

Wednesday 14 February 2024**AMSUS Business Meeting 7:30am – 8am****Plenary Session 8am – 11am****Corridor/Room# Woodrow Wilson Ballroom 8am – 10am****Public Health/Homeland Security Plenary****8:15-8:50 am**

- *ADM Rachel Levine, Assistant Secretary for Health, US Department of Health and Human Services*

Perspectives from the Assistant Secretary for Health: People & Places Thriving**8:50-9:30am**

- *VADM Vivek Murthy, United States Surgeon General*
Presentation description in development

9:30-10am

- *Dr. Herbert Wolfe, Acting Director of the Office of Health Security, Acting Chief Medical Officer, US Department of Homeland Security*

The Department of Homeland Security's Office of Health Security, Acting Chief Medical Officer:

Dr. Herbert Wolfe currently serves as the Acting Chief Medical Officer at the Department of Homeland Security (DHS)'s Office of Health Security (OHS). In this role, he serves as the principal advisor to the DHS Secretary and other DHS senior leadership on medical and public health issues related to natural disasters, border health, pandemic response, acts of terrorism, and other man-made disasters. Since its stand-up in July 2022, the OHS has settled into its mission of medical, workforce health and safety, and public health authority for DHS and is looking to the future. Under Dr. Wolfe's leadership, OHS has continued to mature in its role of providing a wide range of medical and public health initiatives internal and external to DHS, many of which fall under the AMSUS theme of serving those who serve our Nation. This plenary will cover a few key instances in its first year where the Office of Health Security delivered on its mission—its support of the Federal Law Enforcement Training Center (FLETC), its thorough response to a death in custody at a port of entry, and its commitment to the Public Health Service. OHS continues to develop its vision for how OHS will readily meet the interdisciplinary and all-hazards health security challenges of tomorrow.

Corridor/Room# Woodrow Wilson Ballroom**DHS: Out of Many, One Health Security Mission****10am – 11am**

- *Dr. Herbert Wolfe, CMO and Director, Office of Health Security, US Department of Homeland Security*
- *Andrew Pennardt, Chief Medical Officer, FEMA*
- *Nitin Natarajan, Deputy Director CISA*
- *Julie Brewer, Deputy Under Secretary S&T, DHS*

- *RADM Dana Thomas, USPHS, USCG HQ, Assistant Commandant, Health, Safety and Work-Life*

In the 20 years since the Department of Homeland Security (DHS) was created in light of 9/11, our world has changed. It has grown more interconnected and is facing an unprecedented range of threats, risk and vulnerabilities. Despite the evolution of these challenges over the last 20 years, DHS has remained steadfast in its commitment to safeguard the American people, our homeland, and our values. The legacy distinction between homeland security and health security challenges has become one and the same and the role of DHS has grown accordingly.

DHS components and offices continue to address the most pressing challenges to healthcare and public health delivery, within its workforce, those in the Department's care and custody, and for the nation. The more than 22 operating units that comprise DHS are on the frontlines of rapidly emerging technologies, evolving cyber capabilities, and increasing economic and political instability around the world are contributing to a heightened threat environment at home. DHS has the third largest workforce in the Federal Government with a unique position in the shared federal mission of serving those who serve our nation.

This panel will feature five (5) DHS senior leaders who will share their perspectives on the collaborative work done across the agency to serve its workforce comprised of over 260,000 employees including over 50,000 veterans, and the nation. The speakers will share why a "One DHS Health" is needed now more than ever to ensure alignment across responses that are increasing in number and complexity.

In the last two decades that separate these touchstones of the Department of Homeland Security, we see our origins and our future. The Department was born of tragedy and necessity; in that necessity, however, DHS has evolved and matured to meet the Homeland's greatest challenges over the past 20 years.

