

2019 USPHS Symposium Track 2 Agenda

Tuesday, May 7

Track 2

1:30 PM - The Role of Partnerships in a Help-Seeking Defense Department Mental Health Campaign

2:00 PM

LT Evette Pinder, Ph.D.; Mr. Patrick Slay, B.S.

The United States Surgeon General views local, state and federal partnerships as avenues for prevention efforts. Partners support the National Prevention Strategy and contribute to individual and community well-being, which include prevention of mental disorders by increasing early help-seeking. The Real Warriors Campaign (RWC), has over one million website users, is a Defense Department stigma reduction and mental health (MH) help-seeking multimedia effort. RWC has leveraged relationships with Federal and non-profit programs for over nine years to help achieve campaign goals. Federal and 501(c3) community partnerships insights have helped to develop best practices in stigma reduction (Stuart, 2016). RWC partnerships are viewed as advocates for increasing MH help-seeking for the military and their families.

RWC has primary partners that closely align with objectives and amplify messaging during special observances that bolster agency/program-wide help-seeking efforts, especially during shifts in content focus. RWC includes partners in communications plans to cross-promote MH educational resources and generate opportunities to engage stakeholders in all interactions to reach broad and niche audiences. Specific tactics also include hosting a quarterly partnership meeting to share resources, highlighting partner resources to support MH observance months, presenting at partnership events as well as collaborating on MH social media events.

For example, in the observance month April 2018, Month of the Military Child, the campaign co-hosted a twitter chat with Sesame Street for Military Families which provided RWC with a unique opportunity to reach Military families. This resulted in 381 tweets across five countries and reached more than 100k users.

At the conclusion of this session participants will be able to:

1. Identify three strategies and tactics for successful partnerships coordination for MH prevention efforts
2. Describe three ways to apply partnership strategies and tactics in a MH communications plan

3. List one major partner of the RWC and describe how RWC MH messaging was impacted

Track 2

2:00 PM -

2:30 PM

Collaboration of Care in the Correctional Mental Health Setting

CDR Anna Santoro, PharmD, MA, BCPP, NCPS; LCDR Samantha Hoke, PMHNP-BC

The US currently leads the world in incarceration with approximately 2.2 million pre-trial and 1.6 million post-trial inmates in county, state, and federal prisons. Furthermore, rates of incarceration continue to increase. While the rate of incarceration continues to rise, the rate of those with mental illness in the correctional population is rising at an even greater rate. Approximately 15-20% of US inmates have been diagnosed with a severe psychiatric disorder such as schizophrenia, bipolar, or major depression. Correctional environments face limitations to providing mental health treatment. There are many situations, such as security concerns, and staffing availability that can impact and even prevent these patients from receiving care.

Multi-disciplinary teams have helped to bridge this gap in the Bureau of Prisons. The collaboration of a psychiatric pharmacist, nurse practitioner, physician's assistant and RN into the psychiatric team at FMC Devens have yielded positive outcomes in safety, patient satisfaction scores and more appropriate use of care. Data about inmate's at FMC Devens was analyzed and it was found that there was a decrease in assaults, and decreased requirement for solitary housing since the initiation of the multi-disciplinary teams in 2015. Patient assessment scores were tracked upon initiation and showed significant improvement for reduction, and even remission, of symptoms. Further, there were a significant reduction of non-formulary requests, approvals and continuation of the medication being used. The partnership created in this multidisciplinary team has increased patient access to care, improved patient safety, and improved safety of both staff and inmates.

At the conclusion of this session participants will be able to:

1. Describe problems with access to mental health care among the correctional population.
2. Identify different disciplines that can be used to create a partnership to improve access to care.
3. Explain the beneficial outcomes to patients as a result of a multidisciplinary approach to mental health care.

