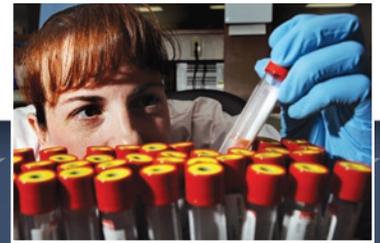


2010 Military Health System Conference

Sharing Knowledge: Achieving Breakthrough Performance

25–28 January 2010

Gaylord National® Hotel & Convention Center
National Harbor, MD



PROGRAM GUIDE



Convention Center



KEY

- Elevators
- Restrooms
- Phones
- Smoking

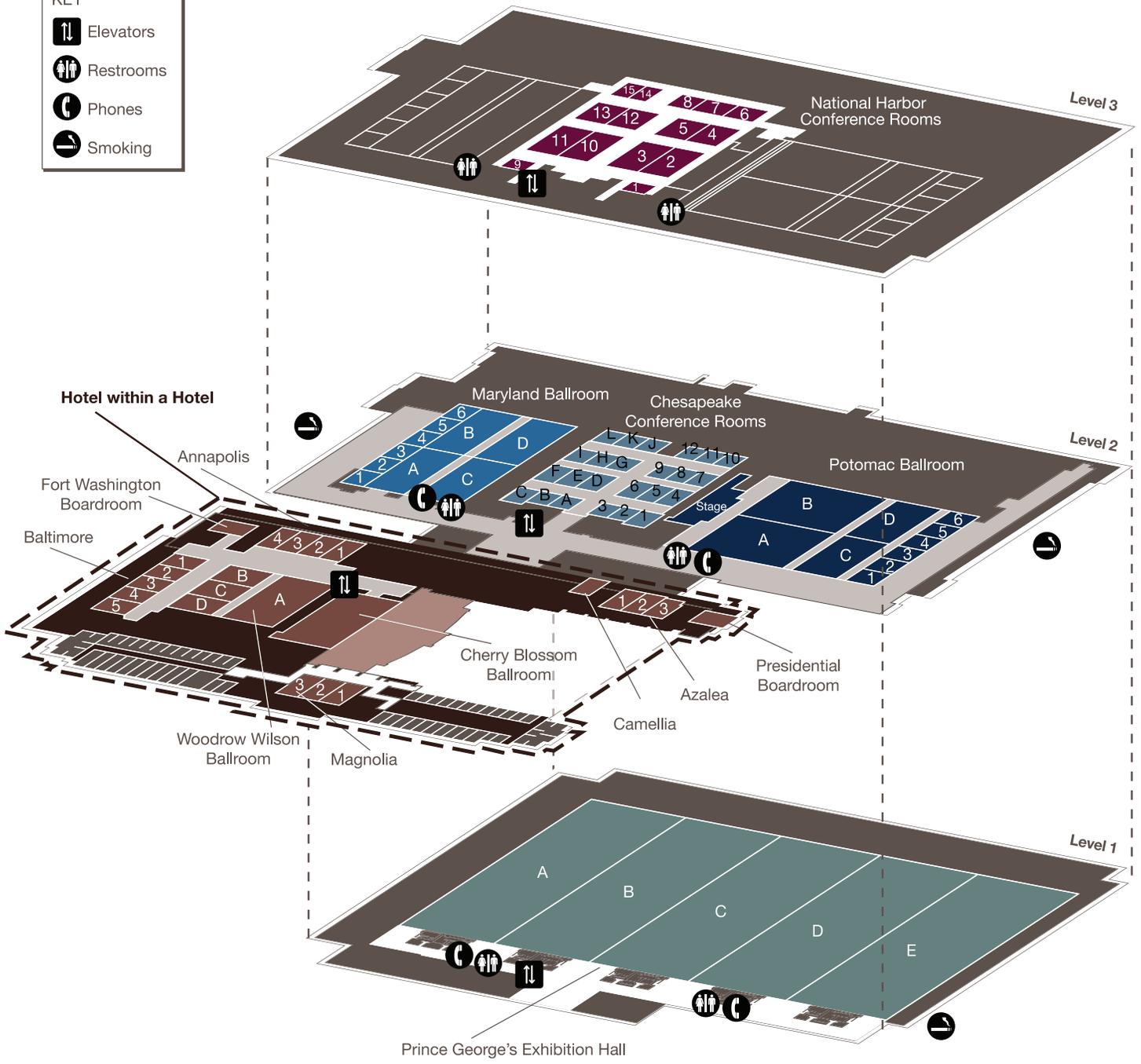
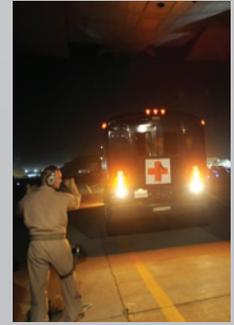
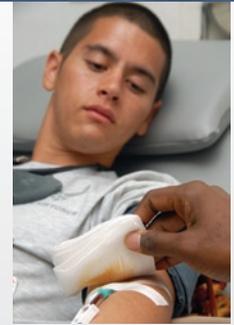


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CONNECT WITH US

Connect with the conference on Twitter! Follow @healthdotmil and use the hashtag, #MHS10. Stop by the MHS Pavilion in the exhibit hall for details.

WELCOME LETTER

FROM: ELLEN P. EMBREY, Performing the Duties of the Assistant Secretary of Defense for Health Affairs



Dear Military Health System Conference Attendees:

Welcome to the 2010 Military Health System (MHS) Conference! I am confident that you have arrived this week prepared to learn, share best practices and exchange information. This year's conference will provide a platform for health care professionals within and outside of the MHS to enhance medical readiness, improve patient experiences and health outcomes and achieve the best value for our health care expenses.

Our goal during this conference is to develop shared values and approaches for achieving our goals and to explore methodologies to expedite enterprise-wide adaptation of evidence-based best practices to achieve the MHS mission. Our success in this endeavor depends heavily on our willingness to commit wholeheartedly to the view that the MHS is a learning organization. This year's conference will advance professional knowledge across the medical force, enhance partnerships within and outside the federal sector, and focus on collaborative ways to best serve the health care needs of our diverse beneficiary population.

Since 2001, our nation has been at war. Our military men and women have been engaged in sustained combat operations with our coalition partners. In this combat environment, our medical forces have excelled. They are reaching and stabilizing the wounded faster than ever and with more deployed medical capabilities than ever. The outcomes are remarkable: the disease, non-battle injury rate today is the lowest ever reported — five percent for Afghanistan and four percent for Iraq; for those who are wounded in action, 54 percent return to duty within 72 hours; and the battlefield survival rate is 97 percent, which is the highest of all wars in our nation's history. In addition to the best combat protection available, state-of-the-art medical treatment and equipment reach the wounded within the first hour of injury, and many are transported back to hospitals in the U.S. within 48 hours for definitive care. Furthermore, military medical professionals remain engaged around the globe 24/7, caring for our Service members who are conducting expeditionary operations, developing other nations' health care capabilities and capacities, and providing care to our family members, retirees and others in humanitarian, disaster relief and stabilization operations.

In order to continue to excel, we must continue to learn. Our MHS community must commit at the strategic, operational and tactical levels to being a continuous learning organization. We need to focus that commitment on achieving measurable improvements in our relationships with and health outcomes of our patients. To achieve this, we need to bring together MHS leaders at all levels, our federal agency partners, our coalition partners, and representative service members, family members and line leaders to learn and apply new shared values and best practices.

I hope you have a meaningful conference experience and return to work with fresh ideas and a sense of "shared values" which you can impart to others.



2010 Military Health System Conference

Sharing Knowledge: Achieving Breakthrough Performance

25–28 January 2010

Place

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

Purpose

The 2010 Military Health System (MHS) Conference will provide a platform for health care professionals to share knowledge and best practices. The overall focus will be on enhancing medical readiness, improving patient experience, advancing population health outcomes and managing health care costs.

Outcome Objectives

At the end of this conference, participants will be able to:

- Identify improvements and best practices in treatment and access in the areas of wounded warrior programs, psychological health, suicide prevention and traumatic brain injury to meet the needs of warriors and their families.
- Integrate emerging medical technologies such as virtual worlds and tissue regeneration into health care delivery to improve performance.
- Teach patient-centered care through the application of best practices in the areas of provider-patient communication, caring for the caregiver and family-centered care to enhance medical readiness.
- Implement tools and techniques proven to enhance health care quality and engage patients in healthy behaviors.
- Apply new and evolving business practices to manage costs, improve access and maintain quality of care.

Target Audience

- MHS Staff (MTF and non-MTF personnel)
- Line Leaders
- Beneficiaries
- Federal Agency Partners
- Coalition Members



GENERAL CONFERENCE INFORMATION

Local Information

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

The National Harbor is a destination in itself. It features 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 or downtown Washington.

Hotel Health Club Facility

The Gaylord National Hotel health club facility is equipped with an all-season pool and a 24-hour fitness center. The health club is located on the lower atrium level and available only to hotel guests.

Registration Hours of Operation

Sunday, 24 January	1700 – 2000
Monday, 25 January	0630 – 1730
Tuesday, 26 January.....	0630 – 1730
Wednesday, 27 January.....	0630 – 1730
Thursday, 28 January	0630 – 1000

Transportation - Shuttle Bus Schedule

Shuttles will be running throughout the conference from the Huntington Metro station on the yellow line to the Gaylord National Hotel. Please see the following schedule:

Monday, 25 January	0530 – 1930
Tuesday, 26 January.....	0630 – 1930
Wednesday, 27 January.....	0630 – 1930
Thursday, 28 January	0630 – 1630

In addition to the MHS Conference shuttle, attendees may utilize the Metro bus that runs from the Branch Avenue Metro station on the green line to the Gaylord National Hotel every day from 0555 – 2235. The fare with a Metro Smart Card is \$1.25 and without a Smart Card is \$1.35.

Continuing Education Credits and Conference Badges – Swipe System

At registration, attendees will receive a conference badge that they will be required to wear at all times for admission to conference events. Security guards and room monitors will not permit an attendee to enter sessions or the exhibit hall without his or her badge.

In addition to their conference badge, each attendee will be issued a mag-stripe card that will contain his or her tracking information. All continuing education credits available at the 2010 MHS Conference will be tracked electronically using this card. Please be sure to scan your badge when you enter a break-out session. Each individual must swipe his or her card with lead retrieval devices that will be positioned at the entrance of each session in order to electronically track and verify attendance at each session to calculate continuing education credits.