Prince Georges A/B Exhibit Hall 11am – 1pm

Hands-on Wound Care Lab/Demonstration

- *Arjo*
- *Kent Imaging*
- *Smith + Nephew*
- *3M*

11:30pm – 12:15pm

Healthcare Lessons Learned and Impacts from the Battle of Mogadishu, Somalia, 1993

- *Philip Volpe, DO, MG US Army (Ret), Task Force Ranger Command Surgeon (1993), AMSUS Board Chairman*

The Battle of Mogadishu in October of 1993 resulted in a mass casualty situation from which many lessons were learned (or relearned), in an austere combat environment, which led to tremendous impacts in the development of advancements which saved lives years later. During this presentation, we will summarize the operational aspects of Task Force Ranger by describing the mission and the environment leading to the deployment and the 3-4 October 1993 mass casualty event commonly known as "Black Hawk Down". We will describe the medical resources and architecture and some of the casualty care which took place; what went well and what did not go well. The focus of this presentation will be on reviewing the lessons learned, as described in the after action report, and the subsequent initiatives that followed to improve the effectiveness and survivability on future

deployments, to include OEF and OIF. The experiences of Task Force Ranger were a wake up call as to the types of future battles our military will face. The medical lessons learned and subsequent developments to improve combat casualty care capabilities were essential in advancements which led to decreased mortality and increased survivability in the contemporary operating environment.

Breakout Sessions 1pm – 2pm

Corridor/Room# Annapolis 1-2

Honoring Our Commitment: Serving Those Who Serve Our Nation

- *COL R. Scott Harrison, Deputy, Directorate of Prevention, Readiness, and Resilience (DPRR), HQ US Army*
- *LTC Vernita Corbett*
- *Mr. John Simms, Quality of Life, Program Coordinator, OSG*
- *LTC Anne Chiquitucto, Chief, Exceptional Family Member Program, OTSG*

The U.S. Army's Quality of Life (QOL) for Healthcare is a comprehensive, strategic approach that aims to better understand the health and mental care related needs and concerns affecting Soldiers, Army Civilians, and families by monitoring and resolving healthcare quality of life challenges. The QOL (Healthcare) evaluates and measures positive and negative healthcare related outcomes and takes action that impact the Army's families and mission readiness. The QOL (Healthcare) programs continuously explores programs and initiatives to improve quality of life by proliferating technology, proposing legislative and policy changes, and collaborates efforts with Defense Health Agency while providing high quality accessibility to health and mental care services.

The Exceptional Family Member Program (EFMP) provides a comprehensive, multi-agency approach for community support, housing, medical, educational and personnel services to Families with special needs. The medical administration portion of EFMP ensures the identification and enrollment of eligible Family Members into the program. Additionally, the EFMP medical administration staff screen all dependents during the assignment process to overseas locations to ensure Family Members with special needs can be accommodated at specific locations at a given time.

Corridor/Room# Annapolis 3-4

Delivering outcomes that meet the needs of government agencies and their broad set of population health care requirements (Optum)

Presentation speakers and description in development

Corridor/Room# Baltimore 1-2

The Goldilocks Principle: Right-Sizing Health Services Support for the US Marine Corps in Large-Scale Combat Operations

- *CAPT Theodore Edson, Senior Surgeon 1st Medical Battalion, US Navy*
- *CAPT Matthew Tadlock, USN*
- *LT Kenneth Marler, USN*
- *LCDR Justin Beck, USN*
- *LCDR Jesse Snider, USN*

Force Design 2030 has placed a renewed emphasis on the return of the USMC to its maritime roots in preparation for large-scale combat operations (LSCO) in contested maritime and littoral spaces. To meet this requirement for improved flexibility, USMC Medical Battalions have begun to develop and deploy more scalable, modular, and maneuverable damage control surgical resuscitation (DCSR) capabilities to provide improved operational flexibility in contested distributed maritime operations. In an environment with predicted compromised logistical support in the form of Class VIII supplies, blood product availability and casualty evacuation assets, the flexibility gained through decreased personnel and equipment may come with risk of increased morbidity and mortality for casualties with simultaneous decreased capacity for casualty care.

To assist the Operational Commander in the conduct of his/her risk assessment and risk mitigation, correctly determining appropriate logistical support to sustain capability (DCSR) and meet capacity (number of patients) requirements for different sized Role 2 Table(s) of Organization and Equipment (TO&E) is essential.

We have analyzed two real-world, well documented case studies of mass-casualty incidents that involved the use of aviation assets to deploy ground troops, a mode of envelopment which may figure prominently in future Marine Corps operations in littorals. Both incidents, though on different ends of the spectrum with respect to severity of injuries, required extensive resources and personnel to minimize morbidity and mortality for casualties. Basing future Role 2 TO&E solely on either of these incidents runs the risk of either under or over resourcing deployed DCSR capabilities directly effecting mission requirements. To mitigate risk and maintain flexibility, modeling simulations like the Medical Planners Tool Kit (MPTK) are necessary to help shape future directions in the development logistical support (as described above), to maintain capability and meet surge capacity for a breadth of mass casualty scenarios.

