational structure, operating budget, and facility characteristics. The Center would provide support for the Armed Forces Medical Examiner, other federal agencies, and various in-theater operations, and would offer opportunities for collaboration with the civilian sector. He discussed the proposed timeline for the establishment of the Center, which would reach full operational capability by September 1, 2011. COL Baker concluded by describing the future activities of the DoD towards this effort, reiterating its primary priority of ensuring continuity in the delivery of clinical services during the Center's establishment.

Dr. Parisi thanked COL Baker for the response to the questions posed by the DHB and indicated that the DHB would be available to assist the Department in this effort. He provided a document indicating several outstanding concerns of the DHB regarding the establishment plan, including the proposed locations of pathology facilities and laboratories, and the absence of strong research and education components that would be expected of a world-class institution. He recommended that the external scientific oversight panel be independent, and include members who are not primary stakeholders in the Center. Discussion ensued regarding recruitment issues, with particular concern regarding attracting and retaining senior-level personnel with skills and expertise necessary for a world-class facility; COL Baker then described the current recruitment process.

Action/POC: None.

c. Information Brief: Achieving World-Class Report

Discussion:

Dr. Kenneth Kizer, National Capital Region Base Realignment and Closure (NCR BRAC) Health System Advisory Subcommittee (HSAS) Chair, provided an update on various activities following the delivery of the report in May 2009, as well as a historical overview of the HSAS. The HSAS convened in May 2008 to advise the DoD on issues pertaining to the planned integration of military medical facilities in the NCR. In response to the National Defense Authorization Act for Fiscal Year 2009 (NDAA FY09), the HSAS received an additional charge to perform an independent review of the design and construction of the Walter Reed National Military Medical Center (WRNMMC) and Fort Belvoir Community Hospital (FBCH). The Subcommittee's independent review was briefed to the DHB at its public meeting in May, 2009, and accepted. The report was subsequently submitted to the Secretary in July, 2009. The DoD provided a formal response to the HSAS report in October 2009. The Subcommittee's definition of a "world-class medical facility" was codified in the NDAA

FY10. The DHB submitted a memorandum to the Department regarding its response to the HSAS report; Dr. Kizer subsequently testified before a joint subcommittee of the U.S. House of Representatives House Armed Services Committee (HASC) in December 2009. Dr. Kizer stated that the development of a master plan for the construction at WRNMMC was approved in February 2010. He also provided a copy of his article titled "What is a World-Class Medical Facility," which was featured in the *American Journal of Medical Quality* on February 9, 2010.

Action/POC: None.

d. Information Brief: NCR BRAC Update

Discussion:

VADM John Mateczun, Commander, Joint Task Force National Capital Region Medical (JTF CapMed), provided an update regarding the DoD's progress in addressing the NCR BRAC HSAS recommendations. He summarized the Subcommittee's recommendations, which included: the continuation of construction while correcting identified deficiencies; empowerment of a single official with complete organizational and budgetary control; development of a comprehensive master plan (CMP) for the WRNMMC and NCR Integrated Delivery System (IDS); engineering of an integrated military health care culture; and, the full incorporation of clinician and end-user input into its design plans. VADM Mateczun reviewed the funding allocations for the BRAC projects. He stated that \$125 million has been provided to the DoD in FY10, a portion of which has been assigned to address DHB recommendations regarding the design and construction plans at WRNMMC and FBCH, including operating room renovations that would increase their size to a minimum of 550 square feet. Following, VADM Mateczun provided the status of actions pursued by the DoD in response to the primary WRNMMC recommendations issued by the NCR BRAC HSAS. Efforts incorporate the development of plans that would meet Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards and include single bed patient rooms, larger operating rooms, on-site simulation laboratories, information management/information technology (IM/IT) infrastructure, adequate support services, dialysis unit, and improved patient observation capabilities.

