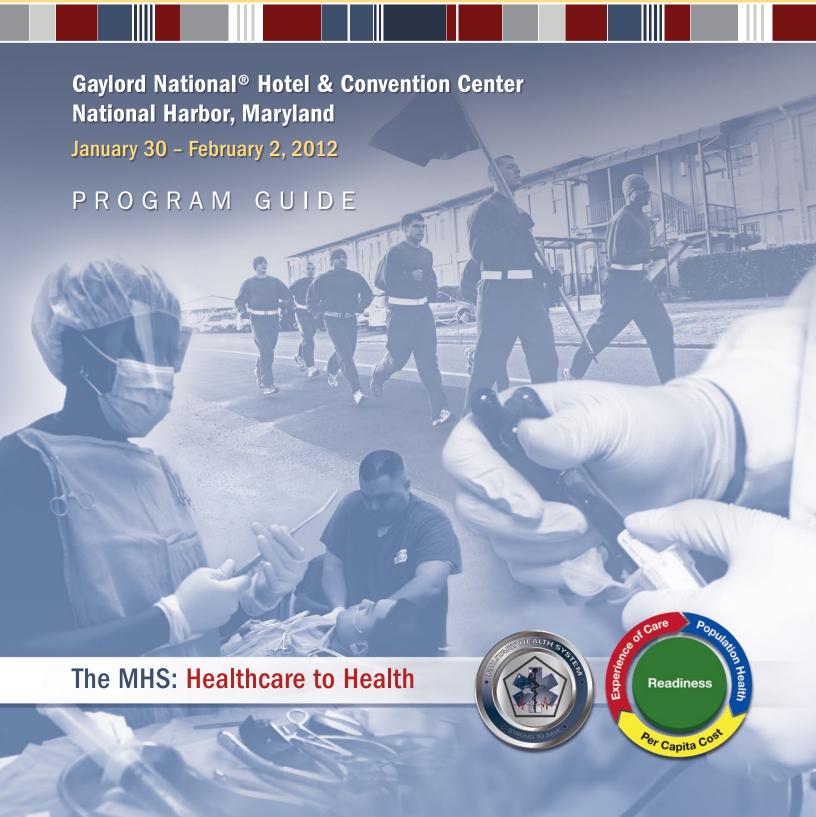
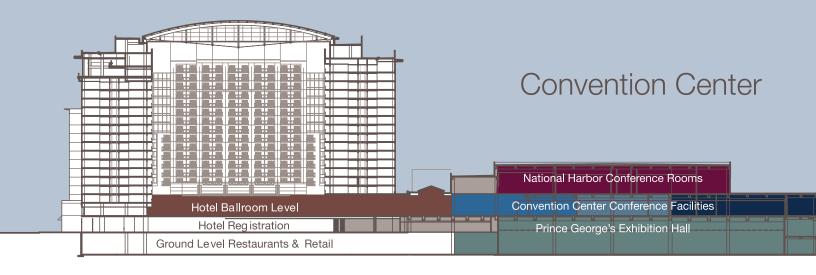
2012 Military Health System CONFERENCE





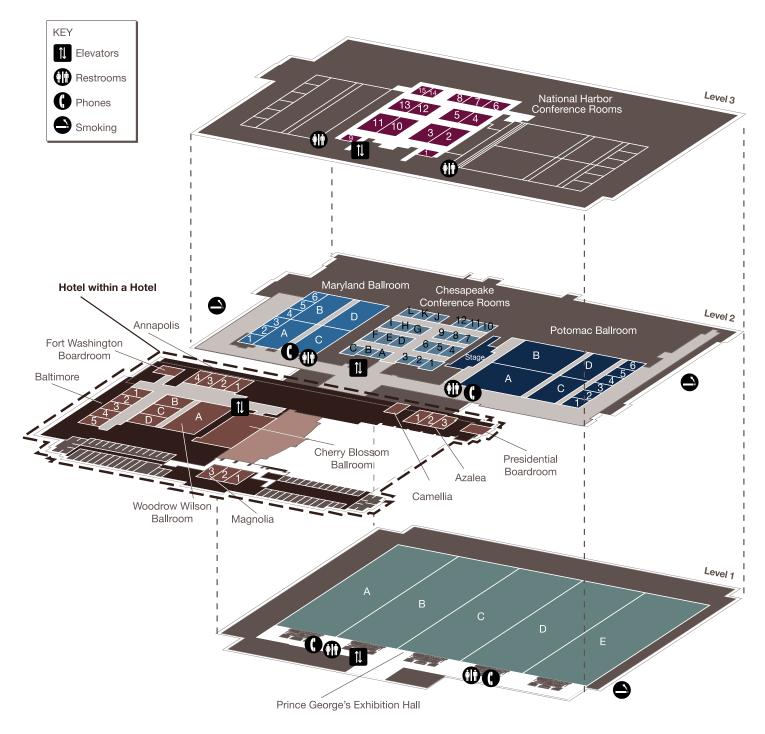


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WELCOME LETTER

From: Jonathan Woodson, MD, Assistant Secretary of Defense for Health Affairs



Dear Conference Attendees,

Welcome to the 2012 Military Health System (MHS) Conference! I am once again proud to be serving as the host for this year's gathering.

The theme of this year's conference – From Healthcare to Health—perfectly encapsulates the MHS' enduring obligations to those we serve.

For readiness purposes, for the benefit of all 9.7 million Americans entrusted to our care, for quality, and—yes—for for cost control, we must do more than successfully repair the human body (though we need to do that too). We need to focus on sustaining and restoring health.

In 2012, we are going to do just that. Beginning with the two most devastating contributors to ill health—tobacco use and obesity—we will focus resources and strategies to promote healthier lifestyles. And, we will do more than raise awareness or use strategies that have produced only minimal changes in behavior. We will engage a broader team in our military community to confront these challenges. We will welcome innovative and proven practices from the field and disseminate these practices rapidly throughout our system of care.

The Military Health System is many "systems" in one—a hospital system, an ambulatory care system, a health plan, a public health system, a research system and a university. Each component of the MHS must be engaged in our "Healthcare to Health" strategy, and still remain focused on the high performance of their individual responsibilities.

Our "Healthcare to Health" theme is not simply focused on sustaining the health of those who are already healthy. Our men and women in combat; our wounded warriors; the chronically ill—these are our priorities and these service members and families need our greatest attention. We will improve their health and wellness to the highest levels attainable regardless of their injury or illness.

This is not an easy task, nor a one-year undertaking.

This is a social contract with all of our beneficiaries—it's a partnership with our patients.

We are going to cover much ground in the next few days. Enjoy your time in our Nation's Capital, and I look forward to seeing you in the coming days.

Jonathan Woodson, MD

2012 Military Health System Conference

The MHS: Healthcare to Health January 30 – February 2, 2012

Place

Gaylord National Hotel & Convention Center 201 Waterfront Street, National Harbor, MD 20745 301-965-2000

Purpose

The 2012 Military Health System (MHS) Conference provides a platform for the Military Health Team to share knowledge and best practices. The overall conference agenda reflects the current portfolio of strategic initiatives designed to achieve our Quadruple Aim Performance Goals by improving medical readiness, health care, and population health, while responsibly managing costs. By engaging approximately 4,000 MHS leaders, and providing them with the tools to harness the power of an additional 130,000 MHS health care professionals, we can better execute our initiatives to achieve breakthrough performance.

Objectives

To align the MHS Quadruple Aim – improved readiness, better health, better care and responsibly managed costs – with the MHS strategic initiatives and turn strategy into action. At the end of the conference, every attendee should be able to describe how their actions will contribute to the successful implementation of the strategic initiatives and to the achievement of the Quadruple Aim.

Conference attendees will receive specific training, learn best practices and network with experts so that they can return to their workplace and immediately begin to apply lessons learned. The annual MHS conference supports our MHS strategic initiative to invest in our workforce with targeted educational opportunities.

Attendee Learning Objectives

- 1. Describe how your actions will contribute to the successful implementation of the Quadruple Aim (improved readiness, better health, better care and responsibly managed costs).
- 2. Explain the MHS strategic vision of "Healthcare to Health."
- 3. Apply strategic and operational lessons related to improving the health of the MTF population, experience of care, readiness and resilience, including the reduction of per capita cost.

Target Audience

- MHS Staff (MTF and non-MTF personnel)
- Line Leaders
- · MHS Beneficiaries
- Federal Agency Partners
- Managed Care Support Contractors



The Gaylord National Hotel & Convention Center is located minutes outside of Washington, D.C. The Gaylord National is a first-class destination that provides fun for everyone, including fine dining and casual restaurants, unique shopping experiences, an indoor pool and a 20,000-sqaure-foot spa and 24-hour fitness center.

The National Harbor is a destination within itself with more than 20 different restaurants, shopping, entertainment venues and much more. Please visit www.nationalharbor.com for more information, including details on a water taxi to take you to Old Town Alexandria, Virginia or downtown Washington, D.C.

Registration Hours of Operation

At registration, attendees will receive a conference badge which they will be required to wear at all times for admission to conference events. Security guards and room monitors will not permit room admission without the badge.

Sunday, Jan. 29, 2012	1:00 p.m. – 6:00 p.m.
Monday, Jan. 30, 2012	6:30 a.m. – 5:30 p.m.
Tuesday, Jan. 31, 2012	6:30 a.m. – 5:30 p.m.
Wednesday, Feb. 1, 2012	6:30 a.m. – 5:30 p.m.
Thursday, Feb. 2, 2012	6:30 a.m 10:00 a.m.

Exhibits

More than 250 companies, organizations and government agencies will display their products and services in the Prince George's C, D and E Exhibit Halls.

Operation hours for the Exhibit Hall are:

Tuesday, Jan. 31, 2012	9:30 a.m. – 6:30 p.m.
(F	Reception 5:00 p.m. – 6:30 p.m.)
Wednesday, Feb. 1, 2012	9:30 a.m. – 1:00 p.m.

Many exhibit booths will be equipped with scan devices to capture your contact information by scanning the barcode on your badge or taking the Swap number located on the bottom left corner. Doing so will provide vendors with your contact information for business purposes. You are not required to allow them to scan your badge.

Virtual Poster Exhibits

This year the MHS Posters will be continuously displayed on television screens on the Exhibit Hall floor and at various times throughout the conference common areas. These virtual posters showcase the leading-edge work taking place throughout the MHS.

Continuing Education Credits

All continuing education credits will be tracked electronically through the barcode that is located on your badge. Please be sure to scan your badge when you enter a break-out session. The scanning device will send the attendance data to the CEU Management program.

Attendees will need to finalize their credits by completing evaluations for each session. Please complete evaluations following your attendance to a session. At the end of the conference you will be able to print or email your certificate after you have completed all evaluations. Evaluation kiosks are available to you during the conference and will be located near registration. You may also complete evaluations via the web at http://ceu.experient-inc.com/mhs121. The CEU Web site will close on March 3, 2012.

MHS Live Learning Center

To access all conference proceedings, including handouts, PowerPoints and video recordings, please log in to http://mhs.sclivelearningcenter.com/index.aspx. You can create a login and begin downloading handouts and PowerPoint files today! Video recordings of the plenary sessions will be available post-conference.

Speaker Ready Room

Prior to presenting, all speakers must visit the Speaker Ready Room, located in National Harbor 9, to review and approve their presentations. The Speaker Ready Room is available:

Sunday, Jan. 29, 2012	4:00 p.m. – 7:00 p.m.
Monday, Jan. 30, 2012	. 7:00 a.m. – 5:00 p.m.
Tuesday, Jan. 31, 2012	. 7:00 a.m. – 5:00 p.m.
Wednesday, Feb. 1, 2012	. 7:00 a.m. – 5:00 p.m.
Thursday, Feb. 2, 2012	. 7:00 a.m. – 10:30 a.m.

Ancillary Meetings

You can find a partial listing of the scheduled ancillary meetings through the week on page 35 of this program guide. There may be additional meetings occurring that are not listed at the request of the meeting organizer. Check the message boards placed around the Gaylord for a listing of all meetings.



- Army: Army Service Uniform: Class A on Tuesday/
 Opening Day and Class B for all other days/events**
- Navy: Service Dress Blues on Tuesday/Opening Day and Service Khaki for all other days/events**
- Air Force: Class A/Service Dress uniform throughout
- Coast Guard: Tropical Blue Long uniform throughout
- Civilian: Business attire throughout
- **Please note that Monday is a pre-conference day. Class B's for Army and Service Khaki for Navy is the uniform of the day.

The 2012 MHS Conference and the Gaylord National Hotel & Convention Center property are designated "no hat, no salute" areas. In all other locations, military members are expected to wear appropriate head gear and render salutes while in uniform.

American Disabilities Act (ADA)

If you require any special arrangement to attend and fully participate in this educational workshop, please notify our staff working at the MHS Info Desk.

