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Navy FAC representative



Defense Health Information Technology Symposium 2014

**EHR Modernization: Where are
we and where are we going?**

29 – 31 July 2014



DHA Vision



“A joint, integrated, premier system of health, supporting those who serve in the defense of our country.”



Learning Objectives



- Attendees will understand current status of the DHMSM program
- Attendees will understand key activities in 2013 and 2014 that have led to the current state of the DHMSM program
- Attendees will be able to list the top 3 things they need to do as individuals as DHMSM progresses to full deployment

EHR Modernization Guiding Principles



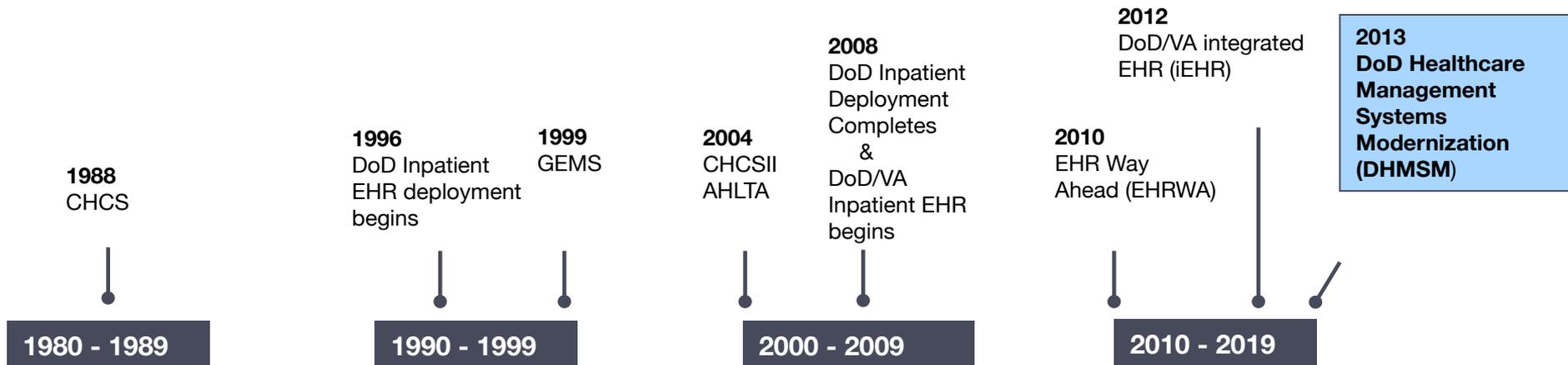
-  Standardization of clinical and business processes across the Services and the MHS
-  Design a patient-centric system focusing on quality, safety, and patient outcomes that meet readiness objectives
-  Flexible and open, single enterprise solution that addresses both garrison and operational healthcare
-  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



- Guiding Principles
- Overview
- EHR History & Background
- What are we buying?
- Requirements Development
- Next Steps
- Q&A

A Little History: The Path to Modernization



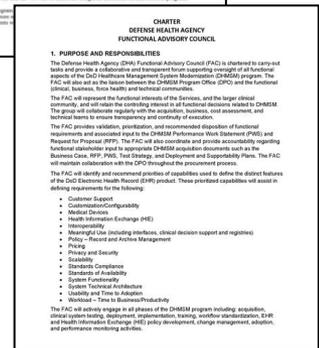
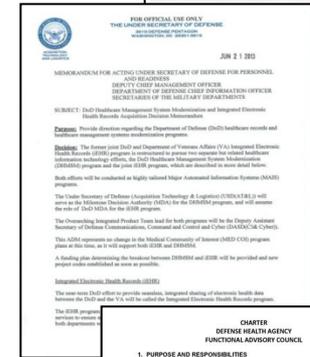
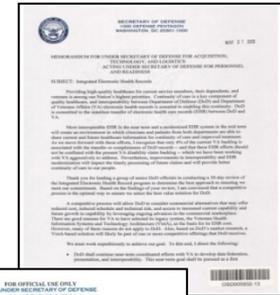
“Learning from the past is a gift for the future” - Unknown

“Medically Ready Force...Ready Medical Force”

