



**Defense Health Agency, J-7, Continuing Education Program Office
Clinical Communities Speaker Series**

**Bridging Gaps and Building Resilience in Primary Care
9 May 2024
0800 – 1600 (ET)**

Purpose

The Defense Health Agency (DHA), J-7, Continuing Education Program Office (CEPO) Clinical Communities Speaker Series (CCSS) events are designed to address the professional practice gaps of our learners to improve the care that our health care professionals deliver. This continuing education (CE)/continuing medical education (CME) event is conducted to achieve results that reflect a change in skills, competence, and performance of the health care team, and patient outcomes. Collaboration occurs with the Department of Defense, several government agencies, and other civilian experts for recruitment of academic subject matter experts (SMEs), clinicians, and researchers to present on current promising, evidence-based research and best practices, thus enhancing the overall educational experience. Participants are expected to apply what they learned in providing patient care individually and collaboratively as a team towards improved patient outcomes.

Target Audience

This activity is designed to meet the educational needs of Physicians, Nurses, Pharmacists, Pharmacy Technicians, Physician Assistants, Optometrists, Social Workers, Psychologists, Registered Dietitians, Dietetic Technicians, Athletic Trainers, Case Managers, Certified Counselors, Physical Therapists, Physical Therapist Assistants, Occupational Therapists, Occupational Therapist Assistants, Kinesiotherapists, Healthcare Executives, and other health care professionals who support/care for U.S. active-duty service members, reservists, Coast Guard, Public Health Service, National Guardsmen, military veterans, and their families.

Program Overview

This event will explore the evidence-based practices in primary care through educational content created by military and civilian Subject Matter Experts specializing in bioethics, research, health care, and academia. Each session is designed to refine the quality of care, achieve the best outcomes, and improve population health. The primary focus of this event aims to enhance the quality of patient outcomes and population health by providing advanced continuing education opportunities to improve the practice, skills, and knowledge of health care providers across the Military Health System.

Program Agenda

Time (ET)	Titles/Speakers	Learning Objectives
0800 – 0805	<p><i>Welcome Remarks</i></p> <p>Lolita T. O’Donnell, Ph.D., M.S.N., R.N. Division Chief Leadership Education Analysis Development Sustainment (LEADS) Division Academic Superintendent Continuing Education Program Office (CEPO), J-7, Education and Training (E&T) Directorate Defense Health Agency (DHA) Falls Church, Va.</p>	-

Time (ET)	Titles/Speakers	Learning Objectives
0805 – 0815	<p>Opening Remarks</p> <p>Navy Cmdr. Karima Ayesh, D.M.D. Dental Corps, Dental Service Point of Contact (DSPOC) Command Fitness Leader Active-Duty Dental Program (ADDP) Orthodontic Service Consultant TRICARE Health Plan Division-Purchased Care Delivery Branch Healthcare Operations DHA Falls Church, Va.</p>	-
	<p>Moderator</p> <p>Air Force Lt. Col. Seth P. Wilson, M.S.W., L.C.S.W. Chief, Air Force Mental Health Operations Air Force Medical Agency Falls Church, Va.</p>	-
0815 – 0915	<p>S01: Application of Healthcare Ethics: Consults, Cases, & Choices</p> <p>Army Chaplain Maj. Vincent Bain, Ph.D., M.Div., M.B.E. Bioethics Advisor Healthcare Ethics Committee Co-Chair Walter Reed National Military Medical Center Bethesda, Md.</p> <p>Brigid Herrick, M.P.H., M.S., C.P.X.P. Chief Experience Officer Healthcare Ethics Committee Co-Chair Walter Reed National Military Medical Center Bethesda, Md.</p>	<ol style="list-style-type: none"> 1. Summarize the purpose of a healthcare ethics consultation. 2. Identify ethical concerns within medical cases. 3. Discuss the implications of responses to ethical concerns.
0915 – 0925	Break	
0925 – 1025	<p>S02: Naltrexone Injection for Opioid Use Disorder: FDA's Efforts to Reduce Medication Errors</p> <p>U.S. Public Health Service Cmdr. Jessica Voqui, Pharm.D., M.S., R.A.C. Associate Director for Postmarket Regulatory Science Division of Anesthesiology, Addiction Medicine, and Pain Medicine Office of New Drugs Center for Drug Evaluation and Research U.S. Food and Drug Administration Silver Spring, Md.</p> <p>Sofanit Getahun, Pharm.D., B.C.P.S. Safety Evaluator Division of Medication Error Prevention and Analysis 1 Office of Medication Error Prevention and Risk Management Office of Surveillance and Epidemiology Center for Drug Evaluation and Research U.S. Food and Drug Administration Silver Spring, Md.</p>	<ol style="list-style-type: none"> 1. Discuss the opioid crisis and importance of medications used to treat opioid use disorder. 2. Describe postmarket drug safety authorities and postmarket medication error surveillance. 3. Illustrate how FDA's process for identifying and evaluating postmarket safety issues is applied for medication errors. 4. Recognize how postmarket safety information can be used to change product labeling. 5. Summarize how healthcare providers can contribute to drug safety within their practice.