Conference Breaks and Exhibitor Reception

Monday, .	Jan. 3	30
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Coffee Break	. 9:30 a.m. – 10:00 a.m.	Potomac Foyer
Coffee Break	. 2:30 p.m. – 3:00 p.m.	Potomac Foyer

Tuesday, Jan. 31

Coffee Break	9:30 a.m. – 10:00 a.m.	Exhibit Hall
Break	2:00 p.m. – 2:30 p.m.	On Own
Coffee Break	3:30 p.m. – 4:00 p.m.	Exhibit Hall
Exhibitor Reception	5:00 p.m. – 6:30 p.m.	Prince George's C, D & E Exhibit Halls

Wednesday, Feb. 1

Coffee Break	. 10:00 a.m. – 10:30 a.m.	Exhibit Hall
Break	2:00 p.m. – 2:30 p.m.	Potomac Foyer
Coffee Break	. 3:30 p.m. – 4:00 p.m.	Potomac Foyer

Thursday, Feb. 2

Coffee Break	9:30 a.m.	10:00 a.m.	Potomac Foyer
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National Capital Area MTF Tours

Vice Admiral John Mateczun, the Commander of the National Capital Region Medical Joint Task Force, invites MHS conference attendees to participate in a tour of the new Walter Reed National Military Medical Center and Fort Belvoir Community Hospital. These facilities feature state-of-the-art, evidence-based design and equipment that will serve as the model for future military and civilian health care facilities.

Tour busses will be available to transport conference participants to either location on Monday, January 30 and Wednesday, February 1, 2012. The busses will depart the Gaylord Hotel at approximately 1100 (Bethesda) and 1230 (Belvoir), returning to the hotel by 1600 on both days. Tours have limited space and reservations will be first-come, first-served. Those interested can sign up at the JTF sign-up desk next to Conference registration.





Jonathan Woodson, MD

Assistant Secretary of Defense for Health Affairs

Dr. Jonathan Woodson is the Assistant Secretary of Defense for Health Affairs and Director, TRICARE Management Activity. In this role, he administers the more than \$50 billion Military Health System (MHS) budget and serves as principal advisor to the Secretary of Defense for health issues.

Woodson ensures the effective execution of the Department of Defense (DoD) medical mission. He oversees the development of medical policies, analyses, and recommendations to the Secretary of Defense and the Undersecretary for Personnel and Readiness, and issues guidance to DoD components on medical matters.

Woodson co-chairs the Armed Services Biomedical Research Evaluation and Management Committee, which facilitates oversight of DoD biomedical research. In addition, Woodson exercises authority, direction and control over the Uniformed Services University of the Health Sciences (USUHS); the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury (DCoE); and the Armed Services Blood Program Office.

As Director, TRICARE Management Activity, Woodson is responsible for managing all TRICARE health and medical resources, and supervising and administering TRICARE medical and dental programs, which serve more than 9.6 million beneficiaries. Woodson also oversees the TRICARE budget, information technology systems, contracting process and directs TRICARE Regional Offices (TRO). In addition, he manages the Defense Health Program (DHP) and the DoD Unified Medical Program as TRICARE director.

Woodson served as Associate Dean for Diversity and Multicultural Affairs and Professor of Surgery at the Boston University School of Medicine (BUSM) and senior attending vascular surgeon at Boston Medical Center (BMC). He holds the rank of brigadier general in the U.S. Army Reserve, and served as Assistant Surgeon General for Reserve Affairs, Force Structure and Mobilization, and as Deputy Commander of the Army Reserve Medical Command.

Woodson is a graduate of the City College of New York and the New York University School of Medicine. He received his postgraduate medical education at the Massachusetts General Hospital, Harvard Medical School and completed residency training in internal medicine, and general and vascular surgery.

He is board certified in internal medicine, general surgery, vascular surgery and critical care surgery, and holds a Master's Degree in Strategic Studies (concentration in strategic leadership) from the U.S. Army War College.

His prior military assignments include deployments to Saudi Arabia (Operation Desert Storm), Kosovo, Operation Enduring Freedom and Operation Iraqi Freedom. He has also served as a Senior Medical Officer with the National Disaster Management System, where he responded to the Sept. 11 attack in New York City. Woodson's military awards and decorations include the Legion of Merit, the Bronze Star Medal and the Meritorious Service Medal (with oak leaf cluster).

In 2007, he was named one of the top vascular surgeons in Boston, and in 2008 was listed as one of the top surgeons in the United States. He is the recipient of the 2009 Gold Humanism in Medicine Award from the Association of American Medical Colleges.



Karen S. Guice, MD, MPP Principal Deputy Assistant Secretary of Defense

Karen S. Guice, M.D., M.P.P., is the Principal Deputy Assistant Secretary of Defense for Health Affairs. Dr. Guice also serves as the Principal Deputy Director, TRICARE Management Activity. In these two roles, Dr. Guice assists in the development of strategies and priorities to achieve the health mission of the Military Health System, and participates fully in formulating, developing, overseeing and advocating the policies of the Secretary of Defense.

Dr. Guice also acts as a liaison for the ASD(HA)/Director of TMA, other offices within OSD, the Military Departments, Congress and other Executive Branch agencies to develop, coordinate and integrate health care policies with departmental priorities and initiatives. Additionally, Dr. Guice oversees congressional and legislative activities for the OASD(HA), as well as guides

the office's public affairs and communications programs. The Office of Health Affairs is responsible for providing a cost effective, quality health benefit to 9.6 million active duty uniformed service members, retirees, survivors and their families. The MHS has a \$50 billion annual budget and consists of a worldwide network of 59 military hospitals, 360 health clinics, private-sector health business partners and the Uniformed Services University.

Previously, Dr. Guice served as the Executive Director of the Federal Recovery Coordination Program, a joint program of the Departments of Defense and Veterans Affairs. Dr. Guice graduated from the University of New Mexico School of Medicine and completed her general surgery training at the University of Washington. She has been a member of the surgical faculties at the University of Texas Medical Branch at Galveston, the University of Michigan, Duke University and the Medical College of Wisconsin. She was promoted to Professor of Surgery during her tenure at Duke University.

Dr. Guice received a master's degree in Public Policy from Duke University and was selected as a 1997-1998 Robert Wood Johnson Health Policy Fellow. Dr. Guice served as a staff member of the Senate Committee on Labor from 1998-1999, and as the Director of Fellowship Services at the American College of Surgeons (1999-2001). She was the Deputy Director for the President's Commission on Care for America's Returning Wounded Warriors (Senator Bob Dole and Secretary Donna Shalala, co-chairs, 2007).

Dr. Guice has been a funded investigator for over 10 years, receiving grants from the NIH and the Emergency Medical Services for Children Program. Her basic science research included the scientific investigation of pancreatitis related respiratory failure and her health services research focused on the development of a national trauma registry for children and outcome evaluation of children's trauma-related care. She has served on NIH Study Sections and EMSC grant review panels. She authored or coauthored over 60 peer reviewed publications and nine book chapters.

Dr. Guice is a member of several professional societies and was elected President of the Association of Academic Surgery in 1993. She received the Association of Women Surgeons Distinguished Member Award in 1999 and the W.W. Coon Surgical Residents Award for Teaching Excellence at the University of Michigan in 1988. In 1993, she received the Outstanding Alumna Award from the College of Arts and Sciences at New Mexico State University. She received an award for Outstanding Achievement from the office of the Secretary of Defense in 2007 for her work on the President's Commission, and received a Commendation from the Department of Veterans Affairs in 2009.



Lt. Gen. Patricia D. Horoho

The Surgeon General and Commander, U.S. Army Medical Command

Lt. Gen. Patricia D. Horoho assumed command of the U.S. Army Medical Command and became the 43rd Army Surgeon General on 5 December 2011. Her previous positions include Deputy Surgeon General, Office of The Surgeon General, Falls Church, Va, from 2010 to 2011; 23rd Chief of the U.S. Army Nurse Corps, from 2008-2011; Commander, Western Regional Medical Command, Fort Lewis, Wash., from 2008 to 2010; Commander, Madigan Army Medical Center, Tacoma, Wash., from 2008 to 2009; Commander, Walter Reed Health Care System, Washington, D.C., from 2007 to 2008; and Commander, DeWitt Health Care Network, Fort Belvoir, Va., from 2004 to 2006 and numerous other key staff and leadership positions. In 2011, Horoho deployed with I Corps, as the Special Assistant to the Commander, International

Security Assistance Force Joint Command, Kabul Afghanistan, where she stood up the first Health Services Support Assessment Team.

Horoho earned her Bachelor of Science in Nursing degree from the University of North Carolina at Chapel Hill in 1982. She received her Master of Science degree as a Clinical Trauma Nurse Specialist from the University of Pittsburgh. She is a resident graduate of the Army's Command and General Staff College and the Industrial College of the Armed Forces, where she earned a second Master of Science degree in National Resource Strategy. Horoho received numerous civilian and military recognitions to include: "The Great 100" as one of the top one hundred nurses in the State of North Carolina in 1993; Fort Bragg's Supervisor of the Year in 1993; Time-Life Publications recognition for her actions at the Pentagon on Sept. 11; American Red Cross and Nursing Spectrum "Nurse Hero" in 2002; University of Pittsburgh Legacy Laureate in 2007; USO's Woman of the Year in 2009; University of North Carolina School of Nursing Alumna of the Year in 2011. She served as the Head Nurse of Womack's Emergency Department when the hospital was awarded the Superior Unit Citation during the Pope AFB Crash in 1994. She is also authorized to wear the DA Staff Badge and is the recipient of the Order of Military Medical Merit Medallion.



Vice Adm. Matthew L. Nathan, MD

Surgeon General of the Navy and Chief of the Navy's Bureau of Medicine and Surgery

Vice Adm. Nathan is the 37th surgeon general of the Navy and chief of the Navy's Bureau of Medicine and Surgery.

Nathan received his Bachelors of Science from Georgia Tech and his M.D. from The Medical College of Georgia in 1981. He completed Internal Medicine specialty training in 1984 at the University of South Florida before serving as the Internal Medicine Department Head at Naval Hospital Guantanamo Bay, Cuba. In 1985 Nathan transferred to Naval Hospital, Groton, Connecticut as leader of the Medical Mobilization Amphibious Surgical Support Team. In 1987, Nathan transferred to Naval Medical Center San Diego as Head, Division of Internal Medicine with additional duty to the Marine Corps, 1st Marine Division.

In 1990 he served as a Department Head, Naval Hospital Beaufort, S.C. before reporting to Naval Clinics Command, London, U.K. where he participated in military-to-military engagements with post-Soviet Eastern European countries. In 1995, he was assigned as specialist assignment officer at the Bureau of Naval Personnel, providing guidance to over 1,500 U.S. Navy Medical Corps officers. In 1998 he accepted a seat at the Joint Industrial College of the Armed Forces located in Washington, D.C., graduating in 1999 with a Masters in "Resourcing the National Strategy." Nathan went on to serve as the Fleet Surgeon, Forward Deployed Naval Forces, Commander, U.S. 7th Fleet, aboard the flagship USS Blue Ridge (LCC 19), out of Yokosuka, Japan. In 2001, he transferred as Deputy Commander, Navy Medical Center Portsmouth, Va.

In 2004 Nathan assumed command of Naval Hospital Pensacola with additional oversight of 12 clinics in four states where he oversaw Navy medical relief efforts following hurricanes Ivan, Dennis and Katrina. Despite all facilities receiving crippling blows; his command still garnered the TRICARE/DOD award for "highest patient satisfaction in a medium sized facility." In June 2006, he transferred as the Fleet Surgeon to the commander, U.S. Fleet Forces Command, instrumental in organizing the Fleet Health Domain integration with the Fleet Readiness Enterprise while providing medical global force management. In 2007, Nathan was assigned as Commander, Naval Medical Center Portsmouth and Navy Medicine Region East with command of over 18,000 personnel and an operating budget exceeding \$1.2 billion.

Nathan also served as Commander, Walter Reed National Military Medical Center and Navy Medicine, National Capital Area where he was the Navy component commander to the largest military medical integration and construction project in DOD history.

Nathan is board certified and holds Fellow status in the American College of Physicians and the American College of Healthcare Executives. He also holds an appointment as Clinical Professor of Medicine at the Uniform Services University of the Health Sciences. He is a recipient of the American Hospital Association "Excellence in Leadership" award for the Federal Sector.

Nathan's personal awards include the Distinguished Service Medal (1); Legion of Merit (5); Meritorious Service Medal (2); Navy Commendation Medal, and Navy Achievement Medal (2).



Lt. Gen. Charles B. Green, MD Surgeon General of the Air Force

Lt. Gen. (Dr.) Charles B. Green is the Surgeon General of the Air Force, Head-quarters U.S. Air Force, Washington, D.C. Green serves as functional manager of the U.S. Air Force Medical Service. In this capacity, he advises the Secretary of the Air Force and Air Force Chief of Staff, as well as the Assistant Secretary of Defense for Health Affairs, on matters pertaining to the medical aspects of the air expeditionary force and the health of Air Force people. General Green has authority to commit resources worldwide for the Air Force Medical Service, to make decisions affecting the delivery of medical services, and to develop plans, programs and procedures to support worldwide medical service missions. He exercises direction, guidance and technical management of more than 42,800 people assigned to 75 medical facilities worldwide.