Corridor/Room# National Harbor 2

Enterprise Digital Transformation, Can It Really Happen In Healthcare?

- *Moderator: Dr. Donald J. Kosiak, Jr., Chief Medical Officer, Leidos*
- *Panel: TBA*

This Leidos-hosted panel presentation will feature experts from industry, academia, and government to explore the benefits of a true patient-centered health system powered with a “digital first” lens. We will examine how this strategy can help solve the challenges of access to and delivery of high-quality healthcare that service members, veterans, citizens, and their families deserve.

Corridor/Room# National Harbor 3

Provider, Nursing, and Pharmacist Champions: Leading Healthcare Transformation in the Federal Domain (Oracle Cerner)

- *John A. Rekart, Ph.D., Director & Healthcare Executive, Oracle Health*

Join us for an engaging presentation at AMSUS as we explore the pivotal role of Clinical Champions in driving healthcare transformation within the Veteran's Administration. In this session, we will shine a spotlight on the transformative power of leadership within federal healthcare organizations.

Corridor/Room# National Harbor 10

Preventing Veteran Suicide: We All Have a Role to Play

- *Dr. Matthew Miller, National Director, Suicide Prevention, VA*

Suicide is a complex problem with a multifaceted interweaving of potential contributing factors. Suicide prevention (SP) training focuses greatly on mental health concerns as a root cause, yet a

multitude of additional factors can contribute to suicide risk (Franklin et al., 2017). Unemployment, chronic pain, insomnia, relationship strain, and death of a child are examples of individual factors outside of mental health which may play a role in suicide. International, national, community, and relational factors also impact suicide risk (e.g., inadequate access to care, global health concerns, war, economic crises, homelessness; Turecki & Brent, 2016). With no single cause, there is no single solution to suicide for veterans (Zalsman et al., 2016). The Department of Veterans Affairs (VA) has launched a National Strategy for Preventing Veteran Suicide (2018), outlining a full public health approach to address these multifactorial causes. VA's public health strategy combines community efforts to implement tailored, local prevention plans with evidence-based clinical interventions. Our approach focuses on both what can be done now, in the short term, and over the long term, to save Veterans' lives. This presentation provides an overview of the data driving VA's efforts, our operationalization of the strategy, the challenges and opportunities we face together with you in deploying a public health approach, and next steps each of us can take together to reduce Veteran suicide.

Corridor/Room# **National Harbor 11**

The Next Big Thing: Spaceports-Aerospace Medical Considerations

- *Melchor Antunano, MD, Director Civil Aerospace Medical Institute, FAA*
- *Vincent Michaud, MD, Deputy Chief Health and Medical Officer, NASA HQ*
- *Maj General (Dr) Sean Collins, Director USSF Medical Operations*
- *Col (Dr) Lidia Stana Ilcus, Deputy Director USSF Medical Operations*

Cite examples of aerospace medical considerations, from an FAA perspective, of Spaceport operations

Cite examples of medical considerations, from a NASA perspective, of Spaceport operations

Cite examples of medical considerations, from a Department of the Air Force Medical Operations (SGSF) perspective, of Spaceport operations

Corridor/Room# **Woodrow Wilson Ballroom**

Toxic Exposure Impact to Lung Health, Screening, Research & New Care Approaches (Intuitive/ Philips joint session)

(2-hour breakout session 1pm – 3:10pm)

- *Dr. David Shulkin MD, 9th Secretary, Department of Veterans Affairs*
- *Dr Shereef Elnahal, Under Secretary for Health, US Department of Veterans Affairs*
- *Dr. Raul Mirza, DHA's PHEO, Public Health and Epidemiology Office*
- *Dr. Michael Falvo, PhD, Director, Airborne Hazards Center of Excellence, NJ WRIISC, Veterans Affairs*
- *Rosie Torres, Burnpit 360*
- *Dr. Robert Miller, Professor of Clinical Medicine Vanderbilt University*
- *Dr. Andrea Covey, VA Kansas City MO*
- *Racheal Ramoni, Chief Research and Development Officer*
- *(invited) Rep Mark Takano, U.S. Congressman California 39th District*

