



Defense Healthcare Management Systems

Defense Health Information Technology Symposium

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Why Are We Here



In attempting to arrive at the truth, I have applied everywhere for information but in scarcely an instance have I been able to obtain hospital records fit for any purpose of comparison. If they could be obtained, they would enable us to decide many other questions besides the one alluded to.

Florence Nightingale, 1854





Where We Came From...



February 2013:



DoD and VA announce EHR programs

June 2013:



Defense Healthcare Management Systems Modernization (DHMSM) Program Office Stood up

December 2013:



Interoperability capabilities enhanced, including an integrated display of data

July 2014:



EHR Draft RFP #3 Released



May 2013:



DoD announces it will buy an off-the-shelf EHR

October 2013:



First DoD EHR Modernization Industry Day

January 2014:



Defense Medical Information Exchange (DMIX) formed to oversee legacy interoperability tools

USD AT&L directed to oversee acquisition



Mission



To efficiently improve healthcare for the active duty military, veterans, and beneficiaries by:

- Establishing seamless medical data sharing between DoD, the VA, and the private sector
- Modernizing the Electronic Health Record (EHR) for the MHS





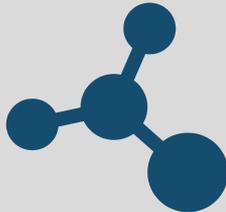
DHMS Strategy



The ability to simplify means to eliminate the unnecessary so that the necessary may speak.

Hans Hofmann

Build capacity, improve reliability and develop new tools



Improve patient outcomes through interoperability

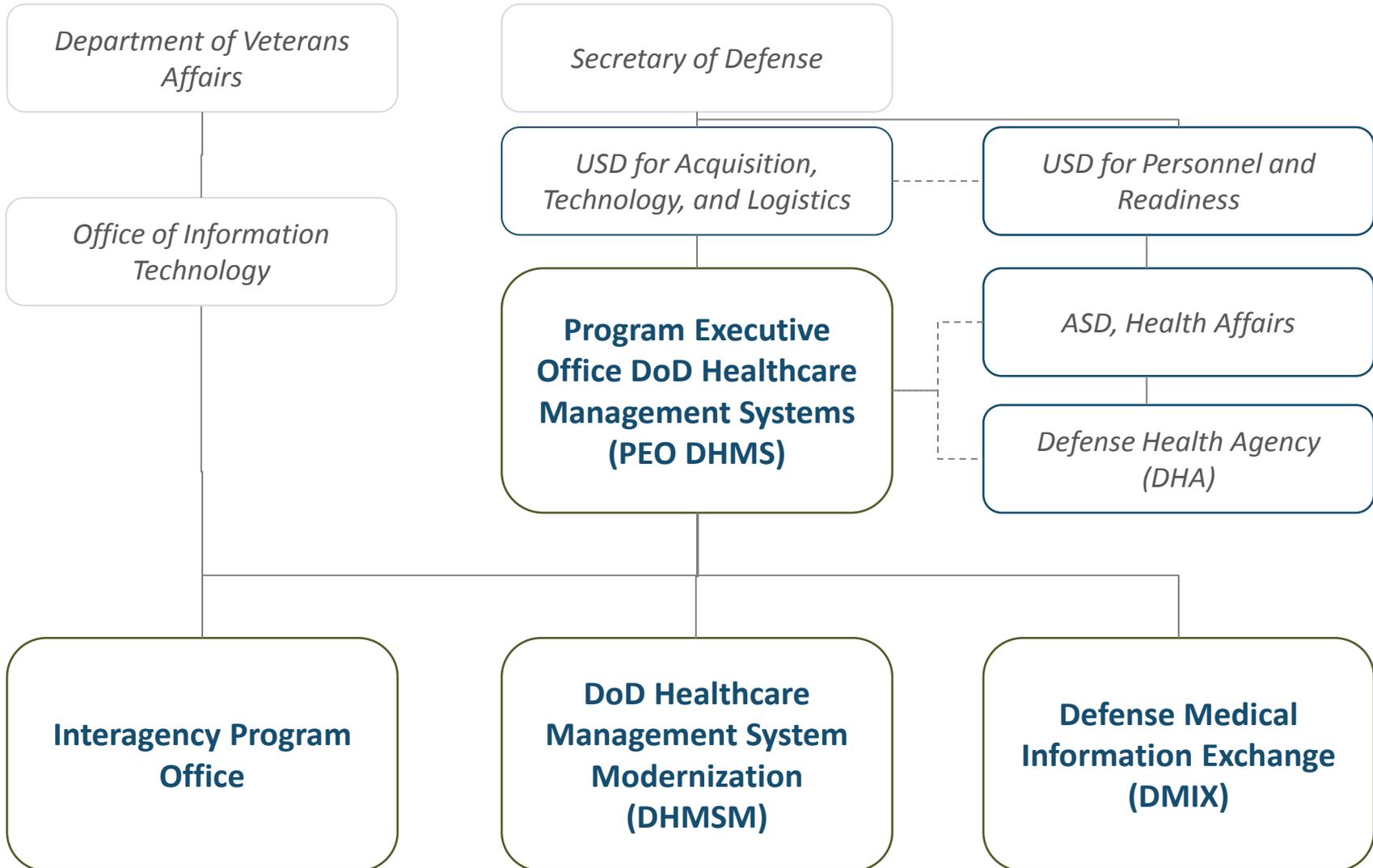
Learn from industry to maximize value from acquisition to