Green was commissioned through the Health Professions Scholarship Program and entered active duty in 1978 after completing his Doctorate of Medicine degree at the Medical College of Wisconsin in Milwaukee. He completed residency training in family practice at Eglin Regional Hospital, Eglin AFB, Fla. in 1981, and in aerospace medicine at Brooks AFB, Texas in 1989. He is board certified in aerospace medicine. An expert in disaster relief operations, he planned and led humanitarian relief efforts in the Philippines after the Baguio earthquake in 1990, and in support of Operation Fiery Vigil following the 1991 eruption of Mount Pinatubo.

Green has served as commander of three hospitals and Wilford Hall Medical Center. As command surgeon for three major commands, he planned joint medical response for Operations Desert Thunder and Desert Fox, and oversaw aeromedical evacuation for Operations Enduring Freedom and Iraqi Freedom. He has served as Assistant Surgeon General for Health Care Operations and Deputy Surgeon General prior to his current assignment.



Rear Adm. Maura Dollymore, MD

Chief Medical Officer, U.S. Coast Guard and Director of Health, Safety and Work-Life

Maura K. Dollymore was promoted to the rank of Rear Admiral (upper half) in November 2011 and concurrently named as an Assistant U.S. Surgeon General. Rear Adm. Dollymore is the Coast Guard's Surgeon General and Chief Safety Officer, serving as the Director of Health, Safety and Work-Life.

Dollymore is responsible for the Coast Guard's healthcare system of 42 clinics and 150 sick bays, as well as operational and off-duty mishap prevention, response and investigation. She oversees the Coast Guard's child care programs and food services delivery programs, ashore and afloat, and the Coast Guard's Ombudsman, Substance Abuse, Health Promotion and Sexual Assault Prevention and Response programs.

Rear Adm. Dollymore is board certified in internal medicine. She received her Doctorate of Medicine degree from the University of Maryland in 1981. Her internal medicine training was done at the University of Maryland and the Loch Raven VA Hospital and completed in 1984.

Rear Adm. Dollymore entered the Commissioned Corps of the United States Public Health Service (USPHS) in 1984 as a National Health Service Corps Scholar. She served for three years in McDowell County in southern West Virginia helping to open a rural hospital in an isolated mining community, where she provided primary care to include obstetrics.

After completing her assignment in 1987, Dollymore became the medical director of the Shenandoah Community Health Center in the Eastern Panhandle of West Virginia. Her eight years of medical practice was dedicated to direct patient care to underserved populations. As the local hospital's Dept. of Medicine Chair and President of the Medical Staff, she was responsible for program development and services to the local community.

In addition, she volunteered for two short tours with the PHS as a reservist in 1989 with the Indian Health Service and in 1992 at the USCG clinic in Kodiak, Alaska.

In 1995 Dollymore returned to active duty with the PHS and USCG as a medical officer and then the Chief of Health Services at the USCG Training Center, Cape May.

In 2002 she was reassigned to serve as Chief, Health Services at the Coast Guard Academy.

In 2005 Dollymore assumed the duties as Chief, Health and Safety, Maintenance and Logistics Command, Atlantic. She was a key partner in the modernization of health, safety and work-life services and the stand-up of the Health Safety and Work-life Support Activity.

Dollymore served as the senior clinician in the field, Health Safety and Work-life Support Activity, Chief of the Clinical staff from 2008 until 2009. She served as Chief, Office of Health and Safety (CG-112) from 2009 until November 2011.

Rear Admiral Dollymore is a three time recipient of the Coast Guard Meritorious Service Medal.



Brig. Gen. William Gamble

Deputy Director of TRICARE Management Activity

Brig. Gen. W. Bryan Gamble assumed the duties of deputy director, TRICARE Management Activity (TMA) in October 2011.

Prior to TMA, Gamble commanded the Dwight D. Eisenhower Army Medical Center, Fort Gordon, Georgia from 2009 to 2011 while concurrently serving as deputy commander, Southern Regional Medical Command and Readiness. He also served as commander, Southeastern Regional Medical Command from July to October of 2009.

Gamble's distinguished U.S. Army career began in 1987 with his first assignment to Bassett Army Community Hospital as a general surgeon. In 1989, he began training in plastic and reconstructive surgery at Walter Reed Army Medical Center

and deployed with the 85th Evacuation Hospital during the first Gulf War. Upon completion of his training, Gamble joined the teaching staff at Walter Reed, was named assistant professor of surgery at the Uniformed Services University of the Health Sciences and appointed consultant at the National Institutes of Health's National Cancer Institute. Gamble then served as deputy commander for clinical services at the U.S. Army Aeromedical Center (USAAMC), Fort Rucker, Alabama from 1995 to 1997, and was appointed as consultant to the Army surgeon general for plastic and reconstructive surgery from 1995 to 2002. While at USAAMC, Gamble deployed in support of the Bosnian and Macedonian missions, training medics in telemedicine. In 1997, Gamble served as division surgeon, 3rd Infantry Division (Mechanized), Fort Stewart, Georgia, deploying for Bright Star and Intrinsic Action missions. In 1999, he served as medical director and director of clinical operations for TMA's assistant secretary of defense for health affairs. Assigned in 2000 as command surgeon at the National Defense University, Fort McNair, Virginia, he attended the Industrial College of the Armed Forces and earned a Master of Science in National Resource Strategy. In 2002, he assumed command of U.S. Army Medical Department Activity - Fort Wainwright, Alaska, and upon completion of that tour, served as the assistant deputy for health policy for the assistant secretary of the Army for manpower and reserve affairs from 2004 to 2005. In 2005, Gamble commanded Landstuhl Regional Medical Center, Germany, during which he oversaw the establishment of the first American College of Surgeons-accredited Level II Trauma Center outside the United States. Upon completing his tour of duty at Landstuhl in 2007, Gamble served as the CENTCOM command surgeon at MacDill Air Force Base, Florida, responsible for joint and coalition health services for military operations comprising 27 nations on the Arabian Peninsula, Horn of Africa, Red Sea and in Central Asia, including Operations Enduring and Iraqi Freedom from 2007 to 2009.

Gamble graduated from Pennsylvania State University with degrees in food science and pre-medicine. He earned his Doctorate of Medicine from Jefferson Medical College in 1982 and completed a residency in General Surgery at Saint Elizabeth's Hospital of Boston in 1987.

Gamble is a graduate of the U.S. Army Medical Department Advanced Course, Command and General Staff College and the Senior Service College. He earned the Flight Surgeon and Expert Field Medical Badges and is Board certified in both general and plastic surgery.



Vice Adm. John Mateczun, MC, USN

Commander, Joint Task Force National Capital Region Medical

Vice Adm. Mateczun is currently the Commander, Joint Task Force National Capital Region Medical which completed the largest and most complex Base Realignment and Closure project in the history of DoD merging the National Naval Medical Center and Walter Reed Army Medical Center into the Walter Reed National Military Medical Center, the nation's largest military hospital.

Mateczun entered active duty in the U.S. Army and trained in Explosive Ordnance Disposal. He served two tours of duty in the Republic of Vietnam where he was awarded the Bronze Star and honorably discharged. He has a medical degree from the University of New Mexico, a Master of Public Health degree from the University of California, Berkeley, and a law degree from the Georgetown University Law Center.

Mateczun has had several operational assignments with the Marine Corps. He was division psychiatrist and assistant division surgeon, 3rd Marine Division. He served as the force surgeon, Fleet Marine Forces, Pacific. During Operation *Desert Storm*, he was assigned to I Marine Expeditionary Force in Saudi Arabia as a consultant on the establishment and operation of Combat Stress Centers.

Mateczun was the first Chief Medical Officer of the TRICARE Management Activity and then commanded the Naval Hospital Charleston, S.C. where he was selected for promotion to flag rank and assigned to the Navy Bureau of Medicine and Surgery as assistant chief for Health Care Operations. His next flag assignment was as Joint Staff surgeon and medical advisor to the chairman of the Joint Chiefs of Staff. He was the United States delegate to the NATO Committee of Chiefs of Medical Services. Present in the Pentagon on 9/11/01, he subsequently served on the Joint Staff during Operations Noble Eagle, Enduring Freedom and Iraqi Freedom. His subsequent flag assignments were as chief of staff, Bureau of Medicine and Surgery, commander of Naval Medical Center, San Diego, and deputy surgeon general of the Navy. He was director of the Military Health System Office of Transformation and served as a member of the congressionally mandated Task Force on the Future of the Military Health System.

Mateczun's awards include the Defense Distinguished Service Medal, Navy Distinguished Service Medal, Defense Superior Service Medal with Oak Leaf Cluster, Legion of Merit with three Gold Stars, the Bronze Star, Defense Meritorious Service Medal, Meritorious Service Medal with Gold Star, Navy/Marine Corps Commendation Medal, Army Commendation Medal, and Navy/Marine Corps Achievement Medal. He received the American Medical Association Nathan Davis Award for Outstanding Government Service in 2010 and is a Distinguished Fellow of the American Psychiatric Association.



Executive Steering Committee

Dr. Michael Kilpatrick, Co-Chair, MHS

Dr. Michael Dinneen, Co-Chair, MHS

Mr. Ryland Dodge, MHS

Mr. Tim Small, MHS

Ms. Alida Vessey, MHS

Ms. Dian Lawhon, TMA

Ms. Kathleen Larkin, TMA

Mr. Kenneth Canestrini. USA

Mr. Jerry Lacamera, USN

Rear Adm. Eleanor Valentin, USN

Maj. Gen. Kimberly Siniscalchi, USAF

Brig. Gen. Mark Ediger, USAF

Rear Adm. Mark Tedesco, USGC

Cmdr. Derrick Masters, USCG

Lt. Cmdr. Leah Preston, USCG

Dr. Christine Bruzek-Kohler, JTF CAPMED

Ms. Nicole Cochran, Experient

Ms. Tresa Robinson, Experient

Track Champions and Action Officers

Track A: Operational Medicine

Track Champions: Maj. Gen. Douglas Robb, USAF; Brig. Gen. Joseph Caravalho, USA; Rear Adm. Dave Smith, USN

Action Officers: Lt. Col. Tammy Savoie, USAF & Mr. Jared Anable

Track B: Accountable Care Organizations & Integrated Delivery Systems

Track Champions: Brig. Gen. Mike Miller, USAF; Mr. Pradeep Gidwani; Rear Adm. Donald Gintzig, USN

Action Officers: Maj. Troy Dillon, USAF & Capt. John O'Boyle, USNa

Track C: Improving Quality and Safety

Track Champions: Dr. Warren Lockette; Rear Adm. Colin Chinn. USN

Action Officers: Ms. Sapna Surana, MA, MBA; Ms. Maria Feaster; Ms. Heidi King

Track D: Healthy Behaviors and Resilience

Track Champions: Maj. Gen. Kimberly Siniscalchi, USAF; Rear Adm. Tom Beeman, USN

Action Officers: Capt. Sara Kass, USN; Lt. Col. Ross Whitmore, USAF; Lt. Col. Jill Scheckel, USAF

Track E: Developing a System of Psychological Health Care

Track Champions: Col.(P) Norvell Coots, USA; Capt. Paul Hammer, USN; Col. Rebecca Porter, USA

Action Officers: Lt. Col. Edward Brusher, USA; Lt. Col. Tony Cox, USA; Mr. Miguel Roberts

Track F: Healthcare Information Technology in support of the MHS Quadruple Aim

Track Champions: Brig. Gen. Jim Carroll, USAF; Mr. George Chambers; Mr. Verlin Hardin

Action Officers: Mr. Bill Frank; Maj. Tracy Harrelson, USAF; Maj. Mark Knitz, USAF; Ms. Natalie Salisbury; Ms. Alida Vessey

Track G: Wounded, III or Injured Warriors & Disability Evaluation

Track Champions: Brig. Gen. Darryl Williams, USA; Dr. Christine Bruzek-Kohler; Rear Adm. (sel) Rebecca McCormick-Boyle, USN

Action Officers: Capt. Mary Jean Herden, USN; Cmdr. Rosemary Malone, USN; Col. Catherine Mozden, USA

Track H: Governance Transformation: A Vision for the MHS

Track Champion: Dr. Peach Taylor

Action Officers: Col. Nancy Dezell, USAF & Col. Christopher Priest, USAR

Track I: Advancing Health Through Professional Education and Training

Track Champions: Rear Adm. William Kiser, USN; Maj. Gen. Gerry Caron, USAF; Dr. Patrick Sculley

Action Officers: Maj. Paula Hoang, USAF; Ensign Jennifer Nestor, USN; Ms. Leeann Ori

Track J: Transforming Medical Science – Game Changing Research in the MHS, Responding to and Reducing the Impacts of Blast to our Warfighting Family

Track Champions: Maj. Gen. James Gilman, USA; Rear Adm. Bruce Doll, USN

Action Officers: Capt. Chris Daniel, USN & Dr. Wayman Cheatham

Track K: Patient-Centered Medical Home and the Quadruple Aim – Transforming Medicine for the Future

Track Champions: Rear Adm. Forrest Faison, USN; Brig. Gen. Mark Ediger, USAF

Action Officers: Capt. Joseph Aquilina, USN; Capt. Sterling Sherman, USN; Capt. Maureen Padden, USN; Lt. Col. Janet Brumley, USAF; Maj. David Eisenach, USAF

Track L: Exploring Purchased Care Strategies to Improve Market Integration and Achieve Better Health Care Value

Track Champions: Mr. William Thresher; Rear Adm. Thomas McGinnis, USN

Action Officers: Mr. John Martin & Capt. Nita Sood, USN

The MHS Conference is going green!

