Tuesday 14 February

Session Descriptions

Plenary Session
8:00 – 11:00 AM

Military Health System (MHS) Senior Leadership Panel: Collaboration Across and Outside the MHS Today and Tomorrow (CE)
Ms. Seileen Mullen, Acting Assistant Secretary of Defense for Health Affairs
LTG Telita Crosland, Director of the Defense Health Agency
Maj. Gen. Paul Friedrichs, Joint Staff Surgeon
Dr. Jonathan Woodson, President of the Uniformed Services University of the Health Sciences

LTG Raymond S. Dingle. Army Surgeon General and Commanding General USAMEDCOM
RADM Bruce L. Gillingham, Surgeon General of the U.S. Navy
Lt Gen Robert I Miller, Surgeon General of the U.S. Air Force

a. **Discuss collaborations across MHS Components that promote the medical mission of the Force, contributing to: (1) the health of our active duty and reserve component personnel; (2) medical benefits for active-duty personnel, military retirees, and their families; and (3) the ability of our personnel to provide medical care in support of operational forces around the world.**

- In an ideal world, collaboration across the MHS works seamlessly, which includes scheduling appointments and enabling access to care for active-duty Service members to their sister Services.
- The Services may face challenges meeting service-specific medical readiness while providing appointments/access to sister Service members
- Uniformed Services University is pursuing education and training collaborations to benefit the MHS enterprise

b. **Discuss the impacts of organizational, infrastructure, and manpower changes on the MHS, including the role of advancements via military/civilian partnerships.**

- Military medical treatment facilities (MTFs) and clinics collaborating to optimize the scope of services to be provided in the Direct Care system
- Medical manpower and infrastructure changes potentially impact the Joint Concept for Health Services and the Joint Medical Estimate
- Universities provide many services to our society, to include thought leadership on future changes required to remain relevant, and the MHS can enhance its posture to meet its Quad Aim strategic mission through leveraging the emerging technologies of the digital age.

c. **Describe collaborations across the Direct Care and Private Sector Care network, as well as domestic and foreign partners to sustain MHS skills and capabilities, as well as the lessons learned from those partnerships and collaboration**

- The MHS has developed multiple partnerships with non-DoD hospitals where our clinicians provide patient care to MHS beneficiaries and/or non-beneficiaries to sustain their clinical skills, particularly those related to trauma.
- With so many changes to the MHS that impact the number and type of patients receiving care in the Direct Care System, outside partnerships may play a role in supporting the MHS education and training mission in support of the joint warfighter
- The MHS targets providing reliable healthcare when the care is moved outside of the MTF

cont.

Breakout Sessions
1:00-2:00 PM

1. **Lifestyle & Performance Medicine: Optimizing Health Across the Military Health System (CE)** – Col Mary Anne Kiel, MD, FAAP, DipABLM (USAF)

Over two-thirds of active duty service members are overweight or obese, putting themselves at risk for a variety of chronic diseases, increased musculoskeletal injuries, reduced overall performance, and decreased longevity and quality of life. In four years after graduating from Basic Military Training, Airmen gain an average of 15 pounds and 1.2 inches of abdominal circumference, with over 28% transitioning from a normal weight to overweight or obesity during this period. The Department of Defense currently spends $1.5 billion annually on obesity-related healthcare costs and $3 billion annually on lifestyle-related healthcare costs.
Lifestyle Medicine (LM) is a rapidly growing field of medicine, widely recognized as a powerful way to impact chronic disease and quality of life. As defined by the American College of Lifestyle Medicine (ACLM), LM is the use of evidence-based therapeutic approaches, such as a whole-food, plant-predominant diet, regular physical activity, adequate sleep, stress management, and avoidance of risky substances, to treat, reverse and prevent chronic disease. Across the Department of Defense, the name Lifestyle & Performance Medicine (L&PM) encompasses the integration of LM within the Military Health System (MHS) in light of the profound impact that nutrition and lifestyle changes have on the health, performance and readiness of our active duty personnel. The Air Force was the first service to charter their L&PM Working Group in August 2020 under the authority of both the Director of Medical Operations, Office of the Surgeon General (DAF SG 3/4), and the Commander of the Air Force Medical Readiness Agency (AFMRA) to improve the readiness and performance of military members, as well as their long term health by using LM foundations to treat, reverse and prevent chronic disease.
Since its inception in August 2020, the L&PM Working Group has operated to provide comprehensive, evidence-based LM and integrative care as a foundational approach to patient care across the Air Force Medical Service (AFMS) and the broader MHS, working a variety of collaborative efforts with other partners, including Army, Navy and Veterans Affairs representatives. This effort is in line with the quadruple aim of the Defense Health Agency (DHA) and provides realistic patient-centric solutions.
L&PM is consistent with, and will support, the cultural shift necessary to improve health in a comprehensive manner, bolstering a resilient and ready Total Force. The L&PM Working Group will continue to work toward its goals and objectives, in collaboration with other entities doing similar work, to promote the integration of LM in all sectors of the military environment as critical to the health, performance and readiness posture of active duty service members, as well as improving the longevity and long term quality of life of all of our beneficiaries.