Breakout Sessions 2:10pm – 3:10pm

Corridor/Room# **Annapolis 1-2**

Army Medical Accessions & Recruiting Trends, Challenges, and Best Practice

- *COL Katrina Walters, Brigade Commander*
- *COL Princess Atunrase, MEDCOM Chief, Military Human Resources / Director HR*

The demand for healthcare professionals has increased in the setting of a predicted national physician shortage, large scale post-COVID retirements, and changes in practice patterns for several healthcare specialties. An increasing number of scholarship opportunities and competition in the civilian sector has impacted Army Medical recruiting and accessions. This session will cover these national trends and challenges, while highlighting current Army Medicine initiatives and best practices for effective recruiting operations.

Corridor/Room# Annapolis 3-4

Future Directions in Medical Skill Determination and Sustainment - Results of an MHS Five University Research Project

- *CAPT (ret) Dr. Joseph Lopreiato, MD, MPH, Associate Dean, USUHS*
- *Col (ret) Mark W. Bowyer, MD, FACS, Professor of Surgery, Surgical Director of Simulation, USU*
- *Paul Phrampus, MD*
- *Matthew Hackett, PhD*

Determining the proficient level of performance for an individual skill and its decay over time is a challenge to readiness. Many procedural and cognitive skills relevant to healthcare professionals working in trauma and the operational environment do not have defined levels of performance nor are the sustainment of these skills well known. Leadership in the Defense Health Agency commissioned five leading universities to examine the skill proficiency in 20 select pre-hospital operationally relevant skills. Their charge was to develop skill proficiency levels in order to train future professionals to those levels. Once levels of proficiency are established, what are the next steps? Our panel of experts will describe the current state of determining skill proficiency and what methods we could employ to sustain those skills and mitigate decay. We will also introduce some exciting future technologies that will allow autonomous grading of skills and the creation of individual after action reports that can measure decay of skills over time. We will discuss how these concepts fit into the new Synthetic Training Environment (STE) currently being fielded by the US Armed Services.

Corridor/Room# Baltimore 1-2

AFMED – Where We Are and The Road Ahead

- *Mr. Stephen Mounts, ADSG, HQ USAF*
- *Col Michael Fea*

On 14 Jun 23, the Department of the Air Force Surgeon General (DAF/SG) presented the need for an Air Force Medical Command (AFMED) concept at the Air Force's Corona South which was led by the Secretary of the Air Force, Air Force Chief of Staff, Chief Master Sergeant of the Air Force and comprised of approximately 90 general officers representing various areas of responsibility and functional areas of operation. The DAF/SG highlighted the challenge of the Air Force Medical Service not being optimally aligned to best support Line of the Air Force and Space Force partners in the future and the various levels of risk occurring across the 76 DAF installations as a result of Military Health System (MHS) reform. The Secretary of the Air Force approved the AF/SG to continue moving forward on AFMED's design and, subsequently on 16 Jul 23, the CSAF signed an AFMED Program Action Directive (PAD) initiation memo appointing the AF/SG as the lead for PAD development and provided 2-letter Headquarters Air Force support.

The AF/SG staff partnered with the AF A5/7 to conduct a strategic planning conference 14-18 Aug 23 with MAJCOM SGs, MAJCOM CMEFs and other Line and medical partners to build courses of action (COAs) using the 7-step Joint Planning Process found in Joint Publication 5.0, "Joint Planning". The planning conference resulted in four COAs being developed for a future AFMED organizational design.

AFMED as a Field Operating Agency (FOA) was established at Initial Operational Capability (IOC) on or about 1 Oct 23. Subsequently, the COAs on AFMED organizational design were briefed to the MAJCOM CCs, CSAF and Secretary of the Air Force for approval and to inform the creation of the AFMED PAD and formal implementation plans.

The purpose of AFMED is to support the Department of the Air Force's Great Power Competition. It optimizes readiness (AFFORGEN, medically ready force, ready medics, deployment line support, incident response, training/exercises, etc.) while balancing the statutory requirement to provide care to our beneficiaries by elevating the command authority of Airmen medics and Line funded medical Civilians to an Air Force Medical Service 2-star Intermediate Commander who is dual-hatted as a DHA Network Director. This presentation will convey the current status of AFMED implementation and provide the way-ahead as it moves toward Full Operational Capability (FOC).

