Tuesday 3 December 2019 Sessions and Abstracts

As of 11/18/19

CE = CE/CME credits available (ACCME, ANCC, AANP, ACPE, APA)

🦷 = sessions approved for dental ADA CERP, as well other professional accreditations listed above.

Presentations in Exhibit Hall

Philips

Speakers: TBA

First 30 minutes: ***Garrison Care & the Impact of Technology***

Second 30 minutes: ***Prolonged Field Care & the Future of Operational Medicine***

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daVinci Robotic Surgery Government Executive Education Session

Hosts: Dr. Ernest Lockrow, Professor and Vice-Chair, Department of OBGYN, Uniformed Services University; Dr. Josh Tyler, Colorectal Surgeon, Keesler Air Force Base Medical Center

Dr. Neil Phippen, GYO, Brooke Army Medical Center; Dr. William Wrightson, Thoracic Surgeon, Robley Rex VAMC, Louisville, KY; Dr. Doug Stoddard, General Surgeon, Darnall Army Medical Center; Dr. Rahul Dudhani, General Surgeon, Syracuse VAMC; Maj (Ret) Scott Thallemer, Director Keesler AFB Clinical Research Lab InDoRSE Program

Learning Objectives:

1. Overview of Government Robotic Surgery Landscape: DoD &VA
2. DoD/VA Programmatic Best Practices Shared
3. Quantifying the Clinical and Economic Impact of daVinci within the Gov't Sector
4. Building a Gov't daVinci EcoSystem: What resources are available?
5. Current topics effecting the Gov't Robotic Surgery Landscape
6. Q & A with Gov't Clinical Faculty Panel

Breakout Sessions:

MHS GENESIS—Transforming the Military Health System CE

Speaker: Maj Gen Lee Payne, MHS Genesis Functional Champion

Abstract: MHS GENESIS applies a data-based approach to improving patient care and user experience. Using cybersecurity, cross-agency partnerships, and a focus on patient outcomes, MHS GENESIS is addressing difficulties that face the Military Health System (MHS). This presentation will provide an overview of the benefits of MHS GENESIS, sharing implementation challenges and insights to improve end user experience, patient care, and to accelerate adoption across agencies. The role of the Functional Champion (FC) and the Office of the Chief Health Informatics Officer (OCHIO) in supporting MHS GENESIS to address the increasing trend toward digital healthcare delivery; integrate the needs of clinicians, operators, and technologists; and leverage patient outcomes to create a data-driven approach to care will also be explained. This session will include a discussion of the vision the role of MHS GENESIS within the MHS, the DHA's strategy for implementing MHS GENESIS, and the ways in which electronic health records will improve MTF operations and the delivery of care across the MHS enterprise.

Learning Objectives:

1. Describe the difficulties facing the MHS and how MHS GENESIS is addressing these problems
2. Identify how MHS GENESIS is improving the MHS
3. Examine the implications of an Electronic Health Record (EHR) for MTF providers and commanders
4. Recognize the utility in analyzing patient data to improve care
5. Discuss future applications of MHS GENESIS enterprise-wide

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Operationalizing MHS GENESIS CE

Speaker: Col Thomas Cantilina

Research and Innovation in the DHA CE

Speaker: Dr. Sean Biggerstaff, Action DAD, Research and Development

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Innovation Group: Forward Ever, Backward Never CE

Speaker: COL Christopher Ivany; CAPT David Whittaker

Abstract: The Defense Health Agency (DHA) will discuss its critical role in supporting the mission to ensure a medically ready force and a ready medical force. J-9 leads the discovery, development, and delivery of enhanced pathways to military health and readiness. As a leader in healthcare innovation, the DHA team continues to build upon its capabilities in research and development in support of MHS transformation, to maintain its agility, and promote continual advancement in delivering the highest quality health care possible through collaboration and partnerships throughout the military and civilian communities. DHA J-9 will inform attendees about current J-9 initiatives, provide an overview of R&D funding related to healthcare, and discuss the importance of collaboration and educational partnerships to include the DHA's innovation group, identifying gaps and finding solutions across the military medical enterprise.