Attendees will be able to finalize their credits by completing evaluations for each session. Please complete these each morning following your attendance to a session. At the end of the conference you will be able to print your credits after you have completed all evaluations. Evaluation kiosks are available to you during the conference located near registration. You may also complete evaluations online from your home or hotel room at: <http://www.health.mil/mhsconference>.

If you have questions about continuing education, please visit the Continuing Education Desk located near registration. The desk is staffed:

Sunday, 24 January	1700 – 2000
Monday, 25 January	0630 – 1730
Tuesday, 26 January.....	0630 – 1730
Wednesday, 27 January.....	0630 – 1730
Thursday, 28 January	0630 – 1000

GENERAL CONFERENCE INFORMATION

Conference Exhibits

More than 150 companies, organizations and government agencies will display their products and services in the Prince George's B and C Exhibit Halls. Please note that in addition to tracking your continuing education credits, vendors may ask to scan your card. Doing so will provide vendors with your personal information for business purposes. You are not required to allow them to scan your card. Operation hours for the Exhibit Hall are:

Tuesday, 26 January..... 0930 – 1700
Wednesday, 27 January..... 1000 – 1600

Poster Exhibits

The MHS poster exhibits showcase exciting work being done across the MHS. The poster exhibits are on display Tuesday and Wednesday, 26 – 27 January, in the Prince George's B and C Exhibit Halls.

Extra Meetings

You can find a partial listing of extra meetings scheduled throughout the week on page 21 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.

Speaker Presentations

Plenary sessions will be available online via Web casting. The 2010 MHS Conference breakout presentations will be posted on the conference Web page after the close of the conference, <http://www.health.mil/mhsconference>

Speaker Ready Room

All speakers must visit the speaker ready room located in room National Harbor 9, 24-hours prior to presenting to review and approve their presentations. The speaker ready room is available:

Sunday, 24 January 1600 – 1900
Monday, 25 January 0700 – 1700
Tuesday, 26 January..... 0700 – 1700
Wednesday, 27 January..... 0700 – 1700
Thursday, 28 January 0700 – 1030

Conference Attire

The 2010 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.

Class A/Service Dress uniform is the designated and preferred uniform during the entire four-day conference. Speakers/presenters at the conference must wear their respective Class A/Service Dress uniform. However, the Army has approved ACUs as an acceptable alternative for Army attendees who are not presenting.

Business attire is the designated and preferred attire for all civilian attendees and speakers during the entire four-day conference.

Conference Breaks

Monday, 25 January: Potomac Ballroom Foyer

Coffee Break..... 0930 – 1000
Break 1430 – 1500
Coffee Break..... 1545 – 1615

Tuesday, 26 January: Exhibit Hall

Coffee Break..... 0930 – 1000
Break 1430 – 1500
Coffee Break..... 1545 – 1615

Wednesday, 27 January: Exhibit Hall

Coffee Break..... 0930 – 1000
Break 1430 – 1500
Coffee Break..... 1545 – 1615

Thursday, 28 January: Potomac Ballroom Foyer

Coffee Break..... 0930 – 1000

Awards

Monday – Casualty Care and Humanitarian Assistance/The Challenges to Achieve Breakthrough Performance

- The Hunter Strickland Excellence in Deployed Preventive Medicine Award, Capt. L. David Carnes, EM PA-C
- Use of an Electronic DD2569 to Improve Third Party Collections – Healthcare Innovations Program, Mr. William Miller
- Promoting Activation Among USFHP Beneficiaries Enrolled in Care Management – Healthcare Innovations Program, Ms. Melissa Sherry
- Tele-Auscultation in Pediatric Cardiology – Healthcare Innovations Program, Lt. Col. Christopher Mahnke
- Stop Smoking: Model of an Effective Smoking Cessation Program, Ms. Joan Craft
- Go Green in HEDIS: Alternative Energy for Primary Care – Healthcare Innovations Program, Ms. Nancy Radebaugh

Tuesday – The Learning Health Care System

- Culture Measurement, Feedback, and Intervention, 99th Medical Group, Nellis Air Force Base, Nev.
- Integrated Medical Home Leverages PHR and E-Connectivity to Transform Care – Healthcare Innovations Program, Cmdr. Kevin Dorrance
- USU – 2009 Excellence in Teaching Large Hospital
- USU – 2009 Excellence in Teaching Small Hospital
- USU – 2008 Excellence in Teaching Large Hospital
- USU – 2008 Excellence in Teaching Small Hospital

Wednesday – Health Care to Health

- Improving Cancer Care and Survivorship – Healthcare Innovations Program, Cmdr. Con Yee Ling
- Promoting Activated Patients With Heart Failure – Healthcare Innovations Program, Cmdr. Con Yee Ling
- Teamwork Training and Skill Building for an In-Patient Facility, Capt. David Miller on behalf of U.S. Naval Hospital, Guam
- Teamwork Training and Skill Building for an Ambulatory Center, Col. Debra Doty on behalf of 15th Medical Group, Hickam Air Force Base, Hawaii
- Identification and Mitigation of Risks and Hazards for an In-Patient Facility, Brig. Gen. Joseph Carvalho on behalf of Brooke Army Medical Center, Fort Sam Houston, Texas
- Identification and Mitigation of Risks and Hazards for an Ambulatory Center, Col. Vivian Hutson on behalf of Kenner Army Health Clinic, Fort Lee, Va.

Thursday – 2010 and Beyond Breakthrough

- Building Stronger Female Physician Leaders in the MHS (Senior MHS Award), Capt. Marlene DeMaio
- Building Stronger Female Physician Leaders in the MHS (Junior Army Award), Lt. Col. Jennifer C. Thompson
- Building Stronger Female Physician Leaders in the MHS (Junior Navy Award), Cmdr. Elizabeth M. Hofmeister
- Building Stronger Female Physician Leaders in the MHS (Junior Air Force Award), Lt. Col. Lidia S. Ilcus



Ellen P. Embrey, Performing the Duties of the Assistant Secretary of Defense for Health Affairs

Ellen P. Embrey is performing the duties of the Assistant Secretary of Defense for Health Affairs and Acting Director of TRICARE Management Activity. Embrey shapes DoD health care strategies, policies and programs

to ensure that 9.6 million service members, families and other beneficiaries receive high-quality, cost-effective health care. She oversees the \$47 billion annual budget, resource allocation and execution of the Military Health System, a global network of 70 military hospitals, 500 health clinics, the Uniformed Services University of the Health Sciences, private-sector network partners, and 200,000 military and civilian doctors, nurses, educators, researchers and other medical service providers.

Embrey is the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness. Since January 2002, she has aggressively incorporated medical lessons learned from current and previous conflicts into policies, doctrine and practice. Her efforts focused on operational medicine, force health protection, biomedical research and development, medical logistics, health surveillance, international medicine and public health emergency response.

The policies and programs revised or developed under Embrey's leadership have transformed the Defense Department's combat casualty care capabilities, created a joint theater trauma system and registry, established individual medical readiness standards, and enhanced the Defense Department's capability to prevent, detect, treat and electronically document deployment related injuries, illness, exposures and concerns for the more than 1.4 million service members deployed to operational theaters since 2001.

In 2004, Embrey led DoD's Task Force on Care for Victims of Sexual Assault, prompting changes in sexual assault prevention, reporting and victim care. Previously, Embrey served in senior positions in Reserve Affairs, performing the duties of Assistant Secretary during the 2001 presidential transition, serving as Chief of Staff and Deputy Assistant Secretary of Defense for Military Assistance to Civil Authorities.

Embrey holds a Bachelor of Science degree from Virginia Tech, and is a recipient of two Presidential Rank Awards for Meritorious Executive Service and two Department of Defense Distinguished Civilian Service Awards.



Allen W. Middleton, Acting Principal Deputy Assistant Secretary of Defense

Allen W. Middleton is Acting Principal Deputy Assistant Secretary of Defense for Health Affairs, and Principal Deputy Director, TRICARE Management Activity. As the Principal Deputy, Middleton is responsible for several

key areas of the Military Health System, including strategic planning, coordination of DoD health care efforts with other federal organizations, and legislative and communications programs.

The primary mission of the MHS is to ensure the nation has available at all times a healthy fighting force and the ability to support DoD missions worldwide. 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 \$47 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 of the Health Sciences.

Previously, Middleton served as Acting Deputy Assistant Secretary of Defense for Health Budgets and Financial Policy, and Acting Chief Financial Officer of TRICARE Management Activity.

Middleton is a member of the Senior Executive Service and also retired from a distinguished career in the United States Air Force, culminating as the 15th Chief, Air Force Medical Service Corps.

Middleton holds a Masters of Business Administration and a Bachelor of Arts (cum laude) from the University of Massachusetts at Amherst.

EXECUTIVE LEADERSHIP BIOGRAPHIES



Vice Adm. Adam M. Robinson Jr., MD, Surgeon General of the Navy

Vice Adm. Adam Robinson is the 36th Surgeon General of the Navy and Chief, Bureau of Medicine and Surgery. He joined the Navy in 1977 and holds a Doctor of Medicine degree from the Indiana University School of Medicine through the

Armed Forces Health Professions Scholarship Program.

Robinson has served at various operational commands including the USS Midway (CV-41), USS John F. Kennedy (CV-67), USS Coral Sea (CV-43), and Joint Task Force Haiti.

Robinson's additional assignments include Director of General Surgery Residency Program and Head of the General Surgery Department, Naval Medical Center Portsmouth; Force Medical Officer, Naval Surface Force Atlantic and Principal Director and Acting Deputy Assistant Secretary of Defense for Clinical and Program Policy in the Office of the Assistant Secretary of Defense for Health Affairs.

Robinson has held Commanding Officer positions at Fleet Hospital Jacksonville; U.S. Naval Hospital, Yokosuka and the National Naval Medical Center, Bethesda where he also served as Commander, Navy Medicine National Capital Area Region.

Robinson assumed his current position as the 36th Surgeon General of the Navy on Aug. 27, 2007.



Lt. Gen. Eric B. Schoomaker, MD, PhD, Surgeon General of the Army

Lt. Gen. Eric B. Schoomaker was sworn in as the 42nd Army Surgeon General on Dec. 11, 2007, and assumed command of the U.S. Army Medical Command. Before this selection, Schoomaker served as the Commanding General, Walter

Reed Army Medical Center and the North Atlantic Regional Medical Command.

