



Department of Defense Military Family Readiness Council

A Federal Advisory Council -- Providing Independent Advice to SECDEF

Sponsored by USD(P&R) Supported by ASD(M&RA)

March 19, 2019 Meeting

Agenda

- **Call to Order**
- **Welcome & Opening Remarks – Hon. James N. Stewart**
- **Status Updates**
- **Administrative Issues/Written Public Submissions**
- **Focus Area Presentations**
- **Q & A Session and Council Member Discussion**
- **Closing Remarks – MFRC Chairman**
- **Meeting Adjourned**

General Meeting Guidance

- 1. The MFRC Council is a congressionally mandated, non-discretionary Federal Advisory Committee that **provides independent advice and recommendations to the Secretary of Defense.****

 - MFRC must follow guidelines established by the Federal Advisory Committee Act (FACA) of 1972 and DoDI 5105.04, Department of Defense Federal Advisory Committee Management Program, August 6, 2007.
 - The public may provide written statements for review and consideration at any time and prior to each meeting.
 - MFRC documents are available for review on the MFRC webpage.

- 2. Council membership is set by law [10 U.S.C. § 1781a(b), as amended]. MFRC has 18 members. Only members may deliberate and vote.**
 - A formal motion must be made to bring an issue to a vote.- 3. Advisors , representatives of Council members, and others may provide information or offer views during Council meetings if called upon by the MFRC Chair.**
 - MFRC meetings are open to the public.
 - Meetings **are not** Town Hall meetings unless specifically announced as such.- 4. Annual MFRC FACT Sheets** -- Capture endorsed recommendations and selected focus area topics to be reviewed by the Council in the next FY.

Military Family Readiness Council Contact Information

email:

osd.pentagon.ousd-p-r.mbx.family-readiness-council@mail.mil

Mail:

**Office of Military Family Readiness Policy
Attn: Military Family Readiness Council
4800 Mark Center Drive
Suite 03G15
Alexandria, VA 22350-2300**

Webpage:

<https://www.militaryonesource.mil/web/mos/military-family-readiness-council>

MFRC Today

Honorable James N. Stewart
Chairman

Council Members:

12 Members present
2 Representatives

MFRC Council Support Team:

Mr. William Story
Designated Federal Officer

Mr. Bill Hampton
Alternate Designated Federal Officer

Mr. Frank Emery
MFRC Travel & Logistics

Ms. Melody McDonald
MFRC Human Resource Liaison & Logistics



Welcome and Opening Remarks

**Honorable James N. Stewart
Chairman**

Status Updates

Housing Update and Way Ahead

Honorable Robert McMahon

ASD/Sustainment



Housing Update and Way Ahead

HON Robert McMahon

March 19, 2019

Military Family Readiness Council Meeting



Housing Update and Way Ahead

- **Housing privatization was the right thing to do**
- **Committed to providing safe, high quality, and affordable housing where military members and their families will want – and choose – to live**
- **DoD Way Ahead:**
 - **Establish Resident Bill of Rights**
 - **Reinvigorate Command Leadership and Training**
 - **Review Tenant Satisfaction Survey Questions/Process**
 - **Define Responsibilities/Role of a Tenant Advocate**
 - **Develop an Adjudication Process**
 - **Reinvigorate Communication between Installation Leaders/Private Partners/Families without Retribution**
 - **Outreach to Military Family Organizations**

Administrative Issues

Dec 11, 2018 MFRC Meeting Minutes

Written Public Submissions

- **As of Tuesday, March 5, 2019**
- **Subjects / Number**
 - **Housing – 7**
 - **Medical – 5**
 - **Service or product suggestions – 2**
 - **Information – 1**

Focus Area Presentations

Accessions and Medical Record Policies and Procedures: Impact on Military Children Who Received Mental and Behavioral Health Services

Dr. Mary Keller

CEO, MCEC



Military Personnel Policy (Accession Policy)