Track 2

2:30 PM - Partnerships to Improve Access to Mental Health Care and Ensure a Smooth
Transition
3:00 PM

CDR Michelle Tsai, RPh, PsyD; MAJ Aimee Ruscio, PhD

The inTransition program is a Department of Defense (DoD) program that provides support to transitioning Service members (SMs) who are in need of mental health (MH) care. In August 2014, Presidential Executive Action directed that inTransition enrollment be mandatory for all transitioning SMs receiving MH treatment. The recent Presidential Executive Order (January 2018) mandated that all veterans have seamless access to high-quality MH care and suicide prevention resources while transitioning from active duty to civilian life. In support of the Presidential directives, the Psychological Health Center of Excellence (PHCoE), overseeing the inTransition program, collaborates with a network of partnerships to ensure the SMs have access to MH care and support needed during transitions.

The PHCoE partners with the Department of Veterans Affairs (VA) to identify gaps and develop action plans to ensure SMs have smooth transitions from the DoD to VA. For example, all SMs who screen positive for MH problems during Separation Health Assessment screening, conducted during their primary care appointments prior to military separation, are directly referred to inTransition. In collaboration with the Yellow Ribbon Reintegration Program, inTransition program connects the National Guard and Reserve members to MH providers and provides resources for SMs and their families. Additionally, PHCoE works with external stakeholders, such as U.S. Marine Corps and Sexual Assault Prevention and Response Office, to conduct a warm handoff of SMs who are considered high risk and those who inquire about services or resources related to sexual trauma.

At the conclusion of this session participants will be able to:

1. Describe the requirements of the Presidential mandates for inTransition
2. Identify the challenges associated with transitioning from the Defense Department to the Department of Veterans Affairs
3. Describe three key partnerships to promote positive outcomes for Service members and veterans

Track 2

3:00 PM - Using Mental Health Mobile Apps at Home and Abroad to Improve Access

3:30 PM ***CDR Julie Chodacki, MPH, PsyD, ABPP; CDR Michelle Tsai, RPh, PsyD***

Access to mental health services is impacted by a number of factors. Within the U.S. and abroad, many communities suffer from a lack of provider availability. Rand (2015) identified tele-mental health (including tele-psychology, tele-psychiatry, and tele-behavioral health) as a promising strategy to improve access to care for military personnel and their families in rural areas. In 2017 the Psychological Health Center of Excellence (PHCoE) conducted and evaluated a pilot program to identify the barriers and facilitators to utilizing mental health mobile apps in military and veteran clinical care systems. In 2018 PHCoE was invited to join the US Army Regional Health Command-Pacific Global Health Engagement Team to participate in a partnership, also known as Global Behavioral Health Engagement, with the military of Nepal which included a session regarding how mobile apps can be used as a support to ongoing mental health care.

This presentation will discuss the evidence supporting the use of mental health mobile apps in clinic settings, review International Initiative for Mental Health Leadership findings regarding the use of tele-health across the globe, and elaborate on the successful Nepal exchange. Attendees will be encouraged to consider how they might engage in partnerships to utilize mental health mobile apps with patients to improve health service access and delivery. Particular attention will be paid to the implementation science lessons learned regarding facilitators and barriers to successful implementation.

At the conclusion of this session participants will be able to:

1. Describe how mobile apps improve mental health access
2. Identify partnerships to improve the use of mental health mobile apps
3. Describe facilitators and barriers to implementation

Track 2

3:30 PM - Sexually Transmitted Infection Opt-Out Testing in an Immigration Detention Setting: A Pilot Study 4:00 PM

LT Gina Tomkus, MS, PA-C, CCHP, RD; CDR Edith Lederman, MD, MPH, FACP, FIDSA

Background: Individuals in a correctional setting are considered high-risk for acquiring sexually transmitted infections (STIs) and may benefit from routine screening. As the immigrant detainee population is inherently different than other correctional populations, a pilot study was conducted to determine the feasibility and cost-effectiveness of implementing an opt-out STI testing program.

Description: A two-month pilot program was conducted at two Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) staffed detention facilities. Detainees were individually educated and offered opt-out STI testing for HIV, syphilis, hepatitis B, gonorrhea, and chlamydia. 1,042 adult detainees were approached for testing; 527 opted out and 515 did not opt out. Participants received pre- and post-test STI counseling and treatment as indicated. A staff survey was conducted to explore workload impact and perceived benefits.

