



Wednesday 4 December 2019 Sessions and Abstracts

As of 11/10/19

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



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

Presentation in Exhibit Hall

ASM Research Brunch and Presentation: Mission Possible: VA Innovation and Success* **CE Pending*

Speaker: Dr. Richard Stone, MD, Executive in Charge, Veterans Health Administration

Afternoon Plenary Session

An Introduction to the VA Precision Oncology System of Excellence* **CE,*

Speakers: Dr. Carolyn Clancy, MD, Deputy Undersecretary for Health for Discover, Education & Affiliate Networks, Department of Veterans Affairs; Dr. Michael Kelley, MD, National Oncology Program Director, Department of Veterans Affairs; Dr. Matthew Rettig, MD, Chief, Division of Hematology-Oncology, Los Angeles Healthcare System, Department of Veterans Affairs
Panel Members: Dr. Rachel Ramoni, DMD, ScD, Chief Research and Development Officer, Department of Veterans Affairs; Dr. Bruce Montgomery, Puget Sound Healthcare System, Department of Veterans Affairs, Professor of Medical Oncology, University of Washington; Ms. Debra Lafer Scher, Executive Advisor to the Secretary, VA Center for Strategic Partnerships; Dr. Jonathan Simons, MD, President and CEO, Prostate Cancer Foundation

Abstract: This presentation provides attendees with a foundational understanding of the current state of the Veteran Affairs (VA) Precision Oncology Program (POP). Prostate and lung cancer are two of the most frequently diagnosed cancers among Veterans. The goal of the VA POP is to utilize precision medicine to provide cancer treatment to our nation's Veterans that is equivalent to or exceeds that which is provided by private and academic cancer centers. The VA POP seeks to improve outcomes, for Veterans with cancer, through collaboration across federal programs and partnerships with nonprofit organizations. The Applied Proteogenomics Organizational Learning and Outcomes (APOLLO), is tri-agency program partnering the Department of Defense (DoD), the National Cancer Institute (NCI), and VA, tailors cancer care for patients based on the genes and proteins associated with their tumors. The Prostate Cancer Foundation committed a \$50M investment to VA to establish the Precision Oncology Program for Cancer of the Prostate (POPCaP) with a goal of increasing access to genetic sequencing and clinical trials via a hub-and-spoke model. Sanford Health has committed to investing \$25M to VA to create the Pharmacogenomics Action for Cancer Survivorship (PHASer) program to provide testing to help providers at the VA prescribe the most appropriate medications at the right dose for cancer survivors. The POP will develop target cancer treatments for Veterans utilizing big data and artificial intelligence through the VA-Department of Energy (DOE) Big Data Initiative. The VA will utilize a phased approach to establish POP System of Excellence (SOE) beginning with prostate cancer with a vision of

the SOE servicing all forms of cancer within the next 10 years.

Learning Objectives:

1. Demonstrate knowledge of the paradigm shift in cancer treatment for Veterans through Precision Oncology.
2. Explain how the VA-Prostate Cancer Foundation partnership will establish a System of Excellence for Precision Oncology that will:
 - a. Build critical data and evidence-based decision-making tools
 - b. Expand VA genetic sequencing capabilities
 - c. Enhance access to clinical trials
3. Understand and describe the scope partner affiliations of the VA National Precision Oncology Program to include:
 - a. Applied Proteogenomics Organizational Learning and Outcomes (APOLLO)
 - b. Pharmacogenomics Action for Cancer Survivorship (PHASeR)
 - c. Tele-oncology Program
4. Describe the VA strategy and future vision for cancer treatment through the use of precision medicine.

Breakout Sessions:

***Update on DHA Transition* CE**

Speaker: Dr. Barclay Butler, Assistant Director, Management, Defense Health Agency

Abstract: AD-M will discuss the transition of the management and administration of the medical treatment facilities to the Defense Health Agency (DHA) as it further develops an integrated system of readiness and health. This detailed update will explore the progression of the transition to date to include, the methods used to monitor progress of the transition, the plan to complete the transition, and how DHA will employ the Market construct to optimize readiness and performance.

