

# 2014 Defense Health Information Technology Symposium

## Current and Future Delivery of Enterprise Tools



***“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



- Describe the current state of enterprise tools and solutions
- Describe the Solutions Delivery Division of DHA Health Information Technology (HIT) Directorate
  - Program Management
  - User Integration
  - Process Integration
  - System Integration
- Understand the future state of enterprise tool delivery and integration

# Agenda



- 
- Overview
  - User Integration
  - Process Integration
  - Systems Integration
  - Solutions Branch
  - EHR Modernization (DHMSM)

# Solution Objectives & Challenges



Challenges

Budget & DBC

Culture

Environment

Interoperability

Priorities

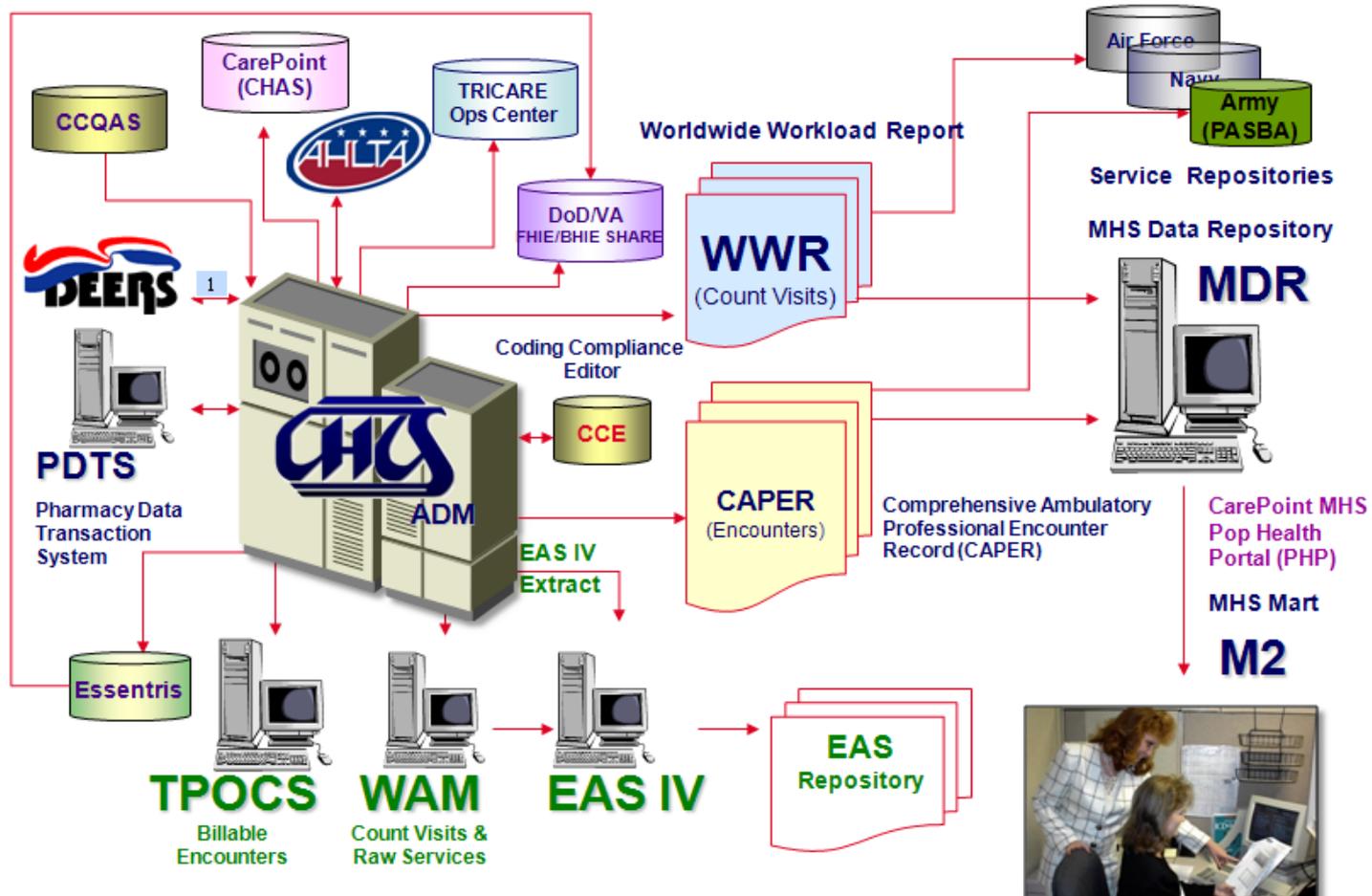
Contracting

## Objectives

- Provides user tools to support and improve outcomes
- Timely, Efficient & Reliable
- Error free