2. **An Integrative Approach to Address Deployment Limiting Musculoskeletal Injuries for the Total Force** (CE)

Dr. Daniel R. Clifton, PhD, ATC, USUHS; Dr Tracey Perez Koehlmoos, PhD, MHA; Dr. Paul Pasquina, MD; Xiaoning Yuan, MD, PhD

Deployment limiting medical conditions affects up to 7% of the military's total force, of which the majority are musculoskeletal in nature, impacting the physical fitness and combat readiness of the armed services. Although many preventative and clinical efforts have attempted to address musculoskeletal injuries (MSKI), they remain the greatest threat to force readiness during both peacetime and combat operations. The negative impact of MSKI on the force requires a coordinated and integrated research effort, leading to operationally- and clinically relevant evidence that better inform military commanders, medical professions and policy-makers to optimize the prevention, early diagnosis, treatment, and surveillance of MSKI across the total military force. USU is uniquely positioned to support Health Affairs, the Military Health System, and the Defense Health Agency, using an enterprise-wide solution to comprehensively tackle this complex problem. Reducing MSKI requires clarity in taxonomy, commonality in surveillance policy, understanding of variances in clinical practice and patient outcomes, and coordinating inter-disciplinary research efforts to discover and implement best practices in prevention, diagnosis, and treatment.

3. **Redefining Force Health Protection: Understanding Deployment Health Management in the Commissioned Corps** (CE)

LCDR Heather Light, LCSW-C, BCD; CDR Witzard Seide, MD, FAAP

The COVID-19 Pandemic brought about a significant increase in deployment tempo of the USPHS Commissioned Corps. Ensuring the readiness of Commissioned Corps officers provided an opportunity to strengthen collaboration efforts between Medical Affairs and Corps Care. Deployment health as defined by the DoD is health related activities and measures that are undertaken to assess and minimize health risks associated with deployment. It prioritizes and ensures the well-being of officers through the phases of deployment (pre, deployed, post). Re-defining deployment health within the concept of force health protection for the Commissioned Corps is a priority. Additional resources have been invested to provide health support and consultation services to the USPHS Commissioned Corps officers and leadership through the deployment continuum. Prioritizing the health and wellbeing of deployed officers is integral to mission success.

4. **Patient Insight: How Patients Choose Providers** (CE)

Dr. Joyce Grissom, MD

Increasingly provider networks are carefully curated to produce desired health and cost outcomes. In recent years many health plans, including the TRICARE program, have considered directory information and steerage strategies in order to maximize beneficiary utilization of high-value, high-quality providers. The TRICARE program at the same time places significant value on beneficiary choice.

This presentation will evaluate the published health services literature about how beneficiaries choose healthcare providers. The presenter will discuss how patients use the internet, provider referrals, recommendations by family and friends, and quality information provided by health plans. Is proximity and convenience more or less important that training, experience, or track record? What is the difference between service quality and clinical quality and how are both best presented to beneficiaries? How does cost and financial or other incentives factor into the selections patients make. Presenters will examine current and potential strategies for influencing beneficiary choice in order to maximize health outcomes and health plan cost efficiency.

5. **Healthcare Delivery from the Private Sector** (CE)

Seileen Mullen, Acting Assistant Secretary of Defense for Health Affairs; Edward Norton, MS; Renee Pazdan; Michelle Showalter, MS; Mr. Mark J. Stevenson, M.A., M.S., MHA, FACHE, CHIE

The Military Health System (MHS) is one of America's largest and most complex health care institutions, and the world's preeminent military health care delivery operation. Providing health services through both Direct Care (DC) and the Private Sector Care (PSC) network to approximately 9.6 million beneficiaries, composed of uniformed service members, military retirees, and family members. The PSC network delivers a large percentage of beneficiary care, providing health care services and support beyond what's available at military hospitals and clinics.