MHS, in conjunction with the Gaylord, has put into use many environmentally friendly and sustainable practices.

Take a look at how we are going "green":

MHS Conference Materials

- Exhibit floor carpet and cloth drapes are recycled
- Conference bags are made out of recycled materials
- Badge lanyards and holders can be recycled at one of four receptacles located near registration
- Applicable conference signage is printed on Insite BioBoard which is 100% biodegradable
- Online exhibitor kit provided ahead of time to eliminate unnecessary printing
- The MHS Stakeholders Report will not be distributed at the conference; it is available online on www.health.mil

The Gaylord has implemented approaches in the following areas:

Water Conservation and Energy

- · Towel and linen reuse
- · Low flow toilets and faucets
- Automatic conservation faucets and toilets
- Water efficient landscaping

Waste Reduction

- Cardboard and newspaper recycling
- Purchase and use of post-consumer recycled products

Energy Efficiency

- Energy efficient management to include monitoring; demand meters; variable frequency drives
- Lighting upgrades to fluorescent bulbs and motion and daylight sensors, as well dual switching in exhibit halls to allow 50% less required lighting

Food-Related Initiatives

- When possible, ordering of local and sustainable foods to decrease the amount of fossil fuels consumed in long-distance transportation, as well as decreasing the likelihood of food spoilage
- Catering department uses reusable cups, plates and spoons during coffee breaks

Guest Rooms

- Compact Fluorescent lighting in all guest rooms reduces consumption by 70%
- Smart digital thermostats that senses room occupancy and modulates usage

Public Spaces and Meeting Rooms

- Variable Air Volume systems modulate air flow to meet needs for each space
- Light sensors automatically turn off lights in areas where natural lighting levels are adequate
- Low W coatings and double-pane glass in all window walls, which reduces solar load on HVAC



Additional green measures have been put into place at the MHS Conference. For a full description of the Gaylord's GET Green Initiative, please visit http://goo.gl/8VYZd



2011 Department of Defense Patient Safety Awards:

Teamwork Training and Skill Building for an In-Patient Facility

Facility: Bassett Army Community Hospital

Title of Project: Fixing the Unfixable Through the Power of

TeamSTEPPS

Identification and Mitigation of Risks and Hazards for an In-Patient Facility

Facility: Naval Hospital Pensacola

Title of Project: Blood Culture Collection Improvement

Identification and Mitigation of Risks and Hazards for an Ambulatory Center

Facility: Joint Base Pearl Harbor-Hickam; 15th Medical Group Title of Project: A High Alert Medication Notification Process Using a Prevention Model

USUHS:

USU 2011 Excellence in Teaching, Large Medical Treatment Facility

USU 2011 Excellence in Teaching, Small Medical Treatment Facility

Gold Award:

The Arnold P. Gold Foundation Humanism in Military Medicine Award annually honors a uniformed Military Health system physician (MD or DO degree) who exemplifies the qualities of a caring and compassionate physician who embodies the qualities of I.E.C.A.R.E.S., their service specific core values and those of Military Medicine. The nominee must embody the desirable personal qualities necessary to the practice of patient-centered medicine by demonstrating ethical behavior, empathy and service to others. The goal of the award is to emphasize, reinforce, and enhance the importance of humanistic qualities among military physicians. The presence and practice example of caring and compassionate uniformed physicians serves as positive reinforcement to all Military Health System physicians of the desirability of such qualities in the doctorpatient relationship.

WEDNESDAY

Healthcare Innovations Program (HIP) Awards:

Population Health Award

96th Medical Group at Eglin Air Force Base, FL

Experience of Care Award

Evans Army Community Hospital on Fort Carson, CO

Per Capita Costs Award

Naval Medical Center San Diego, CA

Readiness Award

96th Medical Group at Eglin Air Force Base, FL

THURSDAY

Female Physician Leadership Awards:

Senior Award winner	Col. Anne Naclerio
Junior Army winner	Lt. Col. Susan Fondy
Junior Navy winner	Cmdr. Calliope Allen
Junior Air Force winnerLt	t. Col. Kathryn Hughes
Junior Public Health Service winner	Cmdr. Mary Dott
Junior Coast Guard winner	Cmdr. Dana Thomas

HEALTHCARE INNOVATIONS PROGRAM (HIP) AWARD WINNING ABSTRACTS



Healthcare Innovations Program (HIP) Award Winning Abstracts

Office of the Chief Medical Officer

TRICARE Management Activity

The goals of the program are to showcase MHS innovations from both the direct and purchased care systems in direct support of the MHS Quadruple Aim and to link people with ideas. The MHS Conference provides an excellent forum in which to share the tools and information used in achieving these best practices.

Per Capita Cost

Image Management System in Ophthalmology

Cmdr. Sayjal Patel

Naval Medical Center, San Diego

Rear Adm. C. Forrest Faison - Commander

The Image Management System provided an infrastructure that allows physicians to view, organize and edit the information and images at a single computer location in the exam room, while increasing efficiency, increasing the quality of patient care and improving the coordination of care among multiple treatment facilities.

Readiness

The Effectiveness of Physical Therapists Serving as Primary Care Musculoskeletal Providers as Compared to Family Practice Providers in a Deployed Combat Location: A Retrospective Medical Chart Review

Maj. Troy McGill

Eglin AFB, FL

Col. James Jablonski - Commander

The utilization of physical therapists as primary care providers for patients diagnosed with a musculoskeletal condition demonstrated an effective and efficient way to increase return to duty rates.

Experience of Care

Short Acting Opiate Reduction Program

Ms. Julie Gandara-Miller, RPh

Evans Army Community Hospital - Ft. Carson, CO

Col. Jimmie Keenan - Commander

An advisory team of subject matter experts was established to oversee the development and standardization of a clear treatment plan and exit strategy to reduce, control and prevent Short Acting Opiate dependency for warriors in transition, soldiers and family members.

Population Health

A GAP - Asthma Group Appointment Project, Bridging 'a gap' in the care of the Asthmatic Child

Lt. Col. Evan Meeks

Eglin AFB, FL

Col. James Jablonski - Commander

A group appointment was designed within the Pediatric Clinic that would maximize key elements of the National Asthma Education and Prevention Program Expert Panel Report. This resulted in reduced emergency department and acute care clinic visits for the patients and reduced the asthma-related burden on their families.

This activity is joint sponsored/co-provided by Postgraduate Institute for Medicine and the Military Health System.

Physician Continuing Medical Education



Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Postgraduate Institute for Medicine and Military Health System. Postgraduate Institute for Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

The Postgraduate Institute for Medicine designates this live activity for a maximum of 21.0 AMA PRA Category 1 $Credit(s)^{TM}$. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Pharmacist Continuing Education



Accreditation Statement

Postgraduate Institute for Medicine is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Credit Designation

Postgraduate Institute for Medicine designates these continuing education activities for up to 21.0 contact hour(s) (0.21 CEUs) of the Accreditation Council for Pharmacy Education.

For a complete listing of ACPE UAN's and session learning objectives, please visit the conference website located at http://health.mil/ 2012MHSConference/CEUInformation/aspx.

Type of Activity: Knowledge

Nursing Continuing Education

Credit Designation

These educational activities for up to 21.0 contact hours are provided by Postgraduate Institute for Medicine.

Accreditation Statement

Postgraduate Institute for Medicine is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

A statement of credit will be issued only upon completion of the online session evaluations.

Psychologist Continuing Education

APA Division 18 is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 18 maintains responsibility for this program and its content.

Dentist Continuing Education



Postgraduate Institute for Medicine is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 6/1/2009 to 5/31/2013.

Medical Administrators Continuing Education

The American Academy of Medical Administrators has approved this program for 21.0 AAMA continuing education contact hours.

Social Worker Continuing Education

Credit is currently pending with California Board of Behavioral Sciences.



Pre-approval for Qualified Education (previously Category II) credits through the American College of Healthcare Executives is pending.

Disclosure of Conflicts of Interest

Postgraduate Institute for Medicine (PIM) assesses conflict of interest with its instructors, planners, managers and other individuals who are in a position to control the content of CME activities. All relevant conflicts of interest that are identified are thoroughly vetted by PIM for fair balance, scientific objectivity of studies utilized in this activity, and patient care recommendations. PIM is committed to providing its learners with high quality CME activities and related materials that promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

Please see the slip-in for a full listing of the faculty, planners, and managers' conflict of interest disclosures. You may also pick up a copy at the registration area.

Disclosure of Unlabeled Use

This educational activity may contain discussion of published and/ or investigational uses of agents that are not indicated by the FDA. PIM and Military Health System do not recommend the use of any agent outside of the labeled indications.

The opinions expressed in the educational activity are those of the faculty and do not necessarily represent the views of PIM and Military Health System. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications, and warnings.

Disclaimer

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patient's conditions and possible contraindications on dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities.



Track A:Operational Medicine

Track Champions: Maj. Gen. Douglas Robb, USAF; Brig. Gen. Joseph Caravalho, USA; Rear Adm. Dave Smith Action Officers: Lt. Col. Tammy Savoie, USAF & Mr. Jared Anable

Military Medicine provides health care in unconventional settings. The challenges of providing cutting-edge medical support to full spectrum operations are significant. Our military healthcare system is engaged globally in both permissive and non-permissive environments: from medical stability operations to humanitarian assistance & disaster response and from homeland defense to irregular warfare & combat ops. Sessions will focus on the full spectrum of medical engagement and support to the Combatant Command's theater of operations highlighting our successes and tackling our challenges.

Track B:

Accountable Care Organizations & Integrated Delivery Systems

Track Champions: Brig. Gen. Mike Miller, USAF; Mr. Pradeep Gidwani; Rear Adm. Donald Gintzig, USN

Action Officers: Maj. Troy Dillon, USAF & Capt. John O'Boyle, USN

Outlines benefits of creating Accountable Care Organizations in the MHS. Addresses improving communication of patient information between providers of care, including VA and referral network partners. Presents case to transition from a "fee for service" model of care to a "pay for value" model, which could reshape how the MHS allocates resources. Discusses why tracking performance metrics is absolutely necessary in order to validate/quantify the value that would be realized after implementation.

Track C:

Improving Quality and Safety

Track Champions: Dr. Warren Lockette; Rear Adm. Colin Chinn, USN

Action Officers: Ms. Sapna Surana, MA, MBA; Ms. Maria Feaster; Ms. Heidi King

Beneficiaries of the Military Health System expect the highest standards of safety and quality. The MHS achieves success when our military and civilian hospitals, clinics and individual providers create a culture of safety while improving clinical outcomes and efficiency in healthcare. Track sessions will explore at how the MHS is developing a culture of safety; is measuring key quality and patient safety performance indicators; and its role in the Partnership for Patients initiative.

Track D:Healthy Behaviors and Resilience

Track Champions: Maj. Gen. Kimberly Siniscalchi, USAF; Rear Adm. Tom Beeman, USN

Action Officers: Capt. Sara Kass, USN; Lt. Col. Ross Whitmore, USAF; Lt. Col. Jill Scheckel, USAF

Building resilience and healthy behaviors promotes a conceptual shift in how we approach healthcare, focusing on prevention rather than intervention as a critical modality. Sessions will target key areas to promote and enhance total force health and readiness by fostering the adoption of healthy lifestyles. In conjunction to the discussion on healthy behaviors, the construct of resilience will be highlighted as a protective factor to promote and preserve individual health, as well as performance, in a demanding environment.

Track E:

Developing a System of Psychological Health Care

Track Champions: Col.(P) Norvell Coots, USA; Capt. Paul Hammer, USN; Col. Rebecca Porter, USA

Action Officers: Lt. Col. Edward Brusher, USA; Lt. Col. Tony Cox, USA; Mr. Miguel Roberts

The intent is to create and implement an evidence-based, cost-effective BH system of care. Through the standardization of care within the clinical setting, variance is minimized in clinical practice thus achieving higher levels of quality in care delivery, patient satisfaction and desired functional outcomes.

Track F:

Healthcare Information Technology in Support of the MHS Quadruple Aim

Track Champions: Brig. Gen. Jim Carroll, USAF; Mr. George Chambers; Mr. Verlin Hardin

Action Officers: Mr. Bill Frank; Maj. Tracy Harrelson, USAF; Maj. Mark Knitz, USAF; Ms. Natalie Salisbury; Ms. Alida Vessey

This track provides information on new technologies that support improved outcomes, interoperability, the VA/DoD Joint Sharing Initiative, Population Health and the patient-centered medical home concept. The solutions discussed help increase patient satisfaction, assist in meeting readiness goals, and help reduce per capita healthcare costs.