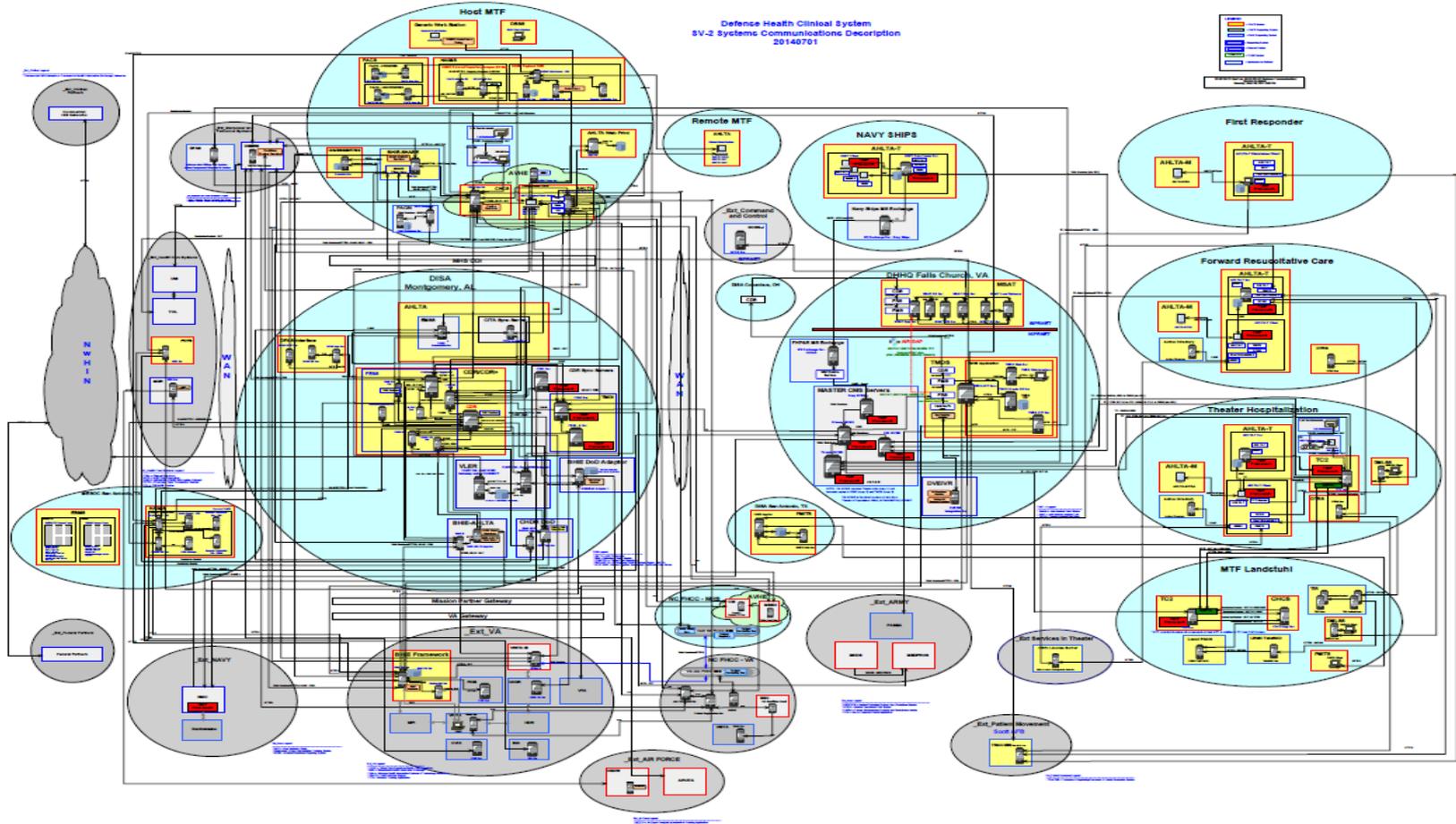
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# Current State



