

## 2019 USPHS Symposium Track 5 Agenda

### Tuesday, May 7

#### Track 5

1:30 PM - Partnering with Liberian Health Care Workers to Develop Liberian Health Leaders  
2:00 PM **LCDR Ben Bishop, PharmD, MSc**

**BACKGROUND:** A deployment to assist with an Ebola vaccine clinical study additionally yielded partnership opportunities to help local health care workers develop their skills and improve public health. A rotation of deployed pharmacists served as facilitators to assist local staff build on their strengths and improve their ability to serve their patients.

**DESCRIPTION:** A journal club was formed to develop the clinical knowledge and research capabilities of Liberian pharmacists at two sites in Liberia. Over time, the collaboration grew in both scope and quality and was expanded to include nurses. This unique partnership between countries and categories provided for the mutual benefit of everyone involved.

**LESSONS LEARNED:** 1) Certain computer skills had to be taught before the journal club and other collaborations could be successful. 2) Topics selected by local health care workers were likely to be better studied, while topics selected by facilitators were likely to be more rigorous.

**RECOMMENDATIONS:** We should take advantage of appropriate partnership opportunities whenever and wherever they arise. Creative ideas for collaboration serve well to attract talented people and help them to develop even greater skills as clinicians and leaders.

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

1. Describe the innovative program created by American and Liberian health care workers
2. Identify factors contributing to the success of a partnership intended to help develop health care leaders.
3. Apply the lessons learned and recommendations of this presentation to help create future collaborations.

#### Track 5

2:00 PM - Pharmacists or Regulatory Officers? Multiple roles we play to protect the public health from unsafe compounded drug products  
2:30 PM **LCDR Dien Nguyen, PharmD; LT Tramara Dam, PharmD**

The presentation will provide a brief overview of how pharmacists protect the American public from poor quality, unsafe and ineffective compounded drugs and will include the following: overview of the compounding incidents team and pharmacists' roles in investigating adverse events and complaints associated with compounded drug products; pharmacists' role in working collaboratively with stakeholders to protect the public through proactive compliance strategies and risk-based enforcement actions; partnerships with states and other government entities aimed to improve regulatory compliance among compounding pharmacies; and strategies to improve these partnerships.

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

1. Differentiate between 503A and 503B compounding pharmacies and identify methods on how to report a compounding incident.
2. Differentiate between different types of enforcement actions in OUDLC.
3. Summarize the importance of collaboration and partnerships and the roles that pharmacists play in this.

Track 5

2:30 PM - A Federal Grant-Making Agency's Role in Emergency Preparedness, Response, and Recovery

3:00 PM

***CAPT Todd Lennon, DHSc, LCSW***

The Health Resources and Services Administration (HRSA) does not have funding or authority specifically dedicated to emergency preparedness, response, or recovery. However, HRSA's steady state programs support health care providers in underserved communities and are integral to those communities' health resilience. As a member of the HHS family of agencies, HRSA provides subject matter expertise on its programs and the populations they serve during preparedness activities like policy development and working groups. During response, HRSA provides federal responders with data on how the event impacted the segments of the health care infrastructure supported by HRSA's programs. HRSA also provides grantees and recipients with programmatic technical assistance to help them respond to the event's impact on their service delivery. This work continues into the recovery phase as HRSA provides expertise in health care systems, administers supplemental funding, and partners with HHS recovery staff to provide information on how HRSA's programs can be leveraged to improve community health resilience moving forward.

This educational session will:

- Provide a "HRSA 101" overview of steady state programs to raise

attendees' awareness of HRSA's role in community health resilience.

- Describe HRSA's role in federal ESF #8 and Health and Social Services Recovery Support Function activities and provide examples from recent events.

- Highlight the many internal and external partnerships HRSA maintains to support its role in the communities it serves and in the federal interagency.

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

1. Explain how HRSA's programs contribute to community health resilience.
2. Describe HRSA's role in federal ESF #8 and Health and Social Services RSF activities.
3. Describe the critical partnerships HRSA maintains to support the agency's role in federal emergency preparedness, response, and recovery activities.