Mr. Stephanie P. Miller
Director



MANPOWER & RESERVE AFFAIRS



Eligibility for Military Service

- **DoD Policies Governing Accession Standards**
 - DoD Instruction 1304.26, *Qualification Standards for Enlistment, Appointment, and Induction* establishes guidance on the screening of applicants for military service
 - DoD Instruction 6130.03, *Medical Standards for Appointment, Enlistment, or Induction in the Military Services*, establishes baseline accession medical standards
- **Purpose of Accession Standards**
 - Standards are based on the operational needs of the Services and designed to ensure applicants are *physically and psychologically qualified, capable of performing strenuous military duties, often associated with wartime activities*
 - Must be available for worldwide duty without restriction or delay
 - Must be able to tolerate exposure to stressful, dangerous, and harsh environments
 - Must be able to operate dangerous, sensitive, and classified equipment
- **Disqualifying Conditions Serve to**
 - Ensure accession of new recruits who are able to meet the mission requirements of the Force
 - Increase the likelihood of a successful first term of enlistment
 - Decrease likelihood of aggravating any preexisting physical or mental health condition
 - Decrease likelihood of a reoccurrence of a previously resolved condition which may lead to harm of self or others



Application of Military Standards

- **Screening Process**

- Services evaluate applicants to assess whether they are qualified for military service.
 - Recruiters question and obtain documentation about basic qualifications (e.g., *medical history, education credentials, police involvement, family status, and work history*)
 - All applicants complete the same accession medical history form requiring self-disclosure of complete history and authorization to access medical records
 - Applicants expected to be honest at all times about past medical conditions and records, failure to do so can result in inability to access or post-accession separation
- At present, MEPCOM and DoDMERB personnel do not review dependent records during the “accession process” except those provided by the applicant
- After accession, dependent records are consolidated with new Service Treatment Record for *continuity of care*

- **Waiver Considerations**

- The waiver process recognizes some applicants may have either made mistakes and overcome past behavior or have/had medical conditions that warrants review
- 71% of military-age Americans are not eligible for military service without a waiver
- Top disqualifying conditions: Behavioral health, Vision/Hearing, Orthopedic/Lower extremity injuries, Skin conditions, ADHD
 - *Certain stability periods allow for service without a waiver*



Future Medical Screening Processes

- **Importance of verifiable medical information**
 - Current process relies on self-reported information to make a qualification determination
 - Results – nearly 50% of attrition from initial military training (boot camp) is attributable to pre-existing conditions and in nearly half of those cases the applicant was aware of the condition but failed to disclose it
- **Next generation screening should include verifiable medical information**
 - Joint Legacy Viewer (JLV)
 - Pilot program will use applicant's prior service medical records to identify non-disclosed or mismatched information – if successful will expand to dependent records
 - Prescription Medication Reporting System (PMRS)
 - Will allow DoD to use all applicants' prescription history to identify possible conditions
 - MHS Genesis
 - Compares screening and applicant medical data across all MEPS and establishes permanent electronic medical record
- **JLV + PMRS + MHS Genesis = Verifiable Medical Information**
 - Fair and broad access to authoritative sources of medical information to reduce reliance on self-disclosure and make more informed qualification and waiver decisions for all applicants

