Raquel Bono

[Music]

Mark Masselli: This is Conversations on Health Care I'm Mark Masselli.

Margaret Flinter: I'm Margaret Flinter.

Mark Masselli: Well, Margaret more comings and goings in the president's cabinet, his choice to fill the vacancy left by the ouster of V.A. Secretary Shulkin has taken himself out of the running. Ronny Jackson the White House physician withdrew from consideration for secretary of Veterans Affairs.

Margaret Flinter: Well it seems that President Trump's choice to run the V.A. ran into opposition just about from the beginning Mark. We know what a huge organization the V.A. is it serves the health needs of some nine million Americans and employs 350,000 medical professionals. Both democratic and republican members of congress had expressed concern over his seeming lack of experience required to run such a massive health agency.

Mark Masselli: I think the only silver lining in this cloud was that the Senate Veterans Affairs Committee acts in a bipartisan way. Both are very focusing on making sure our veterans are well taken care of at the leadership level.

Margaret Flinter: Well serving the needs of the nation's military is a strategically complex task and that brings us to our guests today Vice Admiral Raquel Bono is the Director of the Defense Health Agency or the DHA which oversees the health needs of the nation's military. She has decades of experience from her days as a field surgeon during Desert Storm to now running this really quite massive organization.

Mark Masselli: Vice Admiral Bono will share some unique insights into the challenges of delivering quality care from the battlefield triage to promoting prevention and primary care for the entire population, really looking forward to that conversation Margaret.

Margaret Flinter: Indeed we are. Lori Robertson will check in the managing editor of Fact Check dot org. No matter what the topic you can hear all of our shows by going to chcradio.com or follow us on Twitter or iTunes.

Mark Masselli: As always if you have comments please email us at chcradio@chc1.com or find us on Facebook or Twitter we love hearing from you.

Margaret Flinter: We'll go to our interview with Vice Admiral Raquel Bono of the Defense Health Agency in just a moment.

Mark Masselli: First here is our producer Marianne O'Hare with this week's headline news.

[Music]

Marianne O'Hare: I'm Marianne O'Hare with these health care headlines. Another

health industry executive is being considered for a big job in the cabinet the VA secretary post after the administration's pick to replace David Shulkin Ascensions CEO Tony Tersigni is considered a capable steward of a large health system. While he doesn't help from a military background, he's had significant experience working with the VA health system partnering with the Veterans Choice Program which was launched after a long wait times came to life in 2014.

There are several other reported names on the list acting VA Secretary Robert Wilkie who has been praised as doing a quote, “Good job.” By the president also mentioned recent Cleveland Clinic CEO Toby Cosgrove who helped turn Cleveland Clinic into a global health entity. Fox News contributor and Iraq War veteran Pete Hegseth is another name being mentioned. The 37 year old conservative considered controversial pick within the veterans community having come up against a Secretary Shulkin who was against the privatization of the VA health system.

Meanwhile, some good news a recently released RAND Corporation study has shown the VA outperforms many other hospitals and health agencies in terms of outcomes. The study commissioned by the U.S. Department of Veterans Affairs the RAND study found the VA performed significantly better than non-VA hospitals on a number of measures such as mortality and effectiveness of treatment. However, they did more poorly on readmissions.

For some soldiers insomnia can be an issue. A study of a 150 active duty soldiers at Fort Hood were able to improve their condition with talk therapy methods given over a short period of time. The soldiers were given a number of 60 minute sessions that taught them relaxation techniques and sleep hygiene. Short term therapy intervention seem to work, the soldiers who completed the so-called CBTI therapy interventions reported better sleep overall. Fewer bouts of wakefulness and there was an added benefit, those soldiers also fared better on mental health tests such as mental fatigue and mental wellness. An estimated 20% of enlisted soldiers are wrestling with insomnia issues. The study's lead author suggesting this training should be provided on a much broader scale to address the health issue which can also be a red flag for other mental health concerns among the nation's military. I’m Marianne O’Hare with these health care headlines.

[Music]

Mark Masselli: We’re speaking today with Vice Admiral Raquel Bono director of the Defense Health Agency the DHA. The DHA directs the 10 joint shared services including TRICARE the military health plan. Admiral Bono began field duty as a surgeon in 1990 during Operation Desert Storm, and has since earned numerous distinctions including the Defense Superior Service Medal and the Legion of Merit Medal. Admiral Bono served as the 11th Chief of the Navy Medical Corps. She earned her medical degree from Texas Tech University completing her general surgery residency at the Naval Medical Center. Admiral Bono welcome to Conversations at Health Care.