Learning Objectives:

1. Provide an update on the status of the transition of MTFs to the DHA.
2. Describe the evolution of the DHA headquarters to include the status of the functional capabilities.
3. Outline the plan to complete the transition of the MHS.
4. Describe how DHA is baselining performance and monitoring the execution of the plan
5. Discuss how DHA will optimize readiness and performance through the Market construct.

***DHA Transition and Market Integration* CE**

Speakers: RADM Mary Riggs, Interim Assistant Director, Healthcare Administration, Defense Health Agency; Mr. Chris Priest, Ms. Gina Julian, Col Sally Kellyrank, Dr. Paul Cordts, Mr. Pat Flanders

***Overcoming Disparities in Women's Health* CE, **

Speakers: Dr. Yvonne Maddox; Claire Goodliffe, Global Oncology Director, GE Healthcare; William H. Catherino, MD, PhD; Alicia Christy, MD, Col (ret) US Army, Deputy Director reproductive Health,

Women's Health Services VHA; Christine Kolehmainen, Director, Women's Health Services, VHA

Abstract: The future of the Military Health System (MHS) is rooted in the Quadruple Aim of Better Health, Better Care, Lower Cost, and Improved Readiness. At the core of the Defense Health Agency's (DHA's) efforts is an uncompromising focus on delivering value to our beneficiaries, the MHS enterprise, and all of our stakeholders. DHA leverages partnerships with governmental, academic, and civilian entities to continually evaluate developing innovations and opportunities. The future MHS is a high reliability organization in which healthcare decisions are driven by data, patients can move through the system seamlessly across geography and time, and research and innovation are translated into best practices - all while maximizing efficiencies and minimizing redundancies and waste across the system. The NDAAs of 2017 and 2019 required organizational transition including transition of administration and management of military treatment facilities (MTFs) to DHA. The reorganization standardizes management of MTFs, core functions, and decision-making across the enterprise, allowing for a more consistent patient experience and better quality of care.

Learning Objectives:

1. Describe MHS and DHA leverage governmental, academic, and civilian partnerships to deliver improved readiness, health, and value.
2. Describe "lessons learned" from NDAA 17/19 organizational transition activities.
3. Discuss how the MHS is prioritizing value in all of its initiatives to ensure that every dollar is spent effectively to deliver better health and better care.
4. Explain how the DHA strategy directly supports the MHS Goal of Measuring and Improving Health Outcomes of the Population We Serve.

Virtual Health: Remote Health Monitoring: Past, Present and Future **CE, 🦷**

Speakers: LTC Jennifer Stowe, OD, MBA, MHA, LSSBB, FACHE, FAAO; Gina Domes, RN, LSSB; Dr. Jana Wardian; Ms. Jeanette Little

Abstract: This session will discuss remote health monitoring past, present and future. It will included lessons learned and success stories from innovation.

Project DREAM (Diabetes Remote Electronic Assessment and Monitoring) was developed in conjunction with Telemedicine & Advanced Technology Research Center (TATRC), Diabetes Center of Excellence, National Capital Region Virtual Health and the VIRTUAL MEDCEN. Project DREAM is a remote health monitoring program for patients with Diabetes. Funded with several grants and a POM "congressionally funded" the project has developed a remote health monitoring platform that is HIPAA compliant and has an Authority to Operate. Remote Health Monitoring (RHM) is the process of monitoring a patient with a system for detecting, monitoring and reporting physiological information using sensory devices. RHM provides an alternative for patients who may benefit from coaching and support outside of the clinic or hospital. RHM pilots have demonstrated improvement in outcomes, adherence and cost reductions. The purpose of DREAM is to initiate RHM for patients with diabetes referred by their Primary Care Provider (PCP). In addition, this project will determine if implementing RHM could improve the quality of care delivered to patients with diabetes. Patients are monitored using a BT Glucometer, Scales, BP cuff and Activity monitor.