The PSC network manages provider networks, toll-free customer service call centers, enrollment, referrals, authorizations and claims processing, beneficiary and provider education, providing comprehensive coverage for health plans, special programs, prescriptions, and dental plans. This breakout session includes discussions on collaborations between the DoD and private sector care, including managed care support contractors, pharmacy, and health care delivery in the overseas environment.

6. **The importance of communicating evidence based, high-science, patient centered journal content: An Author/Reviewers Guide** (CE)

Background: Military Medicine is the official international journal of AMSUS. Articles published in the Journal are peer-reviewed scientific papers, case reports, and editorials. Unique in this presentation are the strategies described representing the perspective of the editorial staff of Military Medicine.
Objective: The objective of this presentation was (1) to outline a logical, step-by-step approach to the task of submitting a manuscript to Military Medicine and (2) to detail the overall peer-review process at Military Medicine with elements to be included in a high-quality review for the journal.
Methods: Using a lecture with question and answers approach, we describe key criteria for acceptance of manuscripts and outline a step-by-step approach for submitting a manuscript to the Journal. Scientific quality is the most important consideration; however, a clear and concise writing approach is paramount. We review important considerations that may make a difference in a manuscript being accepted or rejected. Further we will explore the reasons to submit a manuscript to the Journal, discuss the different types of manuscripts, and outline an orderly approach to preparing the manuscript. Categories of manuscripts for the Journal include Feature Articles, Review Articles, Case Reports, Brief Reports, Commentaries, Letters to the Editor, and Columns. Ethical considerations and publishing requirements will be examined. An overview of the peer-review process will be outlined with emphasis on becoming a reviewer for the Journal.
Conclusions: Success in scientific writing is publishing results in a peer-reviewed scientific journal. The approaches described are from the unique perspective of the editorial staff of Military Medicine. This perspective may be of value to those interested in writing for publication and will enhance their skills in this area.

7. **Enabling the PACT Act with Oracle Cerner and VISTA** (non-CE session)

Dr. Brian Levy, Lead Physician Executive, Oracle Cerner Oracle Cerner

More than 1 in 3 Veterans report that they have experienced toxic exposures such as Open burn pits, gulf war related, agent orange, radiation, contaminated water at Camp Lejeune. These Military environmental exposures may put the Veteran at increased risk for delayed, long-term health complications. Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act is a new law that expands VA health care and benefits for Veterans exposed to burn pits and other toxic exposures. As part of the PACT Act, every enrolled Veteran will receive an initial toxic exposure screening (TES) and follow-up screening at least once every 5 years. VA estimates that 3.5 million Veterans are eligible for participation in the Airborne Hazards and Open Burn Pits registry alone. The challenge is how to ask Veterans if they have experienced toxic exposures while serving in the Armed Forces and then to determine if the Veteran has health related concerns. This presentation will focus on how the TES is accomplished in synchrony between VISTA and Cerner sites enabling both capturing the screening answers and analyzing the aggregated responses. In addition, this presentation will discuss a Human Factors Usability analysis of the actual TES tools to ensure the optimum functionality.

Session 2
2:10 PM – 3:10 PM

1. **Capabilities For the Future Fight (AMEDD CDID/AFC):** (CE)

- **Aeromedical Evacuation and En Route Care Including Technologies for Automated Casualty Care and Autonomous Patient Transport**

Mr. John Ramiccio, M.S. National Security and Strategic Studies; Mr. Nathan Fisher, M.S. in Mechanical Engineering;
COL James Jones, MPAS, PhD, PA-C;

Discussants will provide insight on modernization efforts in air and ground evacuation systems, science and technology (S&T) treatment efforts, ethical considerations of such technologies as they apply to RAS assuming roles of human transport and treatment of the wounded.
Recommendations will be provided at the conclusion of the discussion.

- **Mitigating Bloodborne HIV Risk in Large Scale Combat Operations**

Dr. Julie Ake, M.D., MSc., FACP;

Due to recent trends in the global epidemic, the U.S. Warfighter and allied servicemembers are at increased risk for encountering HIV on the battlefield. While significant progress has been made in controlling the virus in areas of high burden, strategic geographies in the EUCOM and INDOPACOM AOs continue to face rising incidence. Bloodborne risks to the Warfighter in particular are amplified in the context of large-scale combat operations where mass casualties are anticipated and blood product requirements are likely to rapidly outstrip prepositioned supplies. The US Army has a longstanding mission to develop preventive countermeasures to mitigate HIV risk and this session will review research efforts focused on addressing parenteral HIV risks in large scale combat operations.