Electronic Health Record (EHR) Transformation - Background



- EHR Strategy Shifted (Feb – Jun 2013)
 - ❑ DoD and VA pursuing different COAs
 - ❑ DoD pursuit of a full and open competition for an OTS EHR
 - ❑ The Under Secretary of Defense for Acquisition, Technology & Logistics leading the acquisition
- New program office established: DoD Healthcare Management Systems Modernization (DHMSM)
 - ❑ DHMSM will replace MHS legacy systems: AHLTA, CHCS, Inpatient EHR, TMIP
 - ❑ Initial Fielding by FY2017
- New “Council of Colonels” established: Functional Advisory Council
 - ❑ Provides forum to oversee all functional aspects of DHMSM
 - ❑ Liaison between the DHMSM Program Office, functional (clinical, business, force health, Guard & Reserve) and technical communities
 - ❑ Validates, prioritizes, and recommends disposition of functional requirements



EHR Modernization Phases



What are we buying?



DHMSM will:

- Meet ONC Standards
- Improve Usability
- Support the full DoD mission (Garrison & Operational)
- Have a Modular, Open Architecture

Priorities:

- Usability
- Health service delivery requirements
- Interoperable
- Adoptable
- Configurable
- Scalable
- Reliable

What are we buying?

TODAY



- Multiple non-integrated systems
 - Decoupled inpatient, outpatient, and Emergency Department functionality
- Poor usability
- Costly to sustain
- Disparate data sources

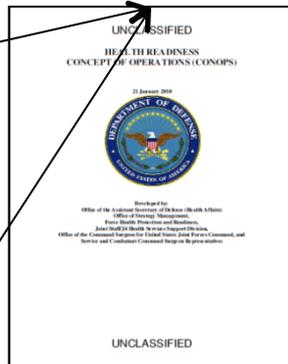
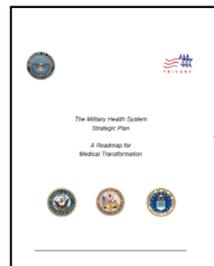
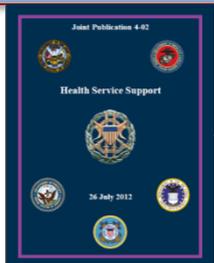
TOMORROW

- Best of Suite (BoS) with targeted integrated Best of Breed (BoB) EHR System
- Configurable workflow and documentation
- Supports 100% of MHS HSD capabilities
- ONC certified
- Standards-compatible
- Improved usability
- Interoperable with other non-DoD medical providers
- Tailored to functional community

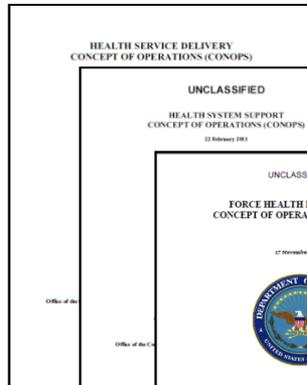


DHMSM will be an Off the Shelf Best of Suite augmented by targeted, integrated Best of Breed solutions , as needed, to fulfill DoD requirements

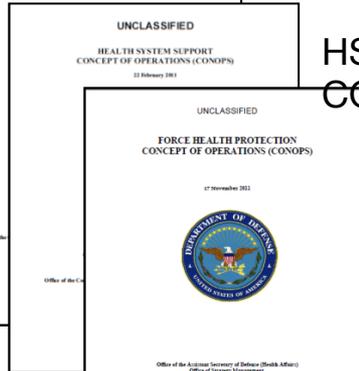
Requirements Roadmap - Using JROC Approved Doctrine



HR CONOPS



HSD CONOPS



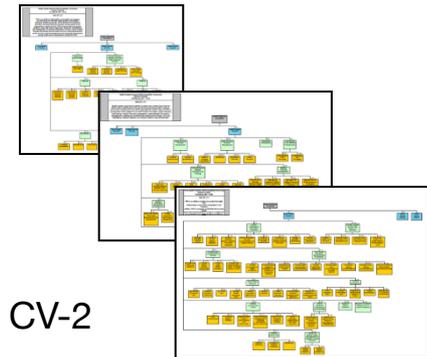
HSS CONOPS

FHP CONOPS

The primary purpose of the Health Readiness Concept of Operations (CONOPS) is to support “rigorous assessment and analysis of health-related capability gaps and inefficiencies through a capabilities-based assessment (CBA) process to reach appropriate materiel and non-materiel solutions”