Learning Objectives:

1. Describe how the DHA Research and Development supports the mission of providing a medically ready force and a ready medical force
2. Understand the Defense Health Program's research priorities and advancements
3. Provide an overview of funding streams and an understanding the importance of collaboration,

educational partnerships, and the DHA’s innovation group

MISSION Act and Modernization: Leading the Future on Behalf of Veterans CE

Speaker: Jennifer MacDonald, MD

Abstract: The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act) is landmark legislation that enhances VA’s ability to deliver excellence for Veterans across a comprehensive array of clinical care and services. In combination with ambitious organizational modernization, this represents unprecedented transformation and a new era of patient empowerment. VA intends to consistently lead progress in U.S. health care on behalf of Veterans.

Learning Objectives:

1. Discuss VA’s growth into an integrated, optimized, customer-centric network of Federal and private sector providers
2. Describe Veterans Health Administration modernization and the strategic direction of the enterprise, including the continued implementation of the MISSION Act through 2034.
3. Convey the critical importance of partnerships, care coordination, and telehealth advancement for person-centered care.

Integrating High Reliability Communication within Graduate Medical Education CE

Speakers: Evan Renz, MD, MPH; COL Kevin K. Chung, MD, FCCM, FACP

Abstract: The delivery of safe, timely, and effective care for all patients receiving care in our facilities is the primary goal of federal healthcare leaders. Trainees participating in graduate medical education programs play an integral role in the delivery of healthcare our facilities. Trainees often function at the critical juncture between learning and doing, where patient safety depends upon effective communication between members of an interdisciplinary team. The foundational principles utilized by a high reliability organization (HRO) include Sensitivity to Operations, Preoccupation with Failure, and Deference to Expertise. Each of these principles is applicable to ensuring effective communication with trainees, especially those actively engaged in the provision of care. This presentation focuses on the direct application of select HRO principles as a crucial part of resident education and training within federal healthcare facilities with the overall goal of achieving Zero Harm to our patients; it will emphasize the importance of high reliability communication as part of a culture of patient safety.

Learning Objectives:

1. Utilize the high reliability organization (HRO) principle of Sensitivity to Operations as part of communication with trainees to better ensure safe and effective care.
2. Implement the high reliability organization (HRO) principle of Preoccupation with Failure as part of communication with trainees to better ensure safe and effective care for patients in federal healthcare facilities.
3. Apply the high reliability organization (HRO) principle of Deference to Expertise to build teamwork in interdisciplinary teams that include trainees in graduate medical education programs.
4. Strengthen the culture of safety within his or her organization by enhancing communication with and among trainees in graduate medical education programs applying HRO principles.
5. Strengthen his or her organization's efforts toward achieving Zero Harm by improving the timeliness and effectiveness of communication involving trainees.

VA Telehealth CE

Speaker: Mr. John Peters

Abstract: Telehealth is a mission critical strategy in VA, which is necessary to increase the accessibility of care for Veterans, to increase the capacity of our health care system to meet the needs of Veterans even in the most austere of environments, and to increase the quality of care we deliver. More than 2.29 million episodes of Telehealth care in fiscal year (FY) 2018 (equates to approx. 13% of Veteran population). More than 780K Veterans received a portion of their VA care through telehealth in FY2018; 45% resided in rural areas. VA Video Connect is VA latest solution for expanding telehealth services to Veterans beyond VA's 140 medical centers and 800 clinics. Scheduled VA Video Connect to home or other non-VA site activity more than doubled last year from more than 28,000 Veterans in FY2018 to more than 66,000 Veterans here in the first three quarters of FY2019. This presentation will provide an overview of all VA Telehealth Services with a particular focus on VA Video Connect.

