



# Defense Healthcare Management Systems

**Defense Health Information Technology  
Symposium 2014**

**DHMSM/DHA Deployment and  
Sustainment Strategy**

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Jones**

**29 - 31 July 2014**



# Learning Objectives

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- Have a basic understanding of all key stakeholders and their relationship throughout the DHMSM deployment.
- Understand basic knowledge of IOC sights and scope
- Be able to describe the wave approach and strategy.
- Be able to differentiate the roles of the Super Users from the Clinical Champions.



# EHR Modernization Guiding Principles

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-  Standardization of clinical and business processes across the Services and the MHS
-  Design a patient-centric system focusing on quality, safety, and patient outcomes that meet readiness objectives
-  Flexible and open, single enterprise solution that addresses both garrison and operational healthcare
-  Clinical business process reengineering, adoption, and implementation over technology
-  Configure not customize
-  Decisions shall be based on doing what is best for the MHS as a whole – not a single individual area
-  Decision-making and design will be driven by frontline care delivery professionals
-  Drive toward rapid decision making to keep the program on time and on budget
-  Provide timely and complete communication, training, and tools to ensure a successful deployment
-  Build collaborative partnerships outside the MHS to advance national interoperability
-  Enable full patient engagement in their health



# Agenda

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- Introduction
- Contracting
- The Deployment, Training, and Change Management Overview
- Notional Deployment Regions and Scope
- Wave Construct
- Notional Change Management Strategy
- Notional Training Strategy
- Notional Sustainment Strategy
- DHMSM Military Treatment Facility (MTF) Code
- Initial Operational Capability (IOC) Sites
- Summary



# Contracting Milestones: DHMSM Road to RFP Release

	1Q14			2Q14			3Q14			4Q14		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
<b>RFP Activity</b>				★ Draft RFP #1			★ Draft RFP #2			★ Draft RFP #3		▲ OSD Peer Review └───┬───┘ 4Q Release RFP
<b>Industry Engagement</b>	▲ Industry Day #1	▲ Industry Day #2		▲ Industry Day #3						▲ Industry Day #4		▲ Draft RFP #3 Questions Due

## Completed Milestones

- Industry Day #1
- Industry Day #2
- Draft RFP #1
- Software Licensing RFI
- Dental RFI
- Industry Day #3
- CONOPS - Capability to Task Alignment RFI
- Software Modularity and Interoperability RFI
- Signed Acquisition Strategy
- Draft RFP #2
- DHMSM Q&A Response Release
- CONOPS - Business Areas RFI
- Software Modularity and Interoperability RFI
- Operational Medicine RFI (TMIP-J)
- Communications – Infrastructure RFI
- Draft RFP #3
- Industry Day #4 – 25 June 2014**