Track 5

3:00 PM -

National Partnerships to Promote Post-Market Drug Safety Surveillance System

3:30 PM

***LCDR Sara Azimi-Bolourian, PhD, MBA; CDR Michael Nguyen, MD***

In 2007, Congress passed the Food and Drug Administration Amendments Act (FDAAA), which mandated the creation of a post-market safety surveillance system for drugs, vaccines, and other biologics. To meet that requirement, the FDA established the Sentinel Initiative which requires the agency to work with public, academic, and private entities to develop a system to obtain information from existing electronic healthcare data from multiple sources to assess the safety of approved medical products. The Sentinel System allows the FDA to proactively assess the safety of products and, as a result, it is better able to understand their risks. Currently, the Sentinel System has information on over 223 million members combined from 18 different data partnerships. The data are derived from national health insurers and managed care organizations. The Sentinel System also contains information about diagnoses, procedures, and drugs dispensed in these health care systems. Sentinel is increasingly recognized as a vital resource able to support the needs of diverse stakeholders, including other public health agencies, health systems, regulated industry, the clinical research enterprise, and patients. It also complements the FDA's existing monitoring capabilities by providing administrative and claims data that can be queried to monitor the use of FDA-regulated medical products and potential outcomes of treatment. The FDA is now actively engaged in promoting synergies and identifying opportunities for broader use of the

data infrastructure used by Sentinel for other purposes within the public health arena.

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

1. Describe the Sentinel System and how it's used to assess the safety of approved medical products.
2. Explain how the Sentinel System supports the needs of diverse stakeholders, including other public health agencies, health systems, and regulated industry.
3. Summarize FDA's efforts to broaden the use of the data infrastructure used by Sentinel for different purposes within the public health arena.

#### Track 5

3:30 PM - Engaging Stakeholders to Advance Capacity Development in Latin America: The Formation of a  
4:00 PM Training Cadre for the Produce Safety Rule

***CDR Nicole Conklin, RN, B.S.N.***

Latin America grows nearly 40% of the fresh fruits, vegetables, and herbs consumed in the United States. Not only are Latin American farmers important to the US consumer, but the US market is important to the Latin American agricultural industry.

In 2015, the Food and Drug Administration (FDA) published the Final Rule for Standards for the Growing, Harvesting, Packing, and Holding of Produce for Human Consumption. This Rule applies equally to farms located within the United States as it does to farms located abroad, and it contains a training mandate that one supervisor from every farm subject to the Rule must be trained on a curriculum of safe agricultural practices deemed adequate by the FDA. The training methodology selected to disseminate this curriculum uses a train-the-trainer structure and relies heavily on the prevalence and work of Lead Trainers for its success.

As of March 2018, there were only 14 Lead Trainers for this curriculum in Latin America located in a total of 5 countries in a region with estimated 100,000s of farmers. An intervention was needed to galvanize this workforce to accomplish Latin American compliance with the Rule to maintain market availability of safe, fresh food.

This presentation will explain the process used to assess the situation, engage with a diverse set of stakeholders, build a team of professionals within a politically charged environment, and achieve real results of developing a training cadre, and advancing the mission of the Agency, through capacity development in Latin America.

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

1. Explain how produce safety capacity development in Latin America impacts the U.S. consumer.
2. Discuss difficulties and barriers limiting the development of a Produce Safety Lead Trainer workforce in Latin America.
3. Identify strategies used to garner stakeholder engagement to conduct the Produce Safety workforce intervention.

#### Track 5

4:00 PM -

Implementing a DoD and VA Interoperable Electron Healthcare System

4:30 PM

***LCDR Minh-Huong Doan, Pharm.D.; CDR Melissa Walker, MA, PMP***

The Department of Defense (DoD)/Department of Veterans Affairs (VA) (DoD/VA) Interagency Program Office (IPO) was established in 2007 when the National Defense Authorization Act for fiscal year 2008 directed the two largest departments, DoD and VA, to develop a fully interoperable electronic healthcare system. In 2013, the two Departments decided to pursue individual electronic health record modernization efforts, with DoD purchasing a commercial product to fulfill its needs. In 2018, VA purchased the same commercial product and the IPO's current mission is to lead and coordinate the adoption of and contribution to national health data standards to ensure interoperability among the DoD, VA, and private sector partners. IPO's vision has always been aimed at advancing the continuity of care for service members (and their beneficiaries) from initiation through their transition to Veteran status. Addressing the unique needs of the two Departments is complex as each have their own set of care locations, population of eligible beneficiaries, workflow, etc. To best serve the two Departments, the IPO is comprised of contractors, DoD, VA, PHS officers, and SPAWAR assets providing clinical, functional, and technical expertise. The goal of this session is to share information on the history and evolution of the IPO, the IPO's operating model, and describe the technical documents that provide strategic guidance to stakeholders and enhance health data interoperability.

