



Navy Medicine CIO Update DHITS 2014

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Agenda

Background

Big Initiatives

Impact to Navy
Medicine

Down Range

- Defense Health Agency (DHA)
- Health Information Technology (HIT)
- Desktop to Datacenter (D2D)
- D2D IT Infrastructure Cost Scope
- Impact to Navy Medicine (NAVMED)
 - FAQs
 - Cybersecurity
- Governance
- DHA HIT Expenditure Memo

The “Why”





Defense Health Agency (DHA) Vision

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





Defense Health Agency (DHA) Mission

DHA Mission

- Supports the delivery of integrated, affordable, and high quality health services to beneficiaries of the MHS, and executes responsibility for shared services, functions, and activities of the MHS and other common clinical and business processes in support of the Military Services.
- Serves as the program manager for the TRICARE health plan, medical resources, and 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 and exercises authority, direction, and control over the inpatient facilities and their subordinate clinics assigned to the DHA in the NCR Directorate.



Why did Congress and the Military create the DHA?

DHA Background

- With budget cuts and sequestration, the DoD established the DHA, to re-evaluate health care services provided by the Military Health System to eliminate redundant services and to ensure the efficient allocation of IT resources across MHS
- The reform is meant to address opportunities to realize savings in the MHS through the standardization of common clinical and business process and the consolidation of shared services
- The reform will:
 - Create a more **globally integrated** health system – built on our battlefield successes
 - Drive enterprise-wide shared services; **standardized clinical and business processes** that produce better health and better health care
 - Implement future-oriented strategies to create a **better, stronger, more relevant** medical force
 - Ensure that we are a single healthcare system and we have to support our Warriors and their families in the same manner regardless of physical location or Service affiliation