## Upcoming Milestone

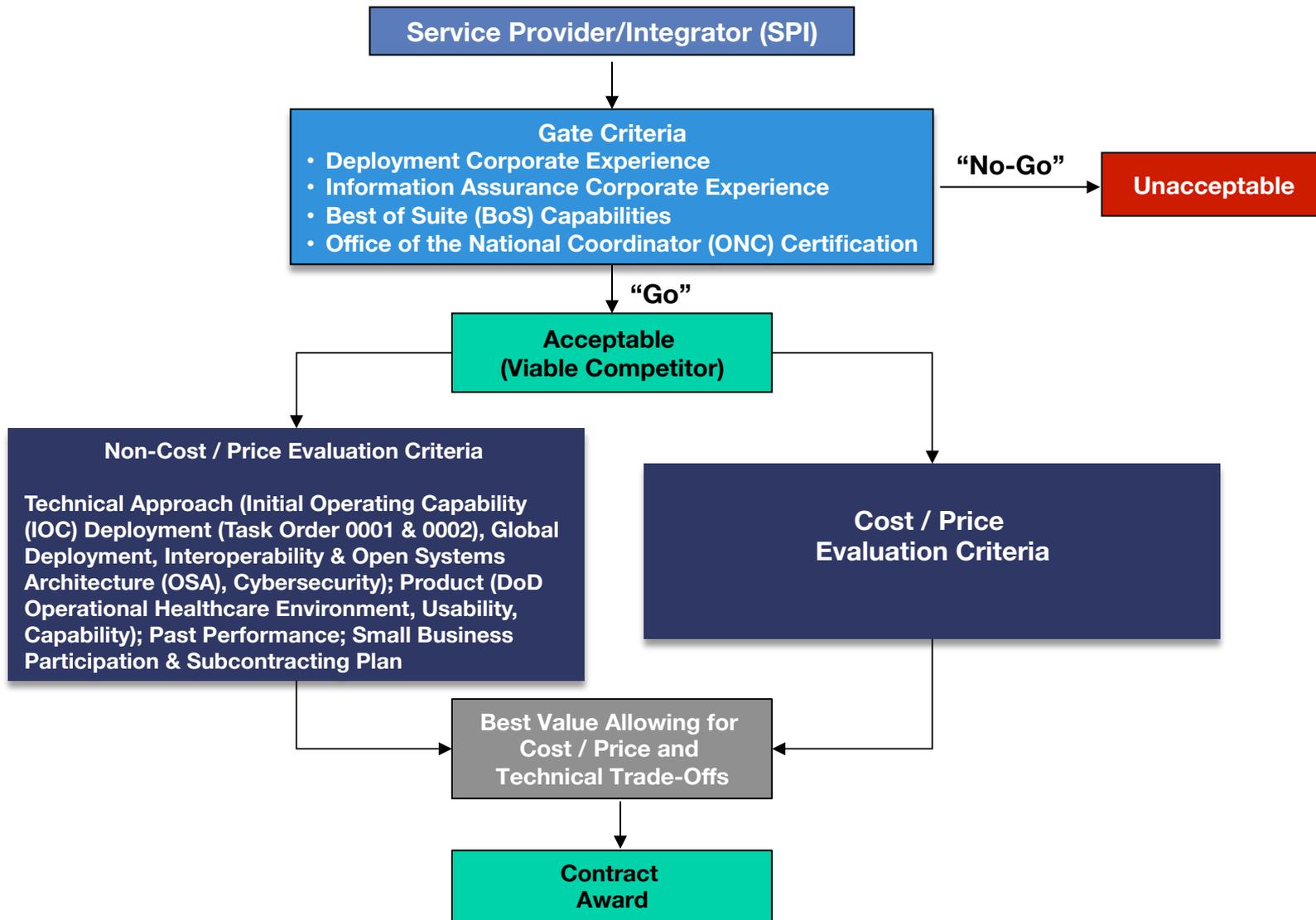
- Final RFP – 4Q 2014

### Legend

- Upcoming Event: ▲
- Completed Event: ▲
- Completed Milestone Decision Point: ★



# Evaluation Process





# Evaluation Criteria Overview

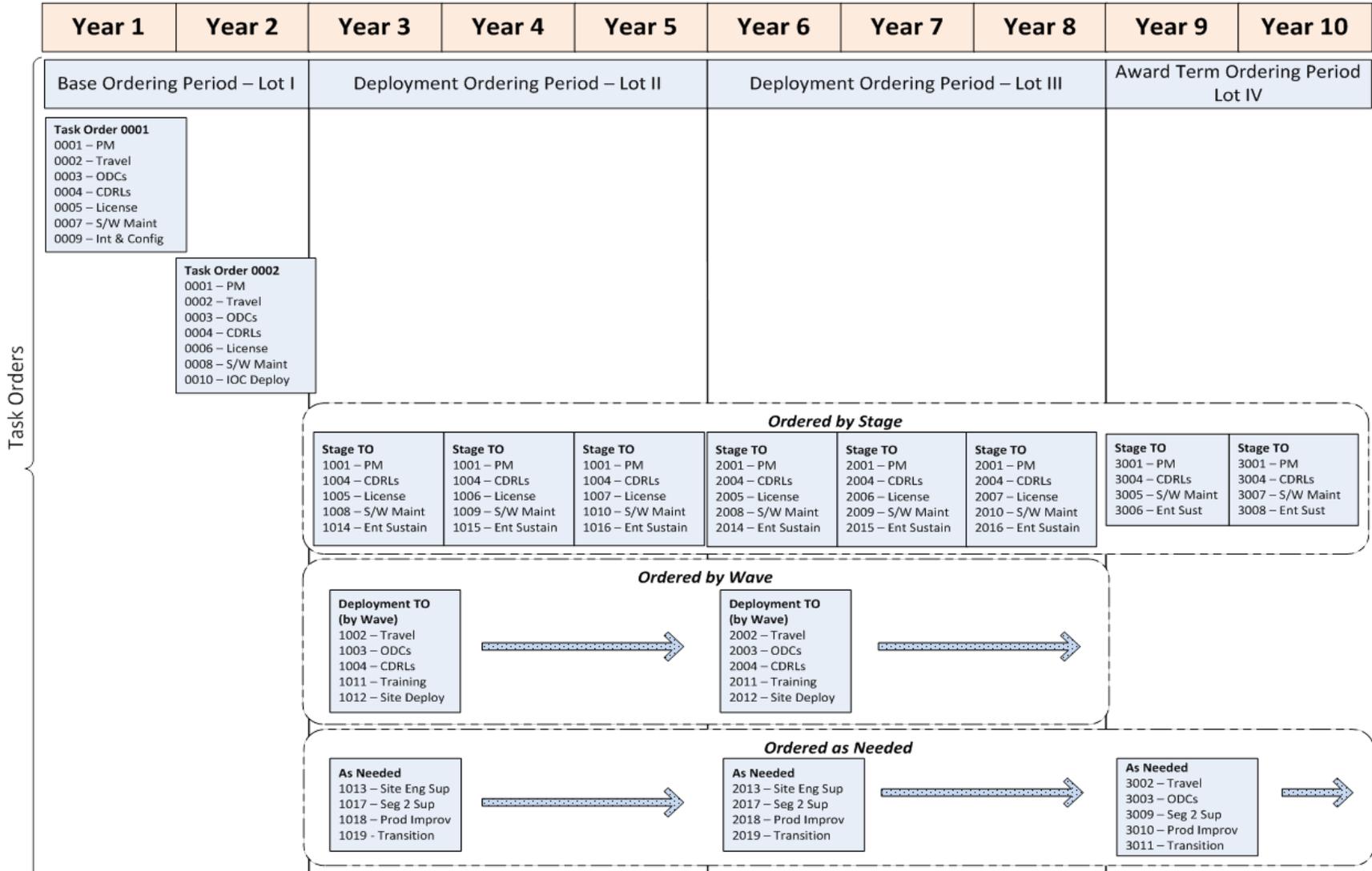
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- **Factor 1 – Gate Criteria (Acceptable / Unacceptable)**
  - Sub-factor 1.1: Deployment Experience
  - Sub-factor 1.2: Information Assurance (IA) Experience
  - Sub-factor 1.3: Best of Suite (BoS) Capabilities
  - Sub-factor 1.4: Office of the National Coordinator (ONC) Certification
- **Factor 2 – Technical Approach (Adjectival)**
  - Sub-factor 2.1: Initial Operational Capability (IOC) Deployment (Task Order 0001 & 0002)
  - Sub-factor 2.2: Global Deployment
  - Sub-factor 2.3: Interoperability & Open Systems Architecture (OSA)
  - Sub-factor 2.4: Cybersecurity
- **Factor 3 – Product (Adjectival)**
  - Sub-factor 3.1: DoD Operational Healthcare Environment
  - Sub-factor 3.2: Product Usability
  - Sub-factor 3.3: Product Capability
- **Factor 4 – Past Performance (Acceptable / Neutral / Unacceptable)**
- **Factor 5 – Small Business Participation & Subcontracting Plan (Acceptable / Unacceptable)**
  - 30% Small Business goal on total contract value (excluding EHR licensing CLINs)
- **Factor 6 – Cost / Price (Reasonableness / Realism)**



