

Female Force Readiness Clinical Community

Quarterly Recap | FY19 (September 2019 – November 2019)



The Navy Bureau of Medicine and Surgery (BUMED) Office of Women's Health (OWH) developed this Recap with the purpose of highlighting current initiatives, updates, decisions, and discussions which took place during the previous three months. We will regularly disseminate the Recap to the Female Force Readiness Clinical Community (FFRCC), sub-community boards, working groups (WGs), and clinical community members to increase visibility and communication on matters pertaining to women's health.

BUMED OWH Updates

Female Force Readiness Strategy

In August 2019, Navy Medicine hosted the 2019 Women's Health Summit, which convened multidisciplinary medical and operational stakeholders to review the current state of women's healthcare in the Navy and Marine Corps and determine the future priorities and initiatives of the first Navy Medicine Female Force Readiness Strategy. A formalized Female Force Readiness Strategy is necessary to organize and coordinate efforts to increase medical readiness, resiliency, and retention of the female force and improve comprehensive care delivery to female Sailors and Marines. The three overarching pillars of the Strategy are 1) Health and Wellness, 2) Education, and 3) Culture.

Central components of the strategy include piloting embedded women's health providers to improve service women's access to care, developing digital health education resources for service women, identifying and standardizing female force health requirements to increase medical readiness, and assessing knowledge, skills, and abilities of operational providers to ensure proficiency in women's healthcare. The Female Force Readiness Strategy has been approved by the Quality Collaborative Synchronization Board (QCSB) to move forward with presentation to the Navy Medicine Strategy Council (NMSC). The OWH is currently finalizing the briefing materials for the NMSC.



KEY INFORMATION

MilSuite

The following link can be used to join and access the Navy Medicine FFRCC milSuite site, as well as various sub-community sites:
<https://www.milsuite.mil/book/groups/navy-medicine-womens-health-community>

Key Points of Contact

BUMED OWH:

CDR Shannon Lamb

Female Force Readiness Advisory Board (FFRAB)

Chair:

CDR Shari Gentry

FFRAB Vice Chair:

CDR Monica Ormeno

Mental Health Sub-Community Board (MHSCB)

Chair:

LCDR Francine Segovia

MHSCB Vice Chair:

LCDR Ashley Clark

Neuromusculoskeletal Sub-Community Board (NMSK SCB)

Chair:

CDR Michael Arnold

Family Planning Sub-Community Board (FPSCB)

Chair:

CDR Candace Foura

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CLINICAL COMMUNITY UPDATES

I. FFRAB

The FFRAB oversees two active WGs:

- The Manual of the Medical Department (MANMED) WG is finalizing revisions to the MANMED Chapter 15 "Medical Examinations", Section V "Annual Health Assessment Recommendations for Active Duty Women," which has not been updated since 2013. By the end of calendar year (CY) 2019, WG members will submit final recommendations for revision to the annual well-woman assessment to BUMED leadership for review.
- The Deployment Readiness Education for Service Women (DRES) WG is developing a comprehensive women's health education resource. This resource will be provided in a searchable portable document format (PDF) to provide female Sailors and Marines with critical information on self-care, preventive practices, and relevant Navy policies prior to and during deployment.

II. MHSCB

- The MHSCB's scope has evolved to reflect Navy Medicine's exclusive readiness focus and transition away from medical treatment facility (MTF) care management. The new scope will be centered on initiatives that impact the total fleet and force while still partnering with MTFs and clinical providers to advance women's mental health care across all platforms. The MHSCB will (1) advise and support the fleet and total force in the standardization of education, training, and policies that improve women's mental health support and clinical services, (2) prioritize women's mental health initiatives and projects in operational environments across the Enterprise, and (3) identify and implement opportunities to improve the transition of care between operational platforms and MTF-based care.
- To support the new mission and scope of the MHSCB, MHSCB members elected LCDR Ashley Clark, an Operational and Clinical Psychologist at Marine Corps Recruit Depot (MCRD) San Diego, who has extensive experience as an embedded mental health (eMH) provider with both Sailors and Marines.