Impact: Average cost of providing care to a patient with diabetes is \$9600 per year (ADA, 2018). To date PROJECT DREAM has reduced the ER visits and hospital stays for patients involved by 100%. 100% of the patients involved have meet Blood glucose goal in 3 weeks. All patients involved have reduced weight and increased activity. The project is in the process of enterprising. And the success has come with more grant funding to increase service lines such as the remote health monitoring of glaucoma

Learning Objectives:

1. Upon completion the participants will understand the complexities of starting a Remote Health Monitoring project. The project management of remote health monitoring project are complex with IT integration issues to provider integration.
2. Upon completion the participants will understand how our team overcame barrier to innovation. A fishbone diagram will go over all the hurdles we overcame along with a explanation of how.
3. Upon completion the participants will understand what remote health monitoring is and the process. They should also be able to understand the benefits as improvement in outcomes, adherence and cost reductions.

***The Army Medical Department Military-Civilian Trauma Team Training Experience* CE**

Speaker: CPT Simon Sarkisian

Abstract: Trauma research from battlefield fatalities have shown nearly 25% of pre-hospital deaths were potentially survivable. In the civilian sector, research has shown that preventable deaths due to trauma to be nearly 20%. In response to this, the US Army Medical Command established the Army Medical Department Military-Civilian Trauma Team Training (AMCT3) program in accordance with the 2017 National Defense Authorization Act (NDAA) law.

NDAA 2017 states that military services will partner with civilian academic level one trauma centers. The combat trauma team, led by military traumatologists, will embed within selected trauma centers. As part of the US Army's roll out plan, a 5-person professional filler (PROFIS) element of a Forward Resuscitative Surgical Team (FRST) were embedded to establish policies and procedures of this new program. The team consisted of a general/trauma surgeon, emergency medicine physician, anesthetist, emergency medicine nurse, and critical care nurse. All are completely integrated as staff and faculty members of their respective civilian hospitals, and also participate in military medical unique academic as well as tactical events to help provide the highest level of readiness for their assigned mission.

The first two AMCT3 centers were established at Cooper University Hospital (CUH) in Camden, New Jersey and Oregon Health & Science University (OHSU) Hospital in Portland, Oregon. We will compare the clinical data collected, comparing the trauma acuity and complexity with those of San Antonio Military Medicine Center, Darnall Army Medical Center, and Bayne-Jones Army Community Hospital to that of embedded military staff at CUH and OHSU. Initial data shows a higher amount of trauma activation, trauma admissions, total trauma patients, and more severe Injury Severity Score. Based off this trend, each member of the embedded team is projected to rapidly meet and then exceed the minimum requirements of their Army Individual Critical Task List area of concentration.

AMCT3 increases the combat trauma team's deployment readiness and skillset, enhances their operability and capability, allows each member to gain necessary trauma volume, mix, complexity, and acuity, all leading to anticipated improved outcomes on the battlefield.

Learning Objectives:

1. Discuss how the AMCT3 increases a resuscitative surgical team's deployment readiness and skillset, and enhances a team's operability and capability
2. Discuss the trauma volume, mix, complexity, and acuity at Cooper University Hospital in Camden, New Jersey and at Oregon Health and Science University Hospital in Portland, Oregon
3. Compare the AMCT3 data with 3 Army Military Treatment Facilities (MTFs)

***Best Practices for Patient Experience in Military Treatment Facilities* CE**

Speakers: Kimberley Marshall-Aiyelawo, PhD; Melissa Gliner, PhD

Abstract: The Military Health System (MHS) provides care to more than 9.4 million active duty uniformed Service Members, retirees, survivors, and their families through an integrated network of military hospitals, health clinics and partner health networks that provide care in the private-sector. In 2019, the MHS provided care to more than 1 million inpatients at both military and network facilities. The MHS places a special emphasis on preventive care in order to address its commitment to the MHS Quadruple Aim, an extension of the traditional triple aim of health care, adding readiness of active duty beneficiaries for service deployment to the three original tenets of better health, better care, and lower costs. As a part of this focus on preventive care Military Treatment Facilities have begun to focus more on implementing specific evidence-based practices to improve patient safety, patient experience and patient outcomes. Some of these practices include Hourly rounding by nurses and post-discharge calls, which have been linked to improved patient experience scores. Leadership within MHS integrated questions about the frequency of these practices into the pre-existing TRICARE Inpatient Satisfaction Survey (TRISS), a standardized survey tool used to measure the patient's perception of quality care provided during their experience while a patient at an acute-care military or civilian hospital. Engagement in these practices varies across military treatment facilities, as do patient experience scores on whether patients would recommend the hospital and how highly they score the hospital overall.