# Task Order Strategy

(Not to Scale – Illustrative Only, Not Meant to Depict Actual Task Order Timing)





# Software Licensing

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- **Software Licenses**

- Purchase perpetual enterprise software licenses for an off-the-shelf (OTS) electronic health record (EHR) software solution by stage
- As each stage is ordered, the Government will increase the estimated enterprise size up to a pre-defined end-state that includes all Military Treatment Facility (MTF) and personnel across the entire Military Health System (MHS)

- **Transferability**

- Software licenses will be made transferable to the Government upon request at anytime during the contract period of performance at no additional cost

- **Reporting**

- Reporting requirements for monthly report(s) detailing all active and in-use software licenses, to include third-party licenses

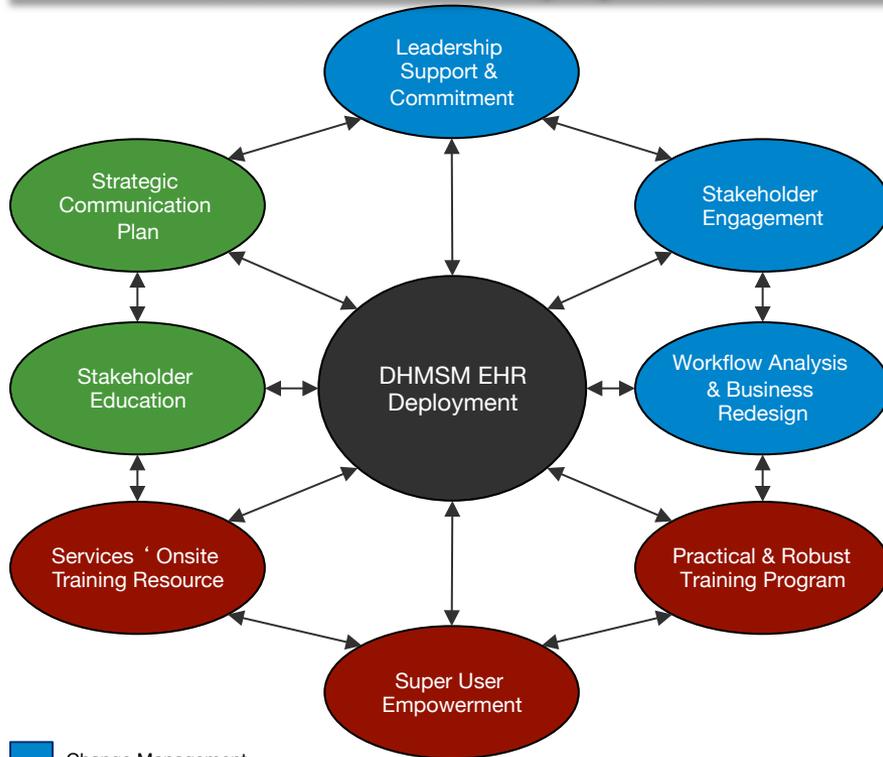
- **Data Rights**

- Pre- and post-award requirements for identification and assertion of any computer software (CS), technical data (TD), and CS documentation (CSD) provided with rights more constrained than unlimited rights
- The Government will seek to obtain at least Government Purpose Rights for any non-commercial CS, TD, or CSD and commercial CS, TD, or CSD related to interface and training deliverables
- Sections L and M include technical and price evaluation criteria for data rights



# Strategic Keys to EHR Deployment

**DHMSM will partner with DHA, the Services, and industry, utilizing a three pillar approach to address complexities involved in the EHR implementation process to achieve a successful and sustainable deployment.**



- Change Management
- Training
- Communications

## Change Management

- Align leadership to deployment objectives through Roadshows, Command Executive Briefings & Site Visits to ensure their support & commitment to EHR System implementation
- Early engagement with stakeholders during the development and deployment phases to optimize end users' adoption
- Perform workflow analysis and business process redesign to codify operational changes