Wounded, III or Injured Warriors & Disability Evaluation

Track Champions: Brig. Gen. Darryl Williams, USA; Dr. Christine Bruzek-Kohler; Rear Adm. (sel) Rebecca McCormick-Boyle, USN

Action Officers: Capt. Mary Jean Herden, USN; Cmdr. Rosemary Malone, USN; Col. Catherine Mozden, USA

This track focuses on programs that facilitate the healing, rehabilitation and transitioning of our wounded, ill or injured warriors. Sessions will provide an overview of NICoE, pain management, IDES successes and the care of our Reserve and National Guard wounded, ill or injured warriors. A panel of wounded, ill or injured warriors will also share their own experiences with the MHS.

Track H:

Governance Transformation: A Vision for the MHS

Track Champion: George Peach Taylor, Jr., MD, MPH

Action Officers: Col. Nancy Dezell, USAF & Col. Christopher Priest, USAR

Times are a changin'...intense budget scrutiny, competitive civilian health care markets, BRAC Law and other congressional mandates call for greater MHS process standardization, ingenuity, and team work than ever before. "Because it's always been done that way" is literally a thing of the past! Military organizations must shed our proverbial parochialisms in favor of the greater good to maximize readiness, focus on world class patient-centered, outcome-based health care delivery, population health, and achieving sustainable and defendable health care costs. Stretch your mind and current thought processes as we discuss several game-changing historic, current and future transformational initiatives within the MHS...and how we must move forward together to be the palm trees in the storm...or else.

Track I:

Advancing Health Through Professional Education and Training

Track Champions: Rear Adm. William Kiser, USN; Maj. Gen. Gerry Caron, USAF; Dr. Patrick Sculley

Action Officers: Maj. Paula Hoang, USAF; Ensign Jennifer Nestor, USN; Ms. Leeann Ori

Mission success results from groundwork built on a solid education and training foundation that emphasizes preventive healthcare, maintaining and sharing of medical knowledge in order to create a resilient military population and to optimize the quality of life for our members. This track will focus on the utilization of education and training advancements to improve population health across the MHS.

Track J:

Transforming Medical Science – Game Changing Research in the MHS, Responding to and Reducing the Impacts of Blast to our Warfighting Family

Track Champions: Maj. Gen. James Gilman, USA; Rear Adm. Bruce Doll, USN

Action Officers: Capt. Chris Daniel, USN & Dr. Wayman Cheatham

On day one, we will present exciting work in revolutionizing prosthetics and in regenerating human tissues, as well as an overview of the Joint Trauma Analysis and Prevention of Injury in Combat Program, which collaborates with our colleagues in the operational, materiel and intelligence communities and has effected significant improvements in platforms, body armor and other protective equipment, tactics and procedures to greatly reduce the incidence and severity of blast-related injuries. A phenomenal reduction in severe burn injuries from blast trauma will also be highlighted. On day two, we will present cutting-edge research in Traumatic Brain Injury and Post

Traumatic Stress Disorder, including work done at USUHS and in our MTFs, and will focus on early identification and effective treatment for these injuries as well as on efforts to build resilience to reduce them.

Track K:

Patient-Centered Medical Home and the Quadruple Aim – Transforming Medicine for the Future

Track Champions: Rear Adm. Forrest Faison, USN; Brig. Gen. Mark Ediger, USAF

Action Officers: Capt. Joseph Aquilina, USN; Capt. Sterling Sherman; Capt. Maureen Padden; Lt. Col. Janet Brumley, USAF; Maj. David Eisenach, USAF

The principles of Medical Home are foundational for Force Health Protection and achievement of the Quadruple Aim. Successful adoption of Medical Home is critical to realize our goal of being an efficient, effective and cost responsive 21st-century health system. This track will examine the technology, processes, strategic alignment and culture necessary to transform health-care delivery and adopt PCMH to achieve the goals of the quadruple aim.

Track L:

Exploring Purchased Care Strategies to Improve Market Integration and Achieve Better Health Care Value

Track Champions: Mr. William Thresher; Rear Adm. Thomas McGinnis, USN

Action Officers: Mr. John Martin & Capt. Nita Sood, USN

This track will explore health care strategy innovations with potential for substantially transforming health care delivery in local community medical markets through focused analysis and sharing of best practices to improve systems integration and enhance the value proposition of both clinical and functional outcomes.



6:30 a.m. – 5:30 p.m. Registration

MORNING WORKSHOPS

SCHEDULED BREAKS

9:30 a.m. - 10:00 a.m.

Coffee Break, Foyer Areas

8:00 a.m - 11:30 a.m.

W1 - Information Technology and Patient-Centered Care

Speakers: James Fraser MPH; Brian Jones, DO; Nicole Kerkenbush, MHA, MN; Terry Newton, MD; Sara Pastoor, MD, MHA; Col. Gary Wheeler, USA

Maryland A/1 - 3

Information technology is a key enabler in patient-centered workflow. We will discuss and demonstrate how team dashboards, tri-service workflow family of AIM forms, and secure messaging can be integrated into the primary care workflow to enable fundamental changes in how care is delivered to meet the goals of the Quadruple AIM.

W3 - Integrated Warrior Care

Speakers: Capt Willette Balsamo, USA; Col. Michael Bayles, MPH, MHA, USA; Heechin Chae, MD; Cmdr. Nancy Condon, USN; Capt. Constance Evans, USN; Louis French; Lt. Col. Jean Jones, USN; Maj. Joshua Morganstein, USAF; Lt. Col. Michael Wall, USN; David Williamson

National Harbor 10 - 11

Stakeholders for integrated warrior care (clients, service-representatives, installations and JTF) present National Capital Region's collaborative approach in providing world class services to Wounded,III and Injured Warriors and their family members. Processes and challenges encountered in a Joint and integrated environment are highlighted. Challenges for transitioning between inpatient to outpatient status with recommended strategies; Lessons learned and opportunities for improvement in future Joint sites are shared.

W5 - Integrated Referral Management and Appointing in National Capital Medicine: The Way-Ahead for Integrated Health Care

Speakers: Leslie Cohen, RN, MS; Felicia Davis; Col. Arthur Delorimier, USA; Teresa Gorham; Mark Greene; Aaron Heinrichs; Nancy Sanchez; Lt. Col. Kirk Tresch, USAF; Michael Wade

Chesapeake A - C

The integration of military health care resources in the National Capital Region (NCR) and San Antonio area offers a superb opportunity to organize our resources such that there is true coordination of care across a geographic region Through this effort, our patients will indeed get the right care at the right time and the right place. We will explore how this has been done in these regions.

W7 - Improving Health Promotion and Disease Prevention Practice Through Using Scientific Standards of Evidence- Based Practice

Speakers: Amy Cowell, MPH; Moira Shaw, PhD

Maryland D

Health promotion and disease prevention practice rarely reflects existing evidence-based practices validated by research. This stems partially from a need for clear guidance regarding what constitutes an "effective program." Therefore, this workshop will introduce guidelines to help practitioners identify, implement and evaluate evidence-based health promotion and disease prevention programs.

W11 - Executive Coaching: You ... Better

Speakers: Steve Hill; Elizabeth Gales; Lt. Col. Eric Shry, USA; Robert Walker, MD; Ronald Yeaw

Chesapeake 4 - 6

Invest in your yourself. The Executive Coaching session will empower you to bring control back to your life through time tested tips, suggestions and life philosophies. Your inbox, your desktop, your life. Ideas from the leading edge thinkers of self empowerment, Gawande, Peters, and of course, Jobbs. Take back what matters to you. Enhance your life. Through lessons in embracing social media, case examples in practice management and best practices in communication. Don't just leave foot prints, leave a legacy.

11:30 a.m. - 1:00 p.m.

Lunch on Your Own



SCHEDULED BREAKS

2:30 p.m. - 3:00 p.m.

Coffee Break, Foyer Areas

1:00 p.m. - 4:30 p.m.

W2 - Mental Health Support in the Operational Environment

Speakers: Col. Paul Bliese, USA; Lt. Cmdr. Justin Campbell, PhD, MA, USN; Lt. Cmdr. Lloyd Davis, USN; Lt. Cmdr. Joseph Ford, USN; Maj. Jeremy Haskell, USAF; Cmdr. Gary Hoyt, PsyD, USN; Capt. Scott Johnston, PhD, USN; Capt. Joseph Kelly; Capt. Robert Koffman, USN

National Harbor 10 - 11

Using service specific lessons learned (LL) on behavioral health support in the operational environment can lead to coordinated tri-service efforts on development of deployable capabilities. LL, analyzed data and current research may be applied to help determine what type of behavioral health support is needed at all levels of medical care to provide increased resilience and readiness as well as early intervention in theater. Efforts would lead to development of mental health capabilities supporting all service members and meeting future COCOM requirements.

W6 - Lesson Learned at Landstuhl Regional Medical Center

Speakers: Lt. Col. Raymond Fang, MD, USAF; Kathleen Martin, MSN, RN, USA

Maryland A/1 - 3

Workshop will outline development Landstuhl Regional Medical Center as verified Level I trauma center, with focus on implementation of evidence based clinical innovations, standup of an acute lung team, use of the Nova Lung, ECMO, clinical practice guidelines, and premiere video teleconferencing for performance improvement across the military trauma continuum.

W8 - National Prevention Strategy and MHS Implications

Speakers: Lt. Cmdr. Justin Campbell, PhD, MA, USN; Cmdr. Denise Gechas, MSN, MPH, USN; Laura Mitvlasky; Lt. Col. John Oh, USAF; Col. Heidi Warrington, MPH, USA

Maryland D

America's first National Prevention Strategy (NPS), America's Plan for Better Health and Wellness, is a roadmap to become a more fit and healthy nation that promotes collaboration, synchronization and collaboration among partners in prevention. This track provides an overview of the NPS and federal government actions reportable to Congress annually.

ALL DAY WORKSHOPS

SCHEDULED BREAKS

9:30 a.m. - 10:00 a.m.

Coffee Break, Foyer Areas

11:30 a.m. - 1:00 p.m.

Lunch on Your Own

2:30 p.m. - 3:00 p.m.

Coffee Break, Foyer Areas

8:00 a.m. – 4:30 p.m.

W12 - Strategy to Action (by invitation only)

Speakers: Micheal Dinneen, MD, PhD; Ronald Hudak, JD, PhD, FACHE; Rebecca Russell, MA; Justin Sweetman

Magnolia 1

The objective of this workshop is to provide participants with the knowledge, skills, best practices and techniques to effectively manage an MTF within the Military Health System. The focus of the curriculum is on teaching prospective MTF Commanders how to best manage the health of their population and improve the beneficiary experience of care in an effort to reduce per capita cost.

W13 - Patient-Centered Medical Home Implementation

Speakers: Cmdr. Amy Branstetter, USN; Kenneth Canestrini; Capt. Steven Fox, USAF; James Fraser, MPH; Cmdr. Kirk Gasper, MD, USN; Cmdr. Patrick Grover, MD, USN; Regina Julian, MHA, MBA; Timothy Kosmatka, MD, USAF; John Kugler, MD, MPH; Terry Newton, MD; Lt. Col. Nicole Ogburn, USAF; Capt Heather Ortiz, MSN, USAF; Capt. Maureen Padden, MD MPH, USN; Sara Pastoor, MD, MHA, USA; Col. Mark Reeves, USA; Richard Stark, MD; Andrew Westrum, DHA

Maryland B/4 - 6

The purpose of this workshop will be to provide information and elicit feedback on key initiatives related to PCMH implementation at the service and TMA level. Specific areas to be discussed involved performance measures results, NCQA recognition and baseline self-assessment results, access to care, staff satisfaction, IM/IT initiatives and the PCM continuity strategic communication campaign. PCMH has been identified as the strategic initiative with the greatest potential to positive impact all aspects of the quadruple aim. This workshop will allow MTF personnel to understand and ask questions about implementation.



Speakers: Col. Jeff Bailey, MD, USAF; Rose Bolenbaucher, MSN; Lt. Col. Raymond Fang, MD, USAF; Kathleen Martin, MSN, USA

Annapolis 1 - 2

TOPIC-M course is taught to all military staff who participates in the ongoing assessment and improvement of trauma care. TOPIC-M reviews the performance improvement process, with focus on assessment of military trauma continuum of care with a structured review of process and strategies to monitor combat casualty outcomes.

W15 - Medical Stability Operations Executive Course

Speakers: Sayed Alam, MD, MPH; Butch Anderson, MD; Charles Beadling, MD; Capt. Philip Blaine, PharmD, FAHM, USN; Capt. Miguel Cabano, MD, USN; Rebecca Daley; Cmdr. Keith Givens, USN; Shakir Jawad, MD; Lynn Lawry, MD, MSPH, MSc; Lt. Cmdr. Claude Long, MSC, USN; Col. John Mitchell, MD, MC, USAF; Lisa O'Brien, PhD; Kevin Riley, PhD; Lt. Col. Kenneth Shedaworich, MSHPE, MBA, USA; Ciro Ugarte, MD; Cmdr. C Williams, MC, MD, MBA, MPH, IDHA, USN

National Harbor 2 - 3

Stability operations (SO) comprise "core U.S. military missions," equal in priority to combat operations IAW DODI 3000.05. DODI 6000.16 emphasizes medical support to SO. This workshop provides executive-level exposure to the Medical SO Course, offered by Defense Medical Readiness Training Institute and Center for Disaster and Humanitarian Assistance Medicine.