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# Current State

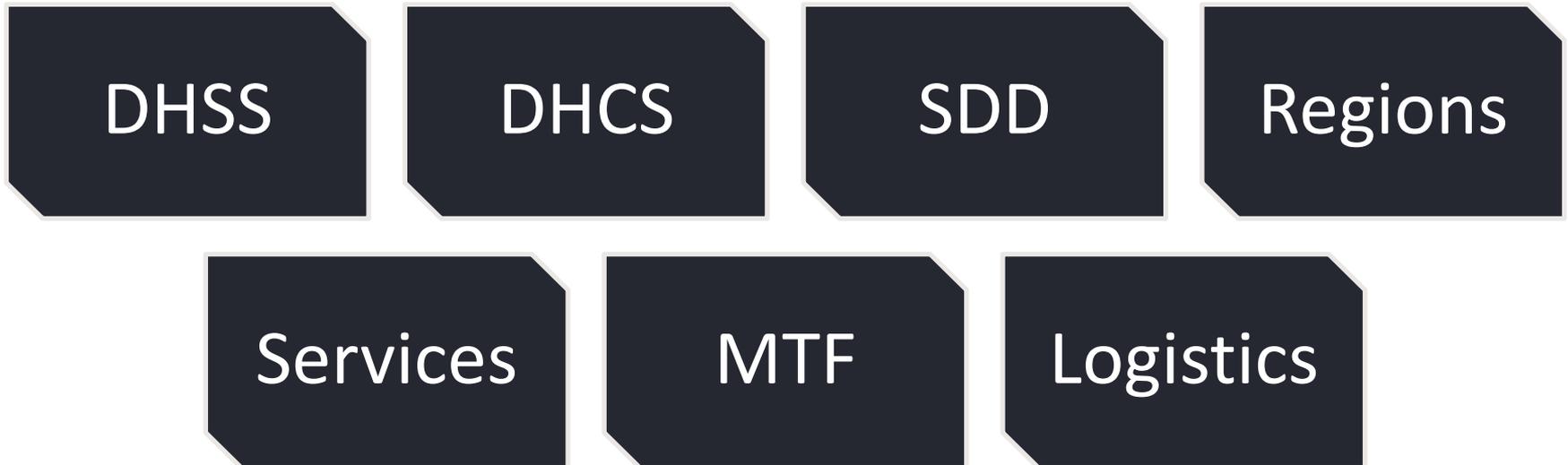


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# Current State

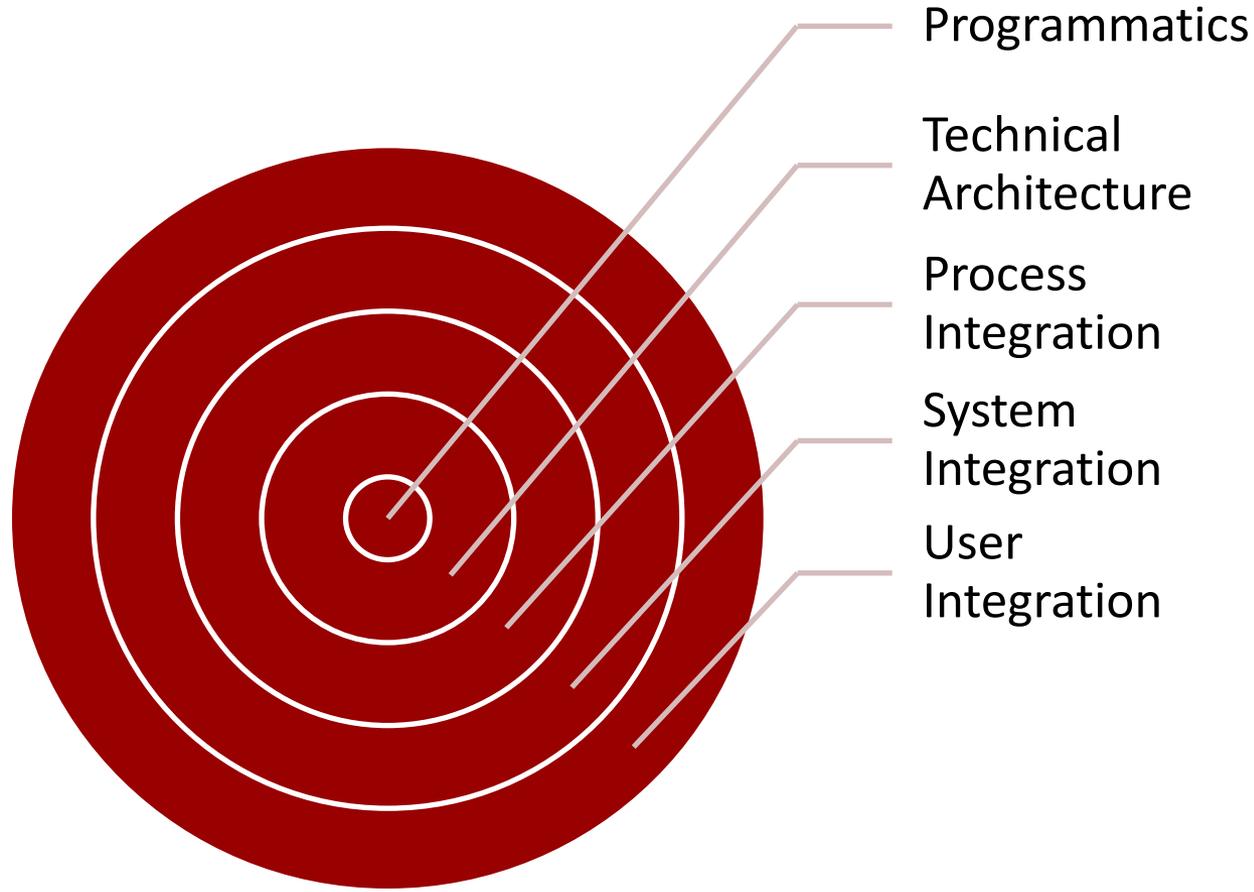