## Training

- Implement a comprehensive training program that supports a practical, robust & multi-faceted curriculum
- Super user participation & training support will be a vital key to ensure a successful implementation
- Leverage existing services' onsite training resource to ensure a continuous sustainment support

## Communications

- Identify, define, and analyze stakeholder groups, media channels, and communication vehicles to effectively standardize communication efforts
- Inform & educate stakeholders of the new EHR System and upcoming activities in preparation for EHR deployment



# DHMSM Deployment Responsibilities

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- **Planning and developing a viable deployment strategy in conjunction with critical stakeholders**
  - Change Management
  - Training
  - Communications
  - Sustainment
- **Partner with DHA, the Services, and industry to deploy the EHR System with minimal disruption to the healthcare community**
- **Build a comprehensive sustainment strategy with the support of DoD and industry partners**



# The Deployment, Training, and Change Management Overview

The Deployment, Training and Change Management Plan (DTCMP) is one of the DHMSM PMO's guiding documents, which outlines the strategy and plan for the EHR system implementation

## Deployment

Utilizes regional concept with the wave construct and outlines key activities to ensure site readiness for the Initial Operational Capability (IOC) and the Enterprise implementation

## Training and Change Management

Outlines the structural approach to prepare end users for the upcoming deployment and provides a robust, multi-faceted training plan to accommodate the DoD end-user community based on their unique clinical, functional, technical, and administrative needs

## Communication

Identifies key stakeholder groups, media channels, and communication vehicles to inform and educate end users of the DHMSM program and upcoming activities in preparation for deployment

## Sustainment

Specifies the methodology and technical elements necessary to document the sustainment performance requirements and to reduce sustainment-related risks by clearly delineating executable product support requirements for the EHR system



# Key Stakeholders

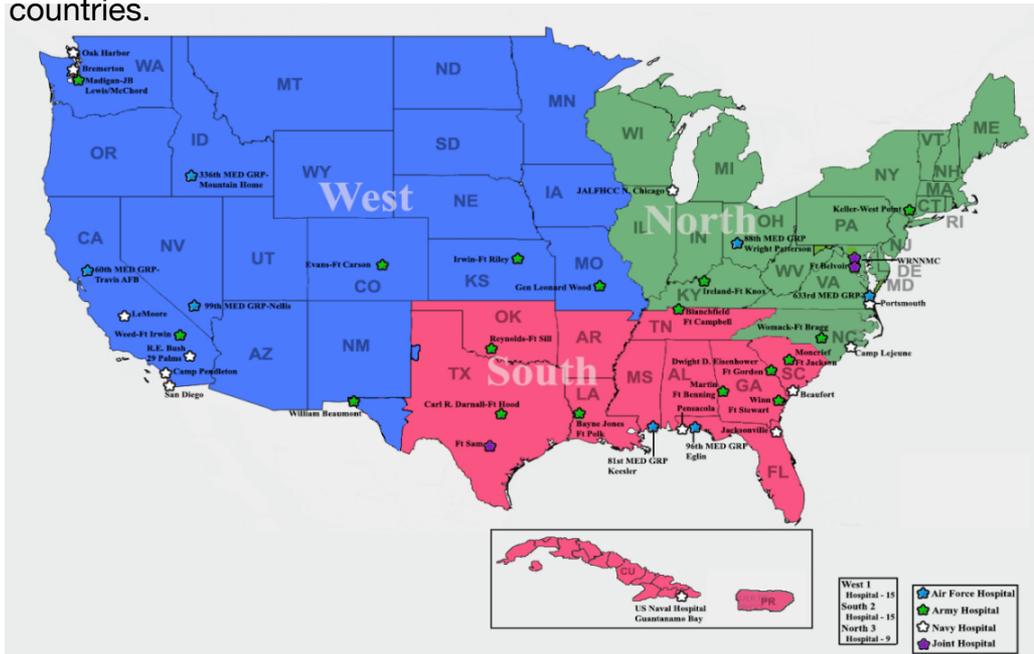
- Defense Healthcare Management Systems Program Executive Office (DHMS PEO)
- Defense Health Agency (DHA)
- The Services
- DHMSM PMO
- Military Treatment Facilities (MTFs)
- Theater Medical Information Program-Joint (TMIP-J)
- Service TMIP Program Offices
- Services Training Teams
- Chief Medical Information Officers (CMIOs), Subject Matter Experts (SME), Super Users, and Clinical Champions
- Service Provider Integrator (SPI)
- Veterans Affairs





# Deployment Regions and Scope

The deployment regions consist of approximately 153,000 FTEs in 16 countries.



