

Ms. Tricia Cantu
Acting Chief, Investment Management
Branch, PfM&CR Division, HIT



2014 Defense Health Information Technology Symposium

Governance and Resourcing of IT Investments



“Medically Ready Force...Ready Medical Force”

DHA Vision



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



“Medically Ready Force...Ready Medical Force”

Learning Objectives



- Learn the changing business rules for HIT expenditures
- Learn, at a high-level, the construct/governance process by which HIT Investments are made
- Learn the requirement and process for IT portfolio rationalization

Agenda



- IT Governance/Expenditure Guidance
- Scenario
- Governance Structure
- DHA Requirements/Governance Process
- Rationalization
- Complete your Surveys Please



IT Governance/Expenditure Guidance

“Medically Ready Force...Ready Medical Force”

IT Governance/Expenditure Guidance



- DHA HIT single approval authority for all HIT expenditures
 - Includes all DHP funded activities at all levels of the MHS
 - Applies to all DHP funding appropriation categories irrespective of the Budget Activity Group (BAG) or Program Element (PE)
 - Procurement
 - Operations & Maintenance
 - Research, Development, Test & Evaluation)

Governance required for:



- Expenditures outside of approved IT spend plan over \$200K
 - IT development and modernization efforts
 - Acquisition of new IT systems/pilots
 - IT systems requiring RDT&E or Procurement funding

- Items requiring interfaces with any legacy EHR system

- Items requiring new Authority to Operate or Certificate of Networkiness

- Items requiring Defense Business System funds certification per Section 906 of the NDAA of FY2013
 - Includes increases to currently certified systems

Governance Not Required For:



- Expenditures included in approved spend plan
- HIT expenditures less than \$200K within existing scope and approved IT spend plan if:
 - Service funds sustainment tail/ programs funding
 - Item purchased does not require a new Authority to Operate or Certificate of Networthiness
 - Planned expenditure combined with all other MHS expenditures for same system does not drive certification requirement
- Normal replacement items (e.g., keyboard, mouse, telephone, surge protector)
- Annual refresh items included in approved spend plan
- System software included in ELA baseline desktop image (i.e., MS Office)
- Medical equipment and devices procured/managed/tracked through Medical Logistics

Governance Submission Process

- Governance submission by Services restricted to leadership of subordinate activity
 - Use local approval processes before submitting to DHA HIT (i.e., Commander approval)
- Electronic portal for submission and tracking
 - Timeline begins upon portal submission confirmation
- Response time dependent on type/complexity of submission
 - Operational Decisions - response in 7 business days; approved if no feedback within 7 business days
 - New Capability Decisions - timeline dependent on complexity
 - Requestor notified upon determination of investment decision classification within 7 business days
 - Escalation process for SG priorities
 - Service funding and prioritization through MHS Governance

Scenario #1



- Scenario: MTF CIO submits a request to refresh 200 desktop PCs for use with multiple system applications.
 - The unit cost is \$2K per PC
 - Total Cost \$400K

- Analysis:
 - If included in spend plan: Do not submit through DHA HIT Governance
 - If not included in spend plan: Submit through DHA HIT Governance

Scenario #2



- Scenario: CIO submits a request to purchase a Barcoding software application
 - Hardware (scanners, servers, etc) \$300K
 - Software (1 time cost for 300 licenses and interfaces) \$500K
 - Total Cost \$800K
- Analysis:
 - Not included in spend plan
 - Acquisition of new IT systems/pilots >\$200K
- Submit through DHA HIT Governance

“Medically Ready Force...Ready Medical Force”

Scenario #3



- Scenario: CIO contracts for the development of application software to track wounded soldiers
 - Contract labor costs \$260K
 - Total Cost \$260K

- Analysis:
 - Not included in spend plan
 - IT development and modernization efforts > \$200K

- Submit through DHA HIT Governance

Scenario #4



- Scenario: CIO submits a request to purchase software licenses
 - Total Cost \$25K

- Analysis
 - Included in annual spend plan and IT expenditures less than \$200K within existing scope
 - Service funds sustainment tail/ programs funding
 - Item purchased does not require a new Authority to Operate or Certificate of Networkiness
 - Not included in spend plan
 - Update spend plan