W16 - Are Your Support Programs for Service Members Effective?

Speakers: Beata Barci; Ricky Brathwaite, MSHS, MS; Julie Briski; Lt. Cmdr. Christye Brown, MPH, MBA, USN; Samantha Crowe; Richard Fogelson; Richard Hegner, MPA; Lauren Honess-Morreale, MPH; Dave Mosher; Elizabeth Oswald, PhD; Theresa Spitzer, PhDc; Lyndsay Stauffer, FACHE

Annapolis 3 - 4

The Defense Centers of Excellence (DCoE) for Psychological Health & Traumatic Brain Injury developed a seven-step program evaluation framework to educate and train portfolio and project managers across the services in assessing the effectiveness of their programs. This interactive one-day workshop outlines a systematic approach for evaluation planning and execution.

W17 - Plans, Analysis and Evaluation Decision Making Tools

Speakers: Kevin Book, MBA; Kenneth Canestrini; Jerry Cook, MHA; Melissa Gliner, PhD; Ken Kovats, MHA; Minerva Leal; Lt. Col. Todd Little, MA, MHA, USA; Greg Lutter; Mark Perry, PhD; Daniel Sawyer, MSSM; Royce Staley, USA; Randy Story; Lt. Col. Richard Wilson, MS, USA

Maryland C

This course will provide an overview of how to link the performance planning tools to achieve maximum value from MEDCOM resources for health care delivery and improve health outcomes. Using decision support tools, the workshop will focus on potential effects of three major areas: Improving quality of care, Per capita cost and Data Quality.

W18 - Total Force Management

Speakers: Lt. Cmdr. Brian Carman, MBA, MHA, USN; Col. Kaylene Curtis, USA; Mark Eckman, MHA, USN; Christina Jenkins; Deborah Keipp; Dean Keller; Jerry Lacamera; Lt. Christopher Lingard, USN; Karen Maples; Jim Oechsler; Mark Perry, PhD; Thomas Rivers; Lt. Scott Woosley, MSM, USN; Maurice Yaglom

National Harbor 4 - 5

Human Resources represent 70% of available resources within the MHS. Management of this resource is paramount. Opportunities to compare service methodologies for establishing and evaluating Total Force Requirements and Resource allocation/distribution methodologies will be explored. Future opportunities for service collaboration will be identified and a plan created for moving toward more uniform policies and methodologies across the MHS.

W19 - Total Force Fitness – From Concept to Inception

Speakers: Mark Bates, PhD; Sgt. Maj. Bryan Battaglia, USMC; Lt.Col. Gabrielle Bryen, USA; Colanda Cato, PhD; Cmdr. George Durgin, MFS, MS-HCA, USPHS; Richard Keller, RN; Col. Christian Macedonia, MD, USA; Monique Moore, PhD; Vladimir Nacev, PhD, ABPP; Evette Pinder, PhD; Jeffrey Rhodes D.Min; Maj. Todd Yosick, USA

National Harbor 12 - 13

Total Force Fitness is an initiative from the Chairman of the Joint Chiefs of Staff (CJCS) that provides a framework for understanding assessing, and maintaining Service members' well-being and sustaining their ability to carry out missions. This workshop will detail the framework CJCS Instruction 3405.01 on Total Force Fitness and instill to leaders the process for a healthy and resilient force.



Speakers: Col. Nikki Butler, DPT, USA; Joe Knapik, ScD, MS; Janet Papazis, DPT, MPT, USA; Lt. Col. Timothy Pendergrass, USA; Lt. Col. Shawn Scott, MA, USA; Maj. Zack Solomon, USA; Lt. Col. Deydre Teyhen, USA

Chesapeake 1 - 3

Musculoskeletal injuries (MSI) are the leading cause of medicalnon-readiness in our units. We will examine methods to assess Soldier'sinjury and performance levels and ongoing efforts to predict and preventfuture MSI. We'll also discuss the role that fitness programs play ininjury prevention and human performance optimization.

Tuesday Morning, Jan. 31, 2012

6:30 a.m. – 5:30 p.m. Registration

8:00 a.m. – 9:30 a.m.

Opening Ceremony

Plenary Session

Jonathan Woodson, MD, Assistant Secretary of Defense for Health Affairs

Jo Ann Rooney, EdD, JD, Acting Under Secretary for Personnel and Readiness

Lt. Gen. Patricia D. Horoho, MSN, MS, Surgeon General of the Army

9:30 a.m. – 10:00 a.m.

Coffee Break, Exhibit Hall

10:00 a.m. - 11:30 a.m.

Plenary Session

Awards

Vice Adm. William E. Gortney, Director, Joint Staff

Rear Adm. David J. Smith, SHCE, USN, Director, Medical Resources, Plans & Policy Division, Chief of Naval Operations

11:30 a.m. - 1:00 p.m.

Lunch On Your Own

Tuesday Afternoon, Jan. 31, 2012

1:00 p.m. - 2:00 p.m.

A1 - OPERATION TOMODACHI: Navigating Uncharted Waters

Speakers: Rear Adm. Michael Mittelman, OD, MPH, USN; Craig Postlewaite, DVM, MPH

National Harbor 2 - 3

Operation TOMODACHI: Successes, challenges and lessons learned...to include the development of FHP guidance, risk communication, coordination between the services and interagencies, internal monitoring and the construction of the overarching exposure registry for the entire DoD-affiliated population in the affected areas.

B1 - Accountable Care Organizations - The Fundamentals

Speakers: Tom Cassels, MPP; Rear Adm. Donald Gintzig, USN

Maryland A/1 - 3

Introduces Accountable Care & Integrated Delivery System track. Describes how ACOs are impacting healthcare outside the MHS. Explains how the MHS can incorporate the ACO concept even further than it already has to improve its performance to better meet the goals of the Quadruple Aim.

C1 - Commit to Patient Safety: Be Informed, Take Action

Speakers: Maj. Kendall Mower, DMD, USA; Brig. Gen. Daniel Wyman, USAF

Annapolis 1 - 2

Each year, more than 98,000 individuals die because of avoidable medical errors. Army Maj. Kendall Mower was personally affected when he lost his newborn son as a result of poor patient safety practices. This session, led by both Mower and Air Force Brig. Gen. Daniel Wyman, will discuss how to engage leadership, MTF staff and patients to create a safer care environment.

D1 - Integrating Health Promotion, Risk Reduction and Prevention Programs

Speakers: Colanda Cato, PhD, MA; Mark Bates, PhD; Cmdr. Wanda Finch, MSW, MEd, USPHS; Cmdr. Susan Jordan, MS, USPHS

Chesapeake 4 - 6

Well-being is recognized as a key component of health and readiness by DoD leadership. This presentation describes well-being within a military context and provides military-specific examples, such as the Chairman of the Joint Chief of Staff's Total Force Fitness Concept and ways to advance National Prevention Strategy/DoD population health goals.



Speaker: Lt. Col. Millard Brown, MD, USA

Annapolis 3 - 4

Review of current Behavioral Health (BH) Information Technology (IT) solution efforts within the DoD and Army and proposed efforts to establish patient-centered, synchronized enterprise BH data systems for supporting real-time BH care and meaningful program evaluation.

F1 - Supporting the Patient-Centered Medical Home

Speakers: Lt. Col. Antonio Eppolito, MD, USAF; Lt. Col. Charles Motsinger, USAF; Maj. Claudine Ward, USAF

Maryland B/4 - 6

IT applications are used to support the Patient-Centered Medical Home concept, which introduces a team approach to health care and establishes a consistent, long-term relationship between patients and a provider team. Every member of the provider team has access to the beneficiary's medical records and works collaboratively to provide the best care possible.

G1 - The National Intrepid Center of Excellence

Speaker: James Kelly, MD

National Harbor 4 - 5

NICoE provides state-of-the-art clinical care for service members with TBI and PH conditions. NICoE Leadership will discuss their model of holistic, interdisciplinary and patient-and family-centered care will be presented and also discuss broader implications for TBI/PH care across the MHS.

H1 - Leading your Multi-Service Market Through Radical Changes... the JTF CAPMED and San Antonio Experiences

Speakers: Maj. Gen. Byron Hepburn, MA, USAF; Vice Adm. John Mateczun, MD, MPH, JD, USN; Maj. Gen. Ted Wong, DDS, MHA, MSS, USA

Maryland D

A Tale of Two Cities...and Two Different Multi-Service Markets! The 2005 BRAC recast the face of military medicine in the MHS' two largest markets. The NCR and SAT approaches to BRAC execution were different, but both achieved their goal of synergy and completion within the deadline. Leaders from these two important markets will discuss the challenges, solutions and lessons learned from this journey through military medical transformation.

11 - Evidence-Based Education

Speakers: Cmdr. Christopher Lynch, PharmD, MEd, USN; Cmdr. Mitch Seal, EdD, MEd-IT, USN

National Harbor 10 - 11

This presentation will demonstrate how METC successes were linked to sound educational practices and how a focus on fundamental principles, vice the lure of the latest wiz-bang demonstration, can serve others to achieve even greater successes, not to mention substantive cost avoidance.

J1 - Reducing Incidence and Severity of Blast Injuries

Speakers: Lt. Col. Judy Buchanan, MBA, USA; Col. Evan Renz, MD, USA; Col. Harry Slife, PhD, USA

Chesapeake 1 - 3

Along with military operational, material and intelligence communities, the MHS is improving care for personnel who experience blast trauma AND is reducing the incidence and severity of blast-related injuries. Learn about Joint Trauma Analysis and Prevention of Injury in Combat, a dramatic reduction in severe burn injuries, and a concerted effort to reduce underbelly blast injuries.

K1 - Surgeons General Expert Panel Discussion

Speakers: Lt. Gen. Charles B. Green, MD, USAF; David Nace, MD; Vice Adm. Matthew Nathan, MD, USN

Maryland C

Expert Panel Discussion - What are the strategic challenges associated with PCMH and why do we need to adopt this model of healthcare delivery?

L1 - TRICARE Dental Program Overviews and Strategies

Speaker: Col. Jeffrey Chaffin, DDS, MPH, MBA, MHA, USA

National Harbor 12 - 13

This session will discuss the transition of the TDP from UCCI to MetLife, the success of contract incentives in the TDP for quality measures and the results of a recent study of care amongst children in an effort to understand more about how socioeconomic status affects access to dental care.

2:00 p.m. - 2:30 p.m.

Break on Your Own





A2 - Building the Afghan Security Forces Medical System

Speaker: Lt. Col. Sam Barringer, USAF

National Harbor 2 - 3

This presentation reviews the history of building the Afghan National Security Forces Medical System, encompassing the genesis of regional hospitals that have facilitated rapid improvement in patient care despite increased kinetic activity. Another focus will be the medical professionals needed to accomplish our mission in this austere and challenging environment.

B2 - Accountable Care Organizations - The Fundamentals

Speakers: Tom Cassels, MPP; Rear Adm. Donald Gintzig, USN

Maryland A/1 - 3

Introduces Accountable Care & Integrated Delivery System track. Describes how ACOs are impacting healthcare outside the MHS. Explains how the MHS can incorporate the ACO concept even further than it already has to improve its performance to better meet the goals of the Quadruple Aim.

C2 - Reducing Readmissions: A True Patient Partnership

Speakers: Traci Archibald, MBA; Brian Jack, MD; Mimi Toomey, MPP

Annapolis 1 - 2

This presentation features a high level overview of HHS's Partnership for Patients goals and activities for reducing readmissions, the experience of CMS's Community Based Care Transition Programs (CTTP) and best practice models from AHRQ's Project Red, to guide facilities to success in reducing avoidable readmissions.

D2 - Preventing Injury and Optimizing Human Performance

Speakers: Lt. Col. Anthony Beutler, USAF; Francis O'Connor, MD, MPH

Chesapeake 4 - 6

Musculoskeletal injury is the leading cause of lost duty time in the military. This presentation will provide the military clinician an evidence-based overview of injury prevention and highlight current trends in human performance optimization. We will also introduce a free, online one-stop-shop for questions regarding human performance in the military.



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Speaker: Michael Faran MD, PhD, USA

Annapolis 3 - 4

Review of current practice in providing psychological health services to child, adolescent and family members across services.

F2 - The New Era in DoD/VA Health Information Technology

Speakers: Mary Ann Rockey; Capt Michael Weiner, USN

Maryland B/4 - 6

Overview of health data information technology sharing efforts that help support improved experience of care and reduced per capita costs for the Departments of Defense and Veterans Affairs by providing a seamless transition of a service member's medical information between the military healthcare system and the Veterans Affairs healthcare system.

G2 - Care of Reserve and NG Wounded, III or Injured

Speakers: Capt. William Adams, USN; Col. Colin Greene, MD, MPH, USA; Col. Brian Masterson, MD, MPH, USAF

National Harbor 4 - 5

For over a decade, our Reserve and National Guard service members have played pivotal roles in our continuous combat operations. This session will provide an overview of the unique challenges faced in addressing their medical care and the programs that assist with obtaining this care.