	Clinics	Dental	Hospitals
<b>Air Force</b>	73	72	13
<b>Army</b>	163	148	22
<b>Navy</b>	112	60	18
<b>National Capital Region</b>	4	2	2
<b>Total</b>	352	282	55



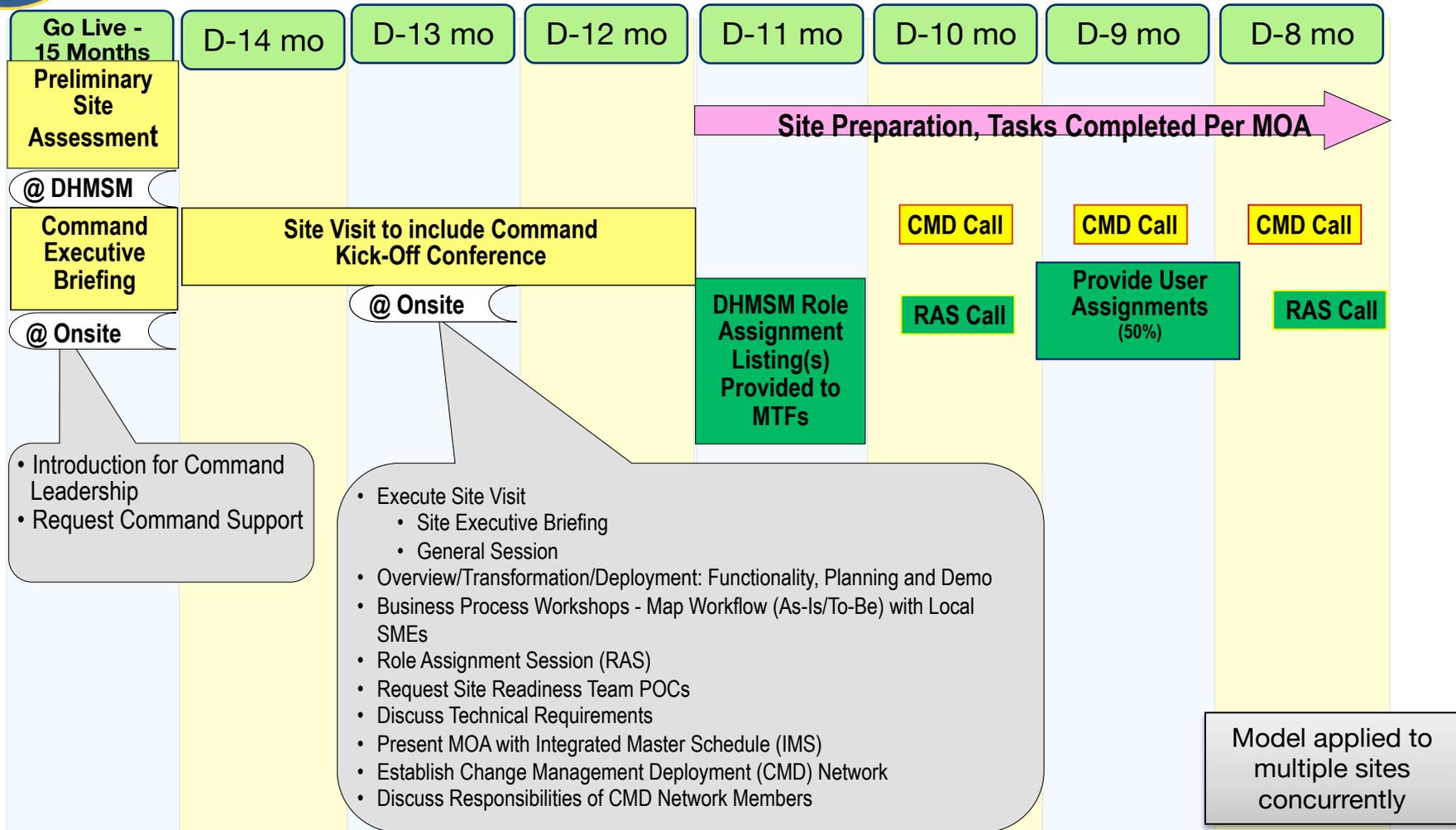
# Wave Construct and Planning Considerations

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- **Multiple “waves” within each region**
- **Considerations were made for the “waves” based upon the following factors**
  - DMIS “Parent/Child”
  - Enhanced Multi-Service Market (eMSM)
  - Business and Command Relationships
  - CHCS Host
  - Geography
  - Number of FTEs, MTFs and MTF Type
- **A “wave” consists of approximately**
  - 7,000 FTEs
  - 3 hospitals
  - 15 physical locations
- **Currently 24 Waves, including the IOC; 18 CONUS, 5 OCONUS (2 Europe, 1 Hawaii, 1 Japan, and 1 Korea)**
- **Optimization Training will be conducted 6-12 months after Go-Live**