CV-1



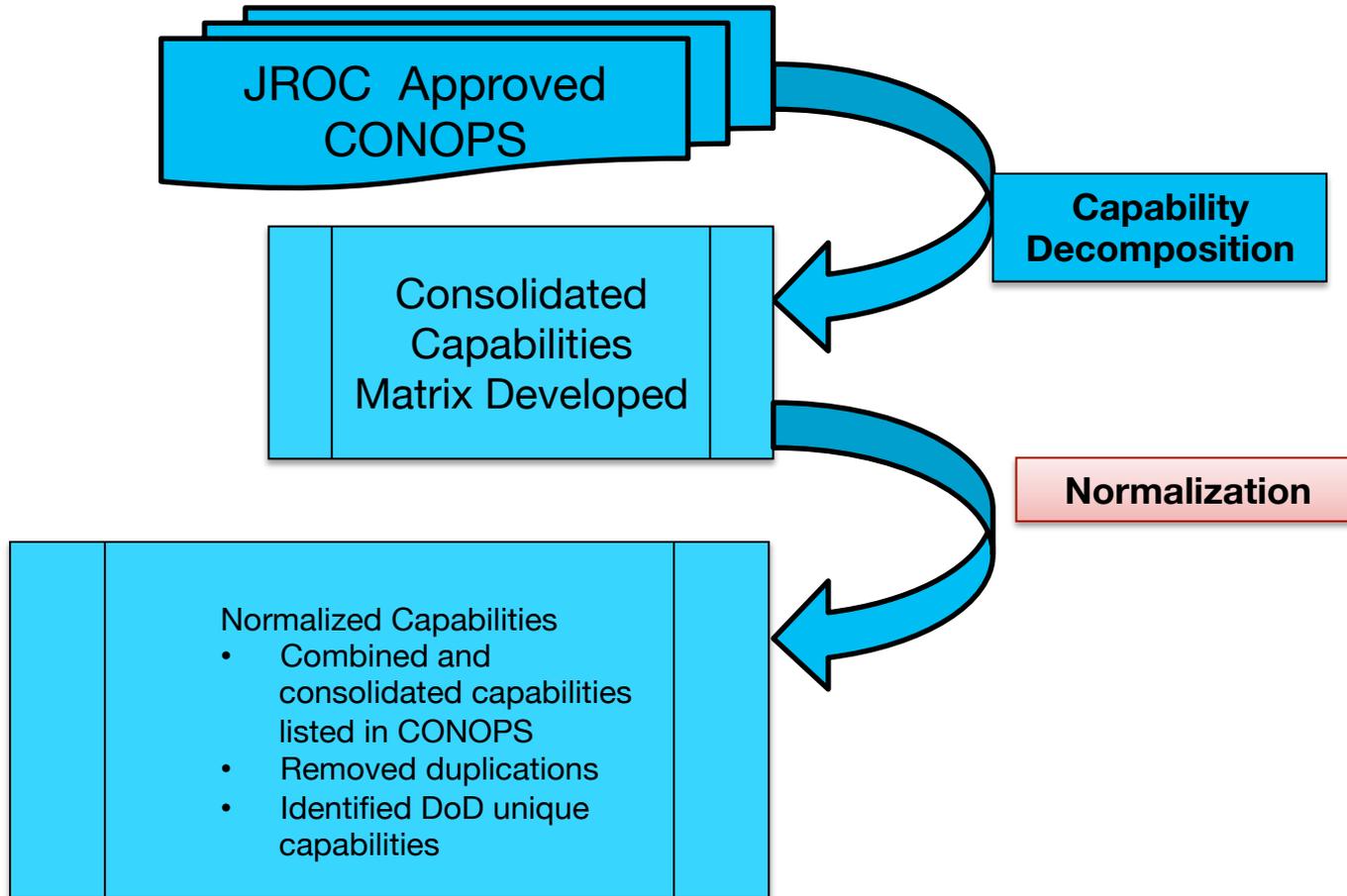
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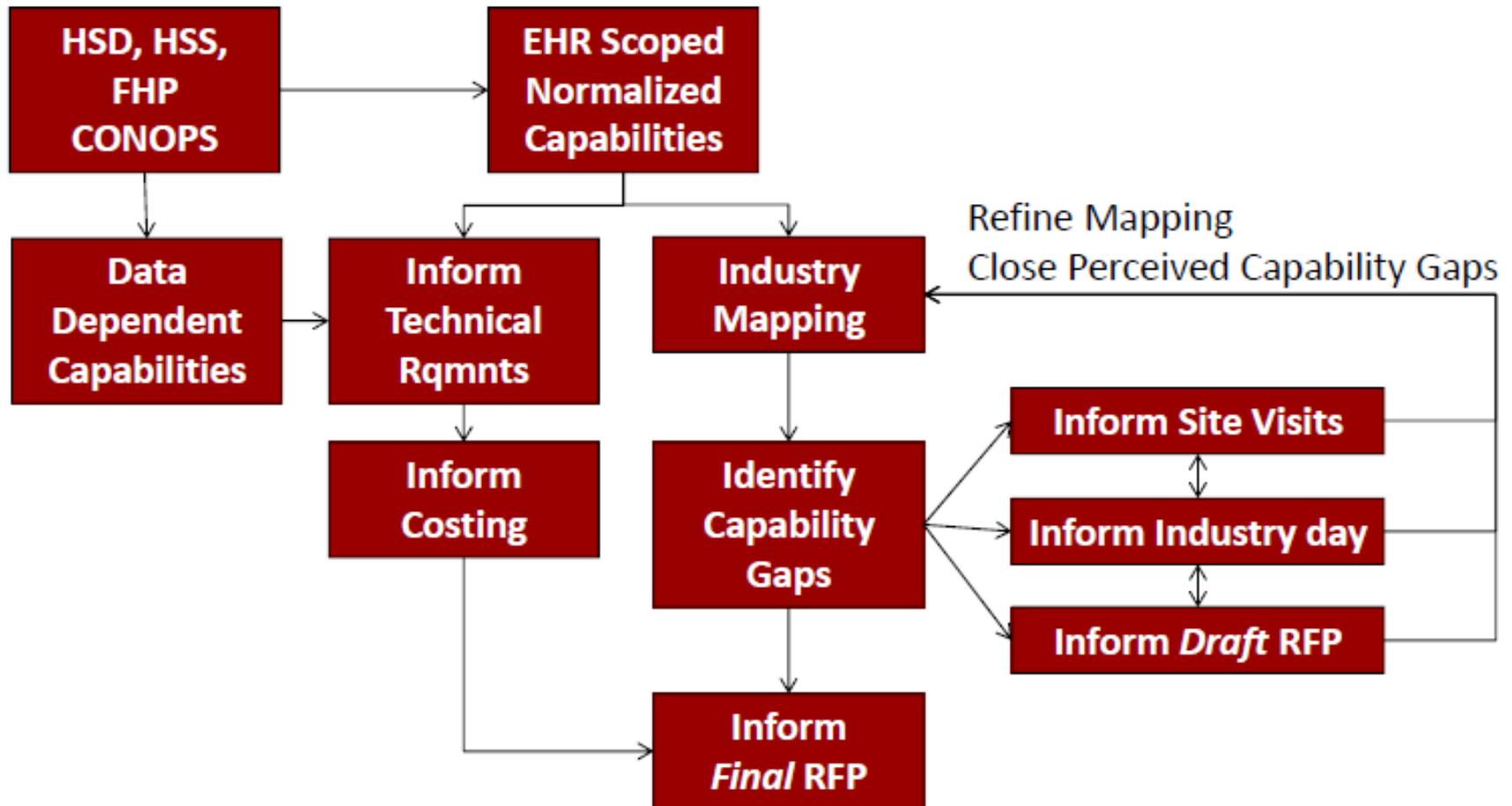
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Key Terms: Joint, Health Readiness, Integrated, Interoperable, Flexible, Scalable, Modular