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

1. Describe the mission and its connection to developing a fully interoperable electronic healthcare system
2. Identify the unique IPO organizational structure
3. Explain the three core DoD/VA documents that guide the enhancement of health data interoperability

**Thursday, May 9**

Track 5

9:15 AM - Lessons Learned from Primary Care Behavioral Health Integration

9:45 AM **LT Sherry Daker**, PharmD; **CAPT Ted Hall**, PharmD, BCPP, RPh

Primary care settings have become a gateway for many individuals with behavioral health and primary care needs. To address these needs, the Indian Health Service Behavioral Health Integration Initiative (BH2I) aims to plan, develop, implement, and evaluate behavioral health integration with primary care. The purpose of the BH2I is to improve the physical and mental health status of people with behavioral health issues by developing an integrative, coordinated system of care between behavioral health and primary care providers. Red Lake Hospital located in Minnesota and Ho-Chunk Nation Health Department located in Wisconsin are both BH2I grant award recipients that have created their own innovative interdisciplinary behavioral health care programs. In addition, these two reservations have formed a unique collaboration to share practice models, discuss opportunities for monitoring program effectiveness, and to develop a pathway for successful integration.

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

1. Explain how behavioral health integration differs from traditional mental health care
2. Describe the multi-level change that accompanies primary and behavioral health integration
3. Discuss the successes and challenges experienced by Indian Health Service sites while adopting integrated behavioral health care

Track 5

9:45 AM - Promoting Resiliency in USPHS Deployers

10:15 AM **LCDR Gabriela Ramirez-Leon**, Psy.D., MPH, M.Ed.; **CDR Robert Garcia**, MSW, MPH

In 2017, the United States Public Health Service (USPHS) deployed over 1400 officers to support the mission in the hurricane-affected areas across Texas, Florida, Puerto Rico, and US Virgin Islands. Many of these deployed officers had previous deployment experience, but numerous officers had never deployed. Readiness and response is core to the USPHS mission and officers are being called upon more frequently and at greater numbers to deploy. An important part of readiness is psychological health and overall wellness of responders. Nevertheless, historically emergency personnel in the United States have lacked support and resources for understanding mental health risks and maintaining resiliency during a response. This presentation attempts to address this gap by identifying the most commonly encountered

psychological health risks by responders in the field, such as exposure to potentially disturbing sensory stimuli, stressful work conditions, and ambiguous success. Subsequently, the presenter describes risk-specific solutions, such as the Centers for Disease Control and Prevention Responder Resilience Program, created to support and protect the emotional health of responders deployed to emergencies, and leverages resources available from the Substance Abuse and Mental Health Services Administration. The goal of this presentation is to arm USPHS officers with useful information to better prepare them to face deployment risks and remain resilient in an effort to improve the deployment experience and ensure the success of the overall mission.

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

1. Identify the most commonly encountered psychological health risks by responders in the field
2. Describe three elements that enhance resiliency
3. List three resources available to responders that support them in their quest to remain resilient in the field and beyond.

Track 5

10:15 AM - Social Media: The User Strikes Back

10:45 AM

***CAPT Michael Schmoyer, PhD, MEd, BS, CHES; Ms. Lindsey Mask, BA***

Do what your friends post online make you feel all a Twitter? Have folks stuck things online that make your Face look like a bad Book? Do strangers come out of dark places to Link you Into their bizarre world? Social media accounts are popping up daily across the United States and the globe, and U.S. Public Health Service (USPHS) Commissioned Corps officers are just as involved as other sectors. Let's hear about how to write your own social media narrative that protects you, your family, and your career.

"Social Media: The User Strikes Back" follows the recent "Social Media Hygiene" presentations delivered specifically for USPHS PACs by the HHS/Office of Security and Strategic Information (OSSI). "Social Media: The User Strikes Back" helps officers learn the tips, tricks, and tactics to protect their lives, family, and career from adverse social media. Attendees will learn valuable lessons for protecting their online persona as well as recommendations for using social media in a manner that optimizes virtual protection. Attendees will also learn about various ways to identify and mitigate potential online derogatory information. Finally, this presentation will reinforce the critical connection between social media and an officer's background investigation process.

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

1. Identify potential risks associated with social media platforms and how to protect oneself from adverse events.
2. Apply knowledge and understanding of unsafe social media practices to reduce, refine, avoid, or abstain from intentional or unintentional risky behaviors online.
3. Identify at least three mechanisms to search what the Internet has relating to personally identifiable information that is easily obtained from social media platforms.