Raquel Bono: Thank you.

Mark Masselli: Yeah, you're at the helm of one of the largest and perhaps most complex health systems in the world the Defense Health Agency covers millions of active enlisted and deployed members of all of the branches of the armed forces around the world as well as the health care needs of their families. I'm wondering if you could share with our listeners the greater challenges that you face at DHA to service such an enormous health care delivery system.

Raquel Bono: We are actually a microcosm of the larger health care environment. Many of the challenges that you're seeing in the National Health Care are very similar to some of the challenges that we see in military health system. We are like the seventh largest health care system one of the largest federated health care systems. What you've got there are 9.4 million beneficiaries who need to receive care in a variety of settings whether that's across the United States or overseas in international areas where we have some of the members of our military forward deployed. Certainly the thing that people most readily associate with the military health system is when we're around the combat field taking care of those that maybe in harm's way. Just that alone gives you kind of an understanding of the scope and the types of patients that we might be serving. Even in those very unique settings that challenges and the opportunities and the desire that we have for our beneficiaries is very similar to what we're trying to accomplish in the health care for our nation.

Margaret Flinter: Well Admiral Bono your agency has to ensure that members of the military have access to really sophisticated and quality care in the war theater. Share with our listeners little more about what are these unique challenges of delivering health care in a hostile and unpredictable environment?

Raquel Bono: Absolutely what we do when we have people who are actually forward deployed, and in some cases an international settings where they also are allowed to bring some of their family members. This would be places like Italy and Germany, and we do very extensive partnering with not only our partners with international SOS but also partnering with the local health care that they have in the area. In many of these overseas areas the health care that is available there is very comparable to western medicine. When we get to the more austere environments where we're forward deployed and we're in a contingency setting or a combat setting, you're absolutely right, we're working in a much more austere environment where we adhere to the principles of suscitation and treatment that are common across any of the emergency areas in the United States and in the emergency departments. It does require us to have all certain level of innovation and several things have come out of this last conflict where we have looked at the use of tourniquets and how effectively we now use them in a situation where you have significant hemorrhage. You may also see the military partnered with the American College of Surgeons to stop bleed campaign.

Margaret Flinter: Right, I've been reading about that.

Raquel Bono: Yes and so this is very exciting because for a while there tourniquets had fallen out of favor, but because of the successful experience that we've had on the battlefield we were able to come back and everybody's been able to relook now

at the use of tourniquets recognizing that they can be used in a very effective and safe way. I think that's an example of where and a very austere and hostile environment we've kind of re-innovated the use of the tourniquet and been able to inform how that would make a very positive impact on civilians emergency care.

Mark Masselli: Admiral you are appointed to your current post under President Obama and it was with a clear mission in mind to oversee the transformation of the defense health agency become more streamlined and hopefully elegant as we like to say, and the DHA is in a period of profound change management including the deployment of a new electronic health records system. For all those who listen who know that is a challenge in any organization across your system. I can't imagine how you sleep at night, but tell us about the new EHR system you're adopting and the operational changes required for its implementation at DHA.

Raquel Bono: I think that this is an important advancement for the military health system. We realized that there are more elegant solutions that are out there in the commercial sector. The defense health agency is looking to optimized those connection that we have with the industry to say what are some of the solutions that you're using and is that something that we can deploy within our military health system. This is a commercial off-the-shelf program, and we wanted to bring that in for a variety of reasons, because we recognize that with technology moving as quickly as it's moving that we needed to be able to have access to the leading edge that industry offers. Going with the commercial off-the-shelf product was an extremely part for us from the military health system. That is a significant change management effort. I think for the military health system with makes this something that is a driven change is that we all share the same goal, making sure that we're taking care of our patients no matter if they army, air force and navy, whether they're here in Garrison or whether they're deployed to the battlefield. With our new electronic health record it allows us to maintain access to our patient's data no matter where they may be transferred because one of the unique things about our patient population our military is that every couple of years we moved different duty station. Having this electronic health record system that can be access no matter where our patients are is a strong enabler to making sure that we're providing that continuity of care and we're getting that most transparency of our patient data.

Margaret Flinter: Well, Admiral Bono you've got some very specialized health care workforce needs preparing your frontline trauma physicians and surgeons and nurses for care delivery in the conflict zones and also the care that goes on afterwards for those who've been wounded in battle. We've learned a lot about the Veteran Affairs health professional education and training system but I don't think we are well versed in the work that you are doing. Tell us about the infrastructure that supports the education and training of your clinical workforce.