Modernize the EHR



Where We Fit



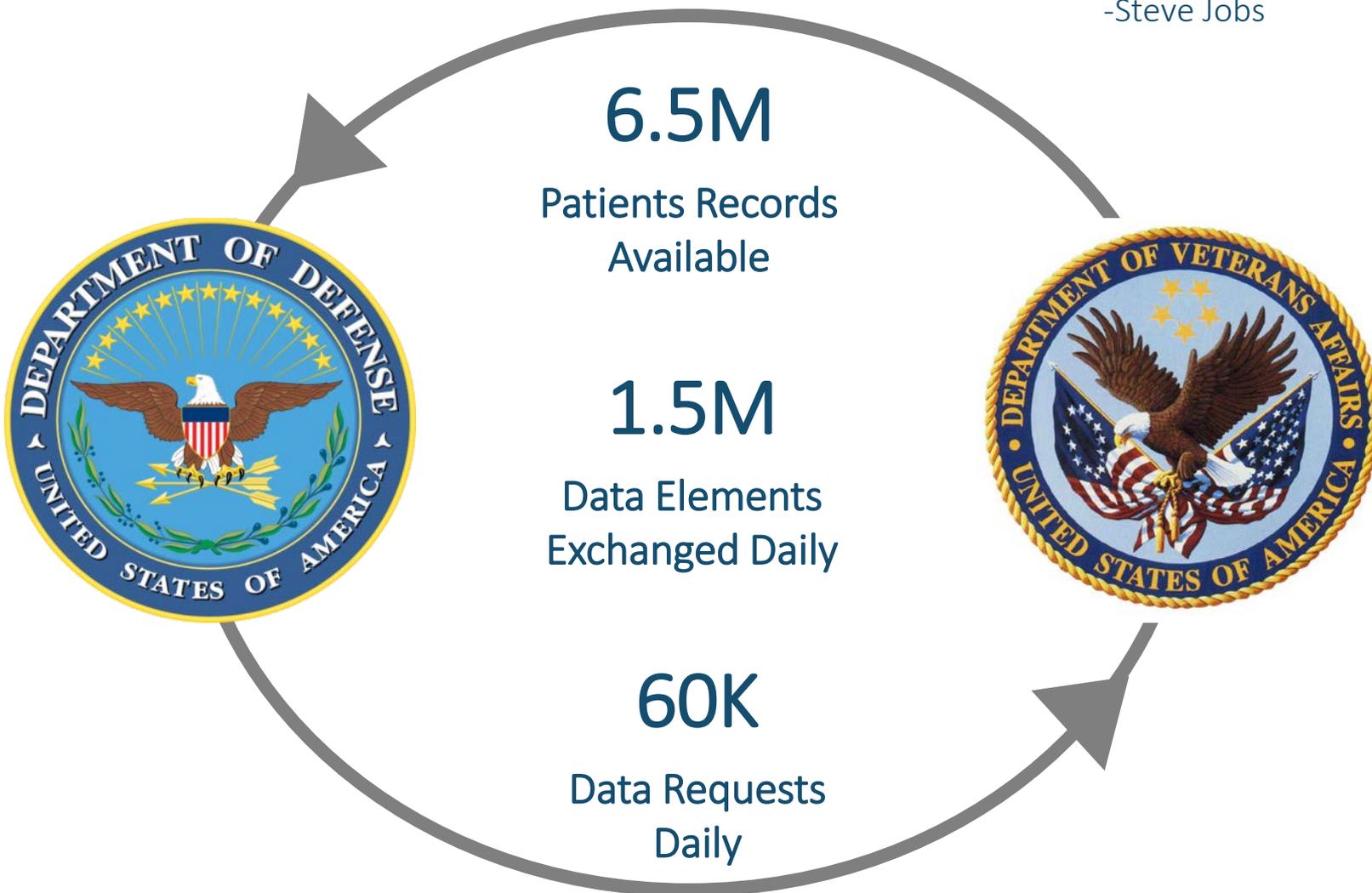


Leading Industry in Interoperability



Innovation distinguishes between a leader and a follower

-Steve Jobs





Value of Interoperability





Continuing to Lead the Way in Interoperability



Today



Paper records



PDF Files



Bi-directional exchanges

Align Data to National Standards

Infrastructure Improvements & Performance Monitoring