III. NMSK SCB

- The NMSK SCB stood up three Tiger Teams to advance the delivery of NMSK care to the female force. These Tiger Teams are focusing on (1) writing a proposal to the Medical Officer of the Marine Corps on the opportunity to train Navy Medicine Physical Therapists in Pelvic Floor Physical Therapy (PFPT), (2) developing a self-directed program to reduce hip and back pain, and (3) collecting data on pre-Service activity levels among active duty women to identify trends related to pre-Service fitness levels and early-career injuries.

IV. FPSCB

- The 21st Navy Medicine Contraceptive Walk-In Clinic opened at United States Naval Hospital (USNH) Rota in November 2019. Since the opening of the Walk-In Clinics in 2016, long acting reversible contraception (LARC) visits have increased 207% among the high-risk population (between ages 18-24); among all active duty service women, LARC use has increased 143% and short-acting reversible contraceptive (SARC) use has increased 168% (October 2019).
- FPSCB members are working to raise awareness of the recently implemented a 'train the trainer' program on subdermal contraceptive implant placement. This program will increase the number of military health providers who are certified to provide training on NEXPLANON® insertion to further increase contraceptive access.

Upcoming Meetings 2020

FFRAB

- 13 January
- 10 February
- 16 March

MHSCB

- 16 January
- 19 March
- 21 May

NMSK SCB

- 08 January
- 05 February
- 04 March

FPSCB

- 09 January
- 05 March
- 07 May

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FFRAB Spotlight Presentation

The October FFRAB meeting featured a spotlight presentation on Telepsychiatry by LCDR Raquel T. Williams. LCDR Williams spoke with the group about a successful telepsychiatry initiative executed across the USS Kearsarge, the USS Arlington, and the USS Fort McHenry. At times, the three ships were not in vicinity of each other, making it impossible to physically transfer patients from the USS Arlington and USS Fort McHenry to the USS Kearsarge where CDR Gentry (Family Medicine) and LCDR Williams (Psychiatry) were located. To enable coordinated care despite these physical constraints, General Medical Officers (GMOs) and Independent Duty Corpsmen (IDCs) aboard the USS Arlington and USS Fort McHenry would connect virtually with CDR Gentry and LCDR Williams to ask specific questions about their patients' behaviors or adjusting medication plans. Although there were less than 10 telepsychiatry cases during their deployment, several medical evacuations were avoided and service members with suicidal ideation were able to receive real-time consults.

New Contraceptive Option: Annovera®

Annovera®, a new contraceptive option, will become available on the commercial market in February 2020. Annovera® is a reusable, donut-shaped, non-biodegradable, flexible vaginal system that is 97.3% effective at preventing pregnancy when used as directed. It is the first vaginal ring contraceptive that can be used to prevent pregnancy for an entire year. The DoD Pharmacy and Therapeutics Committee will review Annovera® for inclusion on core formulary.

Performance Improvement: Pain Management

Analysis of the quantity of opioids dispensed after gynecologic and obstetric procedures demonstrated military patients received more than the recommended dose of opioids for cesarean sections and gynecologic surgical procedures. Using this information, facilities with averages outside of the standard were targeted and have since changed their order sets to reflect OPEN (Opioid Prescribing Engagement Network) recommendations, decreasing the average number of pills dispensed per patient from 50 pills to 15 for those facilities.

MHSCB Spotlight Presentation

During the October 2019 MHSCB meeting, LCDR Nicholas Guzman, Command Psychologist at Naval Special Warfare Group Three based in Honolulu, HI, discussed his role and experiences in operational medicine. Specifically, the role of Command Psychologist for Special Warfare has evolved over time and now includes clinical care and disposition, education and training, selection and screening advisement, and general consultation to leadership in areas such as human factors.

National Defense Authorization Act 2020 (NDAA2020) & Women's Health

NDAA2020 includes a requirement that female members of the Armed Forces who are separating or retiring from the military during fiscal year (FY) 2020 are encouraged to participate in the Women's Health Transition Training Program. This program is administered by Veterans Affairs (VA) and aims to support service women as they transition to access care from the Veterans Health Administration (VHA). NDAA2020 also includes a mandate that the Secretary of Defense must submit annual reports to the appropriate congressional committees on the findings of the Millennium Cohort Study (conducted by the Naval Health Research Center San Diego) relating to the gynecological and perinatal health of female servicemembers participating in the study.