Raquel Bono: You're right there's a broad spectrum that we need to be paying attention to, and in having the medically ready force and a ready medical force there are different drivers for how we go about doing that. Let me talk a little bit about the medically ready force, those are the folks that provide the health care that deploy with our operational troops to make sure that they are well cared for and that they have the medical support once needed in these different contingency environments.

Those that are what we think of as more combat oriented things like surgery, anesthesia, emergency medicine that have a lot of trauma related capability. Being able to make sure that we provide the right kind of training that we have the providers who are ready to go at a moment's notice is an imperative. We have a very strong reliance on our medical enlisted who often times do the immediate and the initial resuscitation for anybody who's injured.

For a medical enlisted, we have something called the Medical Education Training Campus in San Antonio Med C where for all the medical enlisted across army, air force, navy we're able to train them to a standardized level of how you do these type of trauma resuscitation. That's something I think you see reflected in the survivability rate that we had in the last 15 years. Our medics and our med techs are the first responders and because o f that standardized training they have, we were able to have a very high rate of survivability up in the 90s, 90 plus percent. For our surgeons, anesthesiologist for the specialty care we not only provide those opportunities within our military treatment facilities. We also partner with civilian institution with trauma centers, and a great example of that is some of the response that we've been able to participate in with our civilian partners the Pacific Northwest with the railroad that went off. Some of our providers and medic and were able to help the local trauma in Las Vegas with the terrible episode there.

Some of our military surgeons participated with the civilian in taking care of those victims. Then another examples in San Antonio where we have the only level one trauma center for the Department of Defense partnering with the university hospital enable them to be able to be part of the response to those subtle [inaudible 00:13:48] mass casualty.

Mark Masselli: We're speaking today with Vice Admiral Raquel Bono Director of the Defense Health Agency the DHA providing medical services to the army, navy, and the air force. Admiral you know we wanted to educate more people about the great work that happens at DHA. I think most of our listeners are probably more well-versed in the Veterans Health Administration. Wanted to know what the integration was, has the handoff go so that our audience might understand this continuum of care.

Raquel Bono: We know that the most vulnerable time in anybody's health care experience is when there is a handoff of some kind, even if it's something as simple as going from the emergency department to another part of the hospital. For us in the military system where we take care of our active duty who are in uniform and their family members we recognize that our partnership with the VA and this helps with the transition for all of our members as they go from the care that they receive in the DOD to the care that they receive in the veterans hospitals. What we try to do then is optimize our partnering with the VA and how we're going about doing that is with the electronic health record. We know that there's a lot of information sharing that needs to occur as a patient transitions or care from one sector to another. We want to be able to have as much transparency and interoperability of that data transfer with the VA. VA is also very interested in using the same electronic health record that we are deploying and we're working very closely with the VA to understand how that maybe optimized, it's a very exciting opportunity here.

I think the other things that we're looking at is how well can we partner with each other in certain locations where we have a strong military presence and we also have a strong VA presence, are there ways that we can be doing more resource sharing to include facilities, personnel, nurses, doctors, surgeons and then other services. We're actively looking for those types of opportunities and I think you're also seeing this in a civilian health care market is that there is more and more partnering and collaboration going on because the ability of any one system to provide all services is getting more and more challenging to do. The best way to do that is to find ways to partner and I think that makes partnering with the VA a natural fit.

Margaret Flinter: You know Dr Bono I think another area that must be a front of mind very shared concern with you and the leaders in Veteran Affairs is the invisible trauma done such an amazing job of saving lives on the battlefield and helping people recover. Trauma and post-traumatic stress disorder is such a concern for everybody. Highlight if you could some of the promising research that has emerged and how is that research now helping soldiers deal with PTSD or are we making some progress on that front?

Raquel Bono: Margaret I think we absolutely are, but I think that all of us collectively have come to appreciate how complex this actually is, and because it's so complex the solution set is not a one size fits all. There has to be a high degree of individualized treatment and a high degree of appreciation for how each individual is affected by trauma. The best approach is taking a multi disciplinary approach and a multi modality approach making sure that in all that treatment that the support network, the family of the individual is included as part of that. I can't stress how much we've realized that makes such an impact that we design our systems to make sure that we have that multimodality approach. We also realize that the network needs to be a part of that to include that in some cases the family and that network also need some assistance and support with any behavioral health repercussion. We have tremendous support from a lot of people in industry and in private organizations who are very helpful in making sure that we keep our military members and their families at the forefront of this.

Mark Masselli: Admiral you've been very focused on how we build a better 21st century health care system. You have to do with not only within the various branches of the military but also across many of our NATO allies who partnered with the Defense Health Agency to provide care around the globe. Wondering if you could share with our listeners what have you learn that might be helpful for us to emulate in the broader health care system in America?