## Who is managing the portfolio?



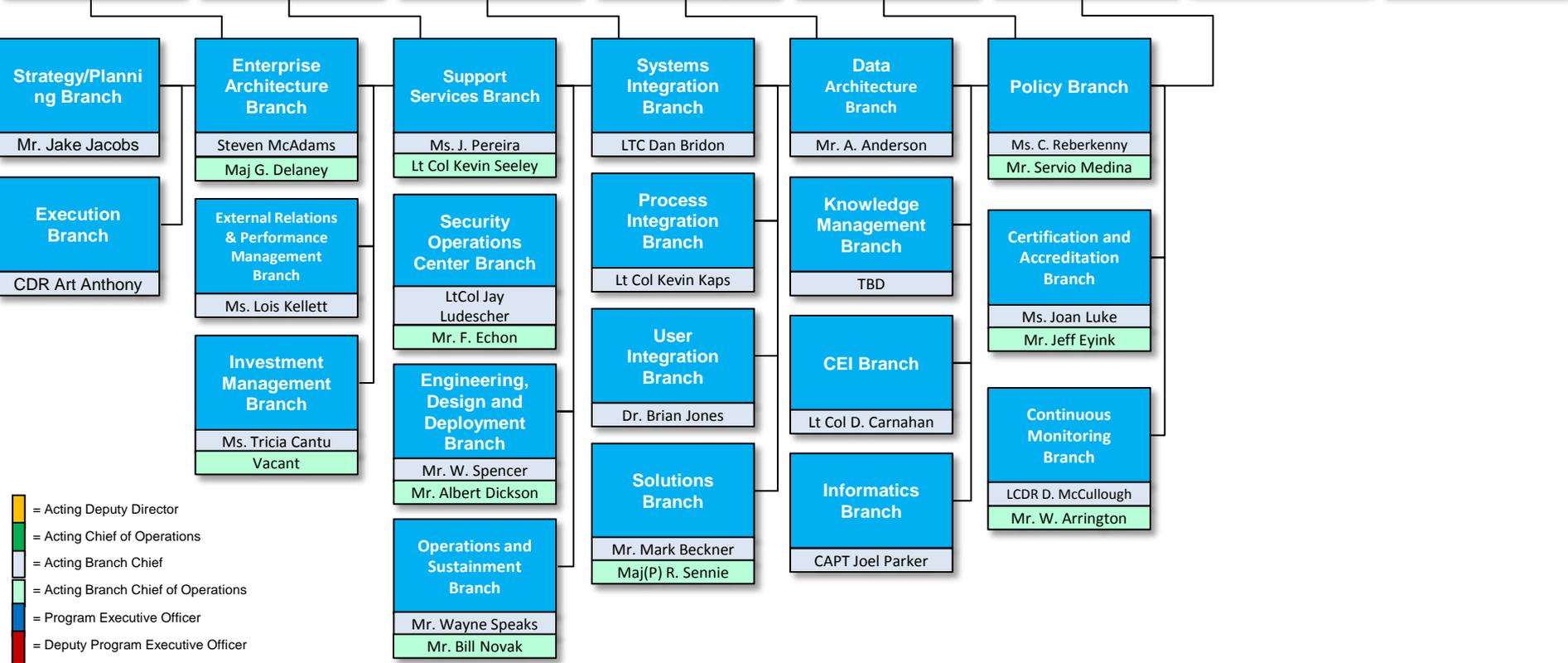
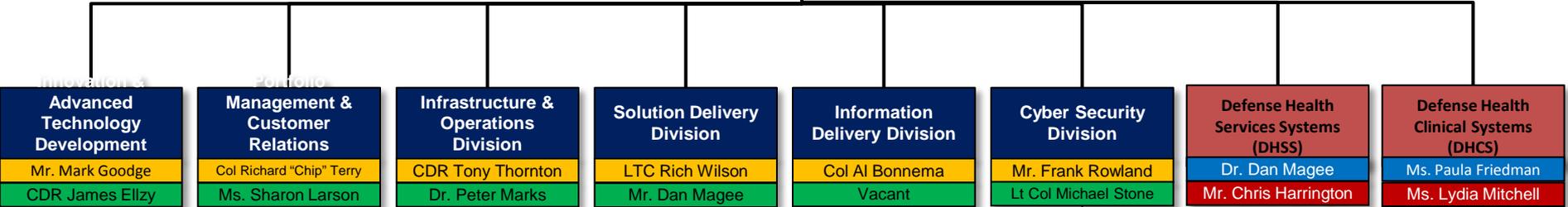
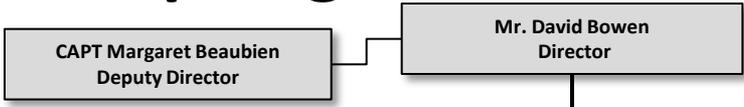
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# Solutions Delivery