He graduated from the University of Michigan in Ann Arbor with a Bachelor of Science and was commissioned a second lieutenant as a Distinguished Military Graduate. He received his medical degree from the University of Michigan followed by his Ph.D. in Human Genetics.

Schoomaker completed his residency in Internal Medicine at Duke University Medical Center, and a fellowship in Hematology. His military education includes completion of the Combat Casualty Care Course, Command and General Staff College, and the U.S. Army War College.

Schoomaker has held a variety of key assignments. He served in staff roles at Walter Reed Army Institute of Research; Landstuhl Army Regional Medical Center; Madigan Army Medical Center, and the Office of the Surgeon General. He has commanded at Evans Army Community Hospital; followed by assignments as the Command Surgeon for the U.S. Army Forces Command and then Commander of the 30th Medical Brigade, Heidelberg, Germany.

Schoomaker was appointed Chief of the Army Medical Corps when in command of the Southeast Regional Medical Command/Dwight David Eisenhower Army Medical Center. Prior to commanding the North Atlantic Regional Medical Command he was the Commanding General of the U.S. Army Medical Research and Materiel Command.

His awards and decorations include the Distinguished Service Medal (with oak leaf cluster), the Legion of Merit (with four oak leaf clusters), and the Meritorious Service Medal (with two oak leaf clusters). He has been honored with the Order of Military Medical Merit and the "A" Proficiency Designator and holds the Expert Field Medical Badge.

EXECUTIVE LEADERSHIP BIOGRAPHIES



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

Lt. Gen. Charles B. Green is the Surgeon General of the Air Force, Headquarters 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. 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 Air Force Base, Fla., in 1981, and in aerospace medicine at Brooks Air Force Base, 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, prior to his current assignment, Deputy Surgeon General.



Rear Adm. Mark J. Tedesco, MD, Chief Medical Officer, U.S. Coast Guard and Director of Health, Safety and Work-Life

Rear Adm. Mark J. Tedesco is the Coast Guard's Chief Medical Officer and Director of Health, Safety and Work-Life. He is trained and board certified in family medicine and

preventive medicine (aerospace) and a designated Coast Guard flight surgeon.

Tedesco received a Bachelor of Science and Doctor of Medicine degrees from Tufts University, a Master's in Public Health degree in Health Care Management from the Harvard School of Public Health and completed his family practice residency at Ft. Belvoir and aerospace medicine residency at Brooks Air Force Base.

During previous Coast Guard Headquarters assignments, he served as Chief of Operational Medicine and Medical Readiness Division and Branch Chief, Medical Readiness. Prior to transferring to the Public Health Service, he served as an Army physician as Chief of the Primary Care Department and Acting Deputy Commander for the Army's Aeromedical Center at Ft. Rucker, Ala. He also served as flight surgeon for the 224th Army Military Intelligence (Aerial) Battalion and Coast Guard's Air Station Savannah at Hunter Army Airfield in Savannah, Ga. He served as Treatment Platoon Leader in the 24th Infantry Division (Mech) in Saudi Arabia and Iraq during Operations Desert Shield and Storm. Tedesco served as Medical Director of Operations for Federal Disaster Response Teams at the World Trade Center disaster site in September 2001.

Tedesco's awards and decorations include three Meritorious Service Medals, Coast Guard, Public Health Service and Army Commendation Medals and the Department of Transportation's 9-11 Medal. He was selected as the Army Aerospace Medicine Specialist of the Year (1997) and as the U.S. Public Health Service Physician Executive of the Year (2005). He is designated as both a Coast Guard flight surgeon and Army senior flight surgeon and has been awarded the Army's Expert Field Medic Badge and Paratrooper Wings.



**Rear Adm. Christine S. Hunter,
MD, USN, Deputy Director of
TRICARE Management Activity**

Rear Adm. Christine Hunter is a native of Worcester, Mass. She earned her Bachelor of Arts and Doctor of Medicine degrees with honors in 1980 from Boston University. Following a tour aboard the

USS Hunley (AS-31), Hunter reported to Naval Medical Center San Diego for her residency in internal medicine and fellowship in hematology/oncology, attaining board certification in all three fields.

From 1995 until 1998 Hunter served as Director, Medical Services at Naval Medical Center San Diego. As Executive Assistant to the Surgeon General from 1998 until 2000, she focused on defining best practices in primary care and enhancing Navy Medicine's service to the fleet.

In 2000, Hunter assumed command of Naval Hospital Bremerton. Under her leadership, the hospital added a new family care center, improving patient access. While serving as Pacific Fleet Surgeon from 2003-2004, Hunter developed the Concept of Operations for resuscitative surgery aboard small combatant ships which served as the prototype for today's Expeditionary Resuscitative Surgical System.

As Chief of Staff, Bureau of Medicine and Surgery, from 2004-2006, Hunter ensured the ongoing deployment of medical personnel in support of Operations Enduring Freedom and Iraqi Freedom, as well as organizing medical support for tsunami, earthquake and hurricane relief missions. Hunter assumed command of Navy Medicine West and Naval Medical Center San Diego in January 2007. In May 2009, she assumed duties as the Deputy Director, TRICARE Management Activity, coordinating health care for 9.4 million military beneficiaries worldwide.

Hunter's personal decorations include the Legion of Merit (six awards), Defense Meritorious Service Medal, Meritorious Service Medal, Navy and Marine Corps Commendation Medal (two awards), and Navy and Marine Corps Achievement Medal (two awards).



Accreditation Statements

Physicians

This activity has been planned and implemented in accordance with the essential areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Uniformed Services University of the Health Sciences (USUHS), TRICARE Management Activity (TMA) and the Office of the Secretary of Defense, Health Affairs. USUHS is accredited by the ACCME to provide continuing medical education for physicians.

USUHS designates this educational activity for a maximum of 13.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Nurses

The Uniformed Services University of the Health Sciences is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

13.5 CNE contact hours are provided for participation in this educational activity.

In order to receive full contact-hour credit for this CNE activity, you must attend the activity, participate in individual or group activities such as exercises or pre/post tests, and complete and submit the evaluation and verification of attendance forms at the conclusion of the activity.

American College of Healthcare Executives

The Uniformed Services University of the Health Sciences is authorized to award 13.5 hours of pre-approved Category II (non-ACHE) continuing education credit for this program toward advancement or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward Category II credit should indicate their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

Psychologists

This program is co-sponsored by the Uniformed Services University of the Health Sciences (USUHS), TRICARE Management Activity and the Office of the Assistant Secretary of Defense for Health Affairs. USUHS is approved by the American Psychological Association to sponsor continuing education for psychologists. USUHS maintains responsibility for this program and its content.

The table to the right lists the sessions that will receive a combined total of 9 hours of continuing education for psychologists. You must attend 90 minutes of continuing education in order to receive credit.

Monday		Tuesday		Wednesday	
Session #	Minutes	Session #	Minutes	Session #	Minutes
M01	90	T04	90	W05	90
M06	90	T05	90	W14	45
M07	90	T09	90	W24	45
M13	45	T24	45	W25	45
M14	45	T26	45	W26	45
M15	45	T32	45	W31	45
M17	45	T36	45	T07	90
M18	45	T38	90	T35	90
M24	45	M16	45		
M25	45	W07	45		
M26	45	W21	45		

Social Workers

This program is sponsored by the Uniformed Services University of the Health Sciences (USUHS) which is automatically authorized by the Board of Social Work Examiners to sponsor Category I continuing education programs. USUHS maintains responsibility for all programs offered. The Maryland Board of Social Work Examiners certifies that this program meets the criteria for 13.5 credit hours of Category I continuing education for social workers and associates licensed in Maryland.

Disclosure

All planners, faculty and others in a position to influence content will complete the disclosure process and report relevant financial relationships with any commercial company or product that may be discussed, as well as any planned discussion of non-FDA-approved products or uses. The Uniformed Services University of the Health Sciences (USUHS) employs appropriate mechanisms to resolve potential conflicts of interest and provide fair and balanced education. Questions about specific strategies can be addressed to USUHS at continuingeducation@usuhs.mil.

American Disabilities Act (ADA)

If you require any special arrangement to attend and fully participate in this educational workshop, please contact the Meeting and Event Manager, Allison Buck, at allison.buck@experient-inc.com or 703-525-8333 extension 3333 for special requests.

Non-Endorsement of Product Documentation

Accreditation refers to the recognition of the education activity only and does not imply USUHS or Commission on Accreditation approval or endorsement of any products.

American Academy of Medical Administrators

American Academy of Medical Administrators Research & Education Foundation is pleased to approve this conference for non-AAMA contact hours. Please note: contact hours are for reporting hours of education programming attended and are not equivalent to points used in AAMA advancement programs.

Monday Morning, 25 January 2010

Theme: The Challenges to Achieve Breakthrough Performance

- 0630 – 1730** Registration
- 0730 – 0745** Ceremonial Music
- 0745 – 0800** Invocation
- 0800 – 0930** DoD and National leaders
- 0930 – 1000** Coffee Break, Potomac Foyer

Theme: Casualty Care and Humanitarian Assistance

- 1000 – 1010** Awards
- 1010 – 1050** DoD and National leaders
- 1050 – 1130** Vice Adm. Adam M. Robinson Jr., MD, Surgeon General of the Navy
- 1130 – 1300** Lunch on Your Own

Monday Afternoon, 25 January 2010

1300 – 1430

BRAC Consolidation and Federal Partnerships: Advancing to Health Care Synergy

Rear Adm. Thomas Cullison, MD, USN; Brig Gen. Byron Hepburn, MD, USAF; Maj. Gen. David Rubenstein, MHA, USA; Rear Adm. David J. Smith, MD, USN

Discussion of the role of the services in the BRAC consolidation; challenges to consolidation; expected synergies to health care services and delivery; expectations for future consolidations or partnering; implications for future governance.

The Current and Future Prospective Payment System; Paying for Readiness-Type Costs

Gregory Atkinson, MBA; Bob Opsut, PhD; Lt. Col. Sharon Pacchiana, MSN, MHA

Come and learn about: What determines your PPS allocation? Where is the PPS going in this dynamic era of health care reform? Ideas for valuing “readiness-type” costs.

DoD/VA Data Sharing - Successes to Date

Peyton S. Isaac, JD; Lois Kellet, MBA; Katharine Murray

Description of DoD/VA data sharing successes to date. Discussion of what data is available, how it may be accessed and what changes are coming soon.