Developed a Normalized CONOPS Matrix



Using Doctrine, Market Research & Partnering with Industry



“Medically Ready Force...Ready Medical Force”

Requirements Traceability Matrix (RTM) Overview



- The HSD, HSS, and FHP CONOPS define the overarching capabilities
- The overarching capabilities defined the RTM
 - Additional clarification of capabilities to refine definitions in support of MHS operations
- The RTM provides a high level view of the 60 MHS capabilities necessary for beneficiary health management
 - These areas have been broken down into four overarching areas: Clinical / Dental, Administrative (Business), Health Services (Ancillaries), and Operational (Theater, Ships, Air)
 - Several capabilities span multiple areas

| Developed from the Health Services Delivery CONOPS | |
|--|------------------------------------|
| Capability | Category |
| Risk Management | Admin |
| Utilization Management | Admin |
| Patient Safety | Clinical |
| Screening | Clinical |
| Immunization | Clinical |
| Preventive Dentistry Services | Clinical |
| Ambulatory Diagnostic Services (Medical) | Clinical |
| Ambulatory Diagnostic Services (Dental) | Clinical |
| Inpatient Diagnostic Services | Clinical |
| Routine Ambulatory Care (Medical): Primary Care | Clinical |
| Routine Ambulatory Care (Medical): Specialty Care | Clinical |
| Routine Ambulatory Care (Dental) | Clinical |
| Surgery (Ambulatory) | Clinical |
| Disease Management | Clinical |
| Inpatient Non-Surgical Treatment | Clinical |
| Intensive Care | Clinical |
| Surgery (Inpatient) | Clinical |
| Mental Healthcare | Clinical |
| Substance Abuse Care | Clinical |
| Physical Therapy | Clinical |
| Amputee Care | Clinical |
| Burn Care | Clinical |
| Occupational Rehabilitation | Clinical |
| Quality Improvement | Clinical / Health Services |
| Case Management | Clinical / Health Services / Admin |
| Disability Counseling and Coaching | Clinical / Health Services / Admin |
| Medical Support to Disability Evaluation | Clinical / Health Services / Admin |
| Health Counseling | Health Services |
| Community Health Education | Health Services |
| Occupational Health Services | Health Services |
| Public Health Laboratory Services | Health Services |
| Laboratory Diagnostic Services | Health Services |
| Radiology Diagnostic Services | Health Services |
| Non-Emergency Medical Transport | Health Services |
| Emergency Services | Health Services |
| Pharmacy Services | Health Services |
| Therapeutic Radiology Services | Health Services |
| Sensory Rehabilitation (Hearing and Audio-Vestibular Care) | Health Services |
| Vision Care (Sensory Rehabilitation) | Health Services |
| Occupational Therapy | Health Services |
| Transitional Services | Health Services |