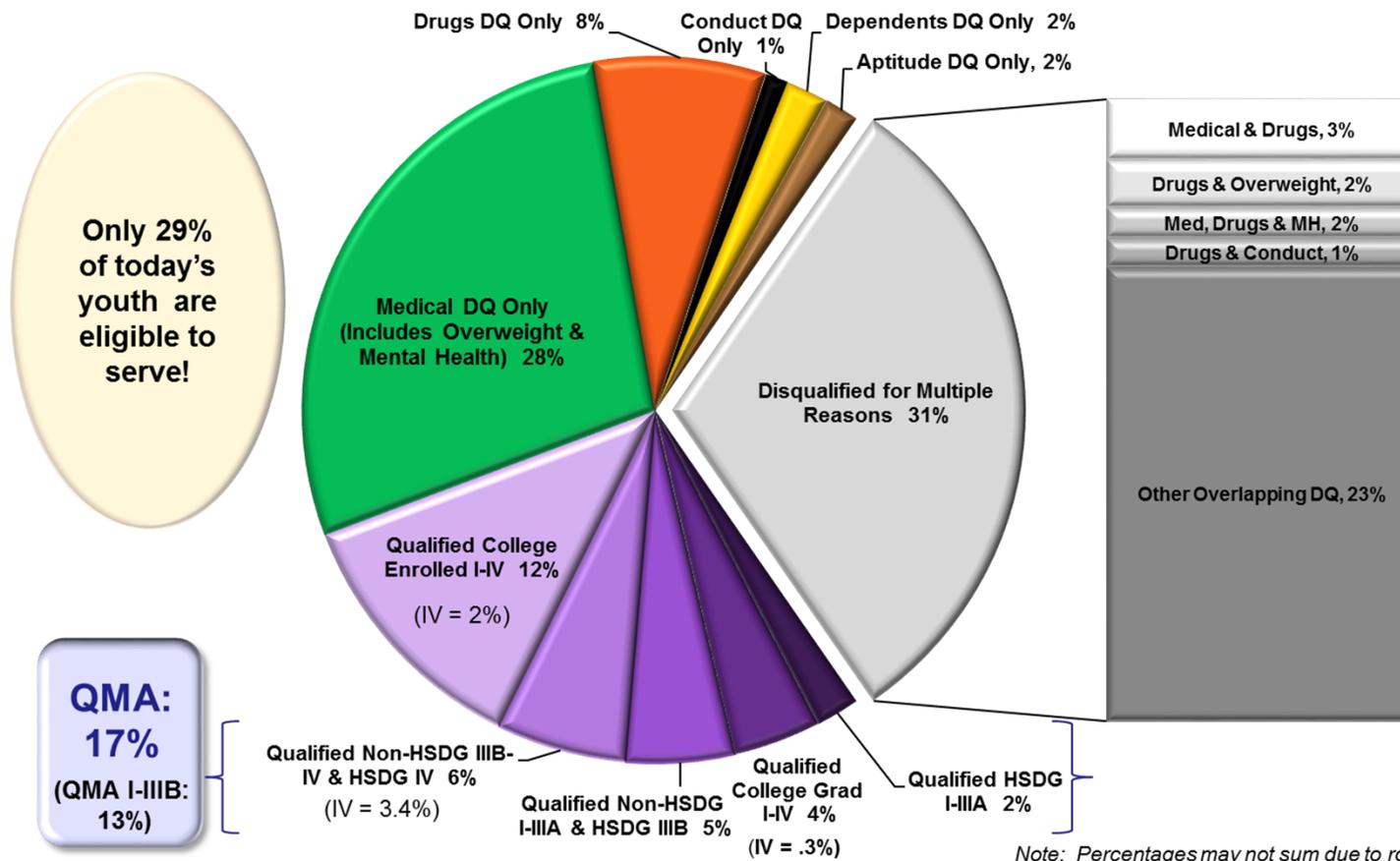
Questions?





Qualified Military Available (QMA)

- Only **29 percent** of the American youth population qualify for enlistment (without a waiver) by today's standards.



QMA: 17%
(QMA I-III B: 13%)



Fiscal Year 2019 Mission

Service	Goal
Army – Active, Guard, and Reserve	122,600
Navy – Active and Reserve	48,162
Marine Corps – Active and Reserve	41,370
Air Force - Active, Guard, and Reserve	47,132
DoD Total	259,264

Source: Services

The Department of Defense is also projected to gain approximately 29,000 officers in fiscal year 2019.