H2 - Outside the Box Organizational Transformation: It's Easier than You Think!

Speakers: Geoffrey Deutsch; Thomas Graf, MD; David Hunter; Lt. Gen. Jim Peake, MD, USA

Maryland D

Mr. Deutsch has spent nearly 25 years helping transform large healthcare and human service delivery systems. Much of his work deals with managing organizational change, specifically the change resistance inherent in systems and people. He will explore these issues and discuss how to embrace transformation as the MHS navigates this dynamic environment.

12 - Total Force Fitness – Education and Training Implications For Restoring Unit Force Fitness

Speakers: Cmdr. George Durgin, USPHS; Maj. Todd Yosick, USA

National Harbor 10 - 11

The key to creating a resilient military is to educate our forces, their leaders, and the medical community and to identify support services that people can turn to. This presentation will provide guidance on how to utilize training and education to strengthen resiliency and allow our services to more quickly recover from obstacles.

J2 - A Revolution in Prosthetics

Speakers: Stewart Coulter, PhD; Col. James Ficke, MD, USA; Mike McLoughlin

Chesapeake 1 - 3

With dramatic improvements in upper and lower extremity prostheses, Wounded Warriors facing amputations today face a much brighter future. Learn about the development of the "DEKA Arm," "active orthoses," and efforts to develop a neurally integrated high dexterity "Modular Prosthetic Limb" to provide unprecedented capabilities to amputees.

K2 - Culture Eats Strategy for Breakfast

Speakers: Lt. Col. Tim Caffrey, USA; David Howes, MD; Christine Hunter, MD; Chuck Moses, MBA

Maryland C

How to bridge the gap between your strategic plan and your culture - The best strategic plans are no match for a resistant culture that is not aligned with your goals. How do you create a Med home culture that turns a command's Med Home goals, such as valuing the experience of care and continuous process improvement, into your staff's personal values?

L2 - DoD Pharmacy Program Overview

Speaker: Rear Adm. Thomas McGinnis, RPh, USPHS

National Harbor 12 - 13

This session will discuss the optimized pharmacy distribution model and its impact on the future course of the DoD pharmacy. Cost savings opportunities that exist today and potential areas for future expansion will be discussed.

3:30 p.m. – 4:00 p.m.

Coffee Break, Exhibit Hall



A3 - Afghan Medical ETT & PRT Predeployment Training

Speaker: Col. Joseph Anderson, MD, MPH, USAF

National Harbor 2 - 3

This initiative upgrades predeployment training for medical personnel on Embedded Training Team & Provincial Reconstruction Team missions in Afghanistan. With growing Medical Stability Operations, the U.S. government must codify this mission in doctrine, standardizing predeployment training emphasizing medical ethics, anticorruption, expectation management, and the practice of good medicine in bad places.

B3 - Transformation of Healthcare Resourcing

Speakers: Jan Bergen; Tom Cassels, MPP; Bob Opsut, PhD; Susan Stickley, MBA

Maryland A/1 - 3

Discusses the benefits of creating ACOs in the MHS. Explains how resourcing MTFs by measuring the health of the population it serves would be more appropriate than by counting the RVUs & RWPs generated by patient visits, procedures, prescriptions, etc. Relates the benefits to the goals of the Quadruple Aim.

C3 - Healthcare Innovations Program (HIP) Awards Presentations 2011

Speakers: Julie Gandara-Miller, RPh; Maj. Troy McGill, USAF; Lt. Col. Evan Meeks, USAF; Cmdr. Sayjal Patel, MD, USN

Annapolis 1 - 2

This session will focus on showcasing the Military Health System (MHS) innovations from both the direct and purchase care systems in direct support of the MHS Strategic Plan. Tools and information used in achieving best practices are shared.

D3 - Prescription Drug Abuse: Prevention and Treatment

Speakers: Lt. Col. Mark Oordt, USAF; Col. Mike Spilker, USAF; Col. John Stasinos, MD, USA

Chesapeake 4 - 6

Prescription drug abuse is a growing problem in both the civilian and military communities. This panel will review the scope of the problem, discuss prevention efforts involving healthcare providers, pharmacy and community, and address clinical treatment of prescription drug addiction in the MHS.

E3 - Behavioral Health Collaborative Care Models

Speakers: Col. George Appenzeller, MD, USA; Lt. Col. Christopher Warner, MD, USA

Annapolis 3 - 4

Examine the effectiveness of a systematic method of predeployment behavioral health screening to determine whether screening decreased negative outcomes during deployment in Iraq's combat setting.

F3 - The Evolution of Essentris ED

Speaker: Cmdr. Peter Park, USN

National Harbor 12 - 13

This session reviews the methodology that was used to develop the Essentris Emergency Department (EssED) module. EssEd is one of the key projects making a difference in the way the service members' health care is documented in the emergency department.

G3 - Innovative Pain Management Practices in the MHS

Speakers: Col. Kevin Galloway, USA; Richard Niemtzow, MD, PhD, MPH; Cmdr. Necia Williams, USN

National Harbor 4 - 5

This session will provide an overview of current enterprise efforts to provide holistic, interdisciplinary and multimodal approaches to pain management. This will include the use of complementary alternative medicine.

H3 - Blazing the Efficiency Trail: New Approaches to Sharing in the MHS

Speakers: Rear Adm. William Kiser, USN; Laura Torres-Reyes, MD, MPH, USAF

Maryland D

Two examples of MHS shared services successes: 1. Clinical Standardization with Logistics Expertise: Proven Pathway to Saving Lives. DMMPO discusses revolutionizing enterprise-wide logistics standardization. 2. Transforming Enlisted Training, the "METC Way!" The METC commander will share lessons learned from the remarkable and successful co-location/consolidation of enlisted medical training.

I3 - Hand-Held Technology Application for Medical Education and Training

Speakers: Bob Marshall, MD, MPH; Lt. Col. Robert Oh, MD, MPH. USA

National Harbor 10 - 11

Insights/experiences with the use of mobile devices for medical education and training. How iPads, iPods, tablets, PDAs, e-book readers, etc. can be integrated in education and training.



Speakers: Anthony Atala, MD, Joachim Kohn, PhD

Chesapeake 1 - 3

An overview of the Armed Forces Institute for Regenerative Medicine (AFIRM) program, including accomplishments to date and future directions.

K3 - Information Technology

Speakers: Lt. Col. Tom Cantilina, MD, USAF; Terry Newton, MD, USA

Maryland C

Enabling 21st century healthcare delivery in the PCMH - What are the tools needed to bring decision support into the exam room, mitigate heath risks and expand our venues for patient interaction? What IT support is absolutely critical for your successful Med Home?

L3 - TRICARE Policy and Benefits Updates

Speakers: Laura Johnson; Shane Pham

Maryland B/4 - 6

This session will discuss the changes to the Prime Service Areas and the impact on existing TRICARE Prime medical market as well as show how demonstrations can transform the TRICARE benefit and provides an avenue to test alternate strategies for purchasing care.

5:00 p.m. - 6:30 p.m.

Exhibit Hall Reception

Wednesday Morning, Feb. 1, 2012

8:00 a.m. - 10:00 a.m.

Plenary Session

Awards

Vice Adm. Matthew Nathan, MD, Surgeon General of the Navy

Vice Adm. John M. Mateczun, MD, USN, Commander, Joint Task Force National Capital Region Medical

Denis A. Cortese, MD, Director, Arizona State University, Healthcare Delivery and Policy Program, Former CEO Mayo Clinic

10:00 a.m - 10:30 a.m.

Coffee Break, Exhibit Hall

10:00 a.m. – 1:00 p.m.

Exhibit Hall Open, Lunch on Your Own

Wednesday Afternoon, Feb. 1, 2012

1:00 p.m. - 2:00 p.m.

A4 - Inter Agency & DoD's Patient Movement Role in DSCA

Speakers: Joseph Lamana, MPA; Col. Lawrence Riddles, MD, USAF

National Harbor 2 - 3

A strategic perspective of inter-agency collaboration as it relates to Patient Movement within Emergency Support Function will be presented. USTRANSCOM & HHS representatives will discuss challenges of this collaboration and identify shortfalls within the Defense Support of Civil Authority (DSCA) process for providing civil authorities patient movement capabilities during disaster.

B4 - Integrated Delivery System - Improving Communication

Speakers: Lt. Col. Tom Cantilina, MD, USAF; Thomas Greig, MD, MPH; Graham Hughes, MD; Col. Sean Murphy, USAF; Douglas Rosendale, DO

Maryland D

Explains how an Integrated Delivery System in healthcare depends on sharing appropriate patient information between all providers of care in real time. Describes the benefits of improving information sharing between the MHS and its partners (VA & referral network providers). Relates those improvements to the goals of the Quadruple Aim.

C4 - Transformation of American Healthcare: Positioning the Department of Defense to Lead the Nation

Speakers: Dennis Wagner; Paul McGann, MD

Maryland B/4 - 6

This presentation features an overview of the Partnership for Patients, highlighting the partnership between the MHS and CMS in achieving the program's goals by 2013.

D4 - Resilience: Lessons from Business Applied to Healthcare

Speakers: Brian Reamy, MD; Capt. Mark Stephens, USN

National Harbor 10 - 11

Using focused reviews from the business world, the oftused word 'resilience' will be examined in the context of applications that may be helpful for military healthcare. Through interactive case discussions, attendees will review examples of successful (and unsuccessful) strategies for promoting resilience in the workplace. Take-home lessons for use in MTFs and clinics will be provided for providers, patients and supporting staff.



Speakers: Lt. Col. Edward Brusher, USA; Yamile Jana, PhD, USA; Col. Rebecca Porter, PhD, USA

Annapolis 3 - 4

Communication of risk between healthcare providers and to commanders in the management of acute patients, a review of current guidelines in the release of protected health information.

F4 - Air Force Medical Service Strategic Communications

Speakers: Lt. Col. Douglas Anderson, USAF; Keith Tietmeyer, MBA; Clifford Wilborn

Annapolis 1 - 2

This session discusses the strategic communication within the Air Force Medical Service and its support of Population Health.

G4 - Integrated Disability Evaluation System Successes

Speakers: Maj. David Gill, USAF; Col. Colin Greene, MD, MPH, USA; Patrick Joyce, MD, JD, MPH; Capt. Catherine Simpson, USN; Capt. Daniel Zinder, USN

National Harbor 4 - 5

The Physical Disability System has seen many policy changes in the last few years. Much innovation has also taken place at the MTF level. This session will highlight some of the successful practices occurring at our facilities in each service.

H4 - Service Innovations in Organizational Efficiency

Speakers: Rear Adm. Donald Gintzig, USN; Brig. Gen. Mark Ediger, MD, USAF; John Resta, MS

National Harbor 12 - 13

The services continue their efforts to streamline healthcare management operations in order to deliver both increased efficiencies and enhanced healthcare to our warfighters and their families. 1. The U.S. Army Public Health Command: Unifying and Synchronizing Dynamic Systems Across the AMEDD; 2. The Air Force Medical Operations Agency: Centralized Clinical Support; 3. Navy: Leading a TriService Effort to Deliver 21st Century Medicine.

I4 - METC Update - FOC and Beyond

Speakers: CM Sgt. Kevin Lambing, MBA, USAF; Col. Gino Montagno, USA; Capt. Peggy Westerbeck, M.Ed, USN

Chesapeake 1 - 3

Now that METC has become fully operational, what does the future hold as the Medical Education & Training Campus continues to grow and develop?

J4 - Grand Rounds on TBI and Brain Pathology

Speaker: Daniel Perl, MD

Chesapeake 4 - 6

Traumatic Brain Injury following exposure to IED has occurred very frequently over the past decade. Dr. Perl will discuss effects on brain structure and function of this much too-common battlefield injury, and will comment on research needs for developing more effective approaches to diagnosis, predictors of outcome, prevention and treatment.

K4 - Crucial Processes in the PCMH

Speakers: Col. Michelle Bishop, MSN, USAF; Chuck Moses, MBA, MSHA; Capt. Maureen Padden, MD, MPH, USN

Maryland C

Successful Medical Homes know the processes necessary for the tactical execution of PCMH. How can you use processes such as template management, demand management, utilization data, and more to ensure access to high quality care.

L4 - Challenges and Opportunities for Integrating Purchased Care in Overseas Areas

Speakers: Cindy DiLorenzo, MHCA; Col. John Ekstrand, MD, USA; Col. Richard Jordan, MD, MSS, USA; Capt. John Rothacker, MA, USN

Maryland A/1 - 3

This session will be a panel discussion conducted by the current Director for each overseas area. Topics include how the TRICARE benefit is delivered overseas, the challenges of working with health care providers and unique aspects of integrating purchased care overseas and some strategies for achieving high value partnerships with health services.

2:00 p.m. - 2:30 p.m.

Break on Your Own

2:30 p.m. - 3:30 p.m.