Learning Objectives:

1. Describe how VA leverages telehealth to enhance access, capacity, and quality
2. Describe VA's three telehealth modalities
3. Describe VA's VA Video Connect anywhere to anywhere telehealth service

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Robotic versus Laparoscopic Sigmoid Resection for Diverticular Disease: A Single-Centre Experience of 106 Cases CE

Speaker: Lieutenant Colonel (MC) Christian Beltzer, MD, Bundeswehr Hospital of Ulm

Abstract:

Background

Laparoscopic sigmoid resection has been established as the surgical standard of care procedure for diverticulitis. Robotic sigmoid resection with the da Vinci Xi® platform may offer advantages compared to the laparoscopic approach.

Materials and Methods

106 patients with uncomplicated, complicated or recurrent diverticular disease underwent robotic (n = 60) or laparoscopic (n = 46) sigmoid resection in our institution between 2013 and 2018. Patient demographics and characteristics, perioperative measures and complications were retrospectively analyzed.

Results

There were no statistically significant differences between the robotic and laparoscopic group with regard to operative time (130 versus 118 minutes; p = .23), anastomotic leakage (6.7 versus 6.5 %; p = 1.0), need for stoma (6.7 versus 4.3 %; p = 1.0), conversion rate (1.7 versus 0 %; p = .36), re-operation (8.3 versus 15.2 %; p = .27), overall complications according to Clavien-Dindo classification (30.0 versus 30.4 %; p = .8), mortality (1.7 versus 0 %; p = 1.0) and need for intravenous analgesics (3.0 versus 2.1 days; p = .21). Duration of postoperative ileus was significantly shorter in the robotic group (2.2 versus 2.8 days; p = .01).

Conclusion

Robotic-assisted sigmoid resection for uncomplicated, complicated or recurrent diverticular disease is a safe and feasible procedure. However, robotic sigmoid resection for diverticulitis is not associated with relevant clinical benefits for patients compared to laparoscopic resection except for a slightly shorter duration of postoperative ileus.

Learning Objectives

1. Describe the value of robotic assisted surgery for sigmoid resection
2. Define the role of robotic assisted surgery compared to laparoscopic surgery
3. Interpret the educational aspects of robotic surgery for a surgical department

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Oral Health in America: A Forthcoming Surgeon General's Report CE,

Speaker: RADM Timothy L Ricks, DMD, MPH, USPHS

Abstract: The US Surgeon General announced in 2018 the commissioning of a new Surgeon General's Report presenting prominent issues affecting oral health. The charge for the first Surgeon General's report on oral health in 2000 was to define, describe, and evaluate the interaction between oral health and health and well-being, through the lifespan in the context of changes in society. The overarching message from that report clearly communicated that oral health is essential to the general health and well-being of all Americans and can be achieved by all. Although we benefit from numerous advances that influence oral health, we still face challenges as we try to reach our goal of oral health for all. As part of the effort to address these challenges, the Surgeon General has called for the identification of advances in science, healthcare integration, and social influences to articulate promising new directions for improving oral health and oral health equity. The new report is intended to document advances and challenges affecting oral health, to identify existing knowledge gaps, and to articulate a vision for the future. The purpose of this session is to provide information on (1) the factors influencing the need for an update to the first report, and (2) initial activities implemented to inform the early development of the updated report.

Learning Objectives:

1. Describe some of the broad factors affecting oral health in the twenty years since the 2000 Surgeon General's Report on Oral Health.
2. Understand some of the key activities undertaken to date that have contributed to the initial development of a new report on oral health in America.
3. Describe some of the key messages obtained because of those activities.