A Challenging Recruiting Environment

- **Low unemployment has a negative impact on recruiting**
 - Overall unemployment has hovered around 4 percent -- lowest since May 2001
 - Youth unemployment (16-24 YOs) (Not to be confused with "teenage unemployment") has been between 8 and 9 percent -- lowest since Dec 1969
- **Youth propensity to join the military is low and steady, ~13 percent**
- **We must work to educate and better inform the general public**
 - The declining veteran population and shrinking military footprint has contributed to a market that is unfamiliar with military service resulting in an overreliance on military stereotypes
 - The majority of youth believe someone separating from the military will have psychological problems (65%), difficulty readjusting to everyday life (64%), or have physical injuries (57%)
 - Over the last decade there have been sharp declines in positive perceptions of military service
 - Today's youth are exposed to more advertisements on a daily basis than ever before and have more options to "tune out" the messages they don't perceive as relevant, particularly on social media

Sustaining the AVF Requires Constant Attention



TRICARE Medical Records Policies and Procedures

CAPT Ed Simmer

March 19, 2019



“Medically Ready Force...Ready Medical Force”

Electronic Medical Records: A Major Advance for Medical Practice



- Electronic medical records have many advantages that improve the quality and continuity of care:
 - Ensures providers have immediate access to the entire treatment history, especially when multiple providers are seeing the same patient
 - Relative ease of access; even from one facility to the next; or from the battlefield to stateside military treatment facility
 - Legible
 - Electronic order entry reduces risk of errors
 - Easier to include lab tests, radiology studies, etc.
 - Allows tracking of data over time which can assist treatment planning
 - Can set alerts for needed preventive services, periodic tests, etc.
 - Patients can access their own information
 - Lower risk for loss of information
 - Facilitate evidence-based care and value-based care
 - Using Health Care Information Exchanges (HIEs), can share information across healthcare systems

DHA's Role in Securing Electronic Protected Health Information



- Securing electronic protected health information (ePHI) in DoD health care programs is of paramount importance to the Defense Health Agency (DHA)
 - Essential safeguards are in place to protect ePHI used in direct care within the Military Health System (MHS), and shared with health care delivery partners, including TRICARE Managed Care Support Contractors (MCSCs), Pharmacy, Laboratory services, and Health Information Exchange (HIE) partners

- The Director, DHA ensures MHS compliance with DoD Instruction (DoDI) 8580.02, Security of Individually Identifiable Health Information in DoD Health Care Programs, and oversees coordination between the DHA Privacy Office and the DHA Chief Information Officer (CIO)
 - DoDI 8580.02 is the DoD's implementation of the "Health Insurance Portability and Accountability Act (HIPAA)." The instruction also includes key elements of sections 3541 through 3544 of Title 44, U.S.C. (the "Federal Information Security Management Act (FISMA) ")

Medical Information Security in TRICARE



- Protection of our beneficiaries privacy and information is very important
- All of TRICARE's support contractors (Humana, HealthNet, International SOS, USFHP sites, ESI, etc.) are required to use HIPPA compliant, secure systems and have high levels of protection for all Protected Health Information (PHI)
 - Their subcontractors must use this same level of protection
 - Telehealth applications are required to be HIPAA compliant
 - In most cases, MCSCs do not have the actual medical record

Electronic Medical Records: Non Medical Uses



- The non-medical use of PHI is strictly limited
- Release minimum amount needed
- Under HIPAA and other Regulations, there are some authorized non-medical uses for medical records (including electronic medical records)
- These include:
 - Billing/insurance claims
 - Planning for medical services (for example, tracking changes in the number of people with a particular condition) - data is deidentified.
 - In some cases, law enforcement purposes
 - Active duty military readiness
 - When the patient (or guardian) gives permission
 - Includes entry into the military

Questions?

Future Implications Related to Medical Records:

The Impact of Using Military Children's Medical Records on the Accessions Process

Stephen J. Cozza, MD
COL, U.S. Army, Retired
Associate Director,
Center for the Study of Traumatic Stress
Professor, USUHS

Eric M. Flake, MD
Col (sel), U.S. Air Force
Program Director,
Developmental Behavioral Pediatrician
Madigan Army Medical Center
Associate Professor USUHS



The presenters' expressed opinions are their own and do not necessarily reflect those of the Uniformed Services University or the Department of the Defense.