*Capability by Category

Mirrors the RTM

**(note: subject to change prior to final RFP)*

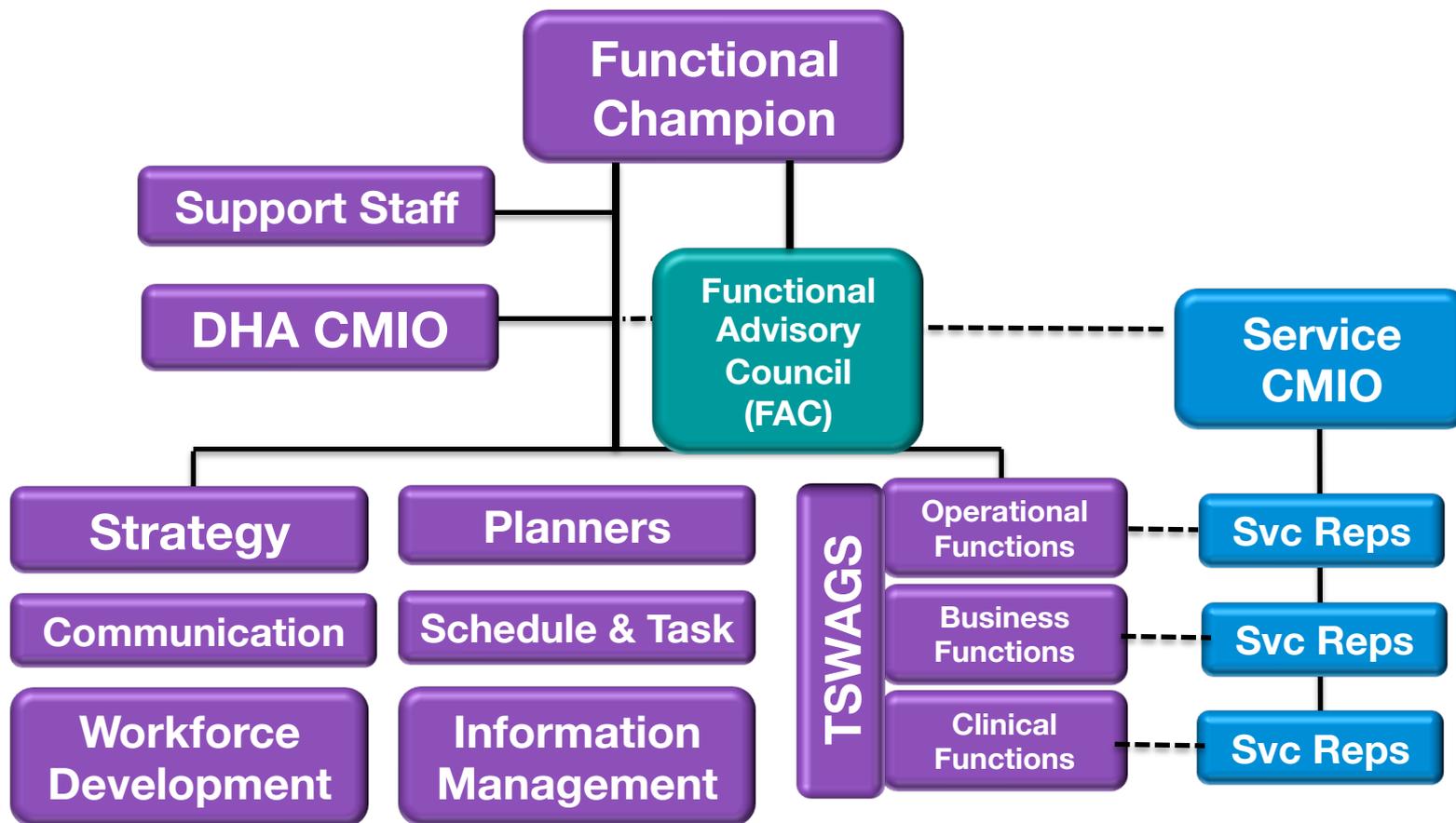
| Developed from the Health Systems Support CONOPS | |
|---|------------------|
| Capability | Category |
| Partnership Development Operational Tasks | Admin |
| Total Medical Force: Total Medical Force Recruiting Operational Tasks | Admin |
| Medical Logistics: Medical Materiel Operational Tasks | Admin |
| Medical Logistics: Blood Operational Tasks | Admin |
| Medical Logistics: Medical Equipment & Technology Operational Tasks | Admin |
| Medical Logistics: Medical Maintenance Operational Tasks | Admin |
| Medical Logistics: Optical Operational Tasks | Admin |
| Medical Research and Development Operational Tasks | Clinical / Admin |
| Developed from the Force Health Protection CONOPS | |
| Capability | Category |
| Access a Healthy and Fit Force | Operational |
| Ensure the Physical and Mental Health of the Redeployed Force | Operational |
| Provide Public Health | Operational |
| Non-Clinical Preventive Medicine/Health Surveillance | Operational |
| Provide for Medical Countermeasures | Operational |
| Global Patient Movement | Operational |
| Manage Patient Movement Items (PMI) | Operational |
| Medical Command and Control | Operational |
| Detainee Medical Care | Operational |
| Operational Medical Logistic Support | Operational |
| Casualty Management | Operational |

“Medically Ready Force...Ready Medical Force”

EHR Modernization Phases



EHR Functional Champion's Functions for Phase II



Key Military Treatment Facility (MTF) Next Steps



- Clean up your network
 - Closely examine what will be effected when Composite Health Care System (CHCS) is shut down
 - Ready any legacy systems and medical devices that will interact with the new EHR
- Highlight any network concerns to higher authority
 - Service and DHA Health IT
- Assist in clinical and business process standardization

Q & A



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

Other EHR Track Presentations



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

| Time | Title | Presenter(s) |
|-------------------------------|---|--|
| Wednesday 30 Jul 1040-1140 | Acquiring and Deploying DoD's new Electronic Health Record System | CAPT John Windom |
| Wednesday 30 Jul 1040-1140 | DHMSM & DHA Deployment and Sustainment Strategy | Dr. Brian Jones, Mr. Len Cayer, Mr. Steve Carnig |
| Wednesday 30 Jul 1300-1400 | Data Interoperability & Defining Standards with the VA and Private Sector | Mr. Craig Schaefer, Mr. Brian Burns |
| Wednesday 30 Jul 1410-1510 | CMIO Panel | COL Thomas Greig, CDR James Ellzy, Lt Col Lamb, LTC Angela Icaza |
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| Wednesday 30 Jul 1600-1700 | DHMSM & DHA Deployment and Sustainment Strategy | Dr. Brian Jones, Mr. Len Cayer, Mr. Steve Carnig |
| Thursday 31 Jul 0930-1030 | CMIO Panel | COL Thomas Greig, CDR James Ellzy, Lt Col Lamb, LTC Angela Icaza |
| 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



Please complete your evaluations

This is Your DHA



Thank You For All Your Efforts!