Learning Objectives:

1. Identify the tools for measuring patient experience in the MHS (TRISS and other surveys)
2. Examine the relationship between nurse hourly rounding, post-discharge calls and patient experience scores
3. Explore the benefits of recent patient experience improvement initiatives in military hospitals

Quantifying the Impact of Government Robotic Surgical Outcomes on Operational Readiness and the Quadruple Aim **CE Pending**

Speaker: Jason Lamb, Intuitive Surgical

Abstract: With over 10,000 daVinci Robotic Surgeries performed at 81 VA and DoD facilities in 2018, some of the most experienced Government Robotic Surgeons in the specialties of Urology, Gynecology, General Surgery and Colorectal Surgery will share their experience and quality outcomes data at both VA and Department of Defense facilities. These surgeons will discuss the impact that robotic surgery has had on their programs in regards to surgical complications, conversions, readmissions and narcotic use. This panel will review their personal MIS evolution experience and how daVinci Robotic Surgery has supported the pursuit of the Quadruple Aim and Operational Readiness at their facilities.

Learning Objectives:

1. Understand the impact that robotic surgery has had in the evolution of MIS within the Government
2. Identify how daVinci programs have supported the pursuit of the Quadruple Aim at specific DoD and VA Facilities
3. Gain first hand perspective on whether this technology aligns with the goal of Operational Readiness

Health Connect 360 – Making Healthcare Personal: Driving Better Outcomes, Care and Patient Experience **CE Pending**

Speaker: Mark Wong, Senior Director – Clinical/Regional – Clinical Solutions – SGA, Express Scripts

Abstract: Health Connect 360 is a performance-based clinical outcomes model that reviews medical, clinical, pharmacy and lab data, plus biometric data from digital remote monitoring devices. Health Connect 360 aggregates data through the Care Insights Hub, and provides visibility to an entire population, sub-population or individual patient. Using our analytics platform, we generate predictive health risk and engagement scores to help identify at risk patients before a clinical situation occurs. Additionally, a high touch Population Health Manager monitors clinical performance outcomes and adjusts care plans to ensure each patient receives the care they need. This allows for engagement of the right person, at the right time, with the right intervention, to achieve optimal population health goals and avoid serious complications or issues.

This approach is focused on the individual and their unique healthcare needs by working across the healthcare continuum, better connecting physicians, pharmacy, payer and patient, ultimately lowering total cost of care. A personalized patient approach is known to improve the quality of care, result in better health, and decrease cost at the same time.

This new clinical management model fosters coordination of care and creates a better healthcare experience for the patient, while delivering guaranteed clinical outcomes and ROI based on payer goals.

Learning Objectives:

1. Participants will understand why a performance-based clinical outcomes model focused on delivering personalized clinical care is needed in the health care system.
2. Participants will be introduced to innovative value based contracting approaches that include data integration and improve clinical management models that delivers guaranteed clinical outcomes and ROI.
3. Patients will learn this new clinical management model fosters coordination of care and creates a better healthcare experience for the patient.