Effective Use of Latest HIT Innovations

Robert Walker, MD

Using Tablet and Voice Recognition Technology to Enhance AHLTA Provider Satisfaction – What we can learn from the Army’s MAPS experience.

Front-Line Successes in Improving Access to Care and Referral Management

Capt. Kevin G. Berry, MD, USN; Scott Graham, MSM, USAF; Crystal F. Kelley; Marissa Koch, MSN; Capt. MaryAlice Morro, MSN, MS, USN; Patricia, C. Oakes

TRICARE Third Generation of contracts currently does not include referral management. Learn how four MTFs (clinic, medical centers, multi-service market) have mastered referral management and how you can, too!

High Touch/Ready Assist: Mission, Warriors, Families

Dinah Cohen, MS; Shemille Flinta, MSN, MPH; Patricia G. Moseley, PhD

This presentation will provide attendees with updates to the Department of Defense Enhanced Access to Autism Services Demonstration which provides TRICARE reimbursement for Educational Interventions for Autism Spectrum Disorders (EIA).

Individual Medical Readiness and Patient and Family-Centered Care

Michael P. Dinneen, MD, PhD; Col. George D. Patrin, MD, USA; Col. Jose Rodriguez-Vazquez, MD, USAF

Screening for family-centered medical readiness is discussed in the context of family stability issues that raise the risk of premature redeployment of the active duty service member.

Lessons Learned and Best Practices: Tri-Service Medical Efforts

Lt. Col. William E. Geesey, MPA, USA; Capt. Michael Weiner, MD, USN

Tactical systems for electronic medical recording, medical logistics and medical situational awareness missions; deployed systems support and training, lessons learned and best practices enabling improved care and decision making.

Managing Per Capita Pharmacy Costs

Rear Adm. Thomas J. McGinnis, RDh, USPHS

This presentation will discuss current trends in pharmaceutical utilization, spending, management initiatives and per capita costs by age, beneficiary category, and point of service in the \$7.5 billion DoD pharmacy benefit.

Medical Simulation: Practicing to Be Expert Teams

Col. Deborah M. Burgess, MD, USAF; Shad Deering, MD; Heidi B. King, MS; Gil Muniz, PhD; Cmdr. Andrea Parodi, DSN, USN; Lt. Col. Donald Robinson, DO, USMC;

Interactive simulated exercises will engage learners in strategies designed to promote team-based care. Innovations, successes and challenges related to simulation and TeamSTEPPS to optimize safe outcomes will be shared.

Patient-Centered Medical Home: Baseline View Across the Services and HA/TMA

Lt. Col. Timothy Caffrey, MD; David Howes, MD; John P. Kugler, MD; Lt. Col. Tim Kosmatka, MD, USAF; Cmdr. Patricia Miller, MMS, USN; Lt. Col. Charles Motsinger, MD, USAF; Capt. Maureen O'Hara Padden, MD, USN

Session will feature a brief overview of the underlying principles of the patient-centered medical home (PCMH) followed by presentations of PCMH initiatives and best practices across the MHS.

Programs Supporting Healthy Lifestyles

Capt. David R. Arday, MD, USPHS; Lt. Col. Regina Julian, MBA, MHA, USAF; Capt. Joseph G. McQuade, MD, USN; Chuck Watkins, MS; Capt. Larry M. Williams, DDS, USN

This presentation will discuss the Navy Medicine Tobacco Cessation Action Team (TCAT), DoD-level tobacco cessation benefit status as well as TMA alcohol and tobacco cessation campaigns and weight management initiatives.

1430 – 1500 Break on Your Own

1500 – 1545

Aligning MHS Resources to Accomplish the Strategic Plan

Rachel Foster, MPA; Col. Jack Trowbridge, MBA, MS, USA

How financial processes can support strategic imperatives. Discussion of approach to planning, programming, budgeting and execution. Also, discussion of current financial position of the Defense Health Program.

Can We Operate as a Truly Integrated System?

Michael E. Kilpatrick, MD; Capt. Kevin G. Berry, MD, USN

This topic will demonstrate to service and HA/TMA leaders the value of integrated processes and systems: CONUS, operational, DoD/VA and communications.

How Disease Management Helps Performance

Capt. David R. Arday, MD, USPHS; Capt. Patricia Dorn, MSN, USN

Using recent evaluation data, this session will discuss how the TMA disease management program saves dollars and improves health within the MHS, and will outline current disease management program expansion activities.

Integration of Behavioral Health and Primary Care

Lt. Cmdr. Christopher L. Hunter, PhD, USPHS

Session will cover rationale for integrating behavioral health providers into primary care, summarize evidence-based research in this area, and review MHS integrated behavioral health in primary care efforts to date.

It's a People Thing: Cultivating Expert Communities That Transport Us From Common Knowledge to Common Practice

Ronald Hudak, PhD; Lt. Col. Rhonda Ozanian, PhD, USAF

Conversation is a core business process. People are twice as likely to speak with another person than read a document. Social networks are key to transferring “know-how” and “know-why” across organizations.

Lessons Learned: CoE Support to Families and Wounded Through a Patient-Centered Approach

Brig. Gen. Loree Sutton, MD, USA; Gary N. Matteson, MD, MPH

CoE patient-centered information management strategies for improving health and enhancing quality of life.

Providing Mental Health Care When and Where Patients Need It

Capt. Edward Simmer, MD, USN; Col. John Bradley, MD, USN

Accessing/improving access to behavioral health care in the private sector.

Recent TRICARE Mental Health Benefit Changes

Capt. Robert Demartino, MD, USPHS; Rear Adm. Elizabeth Niemyer, MAED, USN; Lt. Cmdr. Rick Schobitz, PhD, USPHS

To amplify, simplify and reinforce the importance of psychological health for a healthy fighting force, TRICARE West Region and TMA have focused on integration, education, deployment support and access initiatives.

Success Through Enhanced Electronic Sharing of Information and Implementation of VLER

Debra M. Filippi, MS; Stephen L. Ondra, MD; Norma St. Claire, Masters in Economics

Learn how DoD, VA and IPO are working together to enhance data sharing and interoperability of electronic health information, as well as the benefits of and plans for the Virtual Lifetime Electronic Record.

Variation in Health Care: Effects on Quality (Part I)

Michael P. Dinneen, MD, PhD

This session will ensure that all attendees can apply an understanding of preference-sensitive care and supply-sensitive care to reduce unwarranted variation in clinical practice and improve quality outcomes.

1545 – 1615 Coffee Break, Potomac Foyer 1615 – 1700

Can Incentives Change Patient Behaviors? Motivators for Better Health

Michael P. Dinneen, MD, PhD

This session will discuss how behavioral economics can inform development of approaches to change people's behavior. Hear how Safeway penalized unhealthy behaviors and got results.

Human Capital: Key to Achieving Greatness in a Mission-Focused Organization

Maureen O. Viall, MS

This session will cover the intrinsic motivators that help you identify the right people for the right job. Getting incentives right to be a performance-based organization.

Military Suicide Prevention and Postvention From the Survivor's Perspective

Col. George D. Patrin, MD, USA

Suicide prevention and risk reduction in military communities is discussed from the perspective of military families who have lost a loved one to suicide.

Per Member Per Month (PMPM) for Dummies: What It Means and What to Do About It

Bob Opsut, PhD

One of the most comprehensive measurements is your Per Member Per Month value. We will discuss how it is calculated, what it tells you and how you can influence it.

Reducing the Impact of Deployment on Patient Care

Capt. C. Forrest Faison III, MD, USN

Deployment readiness of MTF personnel: lessons learned.

Supporting Our Installations Through CBRNE Research

Capt. Omar D. Hottenstein, PhD, USPHS

CBRNE Research and Development delivers war-fighting capability with the best technology at the right time, right place. MTFs must be prepared to support installation and beneficiary CBRNE health care needs.

Top Medical Issues for Line Commanders - The Way Ahead for Mental Health Care in the USMC

Rear Adm. Richard R. Jeffries, MD, USMC

The Marine Corps is implementing two new programs to identify, track, treat and prevent TBI and TSI - Oscar Extenders and event-based TBI screening. Both programs will be presented.

Using Lean Six Sigma to Meet Customer Needs

Howard Seamens, MBA, MS

To identify how the voice of the customer drives process-driven performance outcomes.

Variation in Health Care: Effects on Quality (Part II)

Bob Kelley, MM

Part II will discuss what the MHS data shows us in the area of variation in health care delivery.

Winning Papers on Health Care Innovation and Quality

Cmdr. James Ellzy, MS, USN; Ms. Maria Feaster, MSN

Five to seven minutes for each Healthcare Innovations Program category winner.

Tuesday Morning, 26 January 2010

Theme: The Learning Health Care System

- 0800 – 0810** Awards
- 0810 – 0850** Lt. Gen. Eric B. Schoomaker, MD, PhD, Surgeon General of the Army
- 0850 – 0930** John Wennberg, MD, MPH, Director Emeritus, The Dartmouth Institute for Health Policy and Clinical Practice
- 0930 – 1000** Coffee Break, Exhibit Hall
- 0930 – 1300** Exhibit Hall Open
- 1000 – 1040** Charles L. Rice, MD President, Uniformed Services University of the Health Sciences
- 1040 – 1110** Peter J. Pronovost, MD, PhD, FCCM, Johns Hopkins University
- 1110 – 1130** Allen W. Middleton, Acting Principal Deputy Assistant Secretary of Defense for Health Affairs
- 1130 – 1300** Lunch on Your Own, Exhibit Hall Open

Tuesday Afternoon, 26 January 2010

1300 – 1430

Best Practices for Increasing Value in the Services

Lt. Col. Albert Bonnema, MD, USAF; Col. Jonathan Jaffin, MD, USA; Cmdr. Patricia A. Miller, MMS, USN; Bob Opsut, PhD

Services will present some of the best innovative approaches to increasing value in terms of efficiency and cost at the MTFs or at the larger service level.

Front-Line Perspectives for Advancing the Culture of Safety: Battlefield to Bedside

Michael Datena, MPA; Maj. Gen. Patricia D. Horoho, MSN, MS, USA; Col. Peter G. Napolitano, MD, USA; Lt. Col. Donald Robinson, DO, USMC

Discover successful initiatives implemented at the unit, facility, multi-facility and warzone. Dialogue with change agents leading initiatives: learn how they overcame challenges, the tools available and plans for future initiatives.