Through the Eye and Mouth: Under Appreciated Early Detectors of Disease CE,

Speakers: Mr. Daniel Blum: Mr. David Yoder, PharmD

Abstract: Improving and maintaining good health is often focused on patients when they present with symptoms and during routine physical exams. Underappreciated are aspects of identifying potential health care symptoms and warnings that come from getting an early "inside" look at your health. The value of dental and eye exams is more than tooth restoration or vision correction. Emphasizing routine dental and eye exams provide important insights into health conditions that may not be routinely noticeable. Primary care provider teams should ensure patient feedback after dental and optometry exams and speak about the value of these visits. Routine eye exams are part of the active duty and active duty family member health care benefits. Medical readiness requires dental and visual care. Some of the conditions that can be linked to oral health: Endocarditis typically occurs when bacteria or other germs from another part of your body, such as your mouth, spread through the bloodstream and attach to certain areas of your heart; Cardiovascular disease connections are not fully understood but research suggests that heart disease and clogged arteries and stroke may be linked to inflammation and infections that oral bacteria can cause; Pregnancy and birth complications are linked to periodontitis to include premature birth and low birth weight; Research shows that people who have gum disease have a harder time controlling their blood sugar levels; and, Other conditions that might be linked to oral health include eating disorders, rheumatoid arthritis, certain cancers and immune system disorders that causes dry

mouth (Sjogren's syndrome). Healthy vision is more than just seeing clearly. Eye exams are the only non-invasive means by which an ophthalmologist or optometrist can actually see blood vessels and note system-wide abnormalities affecting the brain and heart. Research shows that many people first learn of their risks for hypertension from the eye doctor rather than their cardiologist. A routine eye exam detects chronic diseases often before any other professionals have noted the condition. An eye exam can detect small alterations of retinal blood vessels that are known to be biomarkers for Alzheimer's disease years before it begins to affect memory.

Learning Objectives:

1. Explain why routine dental and vision exams are important for other than tooth restoration and vision correction.
2. Describe some of the major health warning signs and symptoms that are typically identified in conjunction with routine dental and eye exams that can have serious consequences if not identified and treated as early as possible.
3. Describe how primary care provider teams should speak with their patients about the importance of routine dental and eye exams for more than dental care and vision correction, and explain the importance of follow-up with primary care providers if conditions are identified.
4. Explain how feedback from dental and eye exams can be included as part of routine primary care medical history
5. Be able to explain to active duty service members the importance of oral and vision care as part of medical readiness and to routinely remind service members of their duty to maintain their oral and vision health as part of a broader focus on health.

The Importance of the Analysis of Teeth-Surfaces for Identification in Case of Mass Catastrophes CE, 

Speaker: Lieutenant Colonel (MC) Martin Ulbrich, MD, Husum Medical Clinic

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VA's Suicide Prevention Program: Partnering to Promote a Public Health Approach CE, 

Speaker: Gloria Workman, PhD, ABPP

Abstract: Suicide is the tenth leading cause of deaths annually, with rates increasing in recent years, particularly among Veterans. In fact, an average of 20 Veterans die by suicide each day. Between 2005 and 2015, the age-adjusted rate of suicide has increased 45 percent among Veteran females. A major challenge to ongoing efforts to prevent Veteran suicide is that only about half of Veterans use VA benefits or healthcare. Consequently, a public health approach to suicide prevention is essential to reaching all Veterans, regardless of if they use VA resources or not. To address this need, VA has adopted a public health approach to suicide prevention. The public health approach views suicide prevention as a shared responsibility for everyone and provides a framework and systematic approach for identifying when a problem begins and identifying what can be done to prevent it from occurring in the first place. Using this approach, the VA seeks to implement efforts to reduce suicides at the family, community, workplace, faith, recreation, and health care levels. Comprised of four strategic directions, the VA's national plan details 14 suicide prevention goals. Specifically, these goals include, (1) working with community partners and policymakers to promote resources for Veterans and to promote mental health awareness and treatment, (2) sharing resources and training opportunities with providers outside VA (e.g., clergy, first responders, law enforcement officials, and other community partners), (3) working with community healthcare providers to promote Veteran suicide prevention resources and promote continuity of care, and (4) rigorously conduct surveillance, research, and evaluation on Veteran suicides and share these data with community partners. A particular initiative highlighting VA's application of a public health approach is Suicide Prevention 2.0. This initiative aims to get Suicide Prevention Coordinators to extend their clinical reach and expand working with community members to identify early intervention

opportunities and to implement upstream prevention. The VA is actively engaged in two Executive Orders (13822 and 13861) to address suicide prevention in Veterans. In addition, this presentation will review other ongoing initiatives and available VA resources to support ongoing efforts to prevent Veteran suicides.