Lessons Learned: 8.5% detainees screened were found to have any STI. 6.6% had chlamydia, 0.8% had syphilis, 0.8% had gonorrhea, 0.6% had chronic hepatitis B and 0.2% had HIV. The approximate cost to diagnose one patient with any STI ranged from \$564 to \$1,082, including staff time and laboratory costs. Overall, staff viewed the program positively but did express concerns over sustainability.

Recommendations: This small pilot program demonstrates that asymptomatic STIs are prevalent among immigrant detainees and screening can be carried out in a relatively cost-efficient manner. More detainees opted out of testing when compared to other correctional settings; therefore, exploration of potential barriers such as language and gender discordance are merited prior to larger pilots or implementation as standard policy.

At the conclusion of this session participants will be able to:

1. Describe the basic demographics of this immigrant detainee cohort and any distinguishing features of those identified to have STIs.
2. Describe the process of designing and implementing an STI screening program including identification and involvement of key stakeholders.
3. Identify challenges to STI testing program implementation in an immigrant detainee population including cooperation across disciplines, facility logistics and interfacing with the electronic health record.

Track 2

4:00 PM -

4:30 PM

Partnering for the Development of a Brief Evidence-Based Measure of Resilience

CAPT Armen Thoumaian, PhD

Past research has revealed that DoD psychological health and Traumatic Brain Injury programs lack the capacity for systematically evaluating the effectiveness of their services (Weinick et al., 2011). Because collaborations between the DoD and non-federal entities can leverage expertise and resources, partnerships are encouraged to enhance quality of care for Service members and their families (e.g., National Defense

Authorization Act for Fiscal Year 2017, 2018, and 2019). This presentation describes a partnership between a team of evaluation subject matter experts and a NC-COSC research department to adapt a validated measure of resiliency toward enabling a psychological health program in determining how effectively its services build resilience among its participants.

To help this program empirically demonstrate the impact of its services, we designed an evaluation plan for measuring change in levels of resilience following participation in the program. We adapted the NC-COSC resilience instrument by retaining the two strongest indicators for each of the five factors, resulting in a shortened, 10-item measure. This enabled us to preserve accuracy in measurement while simultaneously reducing response burden.

Using an adapted CDC Framework (Centers for Disease Control and Prevention, 1999; 2011), we collected participant responses to the shortened measure to gauge their levels of resilience before and after program participation. This allowed us to compute change in participant resilience most likely due to participation in the program. Results indicated that the shortened NC-COSC measure can be used to help resilience-building programs ensure the services they deliver are effective.

At the conclusion of this session participants will be able to:

1. Illustrate the importance of partnerships in the context of enhancing the assessment and evaluation of health services.
2. List resilience measures that aim to assess and ultimately provide programs with empirical evidence of their effectiveness in enhancing resilience among military members.
3. Describe an evaluation plan for measuring change in levels of resilience and the key components of the adapted CDC Framework (Centers for Disease Control and Prevention, 1999; 2011).

Thursday, May 9

Track 2

9:15 AM - Partnerships to Enhance Congenital Syphilis Prevention

9:45 AM ***LCDR Virginia Bowen, PhD, MHS, BS***

Background: Congenital syphilis (CS) - the transmission of mother-to-child syphilis - increased by 175% in the U.S. during 2012, 2013, 2014, 2015, 2016, and 2017, reaching 918 reported cases. In 2017, the Centers for Disease Control and Prevention awarded \$4 million to nine high-morbidity areas to strengthen CS

prevention efforts. Description: Key activities included enhancing partnerships with Vital Statistics, Maternal & Child Health (MCH), and others to accomplish the following: 1) strengthen CS surveillance, ensuring all cases are ascertained in a timely fashion; 2) identify and strengthen systems of care contributing to CS; and 3) enhance traditional syphilis disease intervention to include pregnancy ascertainment, linkage-to-prenatal care, and case management. Lessons Learned: Matching Vital Statistics and STD data is valuable for identifying missed cases of CS; this partnership and methodology identified an additional 5-10% more cases. Establishing data use agreements for timely birth data can prove challenging. Ten multidisciplinary CS Boards reviewed 63 cases in twelve months; partners from MCH, HIV, Medicaid, Title X, and correctional health aided in identifying missed CS prevention opportunities. Areas reported 35-55% of CS case-mothers did not receive timely prenatal care; other missed opportunities pertained to laboratory, treatment, and care-referral challenges. Seventy percent of female syphilis cases had pregnancy status documented, and most jurisdictions developed a sustainable model of referral to MCH case management. Recommendations: Partnerships within and outside the health department are critical for reaching high-risk women and preventing CS. STD Programs may benefit from engaging non-traditional partners, identifying sub-populations of common interest, and leveraging resources and strengths to save lives.