Corridor/Room# **National Harbor 3**

Social Determinants of Health- Impact to Medication Adherence

- *Jay Peloquin, PharmD, BCPS Senior Director DoD Clinical Programs, Express Scripts*
- *Sarah Randolph, PharmD, Senior Clinical Advisor, Evernorth Health Services*

Social determinants are factors like education level, access to food and availability of community resources that can have serious impacts on beneficiary health.

Join us to learn how addressing these economic and cultural barriers helps achieve better medication adherence and health outcomes.

Corridor/Room# **National Harbor 10**

AI in Healthcare...Hype or Holy Grail (Deloitte)

- *Maj Gen (ret) Dr. Lee Payne, Specialist Executive GPS CBO| Federal Health | Digital Health, Deloitte Consulting*
- *Dr. Richard Stone, Specialist Executive, Deloitte Consulting*
- *Dr Matthew Crowson, Specialist Leader, Deloitte Consulting*
- *Mr. Matt Caccavale, Principal, Deloitte & Touche LLP*
- *Dr. Alan Sim, Centers for Disease Control and Prevention (CDC) Chief Data Officer and Co-Director (Public Health Lead) of Platforms Division*

(Description in development)

Corridor/Room# **National Harbor 11**

Recent Military Medicine Lessons Learned – are we prepared for the next conflict?

Moderator: *Brig Gen John Andrus, Joint Staff Surgeon*

Speakers:

- *Maj Gen Tim Hodgetts, Surgeon General, United Kingdom*
- *Brig Gen Scott Malcom, Surgeon General, Canadian Armed Forces*

Lessons learned from the Ukrainian conflict provide key insights into medical planning for future conflicts. Additionally, the transition from the conflict in Afghanistan to more dispersed operations has provided challenges, but also insight into how military medicine can be transformed to be better positioned for support to future military operations.

Corridor/Room# Baltimore 3-5

Changing the Care Model

- *Mrs. Naomi Escoffery, Acting Deputy DAD, Acquisition and Sustainment /DHA Chief Accelerator Officer/DHA Innovation PM/Lead Category Manager and DoD Medical Co-Lead Assistant Director, Support*

The technology landscape is rapidly advancing and fundamentally changing how consumers in all industries behave. As the military population rapidly adopts new innovations into their lives, there will be an expectation that their healthcare providers leverage these technologies in the delivery of care and to improve health. The Defense Health Agency (DHA) must look to enhance digital innovation and accelerate our velocity of learning if we are going to maximize health and readiness of a young and tech savvy population. We need a sustained infusion of new ideas, experiences, and approaches from outside of the Military Health System and healthcare to meet our mission and build tomorrow's leaders. To close the gap, DHA established an Innovation Cell that is rapidly growing. The mission of the Innovation Cell is to "Drive DHA towards the pursuit of excellence in healthcare delivery by harnessing and matching the rapid pace of healthcare technology advancement to establish and remain world-class in healthcare delivery of the joint force." Recognizing that our patient's needs are rapidly changing (e.g., aging population, pandemic), DHA must be equipped to quickly adapt its capabilities. With the support from the enterprise, DHA can drive health outcomes through active patient engagement, and the transformation of care, based on the person's needs.

Breakout Sessions 3:20pm – 4:20pm

Corridor/Room# Annapolis 3-4

Emergency Fresh Whole Blood Transfusion Training for Ukrainian Medical Professionals in Austere Environments

- *SFC Zachery Brown, US Army*
- *HM1 Joshua Cuestas, US Navy*
- *HM1 Kevin Matthews, US Navy*
- *SFC Paul Rajan, US Army*