Track 5

10:45 AM - Arts, Health & Well-being across the Military Continuum and Beyond

11:15 AM **CAPT Moira McGuire, BSN, RN-BC, CSC**

Background - Since 2001, the military health system has been dedicated and relentless in its pursuit of the best methods to address key health issues impacting our service members and their families such as combat-related injuries, PTSD, and TBI to name a few. More recently this pursuit has included an emphasis on non-pharmacological interventions.

Description - In 2011, Walter Reed National Military Medical Center hosted the National Summit: Arts in Healing for Warriors. This groundbreaking summit marked the first time various branches of the military collaborated with civilian agencies to discuss how engaging with the arts provide opportunities to meet the key health issues our military faces -- from pre-deployment to deployment to homecoming. Building upon the success of the Summit the National Initiative for Arts & Health in the military, a multi-year project, was developed and it's national action plan is currently being used to launch a new clinical elective at Uniformed Services University for medical students to raise visibility, understanding, and support of Arts in Health in the military, in their clinical practice, and in themselves.

Lessons Learned - During the past 6 years of convenings, consistent themes include:

- Importance of including children/families into arts programming
- Need to develop female-specific events for female service-members/veterans
- Importance of incorporating Arts in Health education/training across all sectors
- Need to develop champions at the clinical level

Recommendations - start incorporating Arts in Health education into graduate medical education and all clinical training programs to create informed and aware providers/clinicians.

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

1. Identify one personal activity that supports creativity/expression in their lives
2. Describe the difference between arts and creative arts therapies
3. Identify one way in which the integration of Arts in Health could help with the non-pharmacologic management of pain

Track 5

2:15 PM -  
Path

The Exciting Future of the Corps: Embracing a National Health Security Career

2:45 PM

***CAPT Michael Schmoyer, PhD, MEd, BS, CHES; CAPT Scott Helgeson, MS, BS***

In December 2017, a revised National Security Strategy (NSS) was announced. Shortly after the release of the NSS, a revised National Health Security Strategy (NHSS), which supports the health aspects of the NSS, was also released by the U.S. Department of Health & Human Services. The National Health Security Strategy is a strategic plan for 2018 developed to help minimize the consequences associated with significant health incidents. The plan provides coordination between separate organizations in order to reduce the social and economic cost in the case of a significant health incident. The strategy covers coordination of preparation and contingency planning, incident identification and recovery strategies relevant to each stakeholder in the event of a national health incident.

This presentation, a strategic partnership between OASH and OSSI, addresses the exciting role that USPHS officers have within the NSS and, especially, the NHSS. An innovative concept, called the National Health Security designation, will be discussed. This innovative career designation identifies those positions within the Commissioned Corps which have a primary and substantive role in supporting or advancing national and/or global health security missions, goals and objectives. These positions play a pivotal role in the anticipation of, response to, and recovery from health threats.

Specific areas that will be highlighted include:

1. Positions that perform work in support of the Global Health Security Agenda
2. Positions that perform work that align to the national health security strategic objectives
3. Positions that perform work in support of the HHS Health Security Agency Priority Goal

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

1. Describe the NSS and the NHSS as it relates to U.S. Public Health Service Commissioned Corps (USPHS CC) officers.
2. Identify USPHS CC positions that support the National Health Security designation.
3. Explain the future of USPHS CC officers in their unique ability to support National Health Security.

Track 5

2:45 PM -  
3:15 PM

Be the Change: Partnering to Address the Need for Officer Leadership Training  
***CDR Glendolynn Johnson, PharmD, RPh; LT Traci Murray, PhD, RN***

Background: Funding for comprehensive and large-scale leadership training for PHS officers is often limited; but is vital for the personal development needed to cultivate our Corps values and achieve our mission. Description: This session will explore how PHS officers can address this challenge by collaborating between various agencies, categories and ranks to employ our collective, acquired expertise to develop meaningful and inclusive leadership training opportunities. We will discuss the successful implementation of the "Seasons of Leadership" workshop held by the Career and Professional Development Committee of the Black Commissioned Officers Advisory Group in 2018. This workshop incorporated both didactic presentations and practical exercises to increase self-awareness, improve interpersonal skills and create a personal leadership development plan. We will describe essential core competencies for PHS leaders and available resources for developing leadership training with limited funding. Lessons Learned: Over 300 officers and civilians across various agencies participated in the "Seasons of Leadership" workshop via online and in-person at the Food and Drug Administration campus. This type of PHS leadership training is necessary; feasible to develop with limited funding; and can be made broadly accessible to PHS officers across the country. Recommendations: This adaptable approach of offering training workshops accessible to various agencies will increase the opportunity for officers to participate in leadership training. Participants will be challenged to reflect on the leadership training needs of fellow officers and identify and develop opportunities to address those needs.