Increase Access to Interoperability Tools

Enhance Private Sector Sharing

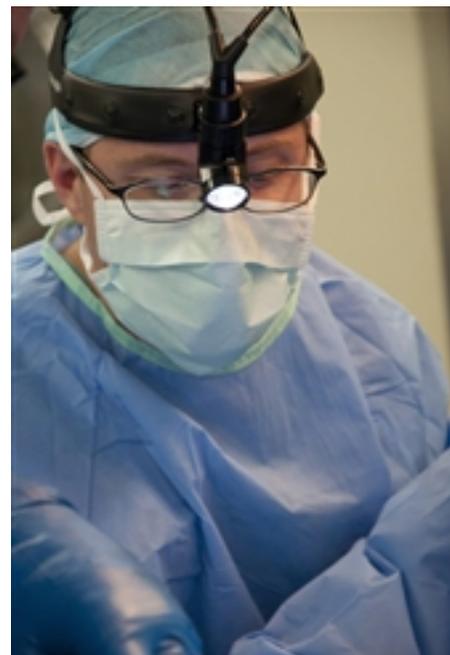
Tomorrow



Future health information exchange



Why Modernize





Rapid Market Evolution



More than 8 in 10 hospitals are meaningfully using EHRs





EHR Industry Trends



Expanded integration and use of medical device data



Cost of care analysis



Mobile/Wearable devices



ePrescribing of controlled substances

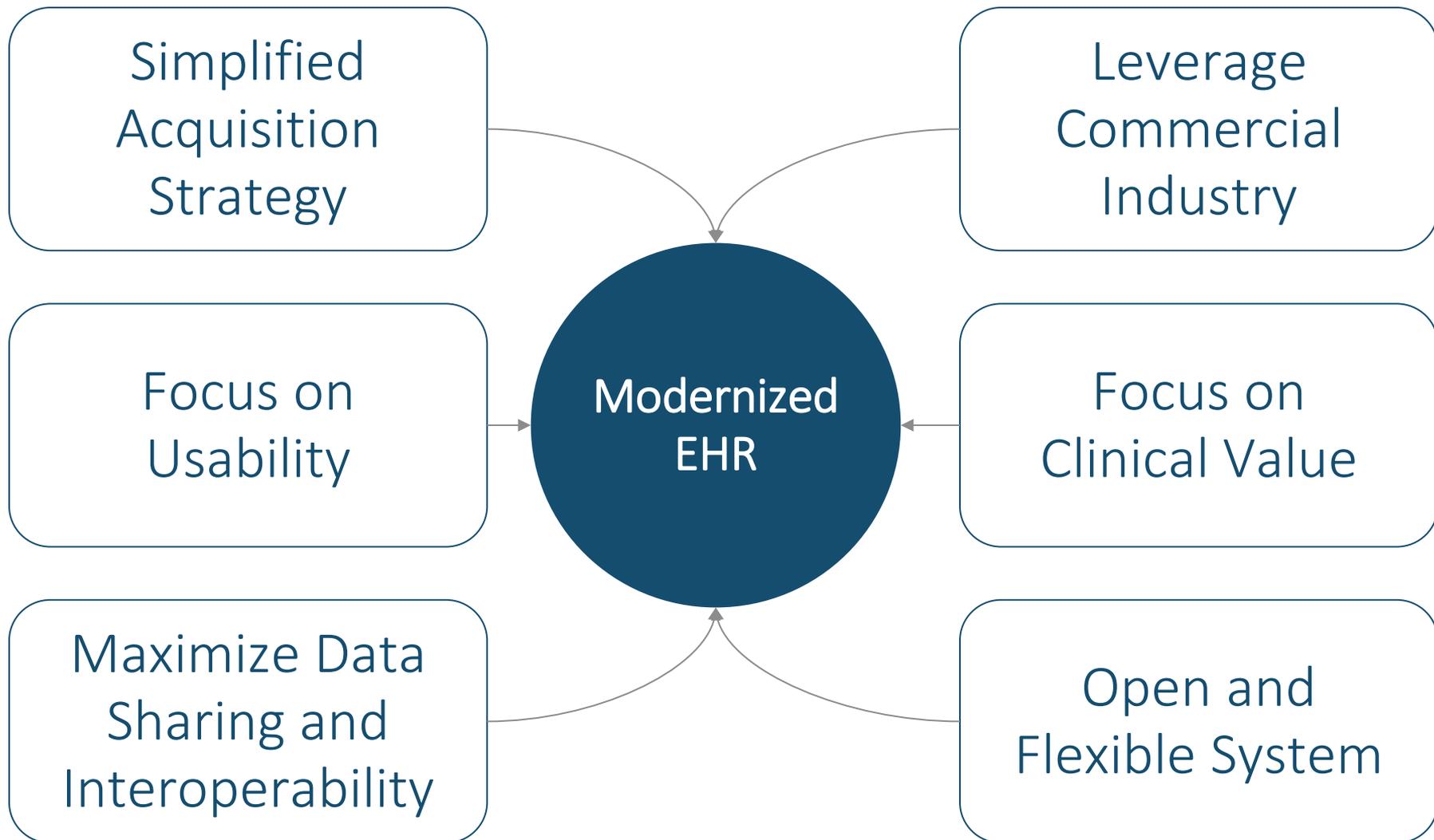