Questions Raised

Editorials

Editorial: Military kids should not be penalized for seeking behavioral health help

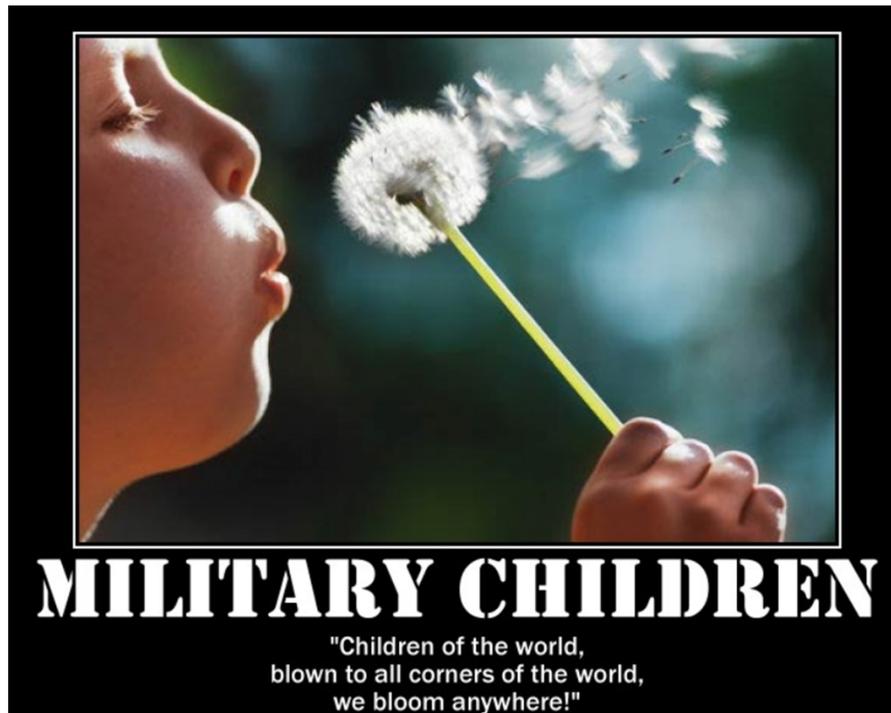
By: Military Times Editors April 23, 2018



A recent Military Times investigation revealed how the Army and the Air Force have been handling the health records of military children who join the military as adults. (Tech. Sgt. Manuel J. Martinez/Air Force)

- Do current policies recognize the unique strengths of military children or do they overly scrutinize those military children who could thrive in military service?
- Do current policies reflect realities associated with increasing diagnosis of mental health and developmental disorders?
- Do current policies reflect an understanding of the longitudinal course of childhood illnesses or their impact on young adult functioning?
- Could current policies using children's medical records to determine fitness-for-duty discourage parents from seeking help for their children?
- Do historical medical records provide reliable information about prior diagnoses and accurately identify individuals who are not capable of effectively serving?

