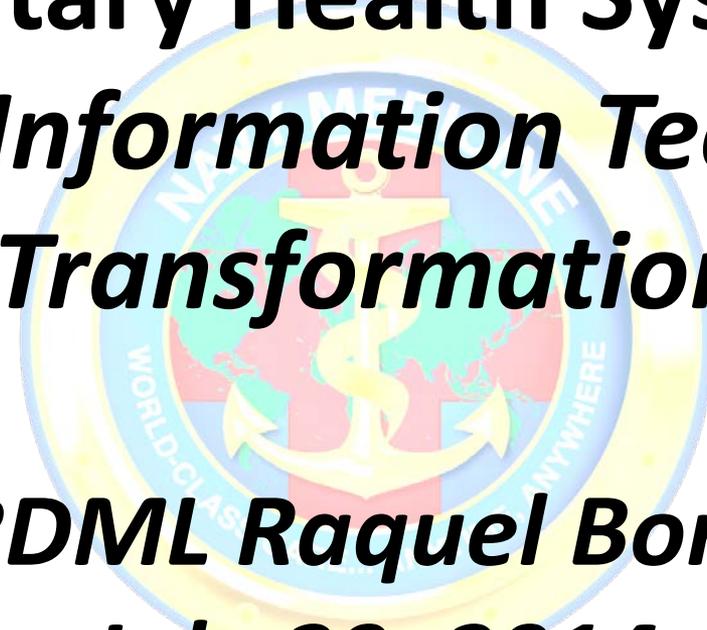


Military Health System
Health Information Technology
Transformation

RDML Raquel Bono
July 29, 2014





A Changing World

“We are only beginning to see the dramatic shifts underway that will define our future and shape our interactions in the world ... and require our national security institutions to adapt and to adjust...

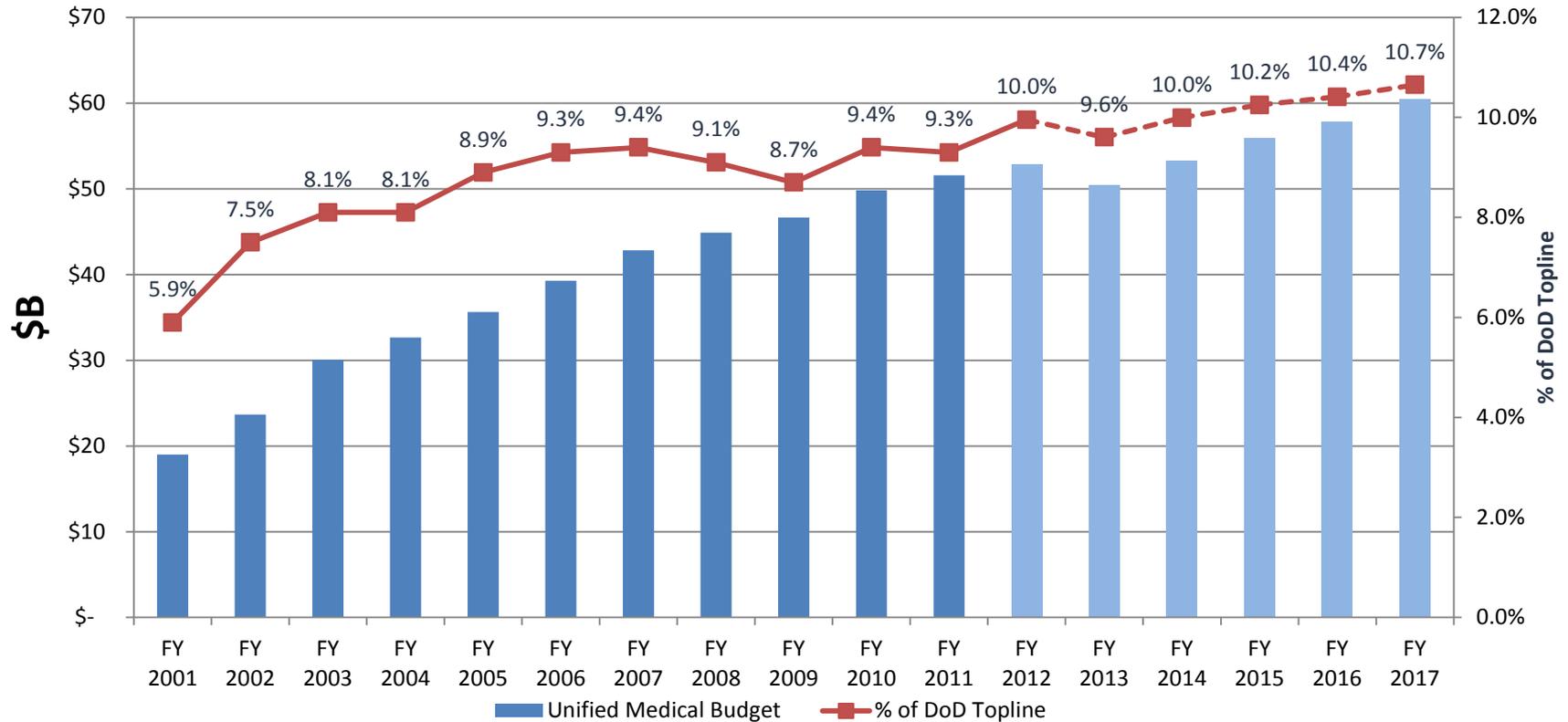
We will need to more efficiently match our resources to our most important national security requirements. We can do things better. We must do things better – and we will.”