At the conclusion of this session participants will be able to:

1. Identify 3-5 partners that can work in conjunction with STD Programs to strengthen female and congenital syphilis prevention
2. Describe components of the CS Prevention Pathway and identify common missed opportunities occurring at each point on the pathway
3. Compare and contrast lessons learned and challenges associated with distinct methods of Case Review, Vital Statistics Matching, and Perinatal Case Management

Track 2

9:45 AM -
through
10:15 AM

Emergency Prescription Assistance Program (EPAP): Recovery Program Success

Federal, State, and Private Sector Partnerships

LCDR Garrette Martin-Yeboah, PharmD, MPH, BCGP, PMP

Background: The Emergency Prescription Assistance Program (EPAP) is a contractual program designed to leverage private sector resources for effective distribution of prescription products post-disaster. EPAP facilitates communication between government and private industry

about pharmaceutical and medical supply needs. The first EPAP activation occurred in 2008.

Methods: The EPAP program is activated either by a Federal Stafford Act declaration or under the Public Health Service Act. Federal Regional Emergency Coordinators work with States or U.S Territories to create a FEMA request for support. FEMA (Department of Homeland Security) issues a mission assignment to ASPR (Health and Human Services) and this provides funding and identifies eligible geographic areas. ASPR initiates contract activation and the private sector Pharmacy Benefit Manager notifies network pharmacies to fill prescriptions for uninsured patients.

Results: EPAP has been activated 8 times and provides needed prescriptions, durable medical equipment, vaccinations and medical supplies. The program has been activated CONUS and OCONUS, from 1 month to 10 months in duration, based on location needs. Thousands of patients have received prescription assistance and this decreased the burden on acute care treatment facilities and emergency response personnel post-disaster.

Conclusion: The program has evolved to cover additional types of supplies, prescription needs since first activation. As more program education is provided to State and U.S. Territories, there has been increased program utilization. This educational session is meant to expand program awareness among PHS officers and other healthcare professionals so they can act as ambassadors of information about program availability.

At the conclusion of this session participants will be able to:

1. Explain the background and purpose of the EPAP program.
2. Identify the various partnerships that make the program work.
3. Detail how the program is activated post disaster and list some past activations.

Track 2

10:15 AM - Partnering to adapt technology for global public health needs: What works?
10:45 AM **CDR Idongesit Essiet-Gibson, PhD, MPH, PMP; CAPT Margaret Riggs, PhD, MPH, MS**

Background: Strengthening health systems for monitoring progress toward HIV epidemic control in resource-constrained settings, such as Zambia, remains a challenge. The adoption of an electronic health record (EHR) system in the early 2000s signaled early momentum gains in the use of technology to address a wide range of barriers to service delivery for Zambia's diverse population. Description: The CDC Zambia office provided technical leadership in health informatics within the President's

Emergency Plan for AIDS Relief (PEPFAR) program in Zambia, to lead technology adoption efforts, including for the EHR. Early recognition that the adaptation of certain technologies could improve quality of care for people living with HIV, prompted the engagement of key stakeholders from various segments of the health sector. CDC Zambia created and led a variety of fora for stakeholder engagement, ensured documentation of stakeholder interactions and identified opportunities for cross-organizational collaboration. This resulted in the formal adoption of several key innovations across the health sector. Lessons Learned: A critical component of success was early and strategic engagement of key stakeholders. In particular, building relationships with the relevant groups within the clinical and technical arms of the Ministry of Health, was an important factor and paid dividends in future engagements. Recommendations: Given the critical roles that key stakeholders can play in successful adoption of technological solutions, it is important to identify these stakeholders and initiate engagement early and often, to clarify expectations and ensure support as challenges emerge, while ensuring delivery of products that address global public health needs.