# Model for Site Deployment and Change Management Process



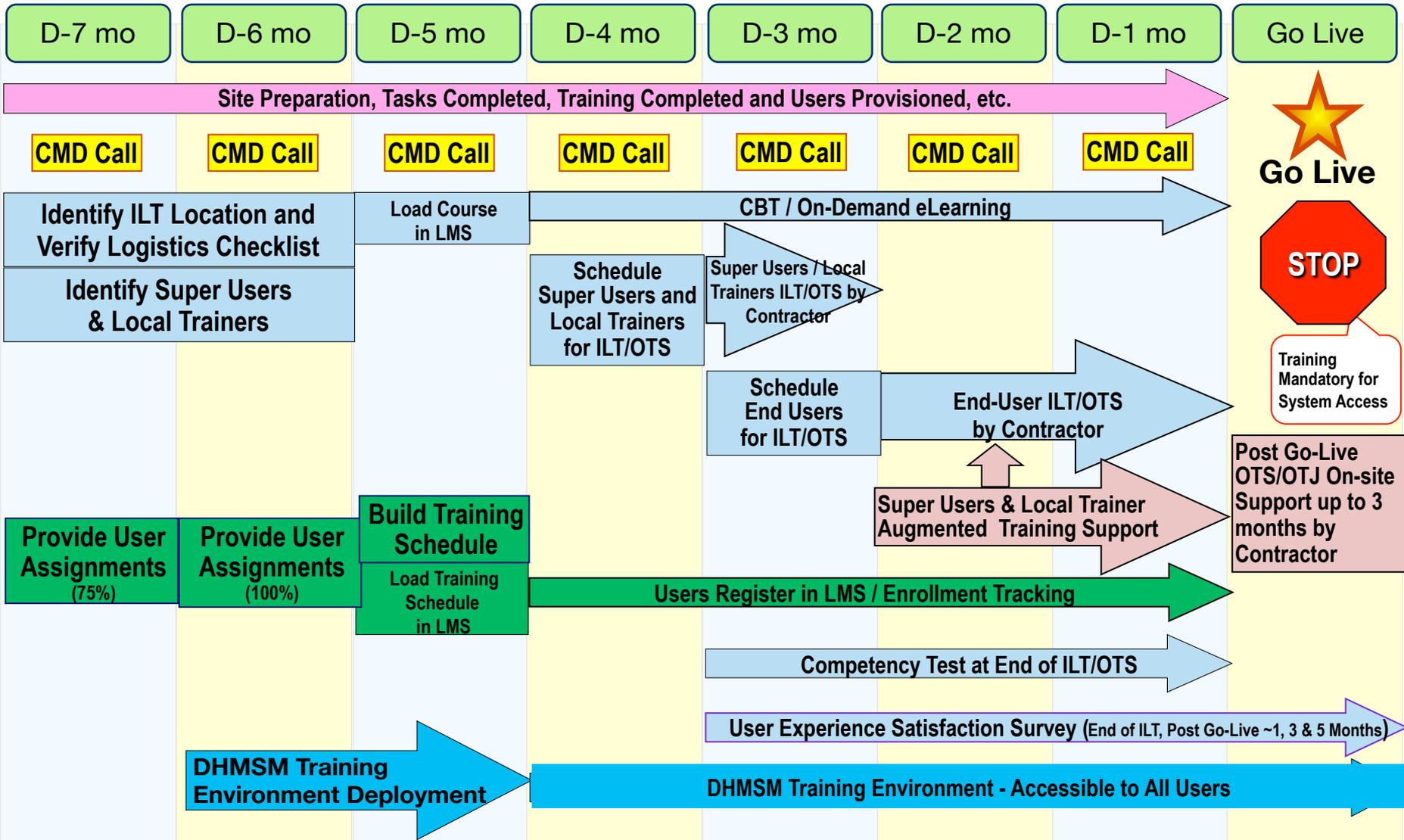
- Introduction for Command Leadership
- Request Command Support

- Execute Site Visit
  - Site Executive Briefing
  - General Session
- Overview/Transformation/Deployment: Functionality, Planning and Demo
- Business Process Workshops - Map Workflow (As-Is/To-Be) with Local SMEs
- Role Assignment Session (RAS)
- Request Site Readiness Team POCs
- Discuss Technical Requirements
- Present MOA with Integrated Master Schedule (IMS)
- Establish Change Management Deployment (CMD) Network
- Discuss Responsibilities of CMD Network Members