- **Management of Thermal Injuries during Large-Scale Combat Operations**

Dr. Leopoldo Carlos Cancio, MD FACS;

2. **Health Services Research: Interdisciplinary collaboration to drive systemwide improvement in the MHS** (CE)

Mr. Bryce Slinger, MPH, Lead, Special Studies and Strategic Analysis, ASD HA; Dr Tracey Perez Koehlmoos, PhD, MHA, USUHS; Dr. Christopher Shoemaker, PhD, USUHS

The Military Health System (MHS) requires timely, actionable, evidence-based information in order to support its Quadruple Aim of improving cost, quality, access, and military readiness. Generating this information involves building collaborations between areas normally kept siloed from one another, particularly across military/civilian and academic/provider boundaries. This panel will discuss specific cross-group and interdisciplinary collaborations that provide answers to priority research questions, solutions to emerging needs, and enterprise-wide capacity building. The military, Federal civilian, and academic participants will discuss how their ongoing collaboration has resulted in significant knowledge translation and capacity building for the current and future needs of the MHS. Individual topics include the leadership and collaboration required for the MHS COVID19 After Action Report and subsequent revisions in the Report to Congress, the challenges and progress of developing an accessible data platform to be used across the enterprise to support innovation and collaboration, currently in test phase with the Uniformed Services University, and other priority areas. Each participant will present for approximately 10 minutes, after which audience members will be invited to ask questions.

3. **MHS GENESIS - Do your electrons reflect reality, and is that a risk** (CE)

Col Thomas J Cantilina, MD

As part of the deployment strategy of the Military Health System (MHS), the Defense Health Agency (DHA) is leveraging a new ability to capture healthcare data to better tool in the provision of care across a wide range of Military Treatment Facilities (MTFs). As part of this strategy, the MHS continues to deploy the new Electronic Health Record (EHR), MHS GENESIS, which provides a single health record for service members, veterans, and their families using enhanced, secure technology to manage health information. MHS GENESIS is able to leverage virtual health patient data locally, regionally, and globally with a robust portfolio of capabilities that better serves beneficiaries, in both garrison and operational settings.
MHS GENESIS is one of the central tools to capture accurate data around the care of the patient inside of the MHS. By using this new EHR, the MHS is able to ensure high-quality, patient-centered care. Once fully deployed, MHS GENESIS will be available to our beneficiaries across the world, providing 24/7 accessible information in a

single site. This secure site integrates patient care and data, keeping service members health care professional updated with the latest information. With this new tool, the MHS will be able to capture the latest and most accurate healthcare data to provide the best care possible.
Even though, MHS GENESIS is a powerful tool for capturing data, compliance with workflows impacts the accuracy of data. Standardized workflows help ensure proper movement of information through the data ecosystem. These steps are necessary to avoid misrepresentation of data. Workflow standardization leads to capturing data accurately. If the collection of data (electrons) and workflows are followed accurately, the electrons should reflect reality, thereby allowing for the best patient-centered care.

4. Strengthening Military Family Resiliency Through Community Partnerships (non-CE)

Dr. Joseph Geraci, LtCol USA (Ret.), Co-Director, Transitioning Servicemember/Veteran And Suicide Prevention Center (TASC), VA Expiration Term of Service Sponsorship Program (ETS-SP)

- Kathy Roth-Douquet, CEO and Board President, Blue Star Families
- Shannon Razsadin, President of Military Family Advisory Network (MFAN)
- Moderator: Dr. Alefiyah Mesiwala, Chief Medical Officer, Humana Military

Military families are the backbone of our country. The strength of these family units is impacted by a number of health and social factors both at home and abroad. Recognizing that the power of multiple organizations is mightier than what any entity can deliver on its own, military health influencers from the MSO, VSO, and Government communities join forces in many unique ways to improve physical and behavioral health outcomes of these families, leading to a more ready force.

5. Impact of Military Environmental Exposures on Respiratory Health (CE)
Dr. Michael J Falvo, Ph.D.; Dr Eric Garshick, MD

Respiratory health of U.S. Veterans and servicemembers, in particular adverse effects related to military deployment, is a priority area for the Department of Veterans Affairs (VA). Major research, clinical, and educational efforts are underway that directly impact federal health professionals who provide care to Veterans and servicemembers and/or conduct research on inhalational exposures. This session will provide updates on key exposures of interest and contemporary methods of exposure assessment as well as provide an overview of key programs and efforts across the VA.