**Secretary Hagel
Center for Strategic & International Studies
November 2013**



Medical as Percent of DoD Budget

Continued cost increases within MHS are unsustainable over time

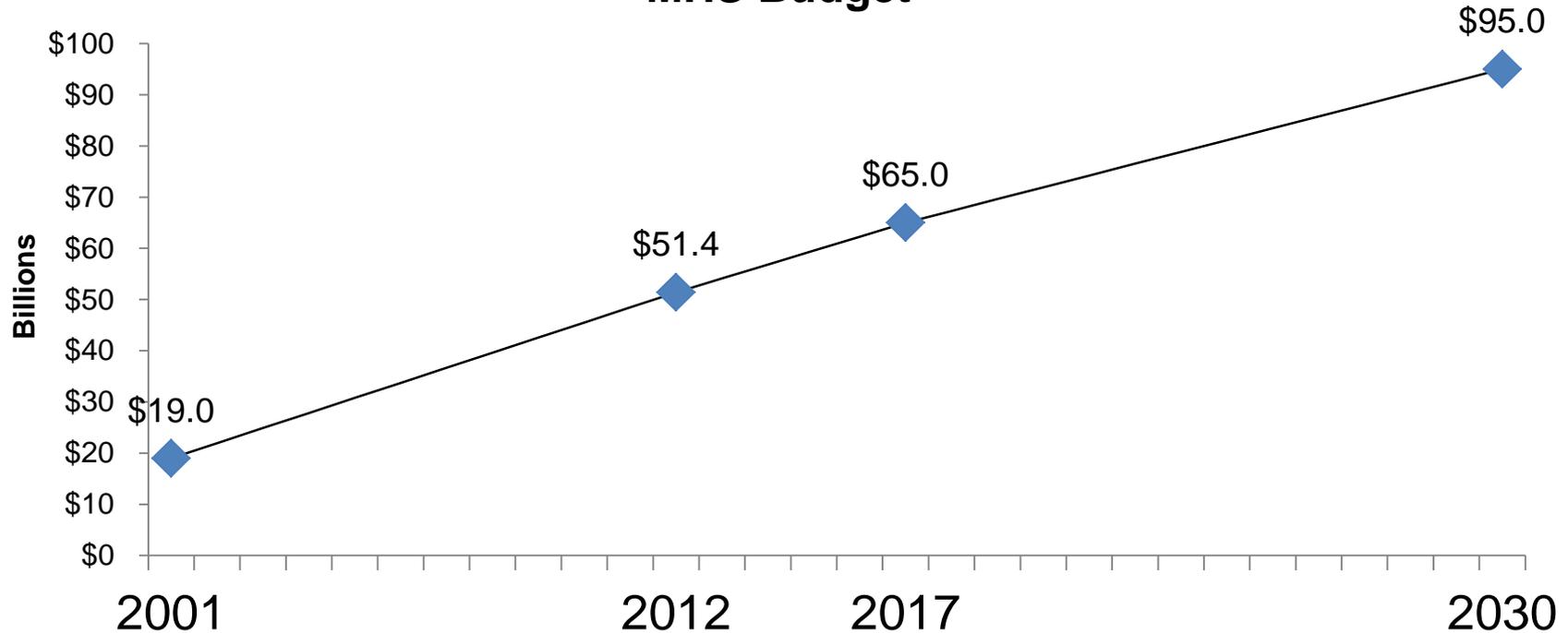


Includes Normal Cost contributions to the Medicare Eligible Retiree Health Care Fund (MERHCF)



DoD Health Care Cost Growth