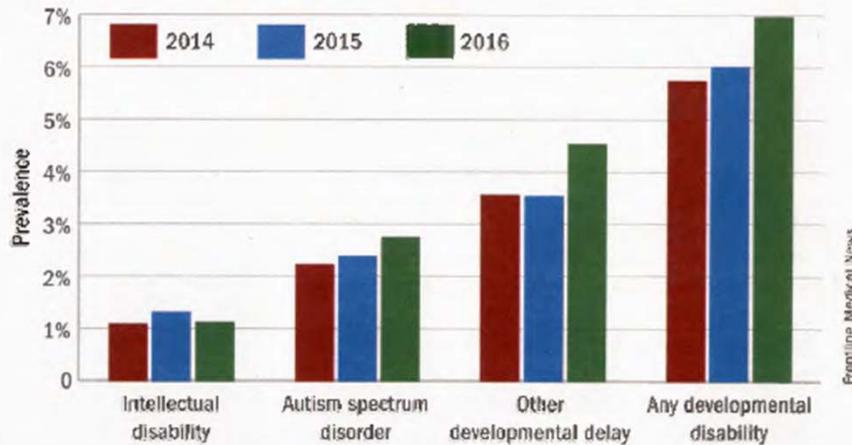
Military-Connected Children and Youth



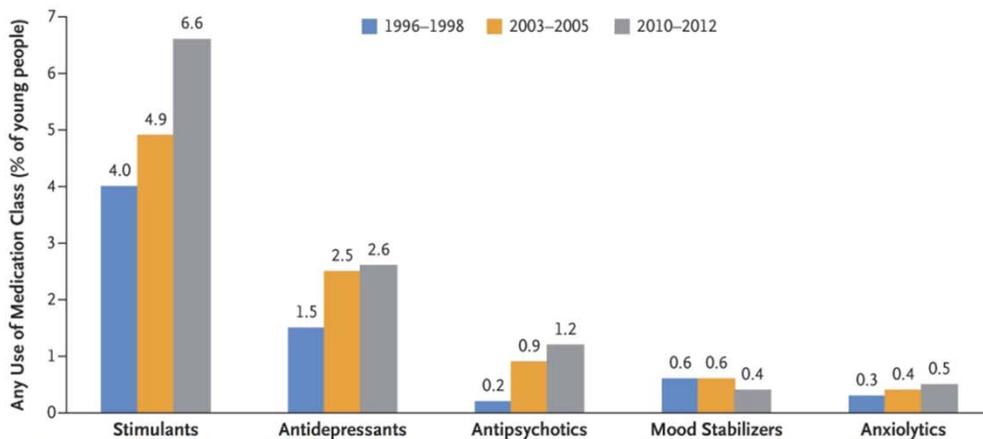
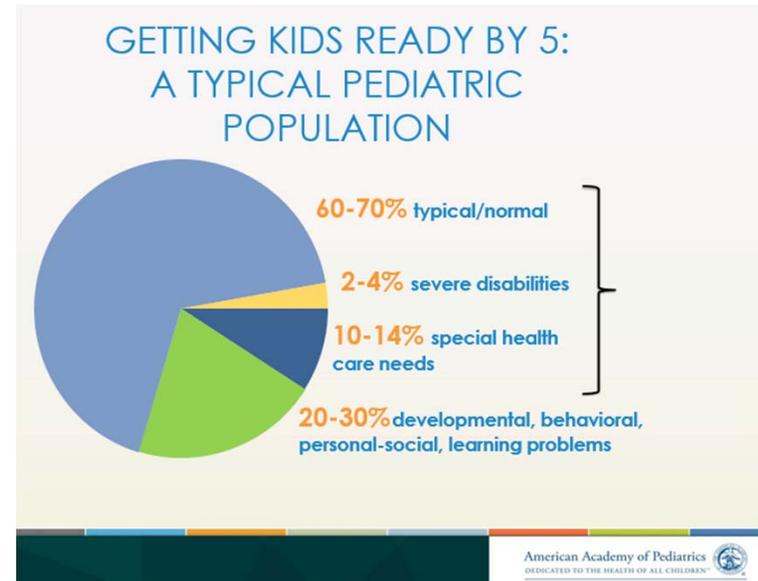
- Military children are the largest youth group in the U.S. to choose military careers
- Military children have greater experience in military life
- Strengths associated with military experience and adversity management
- One out of five military children accesses mental health care
- One out of four military families have a child enrolled in EFMP

U.S. Trends in Childhood Diagnoses and Treatment

Children with diagnosed developmental disability



Note: Based on data for children aged 3-17 years from the National Health Interview Survey.
Source: National Center for Health Statistics



Trends in Mental Health Care among Children and Adolescents

Mark Olfson, M.D., M.P.H., Benjamin G. Druss, M.D., M.P.H., and Steven C. Marcus, Ph.D.