Blood is a highly valuable medical resource that necessitates strict adherence to guidelines to ensure the safety and well-being of the recipient. Since the onset of the Russian-Ukrainian War, there has been an increased need for training in Emergency Fresh Whole Blood Transfusion (EFWBT) to improve patient outcomes. To meet this need, we developed and evaluated a training program aimed at enhancing Ukrainian health professionals' proficiency in EFWBT. Our research team trained eight Ukrainian medical providers, including six physicians and two medics, in EFWBT protocols and evaluated their perceived confidence and ability to administer and teach EFWBTs in austere environments. The training was derived from the Joint Trauma System Clinical Practice Guidelines, the 75th Ranger Regiment Ranger O-Low Titer (ROLO) program, and the Marine Corps Valkyrie program. Participants were assessed on the practical application of EFWBT, knowledge of associated administrative oversight requirements, and self-evaluated confidence in EFWBT administration. A cross-comparison was conducted to determine the statistical significance between a larger dataset of 3rd-year medical students and the Ukrainian medical providers. These findings suggest that the accuracy of testing conditions was statistically similar between the two groups, and the level of proficiency and confidence in the pre-assessment questionnaire was less for Ukrainian providers than for 3rd-year medical students. A Joint United States Military and Ukrainian EFWBT program could drastically improve transfusion safety, reduce preventable death on the battlefield, and promote a full-

scale evaluation of EFWBT practices in a near-peer threat environment. The administration of such a program will require strict administrative oversight and close collaboration with medical professionals, experts in transfusion medicine, and regulatory authorities. Furthermore, effective integration of EFWBT training into the foundational medical curriculum for frontline Ukrainian medical providers could serve as a potent force multiplier, increasing proficiency in EFWBT practices and reducing preventable deaths from hemorrhagic hypovolemic shock.

Corridor/Room# **Baltimore 1-2**

AFMS Support to Optimize Airmen & Guardian Performance – Bridging the Gaps

- *Brig Gen James Parry, DO, USAFNG*
- *Col Amalia Divittorio, AF/SG Chief, Integrated Operational Support*
- *Col Christian Smith, DAF Director of Psychological Health, AFMED SGOM*
- *James Woods, Chief Medical Enlisted Force, DAF Medical Operations*

There are approximately 325k Active Duty Airmen and Guardians spread across the globe at 88 installations. Not all healthcare services are available at every location. How are we working to expand and more efficiently utilize resources to support our Airmen and Guardians? There is a nationwide shortage of mental health providers, which significantly impacts recruitment and hiring of military and civilian mental health providers while straining network capabilities. Over the last 10 years, Air Force mental health clinic staffing has not changed, while the number of mental health intakes has doubled in the AF and our off-base referrals have tripled. Of these intakes, 80% do not meet the criteria for clinical mental health care. This strain is further compounded by the desire to embed MH providers into line units. The Targeted Care (TC) initiative addresses this issue by (1) vectoring members who present with non-clinical concerns to appropriate non-clinical resources, (2) employing group therapy, and (3) prioritizing remission and case closure. In a 5-month pilot, bases vectored up to half of the members who presented for non-clinical care, recapturing 1,236 individual appointments for clinical MH care. Targeted Care has since rolled out across the AFMS and was highlighted by the US Senate Armed Services Committee (USSASC) in their FY23 NDAA report as a “much-needed innovation.” As such, it is now required across the MHS, with DHA successfully piloting the program at Army and Navy locations. Approximately 13% of Department of Air Force (DAF) members are Q-coded, indicating that they have family members with special needs. DAF-wide, approximately 10% of Exceptional Family Member Program (EFMP) travel requests return as “travel not recommended,” but this ranges from 0 to 36% when looking at individual bases. The Developmental and Behavioral Family Readiness Center (DBFRC) program was created to enhance the regional readiness capabilities for Air Force families enrolled in the EFMP by providing support to local providers, gap-fill local services, video telehealth appointments, and as-needed itinerant support to give developmental and behavioral care when and where it is needed, reduce the need for Dependent Travel Not Approved decisions, and decrease the need for compassionate reassignments. The DBFRC is set up in a hub-spoke model where the developmental and behavioral specialists are stationed at a central location (hub) and provide care at that location in addition to remote or underserved locations (spokes) through video telehealth and periodic in-person visits. Integrated Operational Support (IOS) is a DAF strategy that incorporates the tenets of Total Force Fitness (TFF) to strengthen resilience and optimize human performance in service members. IOS programs encompass the human performance spectrum, from preventive and performance enhancement to low-acuity healthcare services directly within operational units or training environments. These programs are line funded and AFMS coordinates policy and compliance with quality and safety regarding these services. Recent interest from senior leaders have resulted in

efforts to evaluate how to efficiently utilize existing assets and increase DAF-wide access to embedded team support to enhance the resilience and readiness of the force.