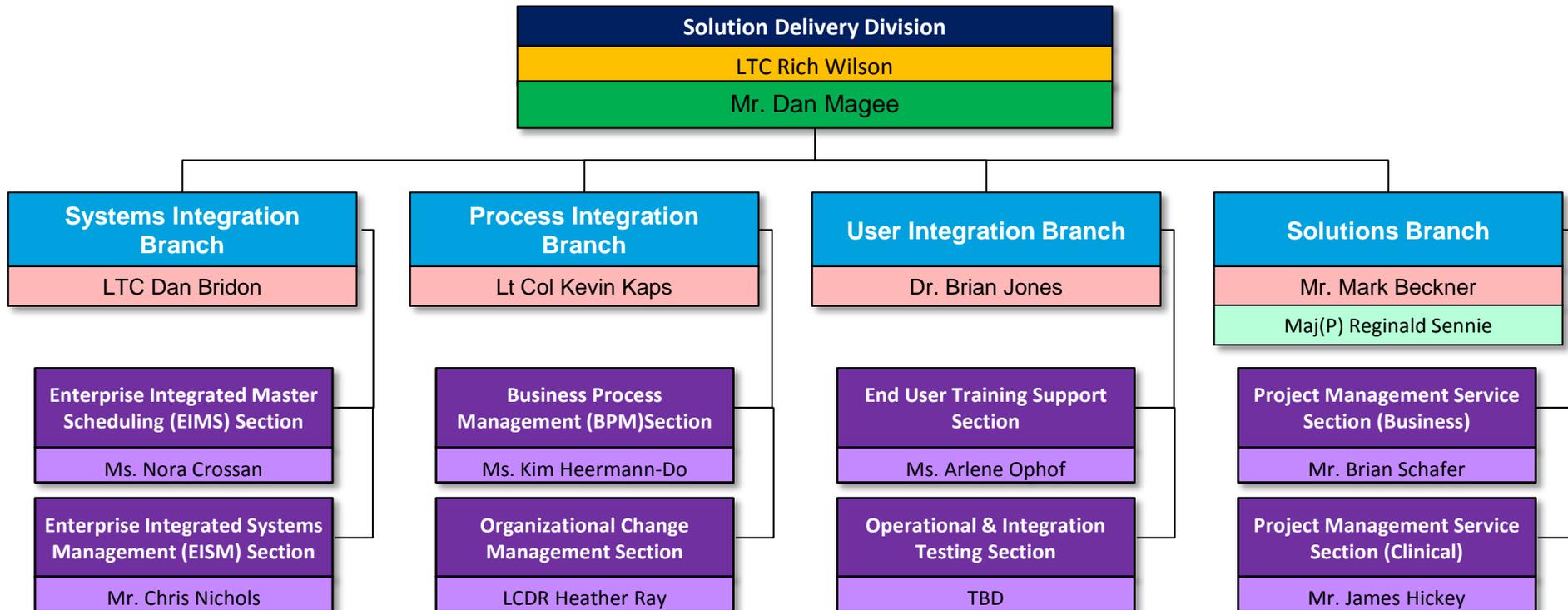
# HIT Directorate

## Acting Leadership Organizational Chart



- = Acting Deputy Director
- = Acting Chief of Operations
- = Acting Branch Chief
- = Acting Branch Chief of Operations
- = Program Executive Officer
- = Deputy Program Executive Officer