	<p>U.S. Public Health Service Cmdr. Mark A. Liberatore, Pharm.D., R.A.C. Deputy Director for Safety Office of New Drugs – Division of Anesthesiology, Addiction Medicine, and Pain Medicine Center for Drug Evaluation and Research U.S. Food and Drug Administration Silver Spring, Md.</p> <p>U.S. Public Health Service Lt. Cmdr. Valerie S. Vaughan, Pharm.D. Team Leader Office of Surveillance and Epidemiology/Office of Medication Error Prevention and Risk Management – Division of Medication Error Prevention and Analysis 1 Center for Drug Evaluation and Research U.S. Food and Drug Administration Silver Spring, Md.</p>	
1025 – 1035	Break	
1035-1135	<p><i>S03: Motivational and Trauma-Informed Strategies to End Intimate Partner Violence in Service Members and Veterans</i></p> <p>Casey Taft, Ph.D. Clinical Research Psychologist National Center for Posttraumatic Stress Disorder VA Boston Healthcare System Professor of Psychiatry, Boston University School of Medicine Boston, Mass.</p>	<ol style="list-style-type: none"> 1. Explain the social information processing and survival models for violence for survivors of trauma and their partners. 2. Identify contributing factors that can increase risk for intimate partner violence among survivors of trauma and their partners. 3. Describe a strategy for motivating those who use intimate partner violence to increase their engagement in the therapy process.
1135 – 1145	Break	
1145 – 1245	<p><i>S04: Primary Care Behavioral Health: Program Overview and Best Practices</i></p> <p>U.S. Public Health Service Capt. Aditya Bhagwat, Ph.D., A.B.P.P.-C.N. Program Manager Primary Care Behavioral Health Defense Health Agency Falls Church, Va.</p> <p>U.S. Public Health Service Cmdr. Sara Pulliam, Psy.D., A.B.P.P. Program Manager Primary Care Behavioral Health Defense Health Agency Falls Church, Va.</p> <p>June Taheri, M.D. Program Manager Primary Care Behavioral Health Defense Health Agency Falls Church, Va.</p>	<ol style="list-style-type: none"> 1. Summarize the Primary Care Behavioral Health Program (PCBH) primary goals as it relates to patient care in the Primary Care setting. 2. Compare Behavioral Health Consultants (BHCs) and Behavioral Health Care Facilitators (BHCfs) models and roles that make up the PCBH Program. 3. Differentiate Specialty Behavioral Health (SBH) and PCBH in regards to scope of care. 4. Describe best practices regarding how to optimize the PCBH Program, including use of warm handoffs.

1245 – 1345	Break	
1345 – 1445	<p><i>S05: Managing Musculoskeletal Injuries: Lessons Learned from the Air Force’s Special Warfare Human Performance Support Group</i></p> <p>Air Force Lt. Col. Cody Butler, Ph.D., D.P.T., S.C.S., C.S.C.S. Research Flight Commander Special Warfare Training Wing Lackland Air Force Base, Texas</p>	<ol style="list-style-type: none"> 1. Identify the role of wearable technology in the recognition of musculoskeletal injuries. 2. Discuss the current state of motion capture and force plate technology in the prevention and recognition of musculoskeletal injuries. 3. Summarize the benefits and challenges of a holistic model in the prevention and management of musculoskeletal injuries.
1445 – 1455	Break	
1455 – 1555	<p><i>S06: Brief Behavioral Treatment for Insomnia (BBTI): Evidence-Based Practices for Improved Sleep in the Military</i></p> <p>Air Force Maj. Jeffrey J. Smith, D.S.W., L.C.S.W., B.C.D., Dip. A.C.L.M. Director, Behavioral Medicine- Graduate Medical Education Family Medicine Residency Clinic David Grant Medical Center Travis Air Force Base, Calif.</p>	<ol style="list-style-type: none"> 1. Discuss the prevalence of insomnia experienced by military personnel and shift worker challenges. 2. Summarize concepts of the Two-Process (Homeostatic & Circadian) Model. 3. Explain the etiology of insomnia using the 3P model. 4. Evaluate patients for sleep disorders using a brief, sleep-focused assessment consistent with the primary care model and wearable technology. 5. Describe Brief Behavioral Treatment for Insomnia (BBTI). 6. Integrate basic sleep principles and sleep hygiene into psychoeducation.
1555-1600	<p><i>Closing Remarks</i></p> <p>Army Col. Maria Molina, M.D., F.A.C.O.G., F.A.C.S., C.H.S.E. Acting Director, Education and Training J-7 Defense Health Agency Falls Church, Va.</p>	-

This agenda is subject to change.

Continuing Education

This CE/CME activity is provided through the DHA J-7 CEPO and is approved for a total of 6.0 CE/CMEs.

Commercial Support:

No commercial support was provided for this activity.

Participation Costs:

There is no cost to participate in this activity.

CE/CME Inquiries:

For all CE/CME related inquiries, please contact us at: dha.ncr.j7.mbx.cepo-cms-support@health.mil