- Increasing prevalence
- Increasing care utilization
- Increasing medication use
- Do trends reflect increasing problems or increasing treatment?
- Does historical treatment indicate risk, health, or both?
- Potential impact on meeting recruitment goals

Stigma, Access to Care and Potential Unintended Consequences

- Culture change to increase mental health care availability and utilization to military children.
 - Cozza and Lerner 2013
 - RAND Deployment Life Study, 2016
- What is the impact of encouraging military parents to seek professional support that is later used to determine suitability for military service?
 - Potential for fraudulent reporting and risk for families seeking less evidence-based treatment

Reliability of Medical Records

- Clinicians document within medical records for treatment and reimbursement rather than accession determination purposes
- Medical records have been shown to be problematic in terms of accuracy/reliability
 - Peabody et al., 2004
 - changes in existing diagnostic systems (DSM/ICD)
- Diagnoses may/may not be accurate representations of conditions (e.g., major depressive disorder vs. adjustment disorder) or current functioning

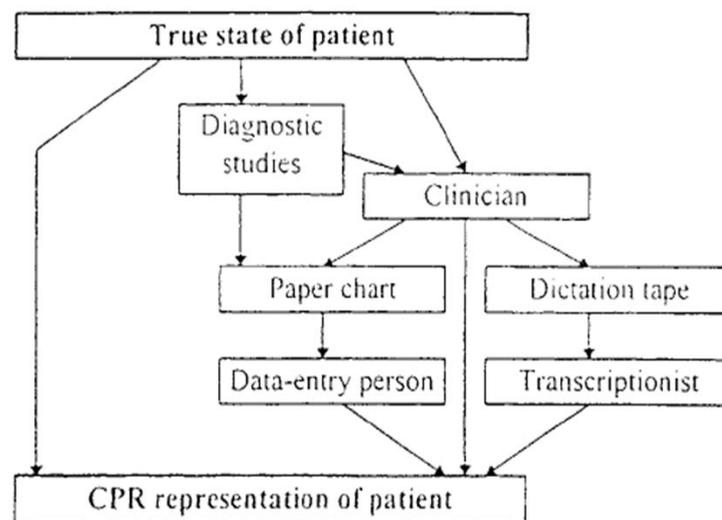


Figure 1 The variety of mechanisms by which historical facts, observations, and measurements flow into a CPR. Error can be introduced at any step.

Longitudinal Course of Childhood Conditions

- Does DODI reflect current knowledge of child development and continuity of childhood conditions?
- What is the appropriateness of using diagnoses, medication use, IEPs and 504 (accommodation) in determination of fitness-for-duty?
- Some childhood disorders impose risk of adult conditions, however the effect is variable (Copeland et al., 2009; 2013)
- Army STARRS data identify no greater risk of soldiers given accession waivers to suicide (Schoenbaum et al., 2014)
- Prediction of low occurrence events (e.g., suicide attempt) is less reliable

Why the military should consider a waiver for high-functioning autism

By: James Strack

- 25 y/o male with Autism
- NY National Guard x 3 yrs
- Successful boot camp grad
- College degree
- Told to hide his diagnosis
- Rejected by Army and Marines
- Not given opportunity to take ASVAB or appeal

“I am asking the military to make high-functioning autism a waivable condition for military service”



Opportunities Moving Forward

- GOAL: Identify individuals who are not capable of effectively serving, while not excluding those with pre-existing mental health/developmental histories that could successfully serve
- Incorporate current science to inform a process that identifies and excludes problematic risk
- Risk averse screening may relieve concerns, but may become problematic as the number of qualified candidates decreases
- Encourage the Accessions Medical Standards Work Group to consider these implications to current policies



Question & Answer Session and Council Member Discussion



Closing Remarks

**Honorable James N. Stewart
Chairman**



Meeting Adjourned!

**Next MFRC:
June 13, 2019
PLCC Room B6
10:00 – 12:00**