Learning Objectives:

1. Explain the most recent data surrounding suicide in the United States and suicide risk in the Veteran population.
2. Describe VA's public health approach to suicide prevention and the important role communities play in preventing Veteran suicide.
3. Summarize the objectives, purpose, and recent updates regarding Executive Orders 13822 and 13861.
4. Explain VA's suicide prevention resources and how they can be used to support Veterans.

Improving Social Determinants of Health of a Population through Collective Community Impact CE

Speakers: Kathy Beasley, PhD, FACHE; Andrea Newton; Jennifer Silva; Terri Tanielian, MA; Kayla Williams, MA

Abstract: Well-being and good health start in our homes, communities, and workplaces. The conditions in which we live, learn, work, and play are considered social determinants of health and affect a wide range of health risks and outcomes. Until recently, social determinants of health were often considered outside the purview of health systems and medical providers. But now, addressing disparities and needs in communities to improve both individual and population health is seen as a key opportunity and priority. For military members and their families, both local community and service-related environments determine how they live. Efforts to address social determinants of health, such as ensuring consistent access to healthy food, promoting social connectedness, and addressing social norms of substance use, should be considered powerful means to improve health in the Military Health System. This panel will discuss the collective impact of implementing community-level changes. Successful interventions and opportunities for the future will be explored.

Learning Objectives:

1. Describe how social determinants of health impact the health of the military community.
2. List population health strategies in place throughout the military community
3. Identify and consider implementation of tools for bringing a collective impact approach to life

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TBI Virtual Health: Putting TBI Care into the White Space of Our Patient's Lives to Improve Readiness CE

Speakers: Ron Keen, FNP-C; Kendra Jorgensen-Wagers, PhD

Abstract: This report outlines a multispecialty in-home virtual health pilot conducted between October 2016 and May 2018. This effort focused on clinicians within the Regional Health Command Europe military health care delivery system. These encounters were with beneficiaries within the direct care system or who were in remote areas where gaps in care existed in the Tricare Network. Virtual health encounters to the homes were to patients in which the specialists had received consultation and for which

the reviewer of consults felt there would be some benefit either clinically, logistically, or both.

Learning Objectives:

1. Upon completion, participants will be able to describe how multidisciplinary TBI virtual health care facilitates a more patient-centric and TBI readiness model of care.
2. Upon completion participant will be able to illustrate how Virtual Health may increase patient compliance and personalization of care.
3. Upon completion the participant will appreciate the facility of the TBI Virtual Health process flow.

Determining Cognitive Readiness Following Traumatic Brain Injury CE

Speaker: Jason M Bailie, PhD

Abstract: Traumatic brain injury (TB) is a frequent health condition experienced by our military services members and may result in negative consequences to cognitive functioning. Primary care providers and brain injury specialists in supporting the military are frequently called upon to determine if those service members with a TBI are able to return to duty and operate in complex, austere, and dynamic environments such as combat and combat training. A brain injury can effect a service members ability to pay attention, think quickly, problem solve, and reason as well as impact their mental stamina. Military medical providers must consider if any impairments in cognition impacts the service members cognitive readiness. Important aspect of cognitive readiness include a service member's ability to translate training into novel environments, adapt to new technological capabilities, and make split-second potentially life-threating decisions. Traditionally, testing of cognition in the military has focused on identification of deficits and disability based on civilian medical models without specific consideration of the advanced and specific cognitive skills needed by the warfighter. Sending a warfighter with even modestly compromised cognitive abilities could lead to critical mistakes that effect mission success; this is further complicated by the specific duties of that service member. This lecture will focus on the cognitive skills that warfighters need and the cognitive assessments currently used, not only to determine readiness for dynamic training scenarios, but also to support optimal performance in combat environments. The limitations and strengths of these standards will be discussed as well current advances in research that can assist in the identification and treatment to ensure force readiness.