Raquel Bono: It is so true we've partnered with our international partners and allies and because we often time serve together in the battlefield or in a contingency operation we're often times taking care of each other's members. Being able to have that interoperability either in our equipment, our devices, our processes in our health record only serves to enhance and support that ability to care for people in a very rapid way but also make sure that we're keeping the transitions as tight and as informed as possible. Not only do we continue to work with them or not and

participate in training evolutions where we have this military training we always make sure that we're doing some type of medical training as well with our partners. What I've done here on the Defense Health Agency is actually invited representatives from Germany, Canada and the UK to sit here in the Defense Health Agency and to be a part of our conversation so that we have access to some of the things that they're thinking and they actually can participate in helping to shape and inform our thinking of where we'd like to go with our next effort.

Margaret Flinter: We've been speaking today with Vice Admiral Raquel Bono the Director of the Defense Health Agency. You can learn more about their work by going to Health.MIL/DHA or you can find follow Dr. Bono on Twitter @DHA Director. Vice Admiral thank you so much for your dedication, for your service to the country and for joining us on Conversations on Health Care today.

Raquel Bono: Thank you it's been my pleasure and I really appreciate you interest.

[Music]

Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?]

Lori Robertson: Many readers have asked us whether people have developed cancer because they received the polio vaccine. There are no known cases and it's very unlikely. In the 1950s and 1060s people did receive polio vaccines that were contaminated with a virus that causes cancer in rodent, but research suggests this virus doesn't cause cancer in humans. About one in 200 people who contract the polio virus develop polio which involves loss of movement in the limbs. In 1954 the year before the polio vaccine became widely available US saw more than 18,000 reported cases of paralytic polio. By 1964 that number had dropped to 106. While the US is virtually polio free the disease still is present in other parts of the world so the CDC still recommends that children get the vaccine. The vaccines develop Jonas Salk grew the polio virus in a culture of monkey kidney cells and then used a chemical called formalin to kill the virus rendering it unable to cause polio. Like other vaccines this dead virus in 1960 scientists discovered that some of the monkey kidney cells used to make the polio vaccine were contaminated with Simian Virus 40. For monkeys this virus is harmless but in high doses SV40 can cause cancer in rodents.

Starting in 1961 authorities required new lots of polio vaccine to be free of SV40 still many vaccines produced prior to this year weren't recalled. Even among the contaminated vaccines the formalin used to kill the polio virus killed all or most of the SV40 as well. Studies have consistently shown that people who received the polio vaccine in the 1950s and 1960s had no increased risk of cancer but that doesn't rule out the possibility that some select individuals could have developed cancer. While some vaccines were contaminated several decades ago it's very unlikely they caused anyone to develop cancer, and that's my tactic for this week I'm Lori

Raquel Bono

Robertson Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at CHCradio.com we'll have FactCheck.org's, Lori Robertson check it out for you, here on Conversations on Healthcare.

[Music]
Margaret Flinter: Each week conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. September is suicide prevention month and it's of particular interest to the Veterans Administration. An estimated 22 veterans per day are taking their own lives in what's being described as a post-war suicide crisis. The VA has launched a campaign aimed at all Americans who know veterans who may be struggling to be aware that they can make a difference just by reaching out it's called The Power of One campaign. The idea that one person reaching out to one veteran in a caring manner can make a difference.

Female: The power of one small action, one conversation or one phone call can make a difference in the life of a veteran going through a difficult time. For free 24/7 confidential support call the Veterans Crisis Line or the Military Crisis Line.

Margaret Flinter: According to Dr. Caitlin Thompson Deputy Director of VA Suicide Prevention Program it takes only a moment and just one small act can start them down the path to getting the support they need. The VA has launched a suicide prevention hotline it's now collaborating with community groups across the country to prepare them to better address the needs of these veterans, many of whom don't know how to ask for the help they need. Veterans, service members and anyone concerned about them can call the Veterans Crisis Line 1800-273-8255 they can chat online at Veterans Crisis Line.net/chat or send a text to 838255. All Veterans Crisis Line resources are optimized for mobile devices. A dedicated program aimed at reaching out to veterans across the country empowering community groups and individuals to find ways of offering support to getting veterans the help they need before it's too late, now that's a bright idea.

[Music]

Margaret Flinter: This is Conversations on Health Care I'm Margaret Flinter.

Mark Masselli: I'm Mark Masselli, peace and health.

Conversations on Health Care broadcast from WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.