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8. **Protect the Force and Improve Readiness with well-designed long-term outcome studies** (DLH) (non-CE session)

MG Joseph K. Martin, Jr. (ret) (Panel Chair); Vicki Hart, PhD - DLH Corporation; Nathaniel MacNell, PhD - DLH Corporation

How we think about protecting the Force and how we think about improving readiness are linked. They are entwined; however, the path to link them is through well-designed long-term outcome studies. There are numerous challenges in the design, data collection, and analysis of high-quality long-term outcome studies. Exposures are often poorly characterized and not specifically linked to individuals. Outcomes can be difficult to ascertain, leading to weak and uncertain causal inference. High-quality studies build confidence among Service members if they believe they are being protected from known hazards and the government is committed to describing and avoiding new hazards. Service member confidence leads to improved morale which positively impacts readiness. This panel discussion will review the criteria generally used to establish causal inference, discuss the risks of attributing population exposures to individual outcomes (ecologic fallacy), and provide an opportunity for DLH, the DoD and VA to discuss their approach to this type of research.

Session 3
3:20 PM – 4:20 PM

1. **Recent Employment of Navy Forward Deployable Preventive Medicine Units (FDPMUs) in EUCOM and SOUTHCOM - Lessons Learned & Considerations to Optimize Employment** (CE)

CDR Jason Bernhard, MD; CDR Alfred J. Owings, II, MD; CDR Michael Brett Prudhomme, MD, MPH, PMP; CDR Lucas Johnson, MD, MTM&H, FACPM

Navy FDPMUs provide specialized preventive medicine and force/mission health threat assessment capabilities not typically available within organic DoD medical and/or preventive medicine assets. FDPMU teams are rapidly deployable to support a wide range of planned and contingency missions, from Humanitarian Assistance/Disaster Relief and Global Health Engagement to combat operations, providing advanced Force Health Protection up to and including at the theater level. The FDPMU's unique design, and capability to operate apart from other Theater medical assets, present unique opportunities and unique challenges, as illustrated by recent team deployments. We will present a brief explanation of Navy FDPMU capabilities, experience and lessons learned from two recent FDPMU team deployments, and discuss successes, challenges, and considerations to optimize future FDPMU employment in the naval and Joint environment. The two recent deployments being presented are:

- Deployment to Poland in support of short-fused USEUCOM contingency Humanitarian Assistance tasking
- Deployment aboard USNS COMFORT (T-AH 20) in support of Continuing Promise 2022 and theater Global Health Engagement activities

2. **Interprofessional Education (IPE)...The time has finally arrived** (CE)

Dr. Drew Wayne Fallis, DDS, MS, MHPE; Lula Westrup Pelayo, R.N., FAAN; Dr Arnyce Pock, MD, MHPE, MACP; Dr Diane Seibert, PhD, APRN, FAANP, FAAN

Interprofessional Education (IPE) has become an essential requirement for maintenance of academic program accreditation, integral in preparing healthcare students to meet professional standards of care, and priceless in supporting healthcare collaboration in the MHS. This panel, composed of representatives from all 4 USU Schools and Colleges, will discuss the current focus of Interprofessional Education, its relevance to accreditation requirements for multiple healthcare education programs and the importance of IPE to better support the healthcare mission of the MHS. By the end of this session attendees will gain a greater understanding of the similarities and differences between the IPEC & WHO definitions of IPE, be able to compare and contrast specific

IPE accreditation requirements within Medicine, Nursing, Dental, & Allied Health, and develop an IPE event that includes multiple healthcare communities.