Health Care Reform and the Principles of T4: A Stakeholder Perspective

Rear Adm. David J. Smith, MD, USN

Integrated Health Care Delivery

Capt. Kevin G. Berry, MD, USN; Michael P. Dinneen, MD, PhD; Col. Adolphe Edward, DrHA, USN; Col. Casper P. Jones, MS, MBA, USA; Capt. Lori Frank, MNA, USN; Frank Rowland, MS

Panel will present the best integrated delivery systems used in the last 20 years to deliver world-class care to our heroes in the National Capital Region and beyond.

Joint Venture Success Stories

Col. Mark Allen, MBA, USAF; Sonja Batten, PhD; Col. David W. Garrison, MPA, USAF; Capt. Thomas McGue, MD, USN; Patrick Sullivan, FACHE

From the Ground Up! The integration of NCVAMC and NHCGL into a federal health care center.

Key Changes to TRICARE Overseas Contracts

Debra Hatzel, MS; Danita Hunter, MHA, MPM; Michael O'Bar, MS

The new TRICARE Overseas contract will combine six legacy contracts into one consolidated program. This session will identify new business practices and describe the impact to beneficiaries and MHS staff.

Measures You Can Use: Measures 101

CherylAnn L. Kraft; David Petray, MBA

A brief demonstration of the TRICARE Operation Center's tools and how these can be used at the MTF level to improve clinical business operations and patient access to care.

News From the MHS CIO; The EHR Way Ahead Strategy

Charles Campbell, MBA, MHA; Mary Ann Rockey, MA

Be knowledgeable of upcoming changes to the electronic health record and how it will affect the provision of health care and research.

Performance Assessment Tool for Success

Cynthia DiLorenzo, MHA; Donald B. Trembly, MHA

Review purpose of the PAT system; discussion of information captured/use of information; reports to senior MHS leadership. In addition, review recent improvements to the PAT system and way ahead.

Using LSS/CPI to Improve Health Care Operations

Capt. Stewart W. Comer, MD, USN; Col. Stephen A. Jennings, MD, USAF; Allen Middleton, MBA; Randy Randolph, MHA

To discuss the role of Lean Six Sigma/Continuous Process Improvement as a transformative strategy in military health care delivery.

Way Forward for TBI Care and Initiatives

Katherine Helmick, MS; James Kelly, MD

Focus: describe DoD-wide TBI initiatives.

Goal: understand what DoD has accomplished to further TBI care, the developing initiatives and available resources. Understand the concept and referral requirements for NICoE.

Wounded Warrior Program: The CAP Model

Dinah Cohen, MS; Matthew Staton; Michael Young

This session provides program updates, the needs assessment process and the assistive technologies used in the rehabilitation of wounded warriors along with a service member's perspective of the process and technologies.

1430 – 1500 Break on Your Own, Exhibit Hall Open 1500 – 1545

Advances in Tissue Regeneration

Col. Robert Vandre, DDS, USA

Although they sound like science fiction, regenerative medicine products are beginning to be used on patients worldwide and many additional products are in development that will change medicine forever.

How You Are Funded by Your Service Part 1: Service Funding Methodology

Col. Dean B. Borsos, MPHA, USAF; Col. Marcus Cronk, MPA, MBA, USA; Capt. Greg Haugen, PhD, USN; Lt. Col. Sharon Pacchiana, MSN, MHA; Timothy J. Ward, MS

OSD(HA) provides funds to the services. But how do the services then fund their MTFs? The services will present their method of calculating and allocating funds to the MTFs.

Identity Management in the Health Care World

Mary Dixon, MS; Janine Groth

This session should explain how unambiguous identity is essential to patient safety and privacy and what is happening to empower our beneficiaries to understand and manage their medical benefits.

The MHS is Leading the Way in Evidence-Based Design

Clayton A. Boenecke, MHA; Rick Repeta, MD, MPA

Practical applications from Fort Belvoir's new hospital.

Providing Mental Health Care When and Where Patients Need It (Repeat)

Capt. Edward Simmer, MD, USN; Col. John Bradley, MD, USN

Accessing/improving access to behavioral health care in the private sector.

Quadruple Aim: MHS Game Plan for Achieving Break-through Performance

Rear Adm. Christine Hunter, MD, USN

Understand the essential features of high-performing health systems.

Reducing the Impact of Deployment on Patient Care (Repeat)

Capt. C. Forrest Faison III, MD, USN

Deployment readiness of MTF personnel: lessons learned.

ROI of Primary Care: Best Practices for Increasing Value

Col. George D. Patrin, MD, USA; Jim Tufano, PhD

Showing return on investment within primary care patient-centered medical home models is discussed in relation to a military joint enrollment capacity model.

Virtual Technologies to Improve Health Care

Gregory A. Gahm, PhD; Kevin M. Holloway, PhD

Find out how virtual worlds and other technologies can enhance health care. Focusing on behavioral health, discussion includes potential of technology-based solutions and challenges of implementation, medical-legal, credentialing and ethics.

What Our Beneficiaries Tell Us about Accessing the MHS, Their Experience and Satisfaction (Part 1)

Rich Bannick, PhD; Col. James Neville, MD; Thomas Williams, PhD

This session provides conferees with usable information on beneficiary experiences with the MHS. Survey-based intelligence is presented from four perspectives: MHS overall, services, TRICARE regional and the MTF.

1545 – 1615 Coffee Break, Exhibit Hall

1615 – 1700

Agile Procurement in a Resource Constrained Environment

Michael P. Fischetti, JD, MS, MA

To discuss the various demands and challenging responses being made within the TMA acquisition system and the MHS. TMA alone obligates over \$25 billion annually, an amount that continues to grow.

The Center for Mind-Body Medicine: How We Care for the Caregivers

James Gordon, MD

Dr. Gordon will explain the Center for Mind-Body Medicine's model that uses mind-body approaches and small group support to reduce stress, enhance professional competence and prevent burnout.

How You Are Funded by Your Service Part 2: Health Affairs and Service Panel Discussion on Funding Methodology

Col. Dean B. Borsos, MPHA, USAF; Col. Marcus Cronk, MPA, MBA, USA; Capt. Greg Haugen, PhD, USN; Bob Opsut, PhD; Lt. Col. Sharon Pacchiana, MSN, MHA; Timothy J. Ward, MS

With the foundation provided in part one on how you are funded by your services, now you can ask questions of the services and OSD(HA).

Impact of the DoD/VA Disability Evaluation System Pilot

Cmdr. Walter Elias, MD, USN; Lt. Cmdr. Robert Poerschmann, MHA, MHR

Learn potential pitfalls to avoid and proactive steps to prepare for expansion of the Disability Evaluation System Pilot. Explore opportunities for collaboration to meet challenges of further pilot expansion.

MHS Strategic Imperatives: Applying Them to Your Organization

Michael P. Dinneen, MD, PhD

The learner will recall three of the MHS strategic imperatives that are most applicable to their work setting and apply that knowledge to refocus their activities in support of achieving the MHS vision.

Public Health Emergency Management Within DoD

Capt. D.W. Chen, MD, USPHS

Manage the impact of public health emergencies caused by all-hazards incidents. Understand the public health emergency management roles and responsibilities of the military commander, MTF commander and public health emergency officer.

This Year's Focus at the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

Brig. Gen. Loree Sutton, MD, USA

Develop an understanding of the overall strategic plan and way ahead for DCoE in the overall scheme of how DCoE supports the overarching goals of the MHS, VA and other agencies.

Toward the Meaningful Use of EHRs - More Than Just a Health Record

Col. Kevin Abbott, MD, USA

Learn how your DOD colleagues have used available tools for performance improvement and clinical research. This has already resulted in publications that have prompted the FDA to make major announcements.

Using Virtual Health Care to Reduce Office Visits

Col. Thomas W. Greig, MD, USA

Develop an awareness of how virtual health care can be applied to the MHS.

What Our Beneficiaries Tell Us About Accessing the MHS, Their Experience and Satisfaction (Part 2)

Rich Bannick, PhD; Capt. Maureen O'Hara Padden, MD, USN; Col. James Neville, MD; William Thresher, MS; Thomas Williams, PhD

This session provides conferees with usable information on beneficiary experiences with the MHS. Survey-based intelligence is presented from four perspectives: MHS overall, services, TRICARE regional and the MTF.

1700 Exhibit Hall Closes

Wednesday Morning, 27 January 2010

Theme: Health Care to Health

- 0800 – 0810** Awards
- 0810 – 0850** Lt. Gen. Charles B. Green, MD, Surgeon General of the Air Force
- 0850 – 0930** Donald M. Berwick, MD, MPP, President and Chief Executive Officer, Institute for Healthcare Improvement
- 0930 – 1000** Frank Newport, Ph.D., Editor in Chief, Gallup Inc. and Ben R. Leedle, Jr., CEO, Healthways
- 1000 – 1030** Coffee Break, Exhibit Hall
- 1000 – 1600** Exhibit Hall Open
- 1130 – 1300** Lunch on Your Own

Wednesday Afternoon, 27 January 2010

1300 – 1430

How the Sexual Assault Prevention and Response Office (SAPRO) Improves Prevention and Enhances Victim Support

Kaye Whitley, Ed.D.

Sexual assault victims who are part of the military family need an array of services to heal from the trauma. Our health care system and professionals frequently are that first response.

The MHS Personal Health Portal: A Key to Patient Activation

Richard Barnhill; Julia R. Hughes, MBA, MA

Learn how the MHS Patient Portal is envisioned to grow to “activate” patient participation in his/her health and health care experience, support patient-health care team interaction, and provide efficiencies for the enterprise.

Models for Reintegration of Wounded Personnel: Occupational Health Model vs. Pure Medical Model

Cmdr. David McMillan, MD, MPH, USN; Cmdr. Jennifer P. Reed, MSPT, USN

How do we ensure successful reintegration of wounded service members? Does our job end with simple healing? This session will look at these important questions.

Performance Planning from the Service Perspective (Panel)

Cmdr. Gregory R. Cadle, MA, USN; Ted Gibson, MBA; Lt. Eric Polonsky, MBA, USN; Maj. Michael Roberts, MBA, USAF; Sherry Stone, MHA

Understand how the services translate MHS and service strategy into action to maximize value and to achieve quality clinical outcomes through performance planning.