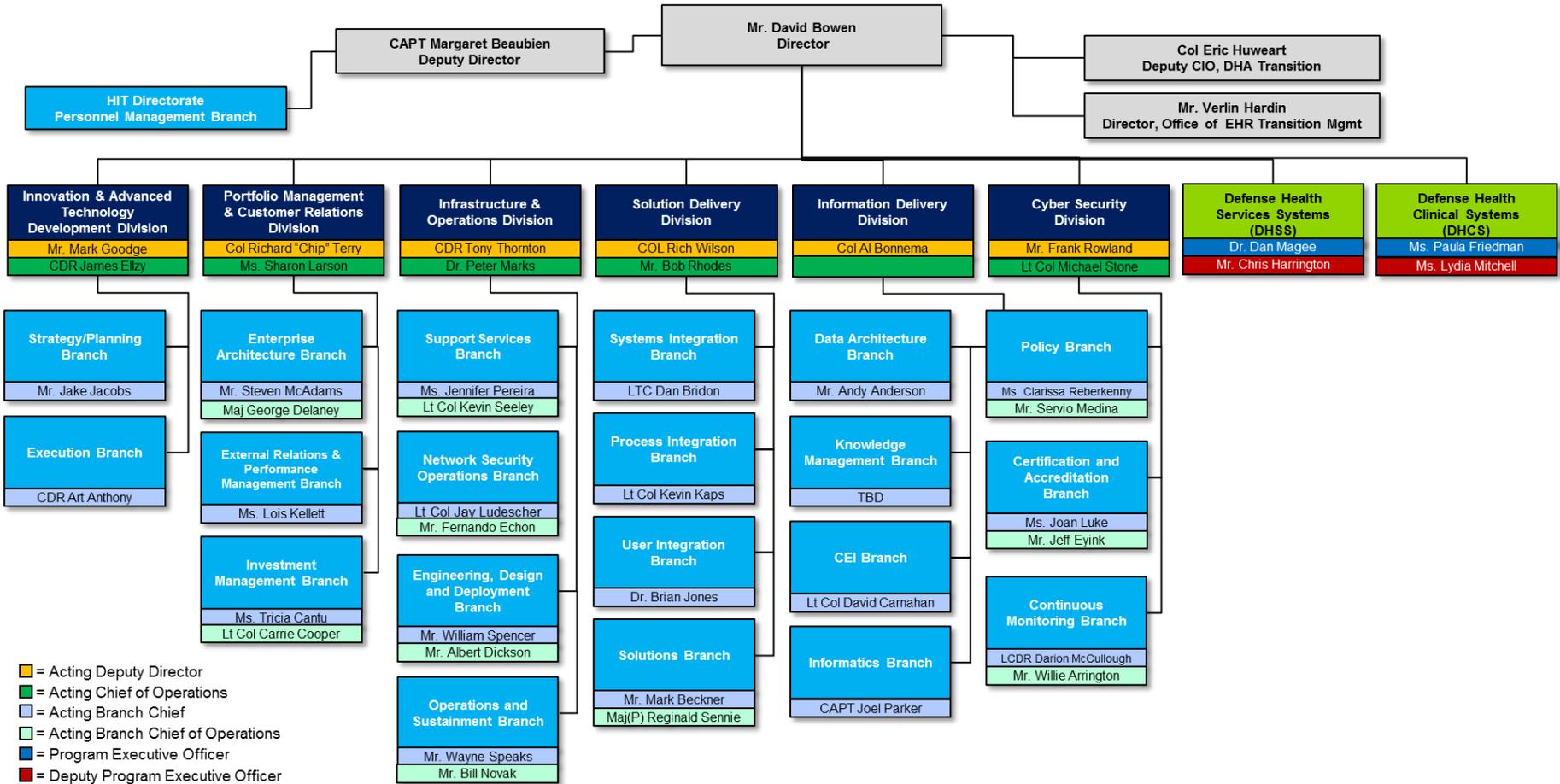
DHA Shared Services

The DHA is responsible for ten (10) shared services that will support the business or clinical operations for all three Services.

- 1 Facility Planning
- 2 Medical Logistics
- 3 **Health Information Technology**
- 4 TRICARE Health Plan
- 5 Pharmacy
- 6 Budget & Resource Management
- 7 Contracting / Procurement
- 8 Public Health
- 9 Medical Education & Training
- 10 Research & Development



Health Information Technology Directorate Organizational Chart





Desktop to Datacenter (D2D)

The D2D IT Infrastructure strategy includes the “why”, “how”, and “what” the DHA will support to develop an integrated healthcare environment through standardizing infrastructure technology (IT) infrastructure down to the desktop and aligns enterprise initiatives and funding to support the deployment of the new EHR, beginning with the Pacific Northwest.

- The “why” provides the key IT services to deliver a centrally managed and maintained IT infrastructure with end-to-end monitoring capability that is required for service availability and a standardized configuration.
- The “how” provides the technical solutions to accomplish the “why.”
- The “what” provides what it will cost to support an integrated healthcare environment through infrastructure technology down to the desktop.



D2D IT Infrastructure Cost Scope

The D2D services include: Development Test as a Service (DTaaS), Directory Services/Enterprise Management (DS/EM), Enterprise Service Desk (ESD), Desktop as a Service (DaaS), Platform as a Service (PaaS), Network as a Service (NaaS)

DTaaS

- An integrated development and test infrastructure service that emulates production environments, improves operational availability and time to field applications, and deployment transition of Military Health Systems.

DS/EM

- A common Directory Service (DS) that will create a unified and secure platform for network authentication and management of identity and access privileges for providers and staff across the Military Health System.
- Enterprise Management (EM) will provide that required set of IT capabilities that enables DHA to govern, manage, measure, and secure the IT services supporting the medical mission.

ESD

- A single point of contact for all Military Health System users to obtain support, request DHA IT services and report technical issues. Program will consolidate disparate Enterprise Service Desk (ESD) functions across the Military Health System.



D2D IT Infrastructure Cost Scope

DaaS

- A “managed to the desktop” strategy that will define, deliver, sustain and measure standard desktop baseline(s) across the Military Health System for both traditional and virtual desktops. Program will focus on all aspects of End User Device (EUD) management including release management, software licensing, hardware, data storage and refresh strategies.

PaaS

- A standardized approach for regionally storing data and delivering applications and services to the Military Health System in close proximity to the point of care or point of need. PaaS will be tightly integrated into the model for a Single Security Architecture to provide a highly available and redundant shared platform service for delivery of MHS applications, data, and DHMSM.

NaaS

- A centrally-managed, highly-available, low-latency network communications infrastructure for the Military Health System and its mission partners that will connect users to applications, services and data behind a **Single Security Architecture (SSA)** under a single **Designated Approving Authority (DAA)**.



Impact to NAVMED- FAQs

Question

Will there be reductions in staff levels as initiatives move towards DHA enterprise management of the desktop?

Will local IT staff become DHA assets?

What is the scope of service in the future?

What is the role for local IT staff during the deployment and post deployment of the new EHR?