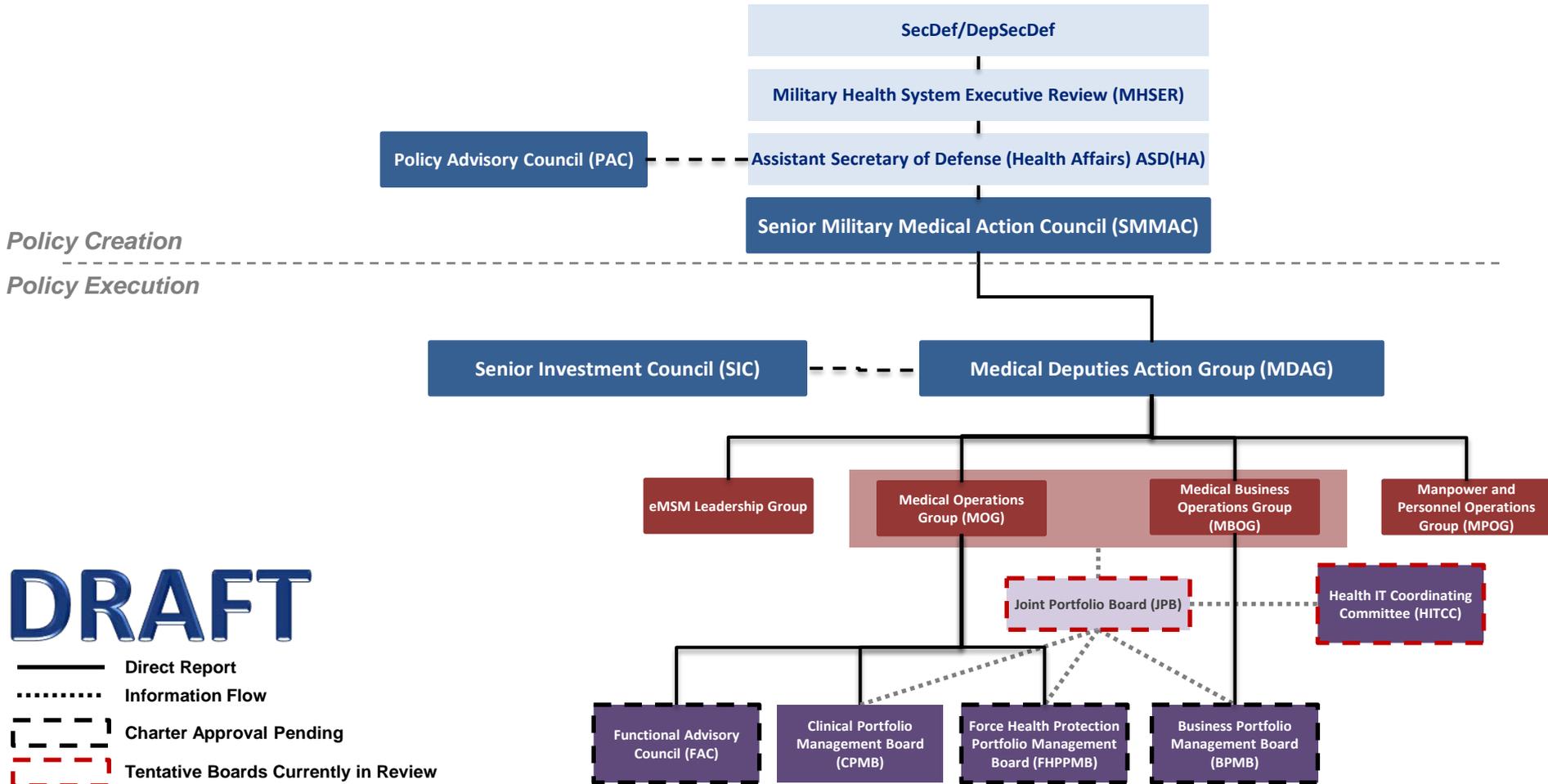
- Do not submit through DHA HIT Governance



Governance Structure

“Medically Ready Force...Ready Medical Force”

DHA Governance Board Structure



DRAFT

“Medically Ready Force...Ready Medical Force”