MHS Budget



1. Increases in new eligible beneficiaries

- Increase of 500,000 beneficiaries since 2007

3. Increased utilization

- Existing users consuming more care (ER, Ortho, MH)
- 70% increase in AD outpatient purchased care FY05-FY10

2. Expanded benefits

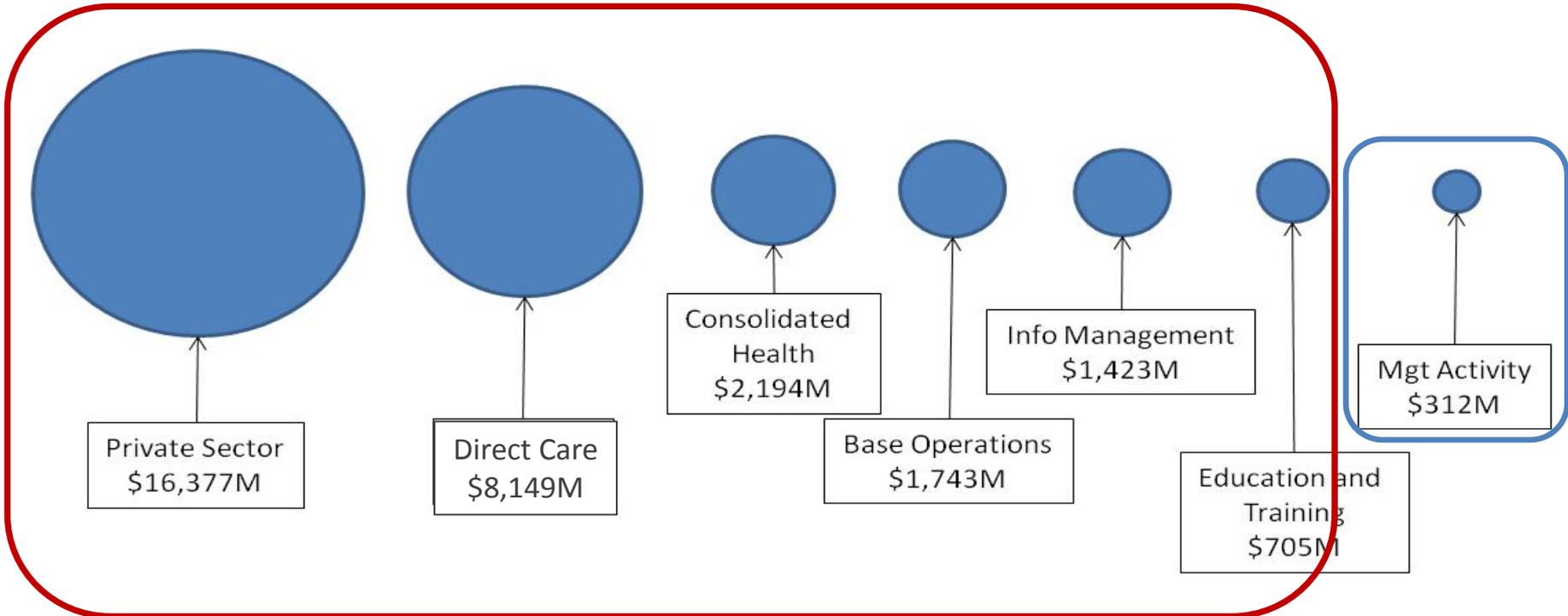
- TRICARE plans and prescription benefits