3. **Pt.1-Active Duty non-MTF Mental Health Hospitalization** (CE)

CAPT John K Iskander, MD

Understanding the demographic profile of hospitalized USCG active-duty service members (ADSM) and reasons for hospitalization can help to inform prevention strategies. **Methods:** Purchased care data were analyzed for TRICARE-covered non-MTF services (representing ~85% of all ADSM hospital services during period reviewed), paid between October 1, 2020 through May 1, 2022, and using primary hospitalization diagnosis codes (letter plus first 3 digits of primary ICD-10 code). Descriptive and Chi-square statistics were calculated using Excel (significance at $p < 0.05$). This activity is associated with programmatic surveillance and quality improvement, and does not constitute research, as determined by the USCG Institutional Review Board. **Results:** Over the 31-month period, 2,744 hospitalizations were identified (non-MTF). Most frequent diagnostic categories (based on first letter of ICD-10 codes), included mental health (MH) disorders (27%), pregnancy-related (26%), digestive system (8%), injury and poisoning (8%). Median duration of care was 3 days. There were 752 MH (ICD-10 F00-F99) hospitalizations (27%), and median length of care was 4-times longer (8 versus 2 days) and median costs ~2-times higher ($12,353 versus $6,303) than for the non-MH hospitalizations. The percent of hospitalizations for a MH primary diagnosis was greater among those records associated with non-rated ranks (E1-E3) compared to E4-E9 ranks or the warrant and O1-O6 officer ranks (herein officers) (55%, 26%, and 16% respectively, $p < 0.001$). For the 2020-2022 period reviewed, among male and female E1-E3 ranks, average ages were younger for mood and adjustment disorder admissions (19.0-21.8 years) versus non-rates admitted for alcohol-related disorders (23.0-24.3 years). **Conclusions**: Understanding primary hospitalization diagnoses – by rank, gender, and age – can provide useful population-level insights regarding risk for specific preventable conditions; reinforce mental health screening recommendations for potential high-risk groups to reduce morbidity and improve operational readiness; and help with resource allocation decisions. Further investigations to understand the limitations of using existing corporate healthcare databases to draw population health inferences, as well as investigating confounding factors (e.g., other medical conditions, exposure histories) and potential associations between age, gender and rank, may further elucidate the implications of these findings.

Pt. 2-HRSA's AIDS Education and Training Center (AETC) Program (CE)

CDR Akara Ingram, MPH, RN

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) administers the Ryan White HIV/AIDS Program (RWHAP) and plays a critical role in implementing the "Ending the HIV Epidemic: A Plan for America" initiative. The AIDS Education and Training Center (AETC) Program is the **training arm of the RWHAP.** The AETCs are a national network of leading HIV experts who provide locally based, tailored training and education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate state-of-the-science comprehensive care for those with or affected by HIV. The network is comprised of two national centers, eight regional centers, four national programs, and more than 130 regional-partner (local) sites. The AETCs educate care providers on the importance of primary and secondary HIV prevention, including pre-exposure prophylaxis, post-exposure prophylaxis, HIV testing and rapid antiretroviral therapy initiation, treatment as prevention (U=U), and behavioral harm reduction. From September 2015 through June 2020, RWHAP Regional AETCs conducted a total of 45,826 training events, averaging 9,165 training events per year and reaching an average of 54,713 unique participants each year. During the COVID-19 pandemic, the AETC network quickly pivoted to mostly virtual training and increased their reach even more.

Public Health Service (PHS) Officers and civilians serve as expert analysts in developing, monitoring, implementing and evaluating current or projected complex HIV/AIDS related public health programs involving governmental and non-governmental organizations from multiple sectors at the community, state, national and/or international levels.

4. **Healthcare Risk Management: Post DHA Transition** (CE)

Dr. Susan Moon, M.D.; Maj Jennifer Salguero, DO, FAAFP; Mary Beth Lengyel; Rex Berggren

The Defense Health Agency (DHA) has streamlined and standardized the Healthcare Risk Management (HRM) process for the Military Health System (MHS). The overarching goal of the HRM Program is to protect patient safety, mitigate risks and harm within our healthcare delivery system, and improve the reliability of MHS healthcare. The HRM Program supports risk identification and assessment, and the development of prioritized, systematic risk reduction strategies and process improvement activities to provide safe, high-quality patient care. This is a collaborative effort within the organization's Clinical Quality Management team, with leadership, and with other relevant process owners throughout the organization. This lecture will discuss key features of the healthcare risk management program to help healthcare teams and military leaders understand and mitigate risk, improving quality of care throughout the MHS.

5. **Opioid Overdose: Cost, Consequences, and Care** (Emergent) non-CE session

Mohan Sindhwani, MD , Director, Medical Affairs, Emergent BioSolutions
Panelists (invited): Dr. Don Stader, Executive Director, The Naloxone Project; Dr. Steve Kearney, PharmD, SAS; CAPT Harold Gelfand, MD, FASA (USN), Director, Defense & Veterans Center for Integrative Pain Management
Session Description in development

Session description in development

End