At the conclusion of this session participants will be able to:

1. Identify common obstacles to successfully adapting technology in resource-constrained settings.
2. Summarize steps to identify potential partners for technology initiatives, within US government and foreign government structures (at national and sub-national levels), in global health programs.
3. Propose a framework for successfully engaging key stakeholders on technology projects that advance global public health goals.

Track 2

10:45 AM - Building the Case for Coordinated Data Activities for Sickle Cell Disease among Federal Agencies

11:15 AM

LCDR Shondelle Wilson-Frederick, PhD

Current HHS leadership, ADM Brett P. Giroir and RADM Jerome M. Adams, have championed monitoring improvements in the quality of care for people living with sickle cell disease (SCD), a genetic blood disorder that affects over 100,000 Americans. SCD causes the body to produce abnormal blood cells shaped like crescents or sickles rather than discs. These abnormal blood cells are unable to properly deliver oxygen to body tissues and leads to extraordinarily painful and severe attacks known as a crisis. People living with SCD often experience long-term health challenges such as stroke, acute chest syndrome and organ damage.

For several years the HHS SCD Data Subgroup (SCDDS) has worked to

identify national data sources to track and monitor the quality of care for people with SCD. This subgroup includes federal representation from the Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH). In order to increase the quality of life and life expectancy for people living with sickle cell disease, it is critical to enhance partnerships across HHS and among patients, researchers, advocates, and legislators. A coordinated national data source would enable key stakeholders to monitor and address the health and health care needs of people with SCD. This presentation will highlight activities within HHS to improve the coordination of data collection and reporting on health information for people living with SCD.

At the conclusion of this session participants will be able to:

1. Explain the public health impact of SCD
2. Describe how key stakeholders are partnering to advance equity in care for people living with SCD
3. Highlight collaborative efforts among federal agencies to improve data for people with SCD

Track 2

2:15 PM -

Practicing at the pinnacle, pharmacy innovation through collaboration

2:45 PM

CAPT Rowdy Atkinson, PharmD, BCACP, CDE; **LCDR Megan Dill**, PharmD, PhC, CDE

Whiteriver's Chronic Disease Therapy Management Clinic (CDTM) is an NCPS approved comprehensive clinic with many innovative features. Created initially to help relieve a provider shortage, the CDTM clinic serves to optimize medication therapy in order to help the patient to reach personal and therapeutic goals. The CDTM clinic's expansion into the community has created opportunities for pharmacists to have a significant impact on Public Health through outreach services.

At the conclusion of this session participants will be able to:

1. Explain how to transition silo'd clinics into a comprehensive disease management clinic
2. Describe Whiteriver's CDTM Clinic and its involvement in both public health and chronic disease management
3. Identify opportunities for pharmacist expansion of public health and chronic care outside the clinic and into the community

Track 2

2:45 PM -

It Takes a County: Carlton County Jail's Reducing Admissions by Prevention Program

Program

3:15 PM

Dr. Tim Stratton, PhD, BCPS, FAPhA; Ms. Holly Compo, PN, PHN

BACKGROUND: Approximately 20% of jail inmates in rural Carlton County (MN) are repeatedly incarcerated. Many of these inmates have alcohol/substance abuse disorders, or mental health issues. They tend to lack the supports that could help them from re-offending. In response, Carlton County launched a multi-agency initiative in 2017, the RAP program, to help connect at-risk inmates with community resources that might help them from re-offending.

DESCRIPTION: The RAP program is a voluntary release advance planning initiative created by Carlton County Jail and community partners for at-risk inmates who are about to be released back into the community. Carlton County Jail's RAP Team includes representatives from the jail, Carlton County Probation Department, Carlton County Public Health & Human Services, Fond du Lac Band of Lake Superior Chippewa Human Services, the Human Development Center, and the University of Minnesota College of Pharmacy, Duluth. The roles played by each group on the RAP Team will be described, as will inmate needs addressed by the team and examples of community/tribal resources to which inmates are referred.