What are the IM/IT boundaries?

Will there be a standardization of position and grade levels based on complexity of the job and level of responsibility?

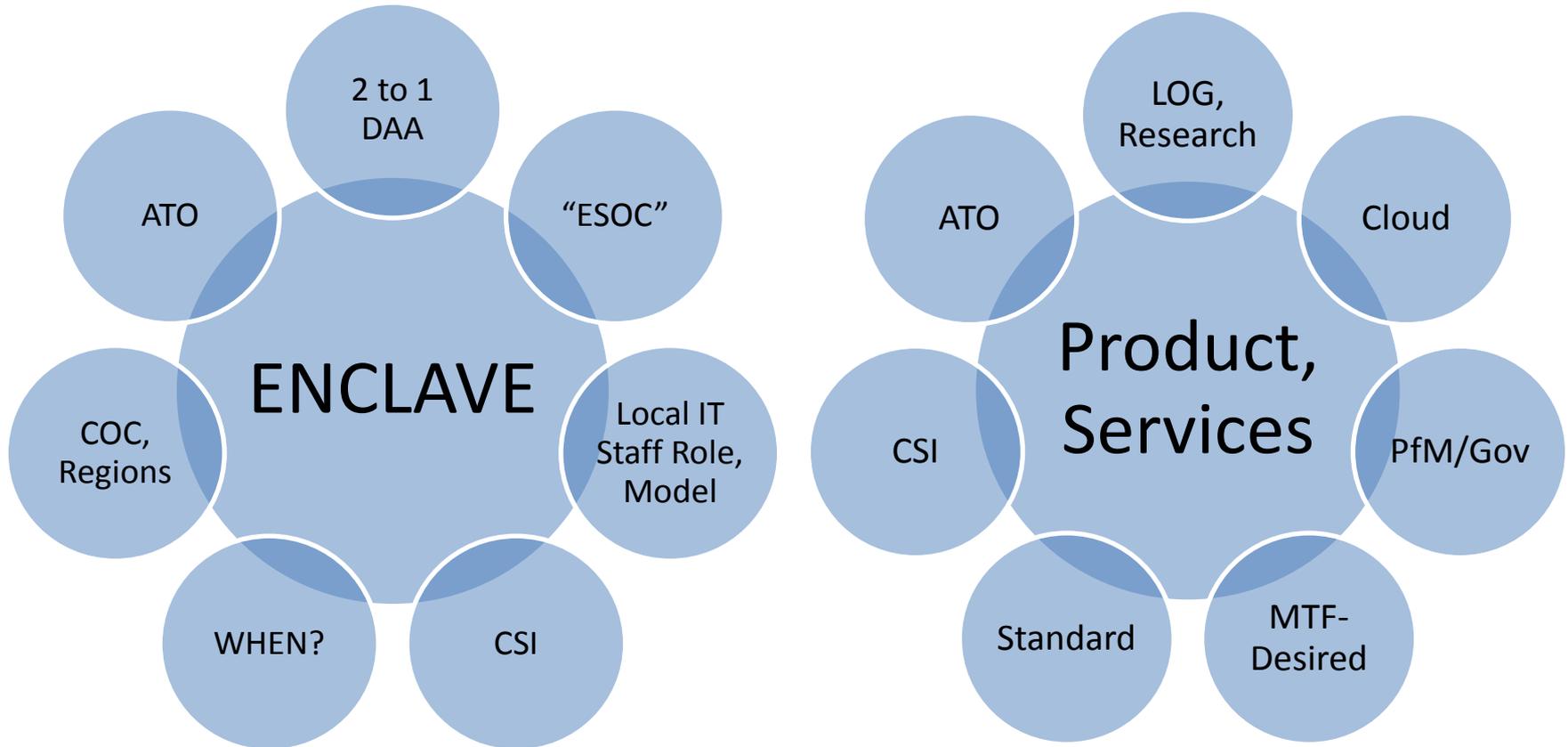
Will we maintain a “Navy Regional Structure” or do the regions go away?

When will these changes affect the clinics?

Will there be a corollary organization under DHA that mirrors what the ESOC provides BUMED?



Cybersecurity





Down Range

- Governance
 - To what level will there be standardization of products and services?
 - How are we going to evaluate and test new technologies?
- DHA HIT Expenditure Process
 - Expenditure 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 Defense Business System funds certification per Section 906 of the NDAA of FY2013



Questions and Answers