Model applied to multiple sites concurrently

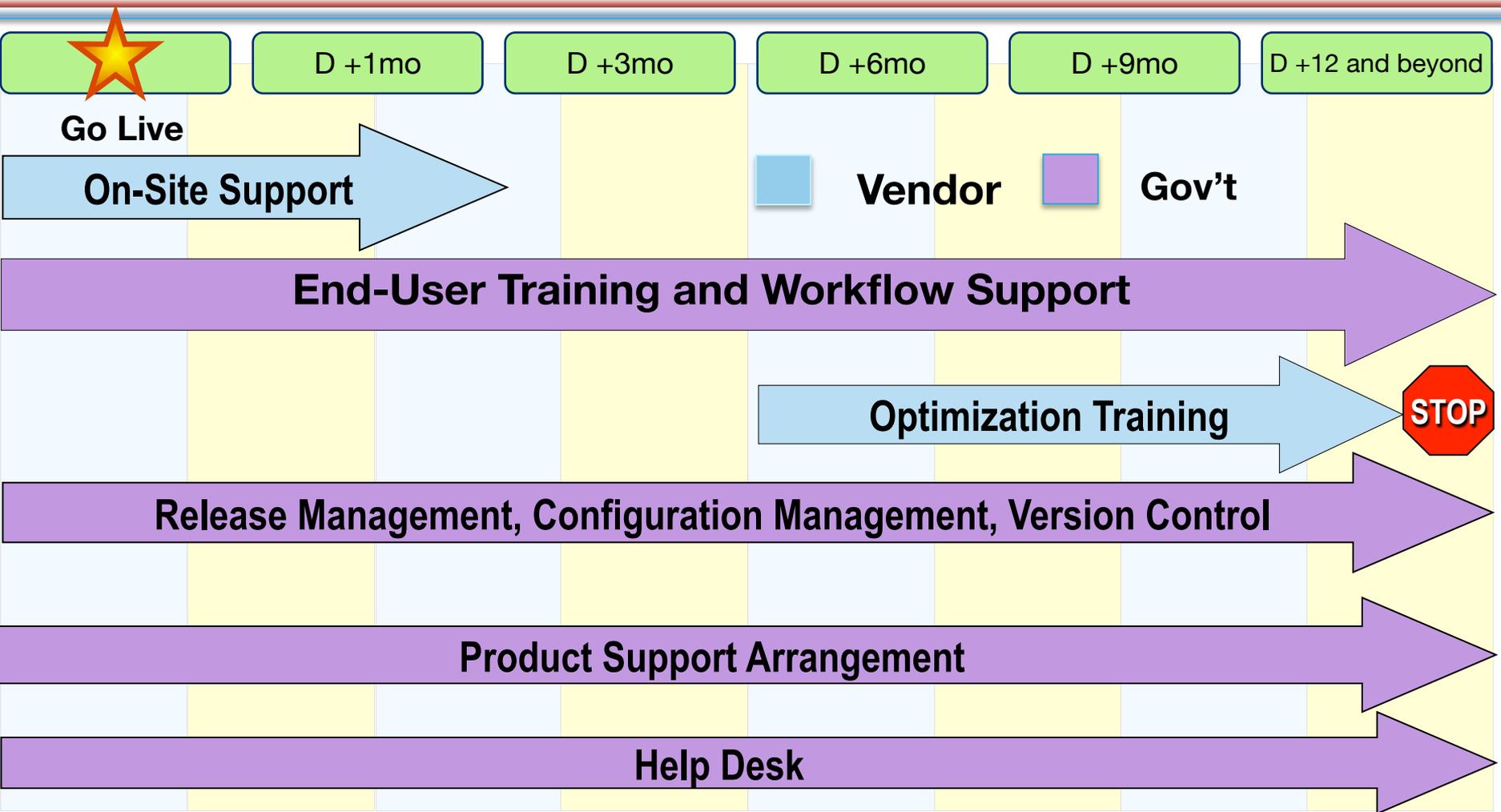


# Model for Site Deployment and Change Management Process (cont.)





# Model for MTF Sustainment Activities





# EHR Training and Workflow Backbone

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- MHS currently has 395 Government and Contractor staff who support training and workflow optimization across the Services
- Current workforce is insufficient to support legacy systems and implement and sustain a new EHR
- DHMS / DHA resourcing proposal:
  - Maintaining current resourcing levels is key
  - 1 Trainer for every 225 End Users
  - 1 Clinical Workflow Analyst for every 750 End Users
- Maintain Legacy System Support and assist with transition at IOC
- Identification of Clinical Champions and Super Users
  - Approx. 15000 for the MHS
  - FTE Requirement 0.5?



# Keys to Successful Implementation: Clinical Champions

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- **Clinical Champions:**
  - Participate in site visits and all related CMD activities
  - Assist with identification of Super Users and additional Clinical Champions
  - Assist with identification of the site Training Coordinators
  - Facilitate the user-to-role mapping assignments and end-user provisioning requirements
  - Participate in the development and execution of the DHMSM MOA
  - Assist with site-level problem resolution and solicit feedback
  - Communicate DHMSM current information to the end-users and senior leadership



# Keys to Successful Implementation: Super Users

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- **Super Users:**

- Serving as the site SME
- Facilitating On-The-Job Training of future end-users after completion of initial implementation training
- Serving as the intermediate level of Onsite Support between Users and the DHAGSC
- Supporting functional site readiness / Supervisor Workshops / User Role-Mapping
- Assisting with the crosswalk from “as-is” Legacy to the “to-be” process of the EHR system
- Being successfully trained on multiple areas of the solution to include problem identification and resolution
- Being familiar with the EHR System and serving as reliable sources of information for their peers
- Attending pre-implementation awareness sessions, demos, and presentations to introduce broad end-users to the EHR system
- Supporting end-user initial implementation training
- Providing post-implementation support to the end-user population in order to optimize the integration of the EHR System into end-user’s new workflows



# Notional Change Management Strategy

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- Change Management for DHMSM starts now
- Change Management Deployment (CMD) Network will begin officially with the kickoff during the site visits
- “CMD will be a recurring event managed by DHMSM and coordinated with the DoD CMIOs/SMEs
- Change Management (CM) is the responsibility of the entire DoD enterprise
- SMEs, Super Users, and Clinical Champions will be vital links in the CM process for each functional capability throughout the implementation
- SME identification and commitment from Services will warrant the success of CM
- Gap analysis of site “As-Is” workflows to the Enterprise “To-Be” workflows will be conducted during the Business Process Workshop



# Notional Training Strategy

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- Training proposals will include combination of Instructor-Led (ILT) (classroom/virtual), Computer-Based Training (CBT) and Over-the-Shoulder Training provided to end users just in time for Go-Live
- Training products and materials will be developed by the SPI and validated through DHMSM PMO and FAC
- Training is mandatory and all end users will complete training for their assigned role prior to being provisioned to the EHR System
- Training will be role-based and aligned to clinical workflows
- End users will have access to the virtual training, non-production environment to practice and enhance their skills
- A DoD Enterprise Learning Management System will be leverage for registration, scheduling, tracking, storing and delivering of all training products and materials
- Competency tests and end-user evaluations will be provided