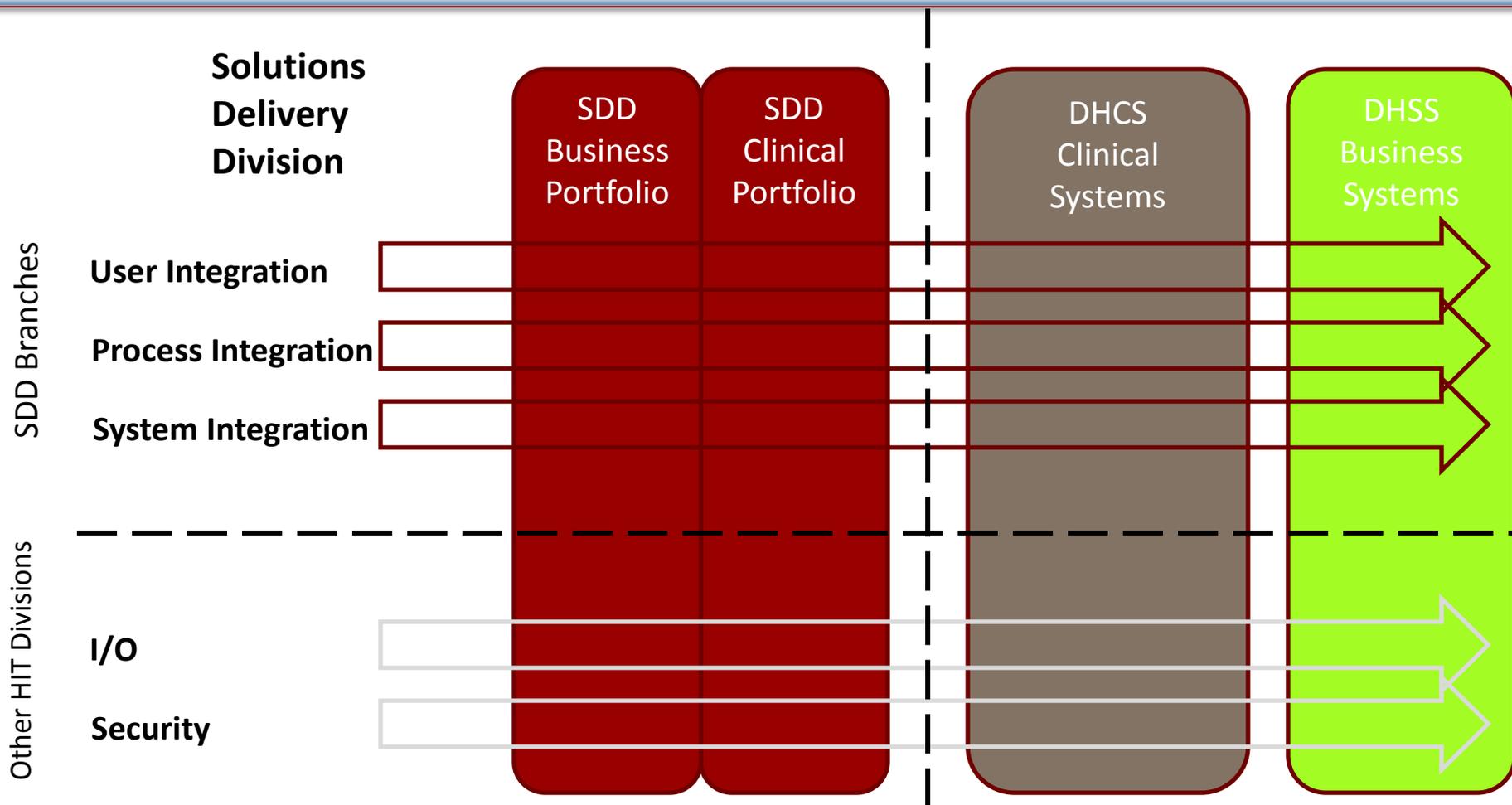
# HIT Solution Delivery Division



- = Acting Deputy Director
- = Acting Chief of Operations
- = Acting Branch Chief
- = Acting Branch Chief of Operations
- = Acting Section Chief

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# Current Functional Mapping



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# Organization



**DHA**

**Healthcare  
Ops**

**R&D**

**Health IT**

**Ed &  
Training**

**Business  
Support**

**NCR  
Medical**

**Solutions  
Delivery**

**User  
Integration**

**End-User  
Training**

**Operational and  
Integration  
Testing**

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## End-User Training Section

- Health Information Technology (HIT) Training Program Policy, Planning and Analysis
- Conducts Analysis, Designs and Manages training standards and policies
- Product Curriculum Lifecycle Development- System Workflow and Training (SWAT) Packages for all systems in the HIT Portfolio
- Provides comprehensive HIT training implementation and sustainment
- Conducts workflow training on clinical and business solutions
- EHR Workflow and Training Backbone

# Clinical System Training & Workflow Metrics



<u>Service</u>	<u>Cost (millions)</u>	<u>CSU</u>	<u>CST/CWA</u>	<u>CST/CWA:CSU</u>
Army	\$27.4 (\$24 GS Over-hire, \$3.4 Contract)	~49,000	291	1:168
Navy	\$7.6 (Contract)	~31,000	49	1:632
Air Force	\$4.5 (Contract)	~25,000	55	1:455
Total	\$39.1 (\$24 GS, \$15.1 contract)	~105,000	395	1:265

CSU—Clinical System User (Active)  
 CST—Clinical System Trainer  
 CWA—Clinical Workflow Analyst

Tri-Service Workflow Contract \$9M  
 22 Training and Workflow FTW

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# Operational & Integration Testing Section



- Define Operational testing requirements and expectations for functional, role-based use
- Develop performance and User Acceptance metrics for success and continued monitoring for all SWAT packages
- Maintain testing methods and standards
- Conducts and manages testing, minimizes impact on mission

# Potential Future State



## ■ COA 1 (DHA Tactical Mission)

DHA HIT Solution Delivery Division creates and delivers a standardized Training & Workflow Implementation package to the individual end user by migrating current service capabilities into the DHA HIT SDD

## ■ COA 2 (DHA Strategic Mission)

DHA HIT Solution Delivery Division creates and delivers a standardized Training & Workflow Implementation package to the Services. Services will be required to maintain infrastructure to meet DHA implementation requirements

## ■ COA 3 (DHA Hybrid Mission)

DHA HIT Solution Delivery Division creates and delivers a standardized Training & Workflow Implementation package to the Services. DHA SDD capabilities will augment existing Service training and workflow implementation capabilities during deployments.

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# Process Integration Branch



## ■ Subdivisions of Process Integration

- Business Process Management (BPM)
- Operational Change Management (OCM)
- Tri-Service Workflow Team (TSWF)

## ■ Aligned to address the typical barriers to efficiency

- Non-standardization
- Poor adoption
- Difficulty identifying barriers and avoidance of them during implementation

# Process Integration Tools/Products



## ■ BPM

- “AS Is” and “To Be” Workflows for a unified approach
- UCD (Use Case Descriptions) to capture stakeholder’s requirements

## ■ OCM

- Review and Refine Project Manager’s OCM plan
- Identifying measures and assistance with plan revision taking into consideration the results of those measures

## ■ TSWF

- Identify/develop clinical workflow
- Develop TSWF AIM form for standardized documentation with CPG’s embedded when available and clinical decision support
- Create training materials and deploy across the MHS

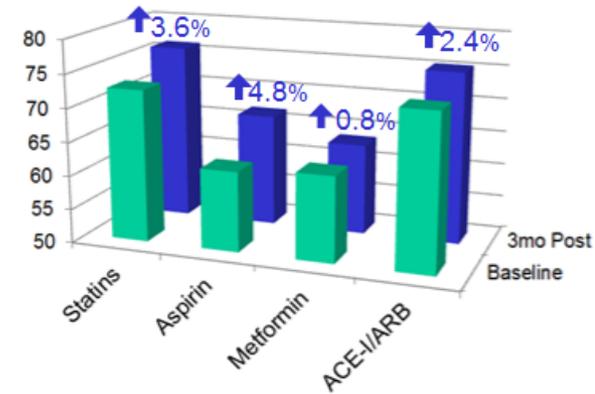


# Clinical Outcomes

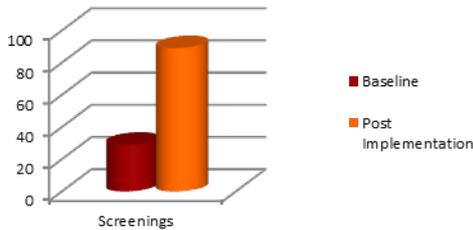


- When AIM Form used for Diabetics, it increased prescribing of medications that decrease morbidity/mortality