Inventory management





Modernization Approach





Simplified Acquisition Strategy



Simplified open and competitive bidding contract approach for an off-the-shelf product



Iterative RFP process that collaborates with industry



Down-selection through key industry validated, functional requirements for a single award



Leveraging Industry

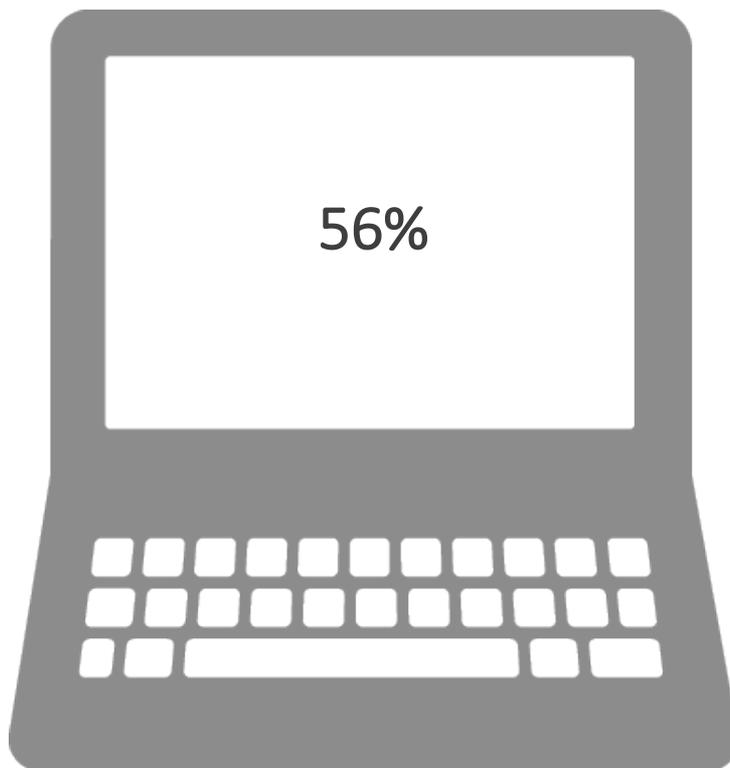


Hospital Adoption of EHRs (Nationwide)

