

Female Force Readiness Clinical Community

Quarterly Recap | FY20 (December 2019 – February 2020)



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

The Female Force Readiness Strategy has been approved by the Surgeon General and confirmed as part of Navy Medicine's overarching Strategy. BUMED OWH is further investigating associated cost estimates of solutions and developing a dashboard of metrics to evaluate the impact of the strategy solutions.



Embedded Women's Health Provider Pilot

An Embedded Women's Health Provider (EWHP) Pilot is proposed to deploy in 2020. The EWHP model would shift a women's health provider from a traditional care setting to be in the same environment as their active duty patient population. Access to an EWHP would promote the strength of the female force by ensuring that service women are able to access preventative care, resolve health challenges quickly, and minimize time away from duty. The EWHP Pilot will implement the EWHP model at sites with a concentration of active duty women and demonstrated demand for women's health care services.

Readiness Assessment

As a follow-on to the Patient Experience Initiative, representatives from the BUMED OWH will conduct a follow-on Assessment to investigate specific challenges to the medical readiness and deployability of the female force. Focus groups will be conducted with leadership, providers, and female sailors and marines in regions with high active duty populations.

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 and
CDR Catherine Luna

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 Manual of the Medical Department (MANMED) WG finalized revisions to the MANMED Chapter 15 “Medical Examinations”, Section V “Annual Health Assessment Recommendations for Active Duty Women”. Their recommended updates will be reviewed by BUMED leadership in coming months during a comprehensive review of the entire chapter.
- The Deployment Readiness Education for Service Women (DRES) WG developed a Handbook including information on healthy practices and available resources to support service women’s healthcare needs and challenges before and during deployment. CDR Lamb is working with DHA, BUMED, and N1 for options to identify the appropriate platforms to disseminate the information.



II. MHSCB

- The MHSCB welcomed 15 new members from psychology, psychiatry, and psychiatric nurse practitioner specialties.
- The Navy Medicine Mental Health Provider Survey has obtained IRB approval. The survey solicits information regarding providers’ training, background and experience, and the types of mental health services currently provided to women across the Navy during various stages of life. Data from this survey will be used to identify female-specific educational needs for mental health providers to support care for active duty service women.
- MHSCB members have discussed cultural competency training for providers to improve care for patients of all backgrounds. Three members have volunteered to be a part of the Cultural Competency Training WG. If you are interested in being a part of the WG reach out to CDR Derek Miletich, the WG lead.

III. NMSK SCB

- The proposal to train Navy Medicine Physical Therapists in Pelvic Floor Physical Therapy has been drafted and is being socialized among relevant specialty leaders before submission to the Medical Officer of the Marine Corps.
- NMSK SCB members gathered information on resources that exist for pre-service training across international militaries that Navy Medicine can use as guiding examples to improve the Navy Operational Fitness and Fueling System (NOFFS) app.

IV. FPSCB

- Clinical research demonstrates that long acting reversible contraceptive (LARC) use beyond the Food and Drug Administration (FDA) approved duration is safe and effective. FPSCB members are working to develop a handout to guide providers on how to discuss the option to use LARC devices beyond the FDA-approved duration with their patients. This could offer patients greater convenience as they are allotted more time before needing to have the device removed and replaced.
- A recent ethnographic study found that many service women do not practice menstrual suppression due to concerns about safety. FPSCB members are developing a one-pager addressing patient concerns about menstrual suppression.
- Updated data on Contraception Walk-In Clinics (PINC) show that over 50% of patients that access the clinics are choosing LARC methods, versus only 25% at locations that do not have PINC clinics.

**Upcoming
Meetings 2020**

FFRAB

- 20 April
- 18 May
- 15 June

MHSCB

- 16 April
- 21 May
- 18 June

NMSK SCB

- 01 April
- 06 May
- 03 June

FPSCB

- 07 May
- 02 July
- 03 September

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Support for Service Members Pursuing Vitro Fertilization (IVF) and Adoption

The N17 Office of Inclusion & Diversity is initiating efforts to develop policy to better support service members undergoing adoption and reproductive endocrinology and infertility (REI) procedures. This effort will be focused around developing a policy that would allow service members undergoing IVF, REI, or adoption processes to defer deployment or a PCS for up to 12 months. This WG will also establish guidelines on what information service members must share with their leadership related to undergoing IVF or REI treatment procedures. In addition to the N17 Office of Inclusion and Diversity, representatives from the Bureau of Naval Personnel (BUPERS) and the Office of Accession & Retention will be involved in the group. Monthly meetings will begin soon.

New Contraceptive Option: Slynd®

The FDA has approved the new drug application for Slynd®, an oral contraceptive tablet for pregnancy prevention containing drospirenone 4 mg. Slynd® is a unique option as it has a longer half life than other progesterone only pills on the market so does not require same time dosing each day. This not only can result in favorable safety and increased efficacy, but an improved bleeding profile and contraceptive efficacy in the event of a delayed or missed dose. FPSCB members are writing a white paper for Slynd® to be added to core formulary.

FFRAB Spotlight Presentation

CDR Monica Ormeno gave a spotlight presentation on the Navy Medicine West (NMW) Transgender Care Team (TGCT) during the February FFRAB meeting. The TGCT is a multidisciplinary group of providers that design treatment plans for transgender service members and give advice to Commands on anything that impacts the readiness of service members as they undergo gender transitions. The TGCT also provides medical training to non-subject matter experts of transgender care and offers medical care coordination for gender-affirming surgery.

NMSK SCB Spotlight Presentation

During the March 2020 NMSK SCB meeting, LCDR John Fraser presented the findings of a study on lateral ankle sprains (LAS) in the Armed Forces. This study assessed the risk of LAS across gender and occupations for all military members from 2006-2015. Service women overall have a significantly higher risk of LAS, especially for those that are enlisted. Prevention efforts include co-location of specialized care such as physical therapy to avoid secondary injuries, exercise, and bracing.

Writing the Defense Health Agency (DHA) Procedural Instruction on Contraceptive Walk-In Clinics

The Contraceptive Walk-In Clinic model will be implemented on a Tri-Service level to fulfill a new requirement that all MTFs must offer a walk-in option for access to contraceptives. It would be helpful to have providers that work in Walk-In Clinics or have established clinics at their command involved in the creation of the resource to give a perspective on day-to-day operations. When writing this resource, it will be important to be prescriptive and clear on the standard operating procedures (SOPs) as they were written to maximize efficiency and financial resources. Please reach out to CDR Lamb if you are interested in contributing.