Potential savings of **\$2.7M** when applied across the enterprise



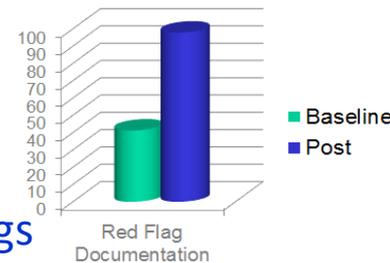
- Depression Screening



Increased screening using a validated tool in Primary Care **29% to 89%**

- Low Back Pain CPG AIM Form

**41.2% to 97.8%** ↑ in documentation of Red Flags



**\$300K** savings at a single MTF in 1<sup>st</sup> quarter by unnecessary MRIs and sub-specialty consult orders

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# Systems Integration



- Integrate MTF/HIT schedules, coordination and planning
  - ❑ Enterprise-wide Scheduling Common Operating Picture
  - ❑ Conceptual Tool – Enterprise Scheduling Platform (ESP)
- Integrate HIT portfolio systems
  - ❑ Domain management - OP, IP, Ancillary, Med Devices, Network Infrastructure, Data Center, Business, and Theater/Operational
  - ❑ Provides enterprise application and system integration analysis and recommendations
  - ❑ Work closely with EA, PMOs, Capability Mgrs, I&O etc.
  - ❑ Broad view of all systems in domain; cross-pollination between domain mgrs
- Integrate systems into MTFs
  - ❑ Execution support for deployment/decommissioning processes for HIT systems
  - ❑ Centralize deployment operations

# Enterprise Scheduling Platform

## Problem Statement



- **No Common Operating Picture (COP)** for the development, deployment, and sustainment of IM/IT Infrastructure and Information Systems
  - No ***central repository*** of information
  - No ***standardized view*** of the MTF environment
  - Not ***customer-facing*** or ***globally accessible***
  - Manpower intensive