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

1. Identify and describe fundamental leadership competencies for officers in their commitment to the core values of the USPHS Commissioned Corps.

2. Describe a framework and toolset for officer leadership training development and collaboration that leverages the diversity, breadth and depth of the Commissioned Corps within and across professional categories and addresses a foundational challenge in PHS officer development.
3. Apply this framework and toolset to identify and develop training opportunities to enhance the impact on public health and leadership as a Commissioned Corps officer.

Track 5

3:15 PM - Interprofessional Practice and Education: Wisdom of Teams and Power of Partnerships

3:45 PM

***Dr. Barbara F. Brandt, PhD, FNAP; Ms. Kasey Farrell, MS***

Background: Today, U.S. healthcare and public health transformation is driving national imperatives for interprofessional education (IPE) in pre-professional student programs, residencies and practitioner continuing education. These imperatives include: national core competencies for interprofessional collaborative practice, new IPE consensus guidance by 23 accreditation agencies, new residency accreditation standards, joint accreditation for interprofessional continuing education, among others. Over 130 centers in universities and colleges are seeking collaborations with clinical practices and community agencies to train pre-professional students while engaging current health professionals. These efforts represent opportunities for public-private partnerships for health across organizations.

Description: Session participants will learn about the state of IPE, national imperatives, and an innovative approach, the "Nexus," to redesign community-campus partnerships to simultaneously transform health professions education and practice to be better integrated and more interprofessional. The National Center for Interprofessional Practice and Education is implementing this partnership approach in over 25 diverse settings serving rural and vulnerable populations such as FQHCs, addiction treatment centers, skilled nursing facilities and low-income housing, supporting students and practitioners to learn team-based skills together while documenting health/patient and organizational outcomes. Lessons Learned: External evaluators are identifying common themes and critical success factors such as the role of leaders in creating innovative partnerships. Data collected across sites is demonstrating improved patient/health outcomes and informing the development of a seven-component Nexus Learning System. This system is accelerating results-oriented community-campus partnerships for health and leading to a national, standardized IPE core dataset and the National Center Information Exchange for shareable, comparable data and outcomes.

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

1. State the imperatives driving interprofessional education and collaborative practice nationally and internationally
2. Describe an innovative community-campus approach in diverse settings with documented improved health outcomes of underserved and vulnerable populations where students and practitioners are learning interprofessional skills together
3. Identify opportunities to continue to learn about IPE and strategies to support innovative, results-oriented community-campus partnerships

#### Track 5

3:45 PM - The Transportation Security Administration (TSA) Passenger Screening Canine (K-9) Training 4:15 PM Program

***LT Tanesha Tutt, DHEd, MS, CHES; LCDR Erika Odom, PhD***

One of the SG's priorities is Health and National Security. Opportunities to partner with agencies to support national security efforts, not only allow officers to develop new skills and demonstrate officership, but also engage in activities that directly ensure public health and safety.

The TSA constantly evaluates screening procedures to stay ahead of evolving threats. One of the TSA's many layers of security is the Passenger Screening Canine (PSC-K9) Program, established in 2012. The PSC program uses trained K9s to screen travelers prior to them being cleared for travel. As the program evolved, the TSA introduced decoys into the training regimen. Decoys serve as unknown travelers and assist in testing the K9's and Explosive Detection Canine Handlers' (EDCH) capabilities in scenarios that will most resemble an everyday traveling environment. The use of decoys during training ensures K9s as well as the EDCHs are effectively detecting explosive odor and are always prepared for real time threats.

The ATL Decoy Training Program is conducted inside the Hartsfield Jackson Atlanta International Airport. On June 12, 2018, the Atlanta Commissioned Officer Association (ACOA) began partnering with the ATL-TSA K9 Team to support its decoy training program. From June 12, - Oct 24, 2018, 55 US Public Health Services Officers (PHS) have served as decoys. By leveraging the support of PHS officers, the ATL-TSA has enhanced its efforts, from training an average of nine K9s per week with two volunteers per week, to nine K9s per day with two volunteers per day.

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

1. Explain the purpose of the TSA K-9 Training Program.
2. Describe how USPHS Officers support the TSA program.

3. Discuss how leadership and individual participation in volunteer activities supports the visibility of the USPHS as a partner in our local community, career development and officership.