2008



2012

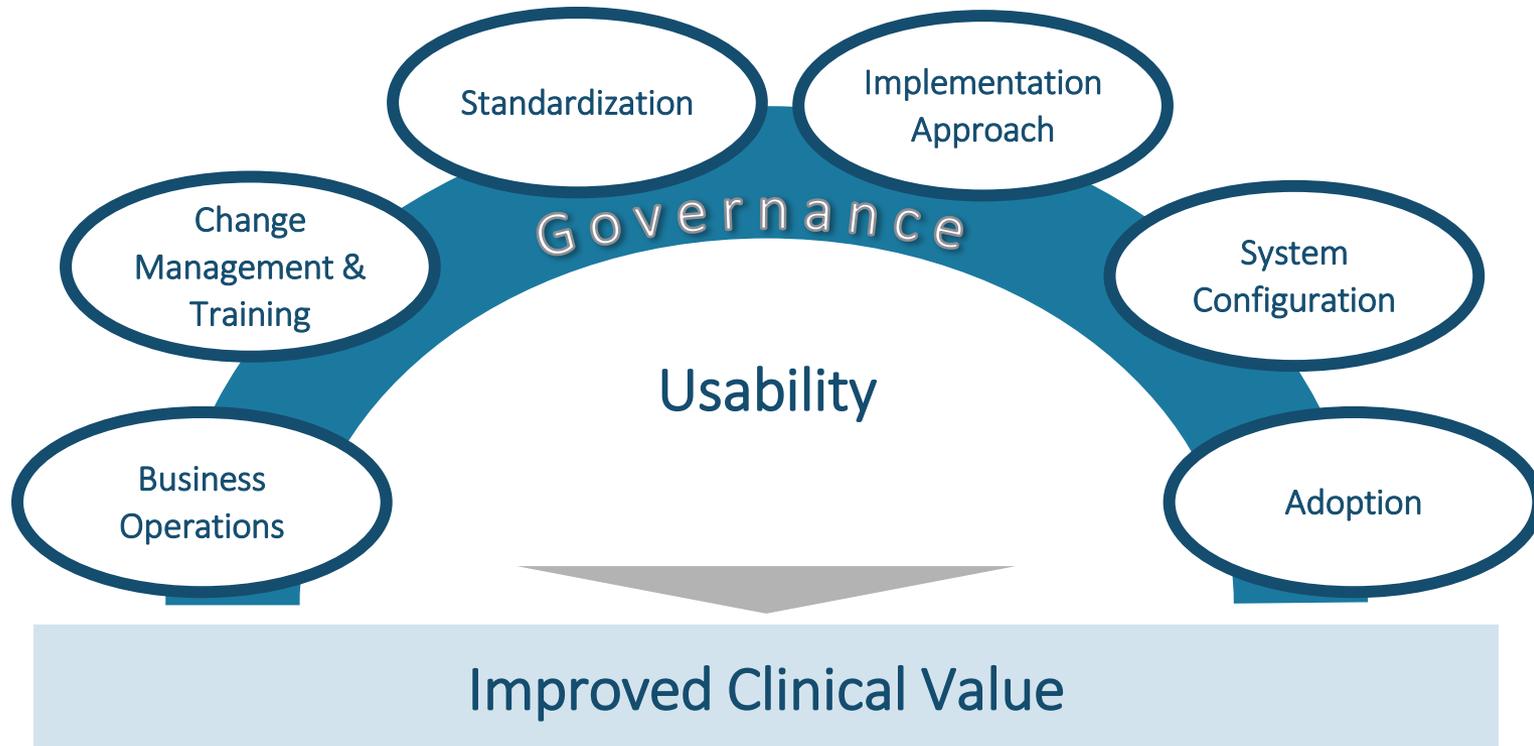


2014





Lessons Learned from 60+ Industry Engagements





Technology's Rapid Evolution



1982



Commodore 64

Memory: 64 kB RAM + 20 kB ROM

Graphics: 320 × 200, 16 colors

CPU: 1.02 MHz

Cost: \$595.00

2014



Apple iPhone 5s

Memory: 1 GB RAM DDR3

Graphics: Power VR G6430, 100s of colors

CPU: Dual-core 1.3 GHz Cyclone

Cost: \$199.00 - \$399.00

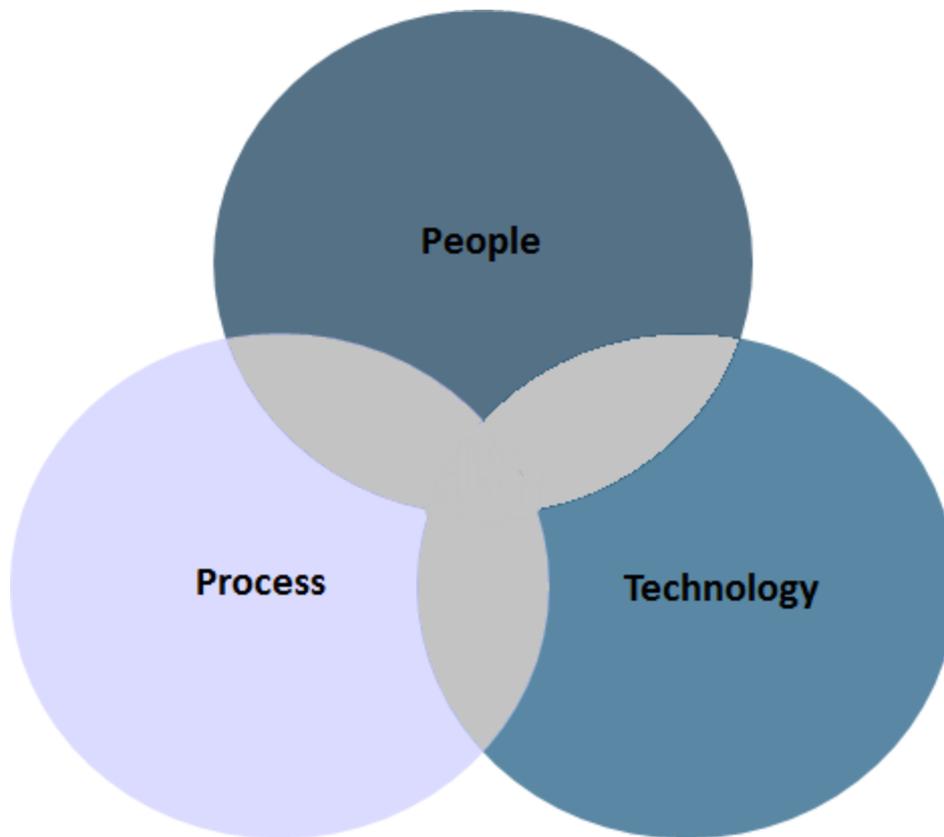


Open and Flexible System





Keys to Transformation Success



Technology is just a tool

– Bill Gates



EHR Functional Champion Introduction

RDML Raquel Bono



Business Transformation

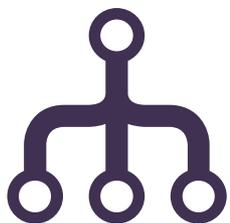
EHR deployments should be considered a business transformation not a technology transformation



Change Management



Leadership Engagement



Recognizing Complexity of the Transformation



Workflow Standardization

U.S. News World Report Top Hospitals

- 1 Mayo Clinic
- 2 Massachusetts General
- 3 Johns Hopkins
- 4 Cleveland Clinic
- 5 UCLA Medical Center



Standardization supports:

Agility

Change

Management

Cost Efficiency



Enterprise Priorities

EHR transformations are about the patient



Better Access



Improved Quality



Safer Care



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

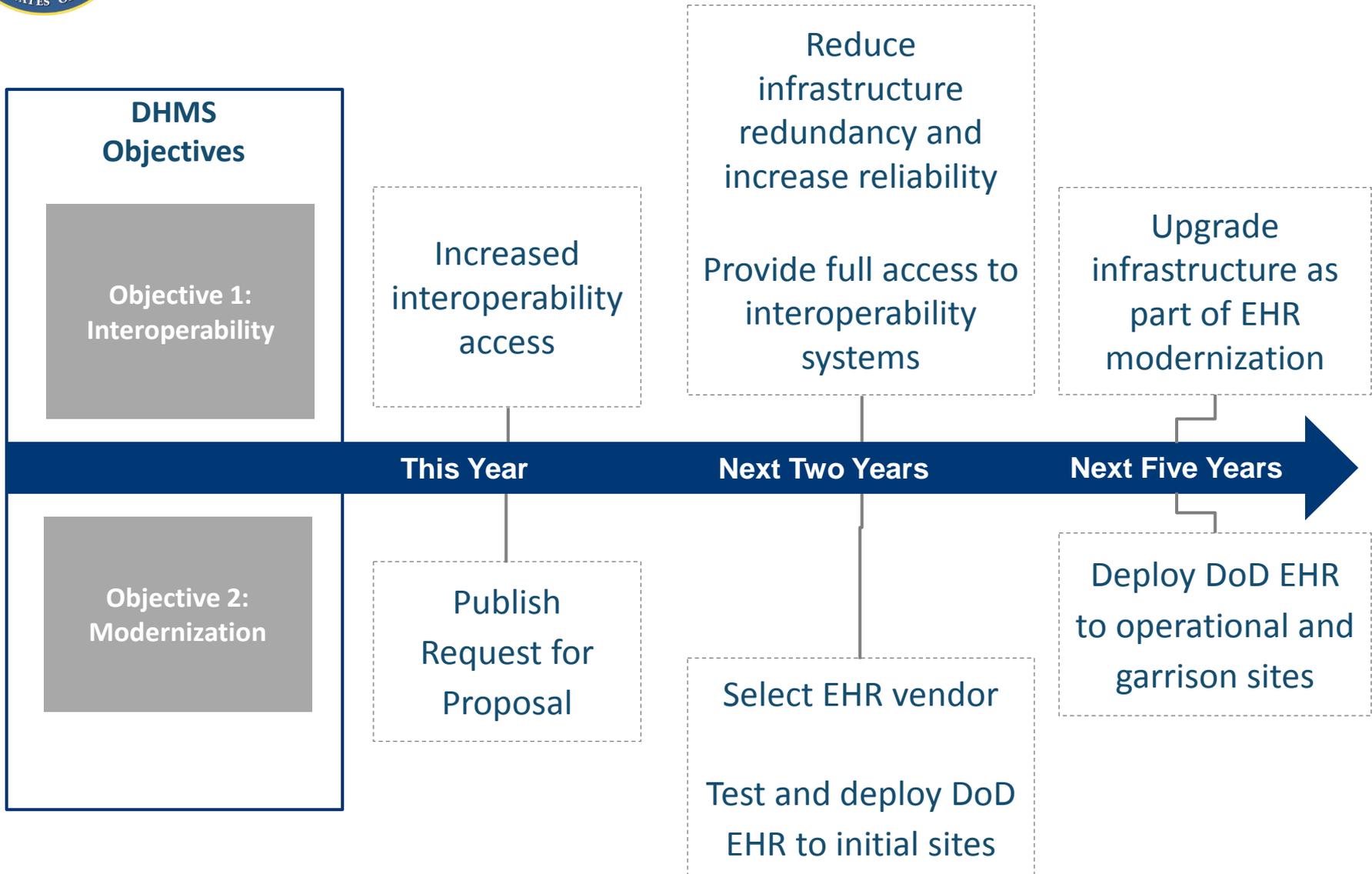


Final Remarks

Mr. Christopher Miller



Where Do We Go from Here





Support Our Acquisition



- Help us to protect equity and integrity of the procurement process
- Government staff not authorized to discuss DHMSM acquisition
- Final RFP forthcoming; interaction with industry now limited to formal acquisition process (e.g., RFP bigger questions)
- The Government's official position will always be in writing



Final Thoughts



*Be the change you wish
to see in the world*

Ghandi



Final Thoughts