Collaborative Global Health Engagements in Behavioral Health: Supporting Combatant Commands to Enhance Readiness and Advance National Security CE

Speakers: Maj Gen Lee Payne, Assistant Director, Combat Support, Defense Health Agency; Kate McGraw, PhD, Deputy Division Chief, PHCoE (J9); MAJ Ashley Hydrick, USCENTCOM; Michelle Tsai; Dr. Fuad Issa; Geoffrey Oravec; David Brown

Abstract: The United States (US) Department of Defense (DoD) engages in global health efforts to support stability and security via strengthening the health system capabilities and capacity of Partner Nations (PNs) across the globe. Since 2011, the Psychological Health Center of Excellence (PHCoE), Defense Health Agency, has worked collaboratively with military from other nations via the International Initiative for Mental Health Leadership (IIMHL) Military Issue Work Group. Beginning in 2017, PHCoE collaborated with the Combatant Commands (COCOMs) to provide psychological health subject matter expertise (SME) to strengthen and expand US relationships with PNs' military forces to support their psychological health capabilities. In collaboration with Uniformed Services University, PHCoE co-leads the DoD Global Behavioral Health Stakeholders' Meeting to encourage crosstalk between federal agencies to promote efficiencies and sharing of limited resources in support of DoD Global Behavioral Health Engagement efforts. The goal of the collaboration is to fully leverage resources, reduce redundancies, identify gaps in research and processes, and increase efficiencies in operations and knowledge sharing across federal agencies involved in DoD Global Behavioral Health efforts, ultimately to strengthen US and Partner Nation relationships, and in direct support of the COCOMS and the global security goals of the US State Department. Finally, these efforts directly impact and enhance personnel

readiness for both US DoD and our PNs. This panel discussion will highlight ongoing collaborative efforts, to include IIMHL Leadership Exchange and Match, the roles of the Defense Health Agency Liaison Officers in support of the COCOMs, and the process and outcomes of the COCOM BH Subject Matter Expert Exchange (SMEE) engagements.

Learning Objectives:

1. Participants will be able to discuss the ongoing DoD collaborative efforts to engage with military in other nations to share knowledge about behavioral health research, practice, and systems of care.
2. Participants will be able to describe the roles of the Defense Health Agency Liaison Officers in support of the COCOMs.
3. Participants will be able to describe the process and outcomes of the COCOM behavioral health subject matter expert engagements with Partner Nations.

***Coordination Across the Continuum of Care: The Defense Health Agency's Centers of Excellence Model* CE**

Speakers: Scott W. Pyne, CAT, MC, USN; CAPT Carrie H. Kennedy, PhD; Colonel LaKeisha R. Henry, MD; COL Mark E. Reynolds

Abstract: As part of the 2008 and 2009 National Defense Authorization Acts, Congress mandated the Department of Defense (DoD) establish Centers of Excellence (CoEs) for traumatic brain injury, behavioral health, military eye and hearing injuries to address prevention, diagnosis, mitigation and rehabilitation of these conditions. In addition to clinical care, the needs to conduct research, educate and outreach were identified objectives.

The CoEs developed unique concepts of operation to address the specific needs of their respective domains. However, common functions evolved across all organizations. Each CoE has developed a robust subject matter expertise that has become the go-to source of information on their respective topic areas within the DoD, as well as on the international stage. This includes frequent responses to congressional inquiry, inputs to research direction and policy development. Further, the CoEs are able to provide coordination of gaps analyses and translation activities across the Services, including the implementation of standardized best practices in the clinical and operational environments.

This presentation will provide an overview of the CoEs' development, transition to the Defense Health Agency Research & Development Directorate and collaboration with Army, Navy and Air Force Service Representatives for their respective disease domains.

Learning Objectives:

1. Define the roles of the Department of Defense Centers of Excellence
2. Identify the capabilities and scope of services provided by the Centers of Excellence
3. Describe at least three ways to access and collaborate with the Centers of Excellence

***Partnerships Driving Interoperability in DoD and VA's Electronic Health Record Modernization* CE**

Speaker: Lauren Thompson, PhD

Abstract: The National Defense Authorization Act for Fiscal Year 2008 directed the Department of Defense (DoD) and the Department of Veterans Affairs (VA), to develop a fully interoperable electronic healthcare system. The DoD/VA Interagency Program Office (IPO) was established at that time to serve as the single point of accountability for the departments' electronic health record (EHR) modernization efforts, as well as accelerate the exchange of healthcare information to support delivery of healthcare by