VADM Mateczun stated that the DoD is required to address the recommendations regarding the empowerment of a single official with organizational and budgetary authority in the NCR, as well as the development and implementation of a CMP to provide world-class military medical facilities within a NCR IDS, by March 31, 2010. He reviewed the major components of the CMP and described the NCR market analysis to be conducted. Regarding the recommendation referring to an integrated military health care culture, VADM Mateczun stated that JTF CapMed initiated a comprehensive cultural integration program and identified several core values shared by all Services that

would serve as a foundation for establishing a Joint Service culture. He described how the design plans for WRNMMC incorporate clinician and end-user input and provided graphical representations of the construction progress at both WRNMMC and FBCH since the last DHB meeting in November 2009. VADM Mateczun concluded by stating that the majority of the NCR BRAC HSAS recommendations would be addressed by the BRAC deadline of September 15, 2011; subsequent CMP versions for the NCR would be provided to Congress and the DHB that would include additional details regarding the future vision for this service area.

Following VADM Mateczun's presentation, Dr. Kizer listed the following areas of potential concern: the status of NCR BRAC HSAS membership reappointments; assurance that the CMP would be overarching in nature rather than an aggregate of current construction projects; BRAC project cost escalation; and the long-term viability of WRNMMC in a post-conflict environment. VADM Mateczun indicated that a strategy is needed to incorporate WRNMMC and FBCH into the NCR IDS; WRNMMC would continue to serve as a referral center. Discussion ensued regarding single patient room issues as well as the importance of culture and its impact on patient safety.

Action/POC: None.

e. Information Brief: Operations Briefing

Discussion:

Col Christopher Coke, European Command (EUCOM) Division Chief for the Joint Staff Joint Operations Directorate, provided an overview of current global military operations. He outlined global activities and issues of primary national interest, and described activities and challenges experienced within the following United States Commands: Northern Command (USNORTHCOM), Southern Command (USSOUTHCOM), EUCOM, Central Command (USCENTCOM), Pacific Command (USPACOM), and African Command (USAFRICOM). Col Coke discussed the impact of the recent earthquake in Haiti and described the DoD humanitarian and disaster relief response, including the current and projected maritime, air, and ground forces contributing to the support. He then discussed the near- and long-term primary focus areas of the Chairman of the Joint Chiefs of Staff, including: nuclear weapons; ungoverned spaces and their impact on terrorist activities; development of a strategic balance between training, modernization, and readiness; cyber vulnerabilities; as well as the identification and implementation of effective strategy and policy in the nation's relations with key foreign entities.

Action/POC: None.

f. Vote: Burn Care Guidelines from Tactical Combat Casualty Care (TCCC)

Discussion:

Dr. Frank Butler, TCCC Work Group Chair, reviewed the burn treatment guidelines recommended by the Work Group for inclusion in the TCCC guidelines that describe care for burn patients in combat environments and during evacuation. The Work Group forwarded these guidelines to the Trauma and Injury Subcommittee, which reviewed and unanimously approved them during a meeting held on November 4, 2009. Dr. Butler noted that he presented these guidelines to the Core Board for consideration and approval during the last meeting, held on November 13, 2009, after which the Core Board requested additional time and information to examine this issue. He reviewed the proposed recommendations and requested that they be approved by the Core Board. A motion was made to accept the TCCC burn treatment guidelines as presented, followed by unanimous approval without amendment by the Core Board.

Dr. Butler then described the current use of fluid resuscitation in tactical field care. He indicated that findings from a study conducted at the University of Miami that examined Hextend[®] use for initial resuscitation, resulted in the inclusion of Hextend[®] in the University of Miami Ryder Trauma Center's resuscitation algorithm. Dr. Butler described several findings identified during the U.S. Army Institute of Surgical Research (USAISR) Medical Research and Materiel Command (MRMC) Fluid Resuscitation Conference held on January 8-9, 2010. He indicated that among several noteworthy conclusions was the lack of evidence to support any necessary modifications to the current TCCC fluid resuscitation plan, as well as to support crystalloid use in large volume resuscitation efforts, which is the current standard of care. In addition, he indicated that dried plasma studies were encouraged and identified as a top research priority.