Reducing Variation in Health Care

Michael P. Dinneen, MD, PhD

Includes discussion of the cost and variation conundrum; comparative effectiveness: knowing what works and using knowledge to improve diagnosis and treatment.

Sharing Knowledge: Integration of Education, Training and Research in the National Capital Region (Panel)

Col. Gregory Argyros, MD, USA; Capt. Jerri Curtis, MD, USN; Chief Master Sgt. Celia Dowers, USAF; Cmdr. Susan Galloway, MSN, USN; Col. John S. Murray, PhD, USAF; Capt. Robert Taft, DDS, USN

This session will describe the evolving transformation of education, training and research in the National Capital Region through the establishment of Joint Task Force National Capital Region Medical (JTF CAPMED).

Streamlining Business Operations Behind the Scenes

David Fisher, MA; Jeffrey Hyman, PhD; Thomas Sadauskas, MBA

Link to service initiatives: third party collections; fraud/waste and abuse; coding.

T3: Managed Care Support Contract Features

Kathleen Larkin, MS; Carol L. McCourt

This session highlights the key features of the new regional T3 Managed Care Support contracts with particular emphasis on how T3 differs from the current regional contracts.

Way Forward: MHS Clinical Quality Management and Strategic Imperatives

Barry D. Cohen, MD; Cmdr. James Ellzy, MD, USN; Capt. Linda Grant, MSA, USN; Lois Krysa, MN; John P. Kugler, MD; Col. Loreen Lounsbery, MD, USA; Col. Lorna Westfall, MD, USAF

Session will feature a detailed discussion of the recommended MHS Clinical Quality Strategic Initiatives. Discussion will be led by key quality leaders and subject matter experts from across the MHS.

Winning Papers on Patient Safety Innovations

Lt. Col. Donald Robinson, DO, USMC

2009 Department of Defense Patient Safety Award winners present in the following categories: Teamwork Training and Skill Building; Identification and Mitigation of Risks and Hazards; Culture Measurement, Feedback and Intervention.

1430 – 1500 Break on Your Own **1500 – 1545**

A Commander's Perspective: Leadership to Improve Patient Safety and Quality

Capt. Bruce L. Gillingham, MD, USN; Lt. Col. Donald Robinson, DO, USMC

MHS leaders share their perspectives on the role of leadership engagement and support in advancing patient safety and quality in their organizations. Audience members are encouraged to participate in discussions.

Advances in Tissue Regeneration (Repeat)

Col. Robert Vandre, DDS, USA

Although they sound like science fiction, regenerative medicine products are beginning to be used on patients worldwide and many additional products are in development that will change medicine forever.

Application of TBI Clinical Guidance/Clinical Practice Guidelines

Col. Michael Jaffee, MD, USAF

Focus: review DoD resources for TBI clinical practice and education.

Goal: educate providers on DoD resources for TBI management and education. Understand DoD initiatives and the role of DVBC.

Critical Role of Incentives: Driving Provider Behavior

John P. Kugler, MD, MPH

Session will feature an examination of the key factors involved in provider practice behavior and the evolving role of the use of incentives in influencing provider practice decisions.

Enrollment is the Start, Not the End

Capt. Kevin G. Berry, MD, USN

This session will cover practical considerations in using enrollment to achieve the Quadruple Aim (Triple Aim plus readiness).

How Do We Formalize Care for the Civilian Expeditionary Workforce?

Cmdr. David McMillan, MD, USN

What is necessary to establish eligibility for assessing members of the Civilian Expeditionary Workforce and what can MTFs provide to care for their medical conditions?

Lessons Learned in Identifying Environmental Health Threats in the AOR

Craig Postlewaite, MPH, DVM

Learn about the full implications of occupational and environmental health threats in the deployed setting, and how to apply that knowledge toward prevention and enhanced health care.

The MHS Innovation Investment Program; Success Stories in the Direct Care System

Rachel Foster, MPA

Learn how MHS initiatives like the anesthesia reporting and monitoring device; a standard dashboard to measure surgical utilization; and a CONUS-wide nurse advice line were developed and approved.

Paying for Performance on the Medical Home Model

Cmdr. Patricia Miller, MMS, USN

Medical practices related to accomplishing the goals of pay for performance (P4P) in a patient-centered environment.

Public Health Measurement and Surveillance

Col. Robert F. DeFraitas, MD, USA

AFHSC Update: The center, established in February 2008, directly supports and conducts surveillance for H1N1 and other illnesses and injuries of military significance.

1545 – 1615 Coffee Break, Exhibit Hall **1615 – 1700**

Applying Lessons Learned in Suicide Prevention

Cmdr. Janet Hawkins, MSW, MPA, USPHS; Rajeev Ramchand, PhD

This session will address current DoD initiatives aimed at reducing suicides among military personnel. We will provide recommendations on how efforts could be enhanced, including strategies for health care providers.

Benefits of the Joint Incentive Fund (JIF) Success Story: Wright-Patterson Stereotactic Radiosurgery

Lt. Col. Ronald Hale, MD, USAF

Become familiar with the components of a stereotactic radiosurgery program as they apply to the Joint Incentive Fund Program.

Care for the Caregiver: Strategies for Institutional and Self-Care

Maj. Deborah Johnson, MSW, USA

This session will address issues of compassion fatigue and burnout. Areas for self-appraisal and how to assist affected colleagues will be addressed along with strategies for institutional and self-care.

Integration of Behavioral Health and Primary Care (Repeat)

Lt. Cmdr. Christopher L. Hunter, PhD, USPHS

Session will cover rationale for integrating behavioral health providers into primary care, summarize evidence-based research in this area, and review MHS integrated behavioral health in primary care efforts to date.

Lessons Learned in Providing Outreach to Transitioning Service Members

Pam McClelland

The Recovery Coordination Program provides recovery care coordinators to ensure wounded, ill and injured service members get the non-medical support they need to create the life they want.

Quality First; Cost Will Follow: Understanding Clinical Variation

Capt. Greg Haugen, PhD, USN

This presentation addresses the topic of small-area variation within the MHS and the application of industrial engineering in the health care setting.

The Skinny on Sharing: How to Write a Sharing Agreement

Debra R. Irwin, MHA; Tamara L. Rollins

This session will provide the audience with steps on how to initiate sharing agreements and joint projects. It will detail the benefits of sharing agreements and joint projects.

Top 10 Beneficiary Challenges

Col. Thomas W. Greig, MD, USA; Sgt. Maj. Robert Wojtaszczyk, USA

This topic will cover BCAC issues and IMIT issues associated with how we educate and communicate with beneficiaries.

Understanding and Responding to the Voice of the Patient and Family

Patricia M. Collins, MN

Panel discussion of patient-centered care with actual patients who have experienced care in the MHS with frank discussion of best and worst aspects of the care experience.

What the MHS Community Needs to Know About DMHRSi

Michael L. Hopper, MBA

Why do we have the Defense Medical Human Resource System—Internet? What is the data used for? Find out from an informative panel of senior leaders.

Thursday Morning, 28 January 2010

Theme: 2010 and Beyond, Breaking Through

- 0800 – 0810** Awards
- 0810 – 0850** Paul H. Grundy, MD, President, Patient-Centered Primary Care Collaborative and Global Director of Healthcare Transformation, IBM
- 0850 – 0930** Rear Adm. Christine S. Hunter, MD, USN, Deputy Director, TRICARE Management Activity
- 0930 – 1000** Coffee Break, Potomac Foyer
- 1000 – 1040** Vice Adm. John M. Mateczun, MD, USN, Commander, Joint Task Force National Capital Region Medical
- 1040 – 1120** Rear Adm. Mark J. Tedesco, MD, Chief Medical Officer, U.S. Coast Guard and Director, Health, Safety and Work-Life
- 1120 – 1130** Ellen P. Embrey, Performing the Duties of the Assistant Secretary of Defense for Health Affairs
- 1130 – 1300** Lunch on Your Own

Thursday Afternoon, 28 January 2010

- 1300 – 1500** Service Breakout Sessions

Monday, 25 January 2010

1300 – 1700

TRICARE Area Offices - Best Practices Workshop

Speakers: TRICARE Area Offices (TAO) representatives

POC: Danita Hunter, TMA

TAO representatives will share best practices from the recent Pacific and Europe conferences.

Wednesday, 27 January 2010

1000 – 1230

Admiral's Call with Senior Nurse Executives/Directors of Nursing Meeting

POC: Cmdr. Lisa Lewis, NC, USN

Director of the Navy Nurse Corps (O-8) and Deputy Directors for Reserve and Active Components (O-7 and O-6) will meet with all SNE and DNS officers to communicate and receive feedback on alignment of MHS Strategic Initiatives and Nurse Corps Strategy for 2010.

1000 – 1700

Office of the Surgeon General Army, Program Analysis and Evaluation Business Planning Meeting

POC: Lt. Col. Patrick Grady, USA

Army leaders will gather to focus on Army's business plan development.

1300 – 1430

Critical Topics in Operational Medicine

Speakers: Kathy Helmick, DCOE; Lt. Col. Gabby Pasek, USA Joint Staff; Col. Frank Rentas, USA Joint Blood Program Office; Cmdr. Mike Meier, MC, USN Joint Staff

The session will review lessons learned and practical applications from the following areas: TBI Management, Casualty Management/Joint Theater Trauma System, Medical Evacuation, Blood Management and Medical Situational Awareness Tool.

1300 – 1600

International SOS/TRICARE Overseas Program Workshop

Speakers: International SOS/TRICARE Representatives

POC: Danita Hunter, TMA

A workshop targeted to transitioning commands.

1500 – 1545

Pacific Partnership, Continuing Promise

Speakers: Lt. Col. David M. Olson, USAF, MC

This session will focus on pacific partnership and the Humanitarian Assistance Rapid Response Team (HARRT) breakthroughs and challenges.

1500 – 1545 and 1615 – 1700

Lessons Learned: Wounded Warrior Programs (Parts I and II)

Speakers: Brig. Gen. Gary Cheek, USA; Capt. Oakley Watkins, USN; John Beckett, USAF; Paul D. Williamson, USMC; Jim Lorraine, Special Operations Command Care Coalition

Line commanders from the Army, Navy, Air Force and Marine Corps will provide an overview of wounded warrior programs, allowing participants to understand the elements that result in positive outcomes for warriors.