both departments. To satisfy this mandate, the IPO cultivates the partnership between the DoD and VA, and engages and collaborates with other federal agencies, standards developing/setting and informatics organizations, and industry to drive interoperability. The goal of this session is to demonstrate how the IPO supports a medically ready force through its mission of advancing interoperability across the DoD, VA, and partner systems worldwide. The IPO serves as the executive secretary of the DoD/VA Interagency Information Technology Steering Committee to ensure DoD and VA technical alignment, planning, and implementation oversight of technical infrastructure and solutions needed to meet the needs of joint DoD and VA activities. Other recent activities and accomplishments include the development of three core technical documents that provide key strategic guidance to stakeholders on enhancing health data interoperability; hosting roundtables bringing together industry and the departments to discuss challenges and opportunities in interoperability; exploration of natural language processing and machine learning to enhance the utility of unstructured legacy data from DoD and VA; and participating in health-data-sharing ballot reviews to ensure they reflect the unique needs of service members and veterans.

Learning Objectives:

1. Outline the value of interoperability
2. Identify key partnerships that support seamless care
3. Provide current state of interoperability among the Departments

DHA Partnership & Alliance Roles and Responsibilities - Understanding the Complexity and Importance of Partnerships and Alliances in the DHA CE

Speaker: Robert J. Bolluyt

Abstract: Following the theme for this year's AMSUS meeting, 'Improving healthcare through partnerships and innovation' DHA Deputy Assistant Director (DAD) for Research & Development (J-9), RADM Riggs, proposes a DHA hosted panel discussion on partnerships and alliances. The DHA engages in partnerships and alliances at local, regional, national and global levels. As important as partnerships and alliances are to DHA strategy and meeting Quadruple Aim Performance Process (QPP) guidance and NDAA Directives, few are completely familiar with the portfolio of partnerships and alliances available and most existing partnerships and alliances lack alignment with enterprise-wide strategy. The panel will address the differences between the many types of agreements and the various partnership associated roles therein and propose fixes for the challenges identified above. This is especially pertinent given the transition of the military medical treatment facilities (MTFs) to the DHA. Furthermore, the panel will reinforce how the DHA supports the National Defense Strategy's three lines of effort: Build a More Lethal Force, Strengthen Alliances and Attract New Partners, and Reform the Department for Greater Performance and Affordability.

Learning Objectives:

1. Upon completion, participants will be able to understand who within DHA manages agreements.
2. Upon completion, participants will be aware of the DHA Agreements Handbook, the definition of strategic partnerships and alliances (SPA), and related policy.
3. Upon completion, participants will be able to recognize DHA's varied types of partnerships and alliances and the various associated roles with them.
4. Upon completion, participants will understand the difference between a Cooperative Research and Development Agreement (CRADA), Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), other types/forms of agreements, and a contract.

Expert Panel on Addiction Medicine Focusing on Active Duty

Service Members (ADSM) and Veterans CE, ♿

Speakers: Anthony Dekkar DO, Medical Director, East CBOCs, NAVAHCS; Chideha M. Ohuoha, MD, MPH; Patricia Anne Roe, PsyD, PMHNP-BC; William Haning

Abstract: This will be a panel presentation with a focus on substance abuse disorders with a special focus on the opioid epidemic. The expert panel will cover the different aspects and challenges encountered in addressing and treating opioid disorders in our service members and veterans. The American Society of Addiction Medicine (ASAM) treatment criteria and community based options for relapse prevention will be discussed. This will be an interactive session with discussions and audience participation to address the issue at hand.