Following, Dr. Butler listed battlefield trauma care research priorities identified by the TCCC Work Group. Research topics included: non-compressible hemorrhage control, damage control resuscitation, TCCC care documentation, TCCC combat evaluation program, improved battlefield analgesia, electronic TCCC training, truncal tourniquet, optimal fluid resuscitation for TBI, monitor-driven fluid resuscitation, surgical airway kits, new tourniquet testing, and new hemostatic agent testing. Non-compressible hemorrhage control and damage control resuscitation were emphasized as high priority research areas. Dr. Butler stated that the management of suspected spinal injuries has become an issue of increasing importance in TCCC due to the increase in spinal fracture and spinal cord injury events.

Action/ POC: None.

g. Information Brief: DoD Task force on the Prevention of Suicide by Members of the Armed Forces

Discussion:

Col Joanne McPherson, DoD Task Force on the Prevention of Suicide by Members of the Armed Forces Executive Secretary, provided an update regarding recent activities undertaken by the Task Force, as well as an overview of its membership and specific issues under examination. She discussed the agenda topics of the meetings held on December 14-15, 2009 and January 11-12, 2010, and indicated that the Task Force conducted site visits to Marine Corps Base Camp Lejeune, North Carolina; Norfolk Naval Air Station, Virginia; and Naval Medical Center Portsmouth, Virginia. Col McPherson concluded by providing an overview of upcoming activities, including scheduled meetings and site visits.

Discussion ensued regarding challenges incurred in attempts to track suicide events among non-active duty Service members, as well as the personnel with whom the Task Force met during the site visits. Col McPherson indicated that the Task Force's site visits would conclude in April, an update regarding the report would be provided during the DHB Core Board meeting scheduled on June 8-9, 2010, and the full report would be presented to the DHB in July 2010. The final report would be submitted to the Secretary of Defense on August 6, 2010. Dr. Lednar stated that the Core Board might need to meet during the first three weeks in July 2010 to vote on the Task Force's report.

Action/POC: None.

h. Information Brief: Joint Preventive Medicine Policy Group (JPMPG) Response to the DHB Recommendations Pertaining to Pandemic Influenza Preparedness and Response

Discussion:

Lt Col Philip Gould, JPMPG Chair, presented the JPMPG review of the DHB recommendations pertaining to pandemic influenza preparedness and response submitted to the DoD on September 11, 2009. These recommendations addressed issues pertaining to antiviral treatments, the novel influenza A (H1N1) vaccine, laboratory diagnostic capabilities, as well as surveillance, research, communication, and coordination activities. Lt Col Gould reviewed the JPMPG response to each DHB recommendation.

He indicated that the DoD follows guidance issued by the U.S. Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) regarding antiviral use; current DoD stockpiling practices follow national and international recommendations as well. The

DoD received supplemental funding to purchase additional antivirals and personal protective equipment (PPE).

Lt Col Gould then described the H1N1 diagnostic capabilities at the Naval Health Research Center (NHRC) and U.S. Air Force School of Aerospace Medicine (USAFSAM) laboratories, as well as DoD surveillance and research efforts. He stated that the DoD participated in initial decision-making process regarding the novel influenza H1N1 vaccine. In addition, a policy has been drafted regarding the use of 23-valent polysaccharide pneumococcal vaccine; it is currently under review in the Office of the Assistant Secretary of Defense for Health Affairs (ASD(HA)). Lt Col Gould concluded by describing collaborative efforts undertaken by the DoD with other agencies regarding surveillance, research, vaccine distribution, and communication activities concerning the novel H1N1 influenza outbreak. The DoD has utilized several communication channels, including the DoD Watchboard Web site, Pentagon homepage, Military Vaccine Agency (MILVAX) Web site, and DoD-sponsored Twitter and Facebook sites to provide clinical and prevention information to the public regarding the 2009 H1N1 influenza.