4. Healthcare inflation

- Higher than general inflation rate



Governance Reform: *Influencing the Big Rocks*



Management Activities represent a small part of DoD's health care costs

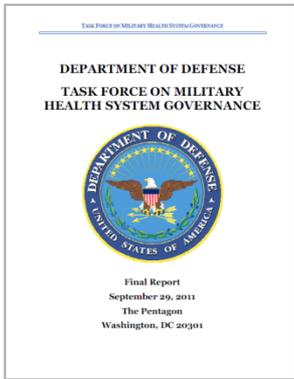
Opportunities exist for a properly organized management HQ to effect change with shared services

*Source: FY 2012 President's Budget position for DHP O&M



How We Got Here

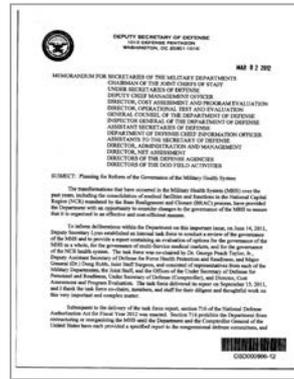
DoD Task Force on MHS Governance



September 2011

Recommended DHA model for MHS governance

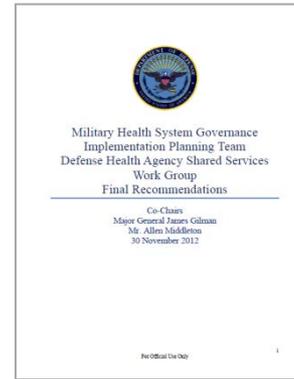
DEPSECDEF Planning Memo



March 2012

Directed planning for DHA implementation

DHA Planning WG Report



November 2012

Provided DHA and Shared Services implementation plan for DEPSECDEF approval

DEPSECDEF "Nine Commandments" Memo



March 2013

Directed implementation of DHA



MHS Reform

What We Are Undertaking

- Creating a more **globally integrated** health system – built on our battlefield successes
- Driving enterprise-wide shared services; **standardized clinical and business processes** that produce better health and better health care
- Implementing future-oriented strategies to create a **better, stronger, more relevant** medical force