Learning Objectives:

1. Screen and Diagnose Substance Use Disorders (SUD) in Active Duty Service Members(ADSM)/Veterans
2. Identify intervention strategies to enhance recovery in Substance Use Disorders (SUD) in Active Duty Service Members (ADSM)/Veterans
3. Initiate Medication Assisted Treatment in Active Duty Service Members (ADSM)/Veterans with Opioid Use Disorders (OUD)

Health Services Research Panel: Fostering High Reliability in the Military Health System CE, ♿

Speakers: Cathaleen Madsen, PhD; Tracey Pérez Koehlmoos, PhD, MHA; Dr Simm

Abstract: "Although the MHS has a wealth of data, the ability to analyze those data and use the results to guide decision making in quality and patient safety is nascent." This finding by the Military Health System Review (2014) illustrates a critical gap that must be filled as the MHS begins transitioning toward high reliability in healthcare. A critical component of this transition is the need to become a true learning organization, one that utilizes the wealth of available data to generate knowledge of the system. This requires efforts at several levels, from the senior leaders who set system-wide priorities, to the data controllers who determine access and usage, to the researchers who use the data, to those engaged in knowledge translation. This panel provides an overview of the priorities, opportunities, and challenges involved in meeting this need, including the role of the Uniformed Services University (USU) as a vehicle for health services research and multidisciplinary capacity building.

Each panelist will speak for approximately 10 minutes, followed by a short period for questions.

Panelist 1: Michael Dinneen, MD, PhD, Chief, Strategy Management, Office of the Assistant Secretary of Defense for Health Affairs, "Health Services Research Priorities meeting the Strategy of the Military Health System."

Panelist 2: Tanisha L. Hammill, PhD, MPH, Chief, Research Coordination Branch, HCE Research & Development (J-9), Defense Health Agency, "Opportunities and Change in Health Services Research in the MHS."

Panelist 3: Alan Sim, Ph.D. Chief, Data Innovation Branch, Enterprise Intelligence & Data Solutions (EIDS) PMO, Defense Health Agency, DAD IO/J6, Solution Delivery Division TBD "Delivering the Latest in Data Access for Health Services Research in the DoD."

Panelist 4: Tracey Pérez Koehlmoos, PhD, MHA, Associate Professor and PI of the Health Services Research Program, Uniformed Services University of the Health Sciences. "Building Interdisciplinary Expertise for the MHS: The Health Services Research Program and the EPIC Project."

Learning Objectives:

1. Describe current Health Services Research priorities for the MHS
 2. Describe obstacles and opportunities for data use within this system
 3. Identify opportunities for research leading to knowledge translation within their own areas.
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Telemedicine Utility for Medication Assisted Treatment (MAT) for Opioid Dependence CE, 🦷

Speakers: Anthony Dekker DO, Medical Director, East CBOCs, NAVAHCSA; Anthony P. Albanese, MD, FACP, DFASAM

Abstract: Opioid Use Disorders (OUD) have contributed to high rates of medical complications and currently are the leading cause of premature deaths in the US. Veterans, Active Duty and dependents are at special risks with higher rates of mortality. The availability of Medication Assisted Treatment (MAT) is severely limited in rural and frontier settings. High grade telemedicine services are now utilized by the VA and DoD for several medical issues. High definition screens and high tech adaptations for BP, photography, magnifying lights for ENT and dermatologic exams, Auscultation allow comprehensive diagnostic and therapeutic services. Veterans and ADSMs can be seen in remote clinics or also in any site that has WIFI with the iPad distribution. Nursing evaluation at the host sites augments the telemedicine experience. The evaluation and treatment of Substance Use Disorders can now expand into Medication Assisted Treatment (MAT) care combined with Behavioral Health support. Buprenorphine inductions, maintenance and tapering is becoming standard of care. This program will review the implementation of telemedicine SUD programs and the process to select appropriate patients for this expanded service. Monitoring patient progress in stabilization with MAT will be reviewed. Federal and state regulations will be reviewed as there are variations from a geographic status. Patient safety issues are emphasized and the use of the multidisciplinary approach will be expanded. Case studies are part of this training program.

Learning Objectives:

1. Demonstrate an understanding of the regulations involved in the use of telemedicine for the evaluation and prescribing of scheduled medications for the treatment of opioid use disorders.
2. Enhance the patient experience in Telemedicine care for Medication Assisted Therapies
3. Enhance longterm outcomes via Telemed services on sustained Recovery
4. Review the high quality telemedicine services available in the VA and DoD for evaluation and treatment of substance use disorders including the new patient centered models of iPad telemedicine care.