Action/POC: None.

i. Information Brief: Military Occupational/Environmental Health and Medical Surveillance Subcommittee

Discussion:

On behalf of the Subcommittee Chair Dr. William Halperin, Dr. Thomas Mason, Subcommittee member, provided an overview of the Subcommittee's recent activities. He reviewed its membership as well as the DHB charge issued by the ASD(HA) on September 17, 2002 regarding a review of the DoD Deployment Health Research and Clinical Centers. A request was made of the Subcommittee to meet with the directors of these Centers in order to receive mission briefs and develop an ongoing strategy that would enable the DHB to serve as an external advisory board for the Centers. Dr. Halperin conducted a site visit with CDR Edmond Feeks, DHB Executive Secretary, to the NHRC in October 2009; the Subcommittee prepared a draft report of its preliminary findings, including a prioritization of issues to be examined by the Subcommittee. A follow-up site visit is being planned to occur in May 2010; the findings from this visit would be briefed to the DHB Core Board during the June 8-9, 2010 meeting.

Action/POC: None.

j. Information Brief: Electronic Medical Records (EMR)

Discussion:

Mr. Charles Campbell, Military Health System (MHS) Chief Information Officer (CIO), provided an overview of EMR, including the mission of the Office of the CIO: to provide timely and complete information to appropriate entities in order to improve and maintain the health status of DoD beneficiaries across the continuum of DoD health care operations. He described information sharing processes across military locations, including garrison and in-theater facilities, and emphasized that health care is often provided outside the direct care system, thus increasing the need for longitudinal health care records for DoD beneficiaries. Mr. Campbell reviewed the current EMR systems utilized in the DoD, which include garrison outpatient and inpatient as well as in-theater documentation. He highlighted several areas of improvement, including speed, reliability, usability, efficiency, interoperability, capability of speed-to-market, and health record completeness. A graphical user interface was developed and a single sign-on and context management capability was included in the EMR system in order to increase its usability and efficiency. Applications and data would be stored centrally in order to allow for rapid installations of system updates as well as individual access to needed and recent information, since it would replace the necessity to download and update data on personal devices.

Mr. Campbell stated that current patient records include core clinical data for patient care; however, users identified additional data necessary for inclusion in patient records, such as uploaded images and artifacts. He then reviewed the process of collecting patient data at the point of care, which are stored centrally in several data repositories and made available globally for the purposes of beneficiary self-care management, provider care, business decisions, research, command and control, and billing processes. Mr. Campbell concluded by describing the beneficiary Virtual Lifetime Electronic Record (VLER) and the Nationwide Health Information Network (NHIN). Discussion ensued regarding National Guard and Reserve health care data capture and identity management processes, as well as the timelines associated with EMR system improvements within the DoD.

Action/POC: None.

k. Information Brief: Psychological Health External Advisory Subcommittee

Discussion:

Dr. Charles Fogelman, Psychological Health External Advisory Subcommittee Chair, provided an update on the Subcommittee's activities. He reviewed the request submitted to the DHB regarding the identification of evidence-based metrics for the

effectiveness of DoD preclinical programs supporting resilience, education, and counseling, as well as the outcomes of DoD clinical mental health programs. To address these questions, the Subcommittee formed two Subgroups; Dr. Fogelman indicated that preliminary findings would be presented at the June 8-9, 2010 DHB meeting. He then reviewed the agenda and topics discussed during the last two Subcommittee meetings, held on December 3-4, 2009 and February 24-25, 2010, as well as recent Subgroup teleconferences. Future Subcommittee meetings are scheduled to occur on May 4-5, 2010, September 13-14, 2010, and December 2-3, 2010. Dr. Fogelman concluded by providing an overview of the request submitted by the DoD regarding the use of the Automated Neurocognitive Assessment Matrices (ANAM).

Action/POC: None.

I. Administrative/Closing Remarks

Discussion:

CDR Feeks made several administrative remarks regarding various activities planned for the evening and following day, after which Col Noah adjourned the meeting.

Action/POC: None.

3. NEXT MEETING

The next meeting of the DHB is scheduled for June 8-9, 2010 in the NCR.