Healthcare Innovations Program (HIP) Winning Abstracts

The MHS has implemented many innovative programs to improve the quality of health care while enhancing the medical readiness of our armed forces. TRICARE Management Activity's (TMA) Office of the Chief Medical Officer (OCMO) sponsors the HIP Poster Exhibit in conjunction with the annual MHS Conference.

The HIP showcases MHS innovations from both the direct and purchase care systems in direct support of the MHS Strategic Plan. The MHS conference provides an excellent forum in which to share the tools and information used in achieving these best practices.

For more information about HIP, please visit the OCMO Web site: <http://www.tricare.mil/OCMO/>

Nancy Radebaugh

*Carl R. Darnall Army Medical Center
Ambulatory Clinical Pharmacist
Dept. of the Army Civilian*

Go Green in HEDIS™: Alternative Energy for Primary Care

The staff of Carl R. Darnall Army Medical Center is constantly faced with the daunting challenge of caring for more than 100,000 enrolled beneficiaries while supporting the high priority of ensuring medical readiness for soldiers. The provision of quality care for all beneficiaries is executed in the context of continuously rotating patients and medical staff at the home of the Army's busiest power projection platform and a Warrior in Transition Brigade that exceeded 1,300 members in 2008.

Con Yee Ling

*Naval Medical Center San Diego
Special Assistant to Deputy Commander
Navy Commander - Capt. (Sel.)*

Improving Cancer Care and Survivorship

Recognizing the need for more patient-centered care, we developed a Cancer Clinical Quality Team to improve coordination of care and services and to improve the quality of care for patients diagnosed with cancer.

Melissa Sherry

*U.S. Family Health Plan - John Hopkins Healthcare
Research Coordinator
Civilian*

Promoting Activation Among USFHP Beneficiaries Enrolled in Care Management

The increasing complexity and cost of providing health care services to a wide spectrum of individuals within a population whose health status varies has led organizations to consider ways to assist individuals to take a more active role in the self-management of their health. Research indicates that an individual's level of health related activation and confidence in achieving stated health goals may have a significant impact on overall health status as well as primary prevention of the development of health conditions.

Con Yee Ling

*Naval Medical Center San Diego
Special Assistant to Deputy Commander
Navy Commander - Capt. (Sel.)*

Promoting Activated Patients With Heart Failure

There are more than five million patients and their families affected by heart failure (HF) with more than 550,000 patients diagnosed each year, according to the Center for Disease Control (CDC). Increasingly, it has been recognized that HF is a multisystem syndrome which affects the cardiovascular, humoral, neuroendocrine, renal, and musculoskeletal systems. Evidence-based health care research has shown that a cardiac rehabilitation program for patients with HF increase exercise capacity, quality of life, and improves oxygen consumption, all resulting in reduced hospitalizations and improved quality of life.

William J. Miller

*Naval Health Clinic Patuxent River
Resource Manager
Dept. of the Navy Civilian*

Use of an Electronic DD 2569 to Improve Third Party Collections

The DD 2569 Third Party Collection Program/Medical Service Account/Other Health Insurance form is required to be in each medical record of non-active duty members at the medical treatment facility (MTF). The DD 2569 is used to update the members CHCS information and, more important, it authorizes the MTF to bill third-party insurers in accordance with 32 CFR 220.

Joan Craft

*6th Medical Group-MacDill Air Force Base
Flight Chief, Health Promotion
Dept. of the Air Force Civilian*

Stop Smoking: Model of an Effective Smoking Cessation Program

In 2005, the Department of Defense conducted a survey of health related behaviors among active duty military personnel. Results showed that from 2002-2005 the prevalence of smoking among active duty service members decreased slightly from 33.8 percent to 32.2 percent in 2005 and the prevalence of heavy smoking decreased from 13.1 percent to 11 percent.

Christopher Mahnke

*Tripler Army Medical Center
Chief, Pediatric Cardiology
Army Lieutenant Colonel*

Tele-Auscultation in Pediatric Cardiology

More than 70,000 dependent pediatric patients reside in the Pacific AOR, and Tripler Army Medical Center provides the pediatric subspecialty care for this population. Congenital heart disease affects approximately one percent of all live births, making abnormalities of the cardiovascular system the most common birth defect.

Kevin Dorrance

*National Naval Medical Center
Department Head, Internal Medicine
Navy Commander*

Integrated Medical Home Leverages PHR and E-Connectivity to Transform Care

The current U.S. health care delivery model is similar to how medicine was practiced decades ago. It is overwhelmingly dependent on patient initiation of care and is episodic in nature. Most, if not all, disease management, preventive care and patient education are initiated by the primary care provider. As a result, comprehensive care delivery becomes entirely based on the capabilities of an individual provider and on the patient without a means to ensure compliance.

EDUCATIONAL SESSIONS

CEUs are available. See individual listings for types approved. Refer to the map in the front of this booklet to help locate room assignments.

Monday Afternoon, 25 January 2010

<p>1300 – 1430</p> <p>M35 BRAC Consolidation and Federal Partnerships: Advancing to Health Care Synergy <i>CME, CNE, ACHE, SW, AAMA Maryland D</i></p> <p>M10 The Current and Future Prospective Payment System; Paying for Readiness-Type Costs <i>CME, CNE, ACHE, SW, AAMA Maryland C</i></p> <p>M4 DoD/VA Data Sharing - Successes to Date <i>CME, CNE, ACHE, SW, AAMA National Harbor 2-3</i></p> <p>M8 Effective Use of Latest HIT Innovations <i>CME, CNE, ACHE, SW, AAMA Baltimore 3-5</i></p> <p>M3 Front-Line Successes in Improving Access to Care and Referral Management <i>CME, CNE, ACHE, SW, AAMA Maryland B/4-6</i></p> <p>M1 High Touch/Ready Assist: Mission, Warriors, Families <i>CME, CNE, ACHE, SW, APA, AAMA National Harbor 4-5</i></p> <p>M7 Individual Medical Readiness and Patient and Family-Centered Care <i>CME, CNE, ACHE, SW, APA, AAMA Potomac 1-3</i></p> <p>M5 Lessons Learned and Best Practices: Tri-Service Medical Efforts <i>CME, CNE, ACHE, SW, AAMA National Harbor 10-11</i></p>	<p>M36 Managing Per Capita Pharmacy Costs <i>CME, CNE, ACHE, SW, AAMA Chesapeake 4-6</i></p> <p>M9 Medical Simulation: Practicing to Be Expert Teams <i>CME, CNE, ACHE, SW, AAMA National Harbor 12-13</i></p> <p>M2 Patient-Centered Medical Home: Baseline View Across the Services and HA/TMA <i>CME, CNE, ACHE, SW, AAMA Maryland A/1-3</i></p> <p>M6 Programs Supporting Healthy Lifestyles <i>CME, CNE, ACHE, SW, APA, AAMA Potomac 4-6</i></p> <hr/> <p>1500 – 1545</p> <p>W28 Aligning MHS Resources to Accomplish the Strategic Plan <i>CME, CNE, ACHE, SW, AAMA Maryland A/1-3</i></p> <p>M22 Can We Operate as a Truly Integrated System? <i>CME, CNE, ACHE, SW, AAMA Maryland B/4-6</i></p> <p>M18 How Disease Management Helps Performance <i>CME, CNE, ACHE, SW, APA, AAMA Maryland C</i></p> <p>M13 Integration of Behavioral Health and Primary Care <i>CME, CNE, ACHE, SW, APA, AAMA National Harbor 2-3</i></p>	<p>M20 It's a People Thing: Cultivating Expert Communities That Transport Us From Common Knowledge to Common Practice <i>CME, CNE, ACHE, SW, AAMA Potomac 1-3</i></p> <p>M15 Lessons Learned: CoE Support to Families and Wounded Through a Patient-Centered Approach <i>CME, CNE, ACHE, SW, APA, AAMA Potomac 4-6</i></p> <p>M17 Providing Mental Health Care When and Where Patients Need It <i>CME, CNE, ACHE, SW, APA, AAMA National Harbor 12-13</i></p> <p>M14 Recent TRICARE Mental Health Benefit Changes <i>CME, CNE, ACHE, SW, APA, AAMA National Harbor 4-5</i></p> <p>T27 Success Through Enhanced Electronic Sharing of Information and Implementation of VLER <i>CME, CNE, ACHE, SW, AAMA Maryland D</i></p> <p>M33 Variation in Health Care: Effects on Quality (Part I) <i>National Harbor 10-11</i></p> <hr/> <p>1615 – 1700</p> <p>M24 Can Incentives Change Patient Behaviors? Motivators for Better Health <i>Maryland C</i></p> <p>M31 Human Capital: Key to Achieving Greatness in a Mission-Focused Organization <i>CME, CNE, ACHE, SW, AAMA Maryland B/4-6</i></p>	<p>M25 Military Suicide Prevention and Postvention From the Survivor's Perspective <i>CME, CNE, ACHE, SW, APA, AAMA National Harbor 10-11</i></p> <p>M19 Per Member Per Month (PMPM) for Dummies: What It Means and What to Do About It <i>CME, CNE, ACHE, SW, AAMA National Harbor 2-3</i></p> <p>M28 Reducing the Impact of Deployment on Patient Care <i>CME, CNE, ACHE, SW, AAMA Maryland D</i></p> <p>M27 Supporting Our Installations Through CBRNE Research <i>CME, CNE, ACHE, SW, AAMA Potomac 4-6</i></p> <p>M26 Top Medical Issues for Line Commanders - The Way Ahead for Mental Health Care in the USMC <i>CME, CNE, ACHE, SW, APA, AAMA National Harbor 4-5</i></p> <p>M32 Using Lean Six Sigma to Meet Customer Needs <i>CME, CNE, ACHE, SW, AAMA Maryland A/1-3</i></p> <p>M34 Variation in Health Care: Effects on Quality (Part II) <i>CME, CNE, ACHE, SW, AAMA Potomac 1-3</i></p> <p>M29 Winning Papers on Health Care Innovation and Quality <i>CME, CNE, ACHE, SW, AAMA National Harbor 12-13</i></p>
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Tuesday Afternoon, 26 January 2010