DHA Vision & Mission

Vision

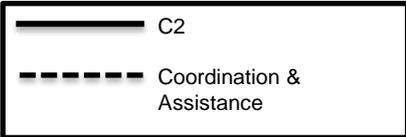
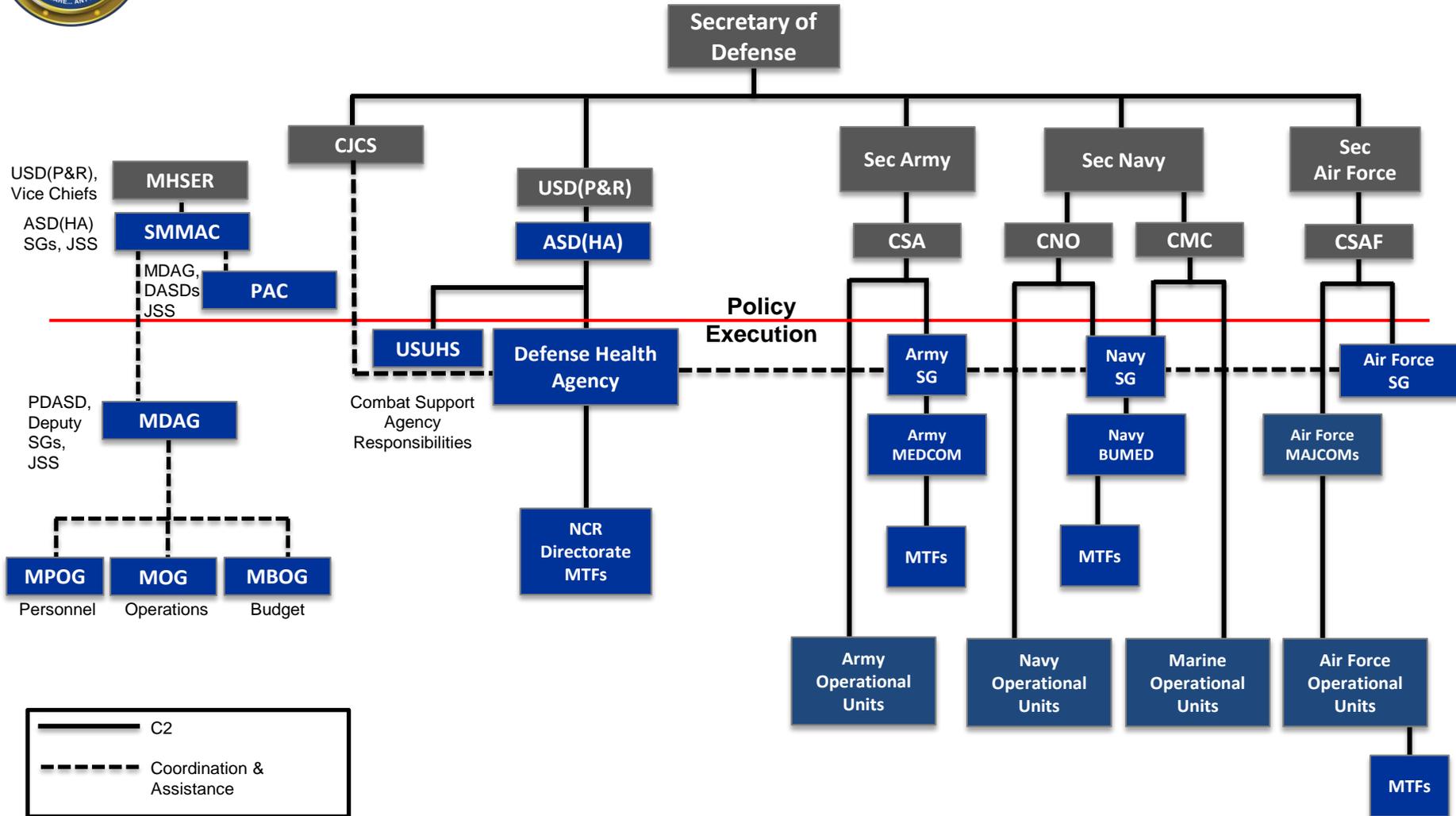
A joint, integrated, premier system of health, supporting those who serve in the defense of our country.

Key Mission Aspects

- A Combat Support Agency supporting the military services
- Supports the delivery of integrated, affordable, and high quality health services to beneficiaries of the Military Health System (MHS)
- Executes responsibility for shared services, functions, and activities of the MHS
- Serves as the program manager for the TRICARE Health Plan, medical resources, and as the market manager for the National Capital Region (NCR) enhanced Multi-Service Market
- Manages the execution of policy as issued by the Assistant Secretary of Defense for Health Affairs
- Exercises authority, direction and control over the inpatient facilities and the subordinate clinics assigned to the DHA in the NCR Directorate.



MHS Organizational Overview





10 Shared Services

1 Facilities

2 Medical Logistics

3 Health Information Technology

4 TRICARE Health Plan

5 Pharmacy Programs

6 Budget & Resource Management

7 Procurement/Contracting

8 Public Health

9 Medical Education & Training

10 Medical Research & Development

■ Achieved IOC as of Mar 1, 2014 or earlier

■ Achieve IOC by Summer 2014



Business Transformation

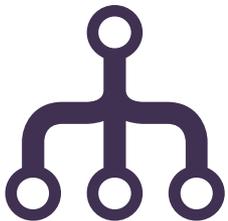
Electronic Health Record (EHR) deployments are a business transformation not a technology transformation



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

- **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**



EHR Modernization Guiding Principles

- **Enable full patient engagement in their health**
- **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**



Final Thoughts

- **This is a once-in-a-generation opportunity to shape the future of military medicine**
- **Readiness and quality of care will be enhanced and beneficiaries will receive the same level of care from a more efficient and effective organization.**
- **There are millions depending on us to get this right!**



Questions?

