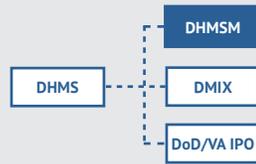


# Defense Healthcare Management Systems Modernization Program Office



The mission of the Defense Healthcare Management Systems Modernization (DHMSM) program is to competitively acquire, test, deliver, and successfully transition to a state-of-the-market electronic health record (EHR) system.

## PROGRAM HISTORY

### 2013

- » DoD Acquisition Decision Memorandum (ADM) signed, authorizing the release of a Request for Proposals (RFP) to modernize the EHR (May)
- » DHMSM program established (June)

### 2014

- » Release of first DHMSM Draft RFP (January)
- » Release of second DHMSM Draft RFP (March)
- » Release of third DHMSM Draft RFP (June)

### Upcoming

- » Final RFP release (Q4 FY14)
- » Contract award (Q3 FY15)
- » Initial Operational Capability begins (Q1 FY17/December 31, 2016)

## LEADERSHIP

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As of July 25, 2014

## RECENT ACCOMPLISHMENTS

- Released three draft RFPs and conducted four industry days to support iterative RFP process
- Completed Initial Operational Capability (IOC) site visits in Puget Sound region
- Established collaborative relationships with the Services, the Defense Health Agency (DHA), DoD/VA Interagency Program Office (DoD/VA IPO), and Defense Medical Information Exchange (DMIX)
- Developed acquisition strategy officially signed by Under Secretary of Defense for Acquisition, Technology & Logistics (USD, AT&L)

## ACQUISITION STRATEGY

The DHMSM program will acquire an integrated inpatient and outpatient Best-Of-Suite (BoS) EHR System to replace current DoD legacy healthcare systems, including but not limited to: AHLTA, Composite Health Care System (CHCS), inpatient, and most components of the Theater Medical Information Program-Joint (TMIP-J), with an Off-The-Shelf (OTS) EHR System

- Tailored acquisition program that reports directly to the USD, AT&L
- Robust contract strategy featuring single-award Indefinite Delivery Indefinite Quantity (IDIQ) contract with up to ten-year ordering period
- Leverage commercial industry through open competition to ensure best value
- Modular open architecture requirements to facilitate rapid technology insertion and avoid vendor lock
- Requirements for all care environments developed by functional community, with validation through the MHS governance process throughout development
- Committed to supporting evolution of interoperability through health information exchange functionality

## DEPLOYMENT STRATEGY

In partnership with the DHA, Services, and industry, DHMSM is developing a deployment and sustainment strategy to optimize the delivery of a modernized EHR with minimal disruption to the military healthcare community

- Deployment across DoD enterprise will include:
  - Engineering, integration, cybersecurity, program management, change management, training, communication, testing, deployment, and sustainment services
  - Enterprise Software License and associated maintenance
- For deployment planning, five regions that encompass all Military Treatment Facilities (MTFs) worldwide have been identified. Each region is subdivided into small groupings of MTFs referred to as "waves" to enable deployment to operational environments
- The IOC Site is the Puget Sound Region

### Three-Pillar Approach to Successful Deployment:



Change Management



Training



Communications



## ELECTRONIC HEALTH RECORD 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 re-engineering, 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

### PROGRAM FOOTPRINT

- » 9.6M beneficiaries
- » 94% stationed or residing in the United States (U.S.)
- » 6% stationed or residing outside of the U.S.
- » 153,000+ personnel
- » 1,230+ worldwide locations across 16 countries:
- » 55 inpatient hospitals and medical centers
- » 352 ambulatory care clinics
- » 282 dental clinics
- » 300+ expeditionary units