<p>1300 – 1430</p> <p>W9 Best Practices for Increasing Value in the Services <i>CME, CNE, ACHE, SW, AAMA National Harbor 12-13</i></p> <p>T8 Front-Line Perspectives for Advancing the Culture of Safety: Battlefield to Bedside <i>CME, CNE, ACHE, SW, AAMA Potomac 4-6</i></p> <p>T38 Health Care Reform and the Principles of T4: A Stakeholder Perspective <i>Potomac 1-3</i></p> <p>T31 Integrated Health Care Delivery <i>Chesapeake 4-6</i></p> <p>T6 Joint Venture Success Stories <i>CME, CNE, ACHE, SW, AAMA National Harbor 10-11</i></p> <p>T37 Key Changes to TRICARE Overseas Contracts <i>CME, CNE, ACHE, SW, AAMA National Harbor 4-5</i></p>	<p>T10 Measures You Can Use: Measures 101 <i>CME, CNE, ACHE, SW, AAMA Maryland A/1-3</i></p> <p>T9 News From the MHS CIO; The EHR Way Ahead Strategy <i>CME, CNE, ACHE, SW, APA, AAMA Maryland B/4-6</i></p> <p>T12 Performance Assessment Tool for Success <i>CME, CNE, ACHE, SW, AAMA Maryland D</i></p> <p>T3 Using LSS/CPI to Improve Health Care Operations <i>CME, CNE, ACHE, SW, AAMA Baltimore 3-5</i></p> <p>T4 Way Forward for TBI Care and Initiatives <i>CME, CNE, ACHE, SW, APA, AAMA Maryland C</i></p> <p>T5 Wounded Warrior Program: The CAP Model <i>CME, CNE, ACHE, SW, APA, AAMA National Harbor 2-3</i></p>	<p>1500 – 1545</p> <p>T14 Advances in Tissue Regeneration <i>CME, ACHE, SW, AAMA National Harbor 12-13</i></p> <p>T13 How You Are Funded by Your Service Part 1: Service Funding Methodology <i>CME, CNE, ACHE, SW, AAMA Maryland A/1-3</i></p> <p>T29 Identity Management in the Health Care World <i>CME, ACHE, SW, AAMA National Harbor 4-5</i></p> <p>T20 The MHS is Leading the Way in Evidence-Based Design <i>CME, ACHE, SW, AAMA Maryland C</i></p> <p>T16 Providing Mental Health Care When and Where Patients Need It (Repeat) <i>CME, CNE, ACHE, SW, APA, AAMA Potomac 1-3</i></p>	<p>T32 Quadruple Aim: MHS Game Plan for Achieving Break-through Performance <i>National Harbor 2-3</i></p> <p>T15 Reducing the Impact of Deployment on Patient Care (Repeat) <i>CME, CNE, ACHE, SW, AAMA Potomac 4-6</i></p> <p>T19 ROI of Primary Care: Best Practices for Increasing Value <i>CME, CNE, ACHE, SW, AAMA Maryland D</i></p> <p>W7 Virtual Technologies to Improve Health Care <i>CME, CNE, ACHE, SW, APA, AAMA National Harbor 10-11</i></p> <p>T33 What Our Beneficiaries Tell Us about Accessing the MHS, Their Experience and Satisfaction (Part 1) <i>CME, CNE, ACHE, SW, AAMA Maryland B/4-6</i></p>
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Tuesday Afternoon, 26 January 2010 – continued

<p>1615 – 1700</p> <p>T30 Agile Procurement in a Resource Constrained Environment CME, CNE, ACHE, SW, AAMA <i>Potomac 4-6</i></p> <p>T26 The Center for Mind-Body Medicine: How We Care for the Caregivers CME, CNE, ACHE, SW, APA, AAMA <i>National Harbor 12-13</i></p>	<p>T22 How You Are Funded by Your Service Part 2: Health Affairs and Service Panel Discussion on Funding Methodology CME, CNE, ACHE, SW, AAMA <i>Maryland B/4-6</i></p> <p>M16 Impact of the DoD/VA Disability Evaluation System Pilot CME, CNE, ACHE, SW, APA, AAMA <i>Maryland D</i></p> <p>W21 MHS Strategic Imperatives: Applying Them to Your Organization <i>Maryland A/1-3</i></p>	<p>T25 Public Health Emergency Management Within DoD CME, CNE, ACHE, SW, AAMA <i>Potomac 1-3</i></p> <p>T24 This Year's Focus at the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury CME, CNE, ACHE, SW, APA, AAMA <i>National Harbor 4-5</i></p>	<p>W19 Toward the Meaningful Use of EHRs - More Than Just a Health Record CME, CNE, ACHE, SW, AAMA <i>National Harbor 2-3</i></p> <p>T36 Using Virtual Health Care to Reduce Office Visits CME, CNE, ACHE, SW, APA, AAMA <i>National Harbor 10-11</i></p> <p>T34 What Our Beneficiaries Tell Us About Accessing the MHS, Their Experience and Satisfaction (Part 2) CME, CNE, ACHE, SW, AAMA <i>Maryland C</i></p>
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Wednesday Afternoon, 27 January 2010

<p>1300 – 1430</p> <p>W5 How the Sexual Assault Prevention and Response Office (SAPRO) Improves Prevention and Enhances Victim Support CME, CNE, ACHE, SW, APA, AAMA <i>National Harbor 12-13</i></p> <p>W2 The MHS Personal Health Portal: A Key to Patient Activation CME, CNE, ACHE, SW, AAMA <i>Potomac 1-3</i></p> <p>W3 Models for Reintegration of Wounded Personnel: Occupational Health Model vs. Pure Medical Model CME, CNE, ACHE, SW, AAMA <i>National Harbor 4-5</i></p> <p>T35 Performance Planning from the Service Perspective (Panel) CME, CNE, ACHE, SW, APA, AAMA</p> <p>T7 Reducing Variation in Health Care <i>National Harbor 10-11</i></p> <p>W10 Sharing Knowledge: Integration of Education, Training and Research in the National Capital Region (Panel) CME, CNE, ACHE, SW, AAMA <i>Potomac 4-6</i></p> <p>W8 Streamlining Business Operations Behind the Scenes CME, CNE, ACHE, SW, AAMA <i>Woodrow Wilson A</i></p> <p>W11 T3: Managed Care Support Contract Features CME, CNE, ACHE, SW, AAMA <i>Woodrow Wilson B-D</i></p>	<p>W4 Way Forward: MHS Clinical Quality Management and Strategic Imperatives CME, CNE, ACHE, SW, AAMA <i>National Harbor 2-3</i></p> <p>W20 Winning Papers on Patient Safety Innovations CME, CNE, ACHE, SW, AAMA <i>Magnolia 1</i></p> <hr/> <p>1500 – 1545</p> <p>W32 A Commander's Perspective: Leadership to Improve Patient Safety and Quality CME, CNE, ACHE, SW, AAMA <i>National Harbor 2-3</i></p> <p>W15 Advances in Tissue Regeneration (Repeat) CME, CNE, ACHE, SW, AAMA <i>Chesapeake 1-3</i></p> <p>W14 Application of TBI Clinical Guidance/ Clinical Practice Guidelines CME, CNE, ACHE, SW, APA, AAMA <i>National Harbor 12-13</i></p> <p>W12 Critical Role of Incentives: Driving Provider Behavior CME, CNE, ACHE, SW, AAMA <i>National Harbor 10-11</i></p> <p>W13 Enrollment is the Start, Not the End CME, CNE, ACHE, SW, AAMA <i>Potomac 1-3</i></p>	<p>W16 How Do We Formalize Care for the Civilian Expeditionary Workforce? CME, ACHE, SW, AAMA <i>Baltimore 3-5</i></p> <p>W17 Lessons Learned in Identifying Environmental Health Threats in the AOR CME, CNE, ACHE, SW, AAMA <i>Potomac 4-6</i></p> <p>M30 The MHS Innovation Investment Program; Success Stories in the Direct Care System CME, CNE, ACHE, SW, AAMA <i>Woodrow Wilson B-D</i></p> <p>T28 Paying for Performance on the Medical Home Model <i>Woodrow Wilson A</i></p> <p>W18 Public Health Measurement and Surveillance CME, CNE, ACHE, SW, AAMA <i>National Harbor 4-5</i></p> <hr/> <p>1615 – 1700</p> <p>W24 Applying Lessons Learned in Suicide Prevention CME, CNE, ACHE, SW, APA, AAMA <i>Baltimore 3-5</i></p> <p>W26 Benefits of the Joint Incentive Fund (JIF) Success Story: Wright-Patterson Stereotactic Radiosurgery CME, CNE, ACHE, SW, APA, AAMA <i>Chesapeake 1-3</i></p>	<p>W25 Care for the Caregiver: Strategies for Institutional and Self-Care CME, CNE, ACHE, SW, APA, AAMA <i>National Harbor 12-13</i></p> <p>T23 Integration of Behavioral Health and Primary Care (Repeat) CME, CNE, ACHE, SW, APA, AAMA <i>National Harbor 4-5</i></p> <p>W31 Lessons Learned in Providing Outreach to Transitioning Service Members CME, CNE, ACHE, SW, APA, AAMA <i>Potomac 4-6</i></p> <p>T18 Quality First; Cost Will Follow: Understanding Clinical Variation CME, CNE, SW, AAMA <i>National Harbor 2-3</i></p> <p>W30 The Skinny on Sharing: How to Write a Sharing Agreement CME, CNE, SW, AAMA <i>Potomac 1-3</i></p> <p>W23 Top 10 Beneficiary Challenges <i>Woodrow Wilson A</i></p> <p>W22 Understanding and Responding to the Voice of the Patient and Family CME, CNE, ACHE, SW, AAMA <i>National Harbor 10-11</i></p> <p>W29 What the MHS Community Needs to Know About DMHRSi CME, CNE, ACHE, SW, AAMA <i>Woodrow Wilson B-D</i></p>
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Extra Meetings

Monday, 25 January 2010	Wednesday, 27 January 2010	
<p>1300 – 1700</p> <p>E1 TRICARE Area Offices - Best Practices Workshop <i>Chesapeake 1-3</i></p>	<p>1300 – 1430</p> <p>E3 Critical Topics in Operational Medicine <i>Baltimore 3-5</i></p> <p>1300 – 1600</p> <p>E2 International SOS/TRICARE Overseas Program Workshop <i>Magnolia 2</i></p>	<p>1500 – 1545</p> <p>E4 Pacific Partnership, Continuing Promise <i>Magnolia 1</i></p> <p>1500 – 1545 and 1615 – 1700</p> <p>E5 & E6 Lessons Learned: Wounded Warrior Programs (Parts I and II) <i>Chesapeake 4-6</i></p>