Learning Objectives:

1. To define the cognitive demands of the warfighter across the military and describe standards of practice currently employed for determining cognitive readiness.
2. Detail how cognitive testing routinely completed in research and clinical practice can be used to inform decisions about an individual's readiness for world-wide deployability.
3. Identify new measures that can be used to improve our assessment of the most relevant cognitive abilities to optimize research designs and clinical assessments related to cognitive readiness of the warfighter.
4. Provide a review of treatment options that can have the potential to improve cognitive readiness after a traumatic brain injury.

Assisting the DHA in Its Role as a Combat Support Agency: Furthering Military Medical Readiness through Proper Military Medical Planning CE

Speakers: Dr George Narby; Ryan Yates, RHCE; Dr. Michael Braida

Abstract: International SOS, the TRICARE Overseas Program (TOP) contractor, assists the Defense

Health Agency in its role as a combat support agency. Our medical expertise, cultural awareness, and on-the-ground staff assists the Combatant Commands (COCOMs) and their service components with military medical readiness and other strategic planning initiatives. Through a comprehensive portfolio, including medical capability reports, health assessment planning, network development, and medical intelligence and surveillance services for moderate and high-risk overseas geographies, International SOS assists the DHA with pre-deployment and strategic planning initiatives; complementing the COCOMs' focus on the mission at hand. Beyond initial implementation, International SOS' service delivery model is adaptable, continually evaluated and re-assessed to keep pace with changing mission requirements, which are often dynamic. A recent example is Operation Atlantic Resolve (OAR), when International SOS was asked to establish several new sites in Poland as TOP Prime Remote locations. The accelerated timeline and anticipated increase in populations, combined with the need to establish a vetted network of overseas providers capable of delivering cashless/claimless care, was of immediate importance to the DHA. International SOS quickly and efficiently completed this buildout in under three months, and has since added several new sites (over 20 TOP Prime Remote locations currently). International SOS continues to enhance its service delivery model, with dedicated on-the-ground provider relationship management resources who facilitate medical translations and conduct provider visits and site assessments. This rapid expansion continues to offer the on-the-ground forces freedom of movement to execute their mission without being stymied by insufficient medical support capabilities. International SOS also has established relationships with the Theater Patient Movement Requirements Center and the direct care referral facility, ensuring continuity of care if patient movement is required. With a global network of 81,000+ providers, comprehensive aeromedical evacuation air asset network, and embedded staff of over 11,000 employees (5,200 medical), International SOS is able to replicate these services globally. During this lecture, International SOS will discuss the critical components necessary to assist the DHA in its role as a combat support agency, enabling them to keep pace with the changing objectives of the U.S. Military in remote overseas locations.

Learning Objectives:

1. Understand the importance and benefits of military medical readiness and assisting the Defense Health Agency in its role as a combat support agency.
2. Learn about the various medical intelligence and strategic medical planning tools available to assist with military medical readiness and enable the COCOMs to focus on mission critical objectives.
3. Better understand the requirements for quickly and efficiently implementing a quality, vetted network capable of supporting a variety of healthcare services to a rapidly expanding, changing demographic of beneficiaries in an austere remote location overseas.
4. Hear firsthand experiences in terms of the unexpected and unforeseen challenges (e.g., language barriers, Internet access, etc.) tethered to these overseas network expansion initiatives, how they were overcome, and what lessons were learned

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Augmented Cognition, Optimized Decision Making, & Agility: Historical Context, Lessons & Unifying Focus for Health Care & Industry CE

Speaker: Matthew M. Cooper, MD MBA FACS

Abstract: History teaches that combat medicine requires decision making and the development of techniques that ultimately have broad application to civilian populations. Vascular reconstructive techniques necessitated during the Korean conflict have saved innumerable limbs and impacted countless lives.

Space programs such as Apollo demonstrated our capacity to unite behind a goal and surmount human and technological obstacles to achieve mission success. The recent fiftieth anniversary of our first moon landing is fresh in our consciousness. The results of NASA derived innovation are continuing to benefit succeeding generations.