A5 - Effectiveness of the Military Trauma System in OEF/OIF

Speaker: Col. Jeff Bailey, MD, USAF

National Harbor 2 - 3

The systems approach to care of injured patients on the battlefield has led to improved survival rates. Current initiatives include anti-fibrinolytic agents in massive transfusion patients and ballistic undergarments. The systematized approach to pre-hospital and enroute care has led to major advances in care and the promise of continued improvements.



Speaker: Fred Dodson, MHA

Maryland D

Discusses the need for reliable population health and safety metrics to accurately measure each ACO's performance to validate, track and quantify any proposed long term benefits. Explains proposed enhancements to how the MHS monitors population health and safety, and how those enhancements would support the goals of the Quadruple Aim.

C5 - Is Your Facility Accountable: Eliminating Central Line Associated Blood Stream Infections - Translating Interventions Into Evidence-Based Practice

Speaker: Christine Goeschel, ScD, MPA, MPS

Annapolis 1 - 2

Healthcare-associated infections are costly, deadly and largely preventable. This AHRQ funded On the CUSP: Stop BSI project, led by a unique partnership, developed and implemented an innovative approach for improving patient safety in this area. This presentation will discuss the critical components for success in MHS facilities.

D5 - Building Resilience in Individuals and Groups

Speaker: Paul Bartone, PhD

National Harbor 10 - 11

This presentation focuses on mental hardiness and steps that individuals, leaders and organizations can take to increase healthy responses to stressful life events. Thirty years of research confirms that psychological hardiness is a key resilience factor. The speaker will provide an overview of the theoretical roots and supporting research for the hardiness concept, with practical suggestions on building up the sense of commitment, control and challenge in individuals and groups to foster healthy behaviors. The speaker will describe ways leaders can boost hardiness throughout their communities and organizations by what they say and do, and through the policies they establish.

E5 - Behavioral Health Legislative Action

Speakers: Lt. Col. Edward Brusher, USA; Yamile Jana, PhD; Colleen Rye, PhD, MS

Annapolis 3 - 4

Review of scope of practice changes that require congressional relief in order to maximize utilization of behavioral health-care providers

F5 - Maximizing Information Technology Portfolio Value in a Resource Constrained Environment

Speakers: Sharon Larson, MPP; Col. Portia Prioleau, USAF

Maryland B/4 - 6

This session will provide an overview of the consolidated information technology portfolio efforts to show how an integrated view of defense health program funded information technology capabilities can identify potential cross-component sharing opportunities and eliminate unnecessary redundancy.

G5 - Experiences of Wounded, III or Injured Warriors

Speakers: Capt. Mary Jean Herden, MD, USN; SFC Jarrett Jongema, USA; Chelsey Kennedy; Sgt. Marshall Kennedy, USMC; Mike Malarsie, USAF; EOD1 Zachary Waskel, USN

National Harbor 4 - 5

During this session, wounded, ill or injured Warriors will share their individual care experiences, lessons learned and recommendations for improvements throughout the continuum of care.

H5 - Design Matters: Building a New Framework for Collaboration

Speakers: Maj. Gen. Douglas Robb, MPH, USAF; George Peach Taylor, Jr., MD, MPH

National Harbor 12 - 13

MHS Governance Task Force Results - What makes THIS time any different? The MHS Governance Review Task Force Co-Chairs discuss the results of the 90-day review and recommendations requested by the Deputy Secretary of Defense.

15 - Orienting Tri-Service Staff in Jointly Staffed MTFs

Speakers: Col. Gregory Argyros, MD, USA; Capt. Jerri Curtis, MD, USN; Scott Jones, MD

Chesapeake 1 - 3

This session will provide insight for ensuring faculty are properly prepared and oriented for teaching and patient care in a mult-service MTF. The panel will contain a representative from each service who has experience orienting faculty and trainees in integrated MTFs.

J5 - Focus on Game-Changing Research in TBI and PTSD

Speakers: Capt. Paul Hammer, MD, USN; Capt. Scott Johnston, PhD, USN; Col. Scott Miller, MD, USA; Alan Peterson, PhD

Chesapeake 4 - 6

Cutting-edge MHS research efforts include: clinical trials of hyperbaric oxygen for mild traumatic brain injury; efforts to better identify signs of combat stress in Marines; and a multidisciplinary research consortium focusing on developing and evaluating the most effective programs to prevent and treat combat-related PTSD and enhance military resiliency.



Speaker: Lt. Col. Bradley Nielsen, USAF

Maryland C

Using the Med Home to ensure optimal readiness and excellence in garrison care.

L5 - Regional Directors Panel Discussion: Strategies to Improve Market Integration

Speakers: Rear Adm. Colin Chinn, MD, MHS, USN; Pradeep Gidwani, MA, MS; William Thresher, MA

Maryland A/1 - 3

This session will be a panel discussion conducted by the three Regional Directors and includes a regional perspective on the impact(s) of market decisions on direct and purchased care integration and examples of local MTF market opportunities to achieve better health care value.

3:30 p.m. – 4:00 p.m.

Coffee Break, Foyer Areas

4:00 p.m. - 5:00 p.m.

A6 - U.S. Forces Iraq to DoS: Cross-Cultural Right Seat-Left Seat

Speaker: Casper Jones

National Harbor 2 - 3

The twilight of 2011 will witness the extraordinary transition of primarily military mission in Iraq into a diplomatic one. Unique is the transfer of a comprehensive DoD medical infrastructure system to a lean civilian undertaking by DoS. This Right Seat-Left Seat was achieved with remarkable cooperation and understanding different cultures.

C6 - DoD Patient Safety Program 2011 Awards

Speakers: Sheila Jones, RN, MSN; Vivian Smith, MSN; Sharon Takiguchi, DrPH

Annapolis 1 - 2

The awards identify innovation and commitment to the development of systems and processes focused on the needs of the patient. One winning MTF will present from each of the following categories: Teamwork Training and Skill Building; Identification and Mitigation of Risks and Hazards; and Culture Measurement, Feedback and Intervention.

D6 - Cornerstones of Resilience: Having, Being, Doing

Speaker: Gary Bowen, PhD

National Harbor 10 - 11

The Resiliency Model of Role Performance was developed to account for variation in the ability of service members and their families to meet their role responsibilities in the context of military life. This model incorporates a focus on both individual assets and the social context in which individuals and families are embedded. The model provides a conceptual anchor for the Support and Resiliency Inventory, an online assessment tool for military members and their civilian spouses. Data in support of the model will be presented for purposes of informing intervention and prevention planning.

E6 - Embedded Behavioral Health

Speaker: Maj. Chris Ivany, MD, USA

Annapolis 3 - 4

Embedding medical treatment facility (MFT) behavioral health (BH) service lines into operational units: The Fort Carson Experience

F6 - VA/DoD Joint Sharing Initiative

Speakers: Capt. Margaret Beaubien MS, MSN, USN; Christine Boltz

Maryland B/4 - 6

The VA and DoD are working together to develop joint locations, to enhance data sharing/interoperability of health information, and implement the Virtual Lifetime Electronic Record (VLER) capabilities to improve quality of care for all service members/veterans.

G6 - Wounded, III or Injured Warriors Panel

Speakers: Capt. Mary Jean Herden, MD, USN; SFC Jarrett Jongema, USA; Chelsey Kennedy; Sgt. Marshall Kennedy, USMC; Mike Malarsie, USAF; EOD1 Zachary Waskel, USN

National Harbor 4 - 5

During this session, the wounded, ill or injured Warriors will be available for a question and answer session.

H6 - Leadership, Decision-Making and Strategy in a Changing World

Speakers: Lt. Gen. Charles B. Green, MD, USAF; Lt. Gen. Patricia Horoho, USA; Vice Adm. Matthew Nathan, MD, USN; Jonathan Woodson, MD

Potomac Ballroom

Senior Leadership Panel: Transition is led from the top. This panel provides the opportunity to hear the thoughts of the senior MHS leadership on the way ahead, the challenges of the MHS governance structure changes and how that vision will affect their particular organizations.



Speakers: Lt. Col. Daniel Bruzzini, MD, USAF; Lt. Cmdr. Corry Kucik, MD, USN

Chesapeake 1 - 3

The medical needs of natural disasters, humanitarian crises, and counterinsurgency warfare exceed the trauma/critical care training and maintenance of skill capacity of our military medical system. Partnering with civilian institutions in a mutually beneficial way is the key to ensuring the right care anywhere is delivered on-time the first time.

J6 - Psychological Health in America's Warfighting Families

Speakers: Stephen Cozza, MD; Maj. Rachel Foster, PhD, USAF; Lt. Linda Havens, PhD, USN; Col. Kris Peterson, MD, USA; Kirsten Woodward, MSW

Chesapeake 4 - 6

Ten years of war have placed enormous stress on the families of our warfighters and challenged their abilities to support America's heroes. This tri-service session will discuss the psychological effects of frequent deployments on the family, examine the factors that contribute to resiliency, and assess efforts to increase resiliency.

K6 - Strategic Resource Allocation in the PCMH

Speakers: Paul Grundy, MD, MPH; Joe Marshall

Maryland C

"Is your comptroller your Med Home Champion?" - Successful implementation and sustainment of the Med Home requires leadership to balance resources and ensure PCMH success. How do you link PCMH metrics and care resources to make your comptroller your strongest Med Home advocate?

L6 - T4: The Way Ahead

Speaker: Guy Clifton, MD

Maryland A/1 - 3

This session will discuss the T4 Study Group's findings on the state of the US healthcare market and the impact on future options for T4 contracts. Also, the cost and management implications of using T4 contracts to recapture care to the MTFs and best use to optimize cost and readiness.

EXTRA - Integrated Health Community: San Diego

Speaker: Lt. Cmdr. Sunny Ramachandani, USN

Maryland D

The Integrated Health Community (IHC) San Diego initiative will lower healthcare costs and improve population health through the integration of community health systems with military healthcare facilities. This can be achieved by better utilizing community-wide social and behavioral services and by integrating these respective services with military healthcare delivery systems, focusing on preventative medicine and encouraging behavior modification and patient activation which are critically necessary to manage chronic disease states and optimize population health.

Thursday Morning, Feb. 2, 2012

8:00 a.m. - 9:15 a.m.

Plenary Session

Awards

Lt. Gen. Charles B. Green, MD, Surgeon General of the Air Force **Patient Activation Panel** -

Dave de Bronkhart, ePatient Dave

Ben Heywood, Patients Like Me

Rear Adm. Maura Dollymore, MD, Chief Medical Officer, U.S. Coast Guard and Director, Health, Safety and Work-Life

9:15 a.m. - 9:45 a.m.

Coffee Break, Foyer Areas

9:45 a.m. - 11:30 a.m.

Plenary Session

Jim Pope, MD, Healthways, Senior Scientist

Laree Renda, President, Safeway Healthcare

Jonathan Woodson, MD, Assistant Secretary of Defense for Health Affairs

11:00 a.m. - 11:30 a.m.

Closing Remarks/Ceremony

11:30 a.m. - 1:00 p.m.

Lunch on Your Own

Thursday Afternoon, Feb. 2, 2011

1:00 p.m. - 5:00 p.m.

Service Breakout Sessions

Army

Hosted by Lt. Gen. Patricia D. Horoho, Surgeon General of the Army

Maryland BD/4 - 6

Navy

Hosted by Vice Adm. Matthew L. Nathan, MD, Surgeon General of the Navy

Maryland A/1 - 3

Air Force

Hosted by Lt. Gen. Charles B. Green, MD, Surgeon General of the Air Force

Maryland C

Coast Guard

Hosted by Rear Adm. Maura Dollymore, MD, Chief Medical Officer, U.S. Coast Guard and Director of Health, Safety and Work-Life

Chesapeake 1 - 3

OPEN ANCILLARY MEETINGS

January 30, 2012

8:00 a.m. - 5:00 p.m.

Quality and Patient Safety Strategic Alignment Meeting National Harbor 15

6:00 pm - 7:30 p.m.

Air Force Global Strike Command Breakout

National Harbor 8

January 31, 2012

11:30 a.m. - 1:00 p.m.

Air Force Medical Service Senior MSC Council Meeting Camelia

11:30 a.m. - 1:00 p.m.

Navy Medical Service Corps Breakout

Chesapeake D&E

4:30 p.m. - 6:30 p.m.

Protecting our Beneficiaries Personally Identifiable Information (PII) and Protected Health Information (PHI)

National Harbor 8

5:30 p.m. - 8:00 p.m.

Dental Leadership Meeting

Chesapeake 1 - 3

5:30 p.m. - 7:30 p.m.

AFMS SEL Breakout

Chesapeake 4 - 6

February 1, 2012

11:00 a.m. - 12:30 p.m.

Admiral's Nurse Corps Townhall for all Navy Nurse Corps Attendees

Chesapeake 1 - 3

12:00 p.m. – **1:30** p.m.

Inpatient Electronic Health Record Optimization Camelia

5:30 p.m. - 9:00 p.m.

USAF Patient-Centered Precision Care Genomic Medicine Research Program (PC2-Z) Clinical Utility Study Enrollment Event

Chesapeake 4 - 6

6:00 p.m. – 8:00 p.m.

Advance Credentialing of Civilian Physicians for Preparedness

National Harbor 8



2012 Military Health System CONFERENCE



