Corridor/Room# Baltimore 3-5

Adding Your Findings to the Body of Knowledge: The Expectations, Roles and Processes Associated with Publishing in the Medical Literature

- *COL (ret) Dr. Ramey Wilson, AMSUS MILMED Associate Editor*
- *CAPT (ret) Dr. Stephen Rothwell, AMSUS MILMED Editor-in-Chief, Professor, Department of Anatomy, Physiology and Genetics, USU*
- *Col (ret) Dr. Laura Talbot, USAFR, NC, AMSUS MILMED Editor*
- *COL (ret) Dr. Anthony Laporta, USAMC, AMSUS MILMED Associate Editor*

The Military Medicine Journal Editorial Board will present the expectations, roles and processes of manuscript development, submission, peer-review and post-acceptance processing to encourage the continued building of the Federal Medicine body of knowledge. This presentation will include specific policies and instructions for authors and the preparation of manuscripts, the use of the Editorial Manager submission site, the vital role of peer-reviewers and how to become a reviewer, and the expectations of the peer-review process, such as responding to reviewer comments and suggestions.

Corridor/Room# National Harbor 10

Transforming DoD Health Care Through Digital Innovation and Solutions

- *Col Thomas Cantilina, Chief Health Informatics Officer & Deputy MHS EHR Functional Champion, DHA*
- *RDML Matthew Case, Director, Medical Service Corps; Commander, Naval Medical Forces Atlantic*
- *Dr. Jesus Caban, Chief Data Scientist, Enterprise Intelligence & Data Solutions, Program Executive Office Defense Healthcare Management Systems*

Digital transformation is essential to today's health care landscape. Within the Military Health System (MHS), integrating digital tools throughout the enterprise can enable efficient and equitable patient-centered care with improved patient outcomes while promoting a ready medical force and advancing the National Defense Strategy. The MHS approach to digital transformation relies on current, emerging, and future technologies to provide innovation and new solutions for the challenges of military health care delivery operations. Current technology solutions include MHS GENESIS, the DoD's modern electronic health record (EHR), and the ongoing fielding and optimization efforts that are dependent on necessary workflow changes to support this innovation. Implementation of emerging technology solutions, such as the Digital Front Door, can transform the way the MHS engages with patients, improving the patient experience, telehealth, and other virtual capabilities. Artificial intelligence and machine learning (AI/ML) capabilities are some of the leading future technology solutions to expand the MHS's inventory of tools to treat patients, train providers, manage casualties, and address unique challenges. Opportunities for leveraging AI/ML capabilities across the MHS are being explored (e.g., population health, return to duty, disability evaluation, clinical care, and biosurveillance), which will help lay a framework for the future of the MHS. This breakout session will include presentations on MHS GENESIS, the Digital Front Door, and AI/ML from subject matter experts and leaders in these fields.

Corridor/Room# National Harbor 11

Far Forward Resuscitative Care: Preparing for Future Conflicts

- *Lt Col Andrew Hall, CENTCOM Surgeon General Physician*

Future conflicts are expected to challenge the current medical treatment and evacuation strategies learned over the past 20 years supporting counterinsurgency operations. In today's relatively light casualty care environment, lessons can be learned and innovation is possible. How care is provided, which skills are learned and maintained, and how resources are distributed are all avenues where research is required to prepare for the next conflict. This presentation will describe the far forward resuscitative environment, what research has been done in the operational environment, and what can be done in the future.

Multiple data sources from the military medical services, United States Central Command (USCENTCOM) and United States Transportation Command were used to determine resource utilization rates and skill change between 2001 to present.

Results: Operative capability utilization time ranges from 93.9 min to 205.6 min per case based on injury severity. The gain in intertheater aeromedical evacuation was .010-.019 days per month. USCENTCOM transitioned to a whole blood-based system with 6 units of whole blood per surgical bed. Walking blood bank performance times averaged 37.89 min +/- 12.45 min. Resuscitative and complex surgical skills are being lost in military facilities at a rate of 3.27% per year and will need to be learned outside of Defense Health Agency facilities.

Conclusions: Even in a reduced casualty care environment opportunities for research are present. How to best utilize resources and to gain and maintain skills needed in expeditionary and austere conditions will be vital for casualty care success.

Corridor/Room# **Woodrow Wilson Ballroom**
DHA/VA Innovation Session

- *Presenters in development*