More recently, systems of trauma delivery learned at the front lines have found their application to civilian care.

Perhaps the greatest derivative of military and defense collaboration with academia and industry includes accumulating learning and techniques applied to augmenting human cognition. The resulting situational awareness optimizes decision making and fosters agile response to the continuum of challenges in contexts from health care to corporate strategy. The potential of this synthesis is far reaching in its application across all pursuits. Harnessing the practices of system design, preparation, and critical performance will accelerate the evolution of enterprises and potentially allow future unifying focus for generational achievements.

Such benefit will result, however, only if we are active together in fostering an understanding of, and participation in, the State of Science for the current generation and those to come.

Learning Objectives:

1. Appreciate the broad application of technology and practices derived from the care of warfighters.
2. Understand the cohesive nature of unifying goals in the success of large complex enterprises.
3. Apply concepts that optimize and amplify human performance.
4. Understand the nature of shared situational awareness needed to optimize decision making.
5. Understand the value of agility in response to dynamic challenges.

Marawi Seige by Muslim Extremists JI CE

Speaker: General Joseph Acosta, Surgeon General (Ret) of the Philippine Armed Forces

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USU Global Health Distance Learning Program: An International, Military, Educational Consortium for Global Health Engagement CE

Speaker: Bradley J. Boetig, Col, USAF, MC

Abstract: USU's Global Health Distance Learning Program launched July 2016 and has since enrolled more than 400 students from all four services spread across six continents. In July 2019 the program welcomed its first international partners: students and faculty from the British and Australian armed forces. This fully-accredited program is answering DODI 2000.30's directive to "Enhance DOD's awareness of GHE" by offering ten courses taught by more than 40 USU and now three international faculty. This program is beginning to enroll partner-nation military students and, in turn, faculty from these partner nations are contributing content in areas in which they offer unique perspective and expertise. Two additional opportunities the program will soon pursue include inter-scholastic collaboration between USU and the service war colleges, and interagency collaboration with other U.S. government agencies involved in global health.
This program has proven that the Uniformed Services University can use modern information technologies to bring high-quality, military-unique graduate education to those far beyond its campus. This year our first two international partnerships will demonstrate the academic benefit of international students in a global health graduate education program. It's time now for DOD's global health engagement community to consider how this program can support educational, partnership, and theater security cooperation objectives in priority countries. This program is more than a tool for students to learn about GHE, it is also a tool for GHE itself. Lastly, we invite our service war college

and interagency partners to join us in this growing graduate educational consortium.
We would like the opportunity to share with AMSUS membership how they or their organization might learn from what we've achieved, how they may partner with us in our educational mission, or how might even employ us in the service of achieving global health engagement strategic objectives.

Learning Objectives:

1. Describe how you or others from your organization will be able to benefit from graduate education in global health and global health engagement from the Uniformed Services University.
2. Contemplate how you or others in your organization might wish to partner with USU and our international partners in this educational consortium.
3. Describe how this international educational consortium is itself a tool for global health engagement, and can be used to accomplish operational and strategic theater objectives.
4. Describe how enduring partnerships in graduate education can improve operational familiarity in combined operations.

Epilepsy Treatment Update for Patients Suffering from Seizure Clusters

Speaker: Dr. Pavel Klein, UCB

Abstract: Seizure clusters may be broadly described as acute episodes of consecutive seizures that occur with short interictal periods and may be distinguishable from the patient's typical seizure pattern or frequency. Patients who experience seizure clusters represent 15% of the uncontrolled epilepsy population and ~5% of the total epilepsy populations, or a total of 150K to 200K patients in the US. Seizure clusters may be mild in some individuals, but may be severe in others, and they may be associated with serious consequences. They are serious medical events associated with poor medical outcomes, including increased mortality, incidence of status epilepticus, and postictal psychiatric events. Rescue therapy is acute treatment that is administered immediately following the onset of a seizure cluster, with the goal of stopping the seizure and preventing more serious medical outcomes. In this session, participants will learn about an FDA-approved nasal formulation for acute treatment of seizure clusters in the outpatient setting.