# Onsite Support

The SPI will provide Post Go-Live Onsite Support activities up to 90 days

## Post Go-Live support activities include:

- Providing 24/7 on-the-job and over-the-shoulder support
- Troubleshooting, tracking, and resolving functional/technical incidents for end-users
- Reporting end-user incidents and training trends in the Monthly Status Report
- Proactively engaging end-users to identify unreported functional/technical incidents and providing additional training as necessary
- Providing additional support to Super User/Clinical Champions
- Modifying end-user job aids/quick reference guide as necessary





# Notional Sustainment Strategy

- DHMSM will leverage the current Military Health System (MHS) helpdesk structure and operational process
- Services' trainers and help desk support will be trained prior to the Go-Live dates

DHAGSC Tier Level	Description/Function
Tier 0 – Site support	<ul style="list-style-type: none"><li>• Systems/database administrator, local information management departments, or local help desk</li></ul>
Tier 1 – DHAGSC	<ul style="list-style-type: none"><li>• Log problem and create incident ticket</li></ul>
Tier 2 – DHAGSC – Intermediate Level	<ul style="list-style-type: none"><li>• Resolve basic/functional issues (subject matter experts)</li></ul>
Tier 2.5 – Segment 2 (TMIP-J configuration)	<ul style="list-style-type: none"><li>• Includes Network Operations and Blades Operations Groups</li><li>• Address connectivity/infrastructure issues</li><li>• Segment 2 (TMIP-J configuration) specific software contractor</li></ul>
Tier 3 – SPI or DISA	<ul style="list-style-type: none"><li>• SPI or DISA address most complex issues</li></ul>



# DHMSM Military Treatment Facility (MTF) Code

- Standardizes a construct with common language to characterize DoD sites
- Consists of attributes such as DMIS ID, type and size of facility, number users, clinical services, and technical infrastructure
- Supports deployment planning for this contract
- Depicts current DoD MTF elements

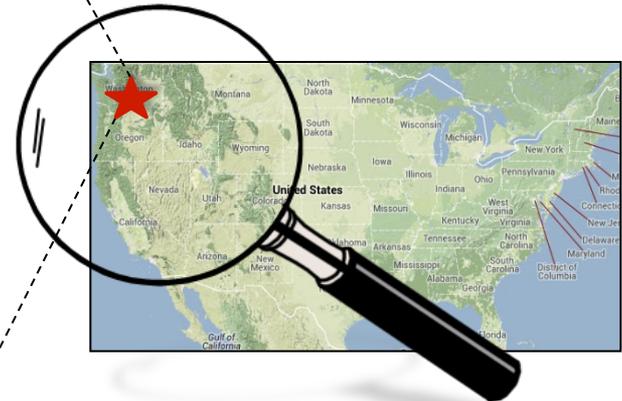
MTF	Attributes											
	DMIS ID	Facility Type	Number of users	Primary Care Services	Medical Specialty Services	Surgical Specialty Services	Ancillary Services	Emergency Care	Dental Services	Data Storage & Systems	Network Performance and Reliability	Network Communications
Madigan Army Medical Center	0 1 2 5	Z	Z	P 4	M i 1 1	S 9	A 7	R 2	D 1	5	3	T



# Initial Operating Capability (IOC) Sites

There are 8 facilities located in the following 6 installations with an estimated 7,000 total FTEs:

- **Bremerton, WA**
  - Naval Hospital Bremerton (Hospital)
- **Everett, WA**
  - NHCL Everett (Medical Clinic)
- **Fairchild AFB, WA**
  - 92<sup>nd</sup> Medical Group (Medical Clinic)
  - 92<sup>nd</sup> Aeromedical DEN SQ/SGD (Dental)
- **Joint (AF) Base Lewis-McChord, WA**
  - Madigan AMC (Hospital)
  - Madigan-Puyallup Medical Home (Medical Clinic)
- **Oak Harbor, WA**
  - Naval Hospital Oak Harbor (Hospital)
- **Silverdale, WA**
  - NBHC Sub-base Bangor (Medical Clinic)





# Summary

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- DHMSM EHR System will be implemented utilizing a wave approach and encompass all Services' components (Active, Reserve and Guard)
- Partnership between DHMSM, DHA, the Services and industry will be essential in promoting successful deployment, change management, training, and communication efforts
- Sustainment planning for the EHR System is required to meet enduring mission requirements
- Clinical Champions, Super Users and SME participation and training support are keys to success
- We understand the IOC's scope and requirements. The IOC sites will be our near-term focus and will help us to define future deployment efforts



# Questions

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- **We will attempt to answer any questions government personnel may have**
- **For any vendors in the room, our answers should not be construed as requirements or clarification above what is currently posted on FedBizOps**



# Other EHR Track Presentations

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- Interested in learning more about Electronic Health Records and the modernization process? Consider attending some of our other presentations.

Time	Title	Presenter(s)
Thursday 31 Jul 0930-1030	CMIO Panel	COL Thomas Greig CDR James Ellzy LTC Angela Icaza LtCol Mark Lamb
Thursday 31 Jul 1040-1140	Data Interoperability & Defining Standards with the VA and Private Sector	Mr. Craig Schaefer Mr. Brian Burns

Presentation slides will also be made available following the conference.



# Contact Information

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# Evaluations

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Please complete your evaluations