LESSONS LEARNED: While data from the first 20 months of the RAP program will be presented, the program's first year has resulted in a nearly 75% reduction in recidivism among RAP participants, saving the county nearly \$133,000.

RECOMMENDATIONS: A sustained community-wide effort is necessary to help at-risk repeat offenders to obtain the support necessary to keep from re-offending.

At the conclusion of this session participants will be able to:

1. Describe the infrastructure necessary to establish a community-wide release advance planning (RAP) program.
2. Outline the types of post-release needs addressed for a RAP client, and the community or tribal resources that might help meet those needs.
3. Summarize the impact of a RAP program in a rural county on recidivism, on jail bed days and on tax dollar expenditures for jail operations.

Track 2

3:15 PM - Interdisciplinary Management Approach to Patient Care: Improving Patient Outcomes Through 3:45 PM Coordinated Team Approach

LT Chelsea Makowicz, PA-C

Background: Healthcare has evolved to become segmented between different specialties, with the majority of healthcare graduates choosing to go into a specialty over primary care. With this system, patients can be lost to follow up, and management of chronic conditions becomes confusing for patients.

Description: Federal Medical Center (FMC) Devens has developed the Diabetes Interdisciplinary Management Team, which is comprised of a doctor, provider and dietitians with input from endocrinology, physical therapy, nursing and pharmacy. All primary care doctors and providers are required to attend the team meetings. The team's purpose is to review difficult to control diabetic patients, discuss treatment as a team and develop recommendations for improved patient care. During these meetings, all aspects of patient care is considered, including diet, mental status and medication compliance concerns. Members of the team also teach a class to patients quarterly on the pathophysiology and different treatment aspects of diabetes. As a result of this interdisciplinary approach, over half of the patients who previously had a HgbA1C over 9% had an improvement in their HgbA1C. In addition, patients have shown improved medication compliance, diabetes education and diet choices.

Lessons learned: Use of an interdisciplinary management approach to treatment of a specific condition can lead to multiple positive outcomes, including improved disease management, improved patient compliance, increased involvement of primary care team in treatment and reduced healthcare costs.

Recommendations: Interdisciplinary management teams should be used to review and make recommendations with the primary care providers to manage chronic conditions.

At the conclusion of this session participants will be able to:

1. Identify disease states that could be improved through an interdisciplinary approach of treatment.
2. Describe how different members of the healthcare team can contribute to an interdisciplinary team
3. Apply the concept of an interdisciplinary team approach to their own clinical practice

4:15 PM

LCDR Jessica Fox, PharmD, AAHIVE, RAC; LCDR Madalene Mandap, PharmD, BCPS

An estimated 1.1 million persons in the U.S. are currently living with HIV and an estimated 40,000 persons are infected each year. Although treatable, HIV infection is not curable and has significant health consequences. In the U.S., HIV infection disproportionately affects men who have sex with men, African-American populations, and Latino populations, and HIV incidence rates have increased in persons ages 25-29 years and in American Indian/Alaska Native and Asian populations. In 2012, the U.S. Food and Drug Administration approved a once-daily oral prescription medication for HIV pre-exposure prophylaxis, commonly known as PrEP. However, not many persons at high risk of HIV infection are using PrEP - less than 7% of the 1.2 million Americans eligible used PrEP in 2016. While two-thirds of persons who could potentially benefit from PrEP are African-American or Latino, they account for the smallest percentage of prescriptions to date.

The National HIV/AIDS Strategy cites PrEP as an area of critical focus, specifically, "full access to comprehensive PrEP services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP." Partnerships will be paramount to improving awareness, access, and adherence to PrEP, and as a result, preventing new HIV infections and improving public health nationwide. These collaborations must range across federal, state, tribal, city, and community levels, in both the public and private sectors. Pharmacists have an important role in establishing and leading the collaborations and partnerships necessary to ensure broader adoption of PrEP in the most vulnerable populations.

At the conclusion of this session participants will be able to:

1. Explain the importance of PrEP in the goal of preventing new HIV infections.
2. Discuss the partnerships needed in order to improve awareness, access, and adherence to PrEP.
3. Describe the role of pharmacists in increasing the uptake of PrEP.