Learning Objectives:

1. Identify seizure clusters and their potential impact on patients
2. Recognize the unmet need of patients with seizure clusters
3. Understand an FDA-approved nasal treatment for patients with seizure clusters who are 12 years of age and older

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The Role of Innovation in Driving Healthcare Transformation (DHA) **CE**

Moderators: CAPT Joseph V. Cohn, PhD; Col Glenn Laird; Panel Members: Terry M. Rauch, PhD; Paul R. Cordts, MD, MSS, FACS; COL Christopher Ivany

Abstract: The rate of transformation across all segments of our society continues to accelerate. This is due in no small part to the rapid and far reaching advances being made across many different, and complementary, science and technology domains. As with other sectors, healthcare is experiencing its own, often times disruptive, explosion of innovative capabilities that promise to enable more affordable delivery of higher quality healthcare to a wider range of recipients. Recognizing the important role that innovation plays in transforming healthcare, a growing number of healthcare systems and supporting organizations are making "innovation" a focus of their investment strategies. Yet it is important to recognize that innovation is not a simple solution to the complex challenges associated with healthcare

transformation. Within a healthcare system, while it is possible to mandate adherence and alignment to new processes and procedures that support transformation, it is relatively difficult to mandate achieving breakthrough innovations on a schedule and in response to specific challenges. Consequently, at a time when the very concept of innovation seems embedded in the fabric of how we think and act, it is critical that we take a strategic pause and ask ourselves "how do we ensure that investments in innovation deliver effective results?" We must ask this because while some innovation initiatives have modest goals, others aim to fundamentally transform how we deliver healthcare today - delivering potentially high payoffs but with potentially high risk to all stakeholders in the healthcare ecosystem. In this session, we will bring together senior leaders from the Department of Defense's Military Health System to share their insights into the business of delivering cutting edge and disruptive technologies to transform healthcare.

Learning Objectives:

1. Describe the Defense Health Agency's Military Health System's Strategic Goals and Objectives and associated efforts to achieve them
2. Characterize the challenges, and solutions, with managing innovation in a dynamic healthcare environment
3. Articulate the challenges and benefits of enabling a culture of innovation
4. Determine where in a healthcare system innovation may be best suited and whether this innovation should be procedural or research focused

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Strategic Panel: Importance of Consolidation of Training/Readiness Platforms CE

Moderator: LTG Ronald J. Place, Director, Defense Health Agency; Maj Gen Lee Payne, Assistant Director, Combat Support, Defense Health Agency; RADM Dana Thomas, Director, Health, Safety and Work-life, USCG; BG Jill Faris, Deputy Surgeon General for National Guard Affairs, USA;USCG BG Paula Lodi, Army OTSG G-3/5/7; RDML Darin Via, Deputy Chief of Medical Operations, BUMED; Col Joe Anderson, USAF, Air Force Medical Readiness Activity (AFMRA)

Abstract: Ensuring both a medically ready force and a ready medical force is a primary objective of DHA and the Services. While Individual Medical Readiness (IMR) data is relatively standardized across individual Service systems of record, the documentation, management, and reporting of duty and/or deployment limiting conditions is highly variable within and between the Services. Additionally, the variation in utilization of the Reserve Components between the Services further clouds some of these conditions. This panel of strategic leaders will discuss these issues and progress towards a joint medical readiness system to improve the ability to validate fully qualified service members wherever duty calls.

Learning Objectives:

1. Improve understanding of the roles of DHA and the Services in the medical readiness arena
2. Highlight the strategic differences between IMR data and deployability
3. Identify the strategic benefits and hurdles in exploring a potential joint medical readiness and deployability system
4. Gain awareness of unique Reserve Component challenges in achieving and maintaining a medically ready force
5. Inspire future leaders to engage in development and improvement of medical readiness from a joint perspective