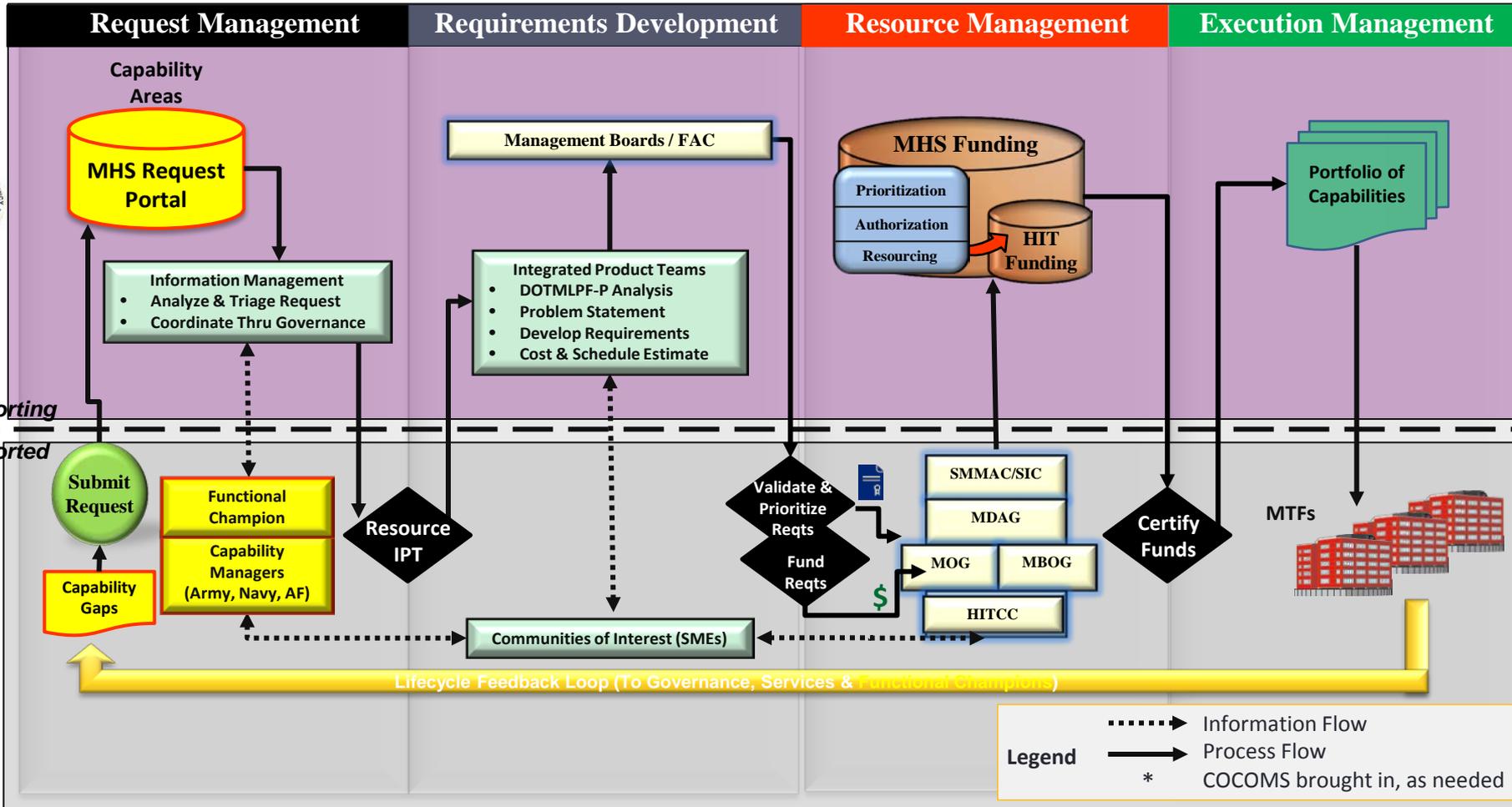


DHA Requirements/Governance Process

“Medically Ready Force...Ready Medical Force”

MHS Requirements/Governance Process

DRAFT



“Medically Ready Force...Ready Medical Force”



Rationalization

“Medically Ready Force...Ready Medical Force”

Rationalization Defined



- **Portfolio Rationalization** is the process for analyzing the IT inventory to identify and remove duplicative systems and applications to enable modernization and standardization
 - Identify rationalization opportunities
 - Functional and HIT community driven analysis
 - Identify transition activities

- Rationalization recommendations will be presented through MHS Governance for final decision

- Supports BCA #3 Application Rationalization
 - One of three initial business cases directed by DHA CIO
 - Intent is to identify and realize specific cost savings imposed on DHA

Portfolio Rationalization



- Under Secretary of Defense (Acquisition, Technology and Logistics)
Acquisition Decision Memorandum, dated 1 May 2014
 - No additional Health IT investments to provide planned DHMSM capabilities are authorized without SMMAC and PEO DHMS coordination and concurrence

 - Rationalization of EHR Initiatives
 - EHR inherently rationalizes portions of Clinical, Business, FHP and Infrastructure capabilities
 - ▷ Identification of existing systems/applications performing EHR capabilities will be sunset
 - ▷ Exceptions by SMMAC and PEO DHMS approval

 - Rationalization of Non-EHR Initiatives
 - Analyze for duplication and standardization opportunities
 - COAs will be presented to MHS Governance for final decision

Evaluations



Please complete your evaluations

Contact Information



Tricia Cantu

Acting Chief Investment Management Branch
Portfolio Management and Customer Relations Division
Defense Health Agency, Health Information Technology
Directorate

Office: 210-221-7025, Mobile: 210-380-3125

Email: Tricia.B.Cantu.civ@mail.mil

This is Your DHA



Thank You For All Your Efforts!



“Medically Ready Force...Ready Medical Force”