



“Navy Medicine Perspectives”

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Agenda

- Opening Remarks
- DoD Healthcare Management System Modernization (DHMSM) Background
- Navy Perspective on EHR
 - EHR Deployment Considerations for Navy Medicine
 - Managing Risk Throughout EHR Deployment
 - What Do We Need the EHR to Accomplish for Navy Medicine?
 - Working with the Services



Opening Remarks

- Today's discussion will focus on what is unique to Navy Medicine with the roll-out of the EHR
 - How will our staffing model, people, and functions be impacted?
 - What are the risks and considerations that we face with the deployment of the new EHR?



DHMSM Background

Background

- As directed by the Under Secretary of Defense for Acquisition, Technology, and Logistics (USD (AT&L) Acquisition Decision Memorandum (ADM) of June 21, 2013, the DHMSM Program Management Office was chartered to manage the acquisition and implementation of the Off-the-Shelf (OTS) Electronic Health Record (EHR) System.
- The DHMSM PMO will acquire the services and product(s) via a Contractor who will deliver an EHR System for deployment across the DoD enterprise.
- The Contractor will provide an integrated inpatient/outpatient Best-of-Suite (BoS) EHR product, augmented by Best-of-Breed (BoB) products to meet the requirements, and configured for critical, DoD-unique, requirements.
- The EHR will meet Office of National Coordinator (ONC) standards and Generation 3 criteria, which includes:

Clinical Decision support

Predictive Analysis

Communication & Workflow Management



Navy Perspective

Navy doesn't just deploy during a "conflict." Navy ships, submarines, and expeditionary units are deployed 24 hours a day, 365 days a year.

- There are approximately 290 active ships and at any given time about 40% are underway for forward deployed.
- Some sailors will receive approximately 70% of their primary care onboard our ships.
 - Ex. Engineers usually have a sea:shore rotation of 5:2 (five years based on a ship to every two years based on shore).





EHR Deployment Considerations for Navy Medicine

As DHMSM deploys the new EHR, there are key considerations specific to Navy Medicine that must be addressed:

1. Ships, submarines, etc. are disconnected
2. Ability to store/forward information
3. Navy will need to have the proposed solution for an EHR fully tested on the fleet network to ensure proper configuration and performance
4. Arduous process to install/deploy on a ship's network. It takes approximately 3-5 years to deploy an EHR. This may impact the schedule to deploy EHR since ships are in port for short amounts of time
5. Potential bandwidth issues
6. Existing Hardware configuration on Navy fleets must be in line with the new EHR product
7. Maintenance of legacy (TMIP-M) and new EHR systems may increase the cost for deployment
8. May need to reconfigure testing processes to align to EHR





Managing Risk throughout EHR Deployment

Schedule

- Due to the lengthy time to implement EHR, there is a risk that sustainment of TMIP-J by Deployment & Readiness Systems (DR&S) will end while the Navy will still have a requirement to provide TMIP-M.

Performance

- Currently TMIP-M interfaces with several Navy partners; Naval Dosimetry Center, HIV Program Office and Navy Medicine Online.
- Navy interface partners may not have the technology to support the transition to the DHMSM product if upgraded hardware or changes to the interfaces are required.



What do we need the EHR to accomplish for Navy Medicine?

- Navy needs the new EHR to:
 - Support unique Navy needs across the environment from the ships, submarines, to the MTFs
 - Provide adequate training and deployment support to ensure that systems administrators and users alike can navigate the system
 - Ensure that fleet deployment timing considerations are taken into account given the Navy's unique mission



Working with the Services

- Navy is working with our sister Services to standardize clinical and business workflows in preparation for the new EHR.
- Historically we have done some of this work with AHLTA (TriService Workflow) and inpatient system Content Advisory Groups.
- There is much more work to be done.



Questions and Answers





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