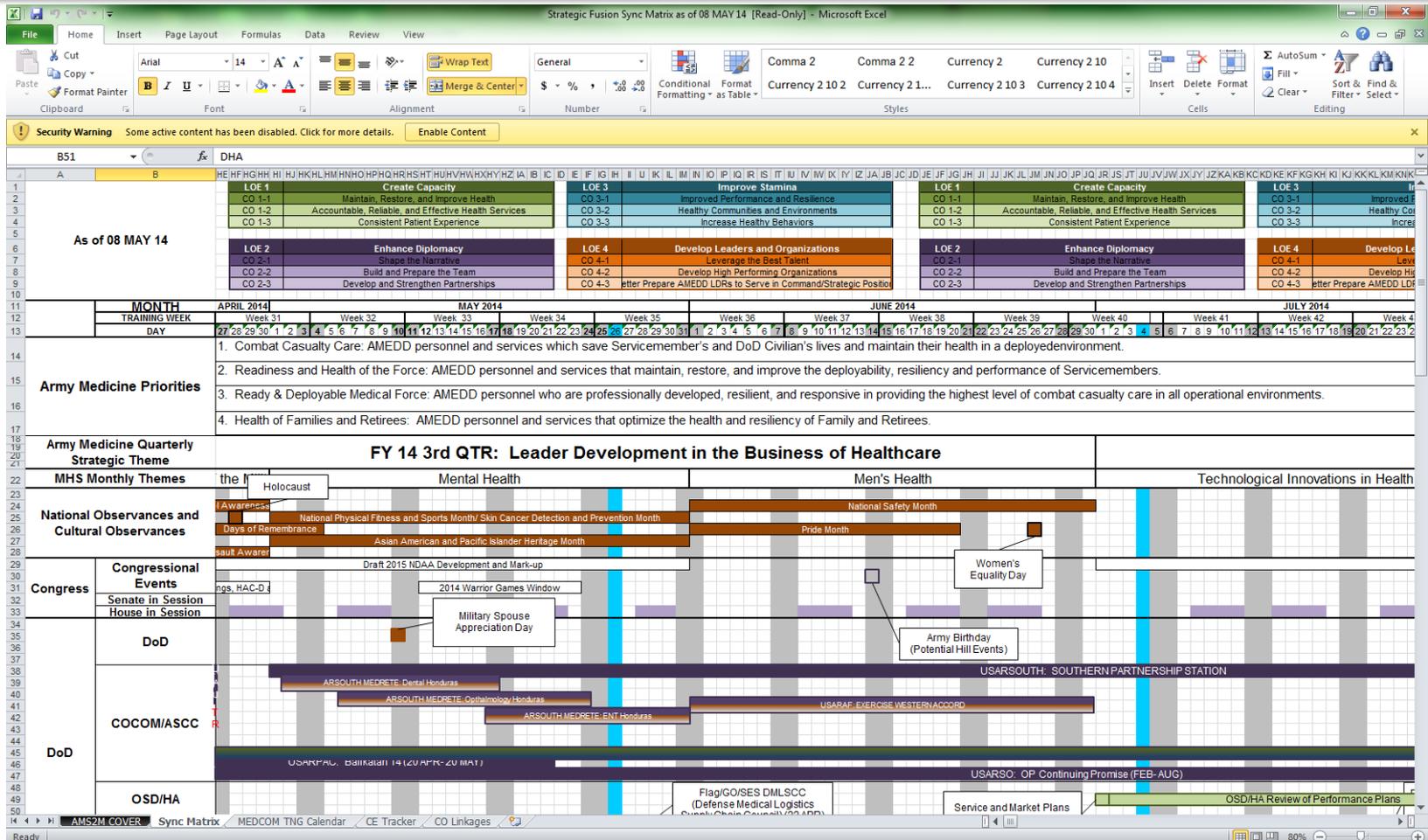


# Current Scheduling Environment



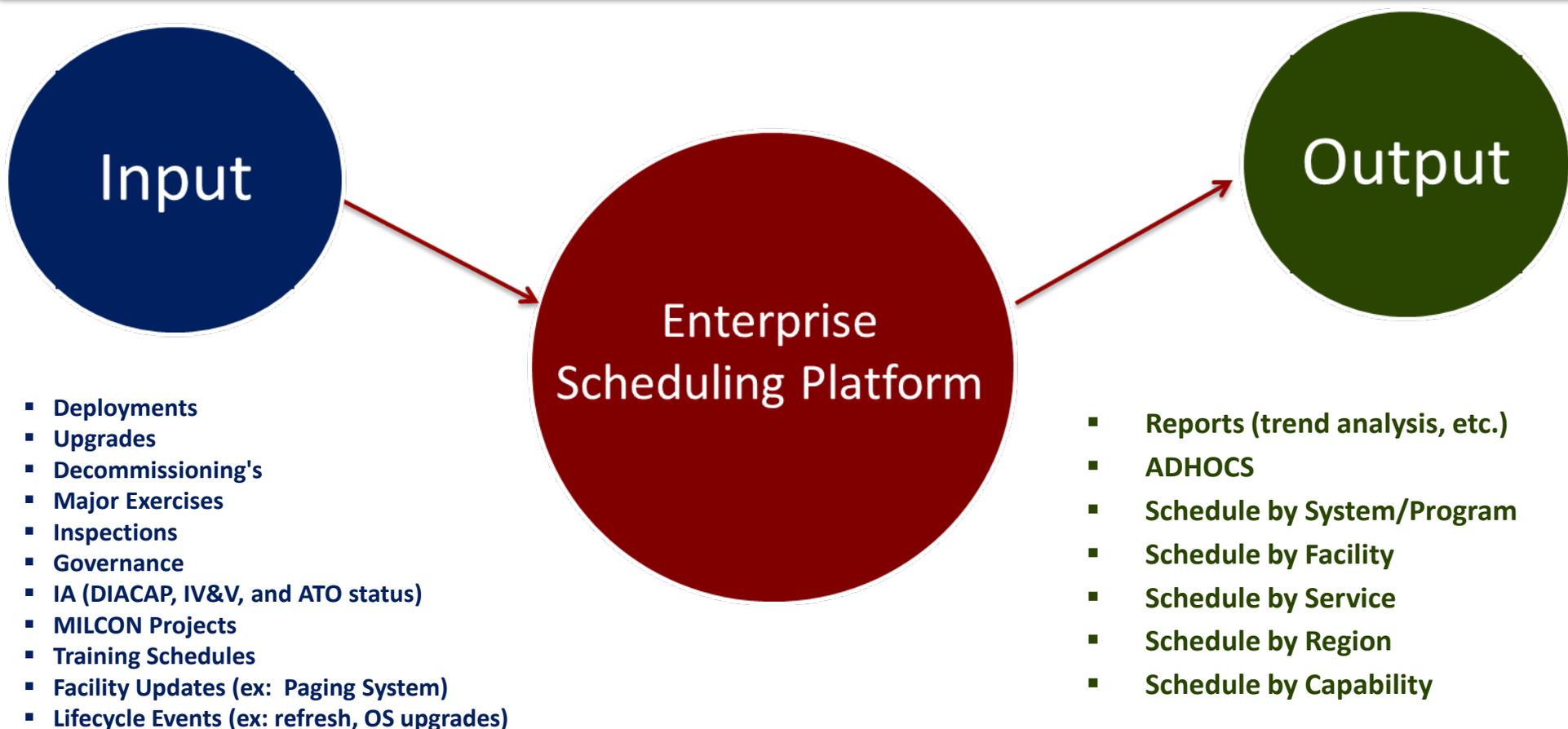
- Currently, ***mixed media*** for scheduling exists throughout the enterprise that do not communicate with one another
  - ❑ DHCS – Master Schedule Excel Spreadsheet
  - ❑ DHSS – Currently has no IMS
  - ❑ DHMSM – Currently working to create an IMS in MS Project
  - ❑ IA (DIACAP, IV&V, and ATO) - SharePoint/Excel Spreadsheets
  - ❑ Lifecycle Management- SharePoint/Excel Spreadsheets
  - ❑ MILCON - SharePoint/Excel Spreadsheets

# Current Army Medicine Strategic Synchronization Matrix (AM2M)

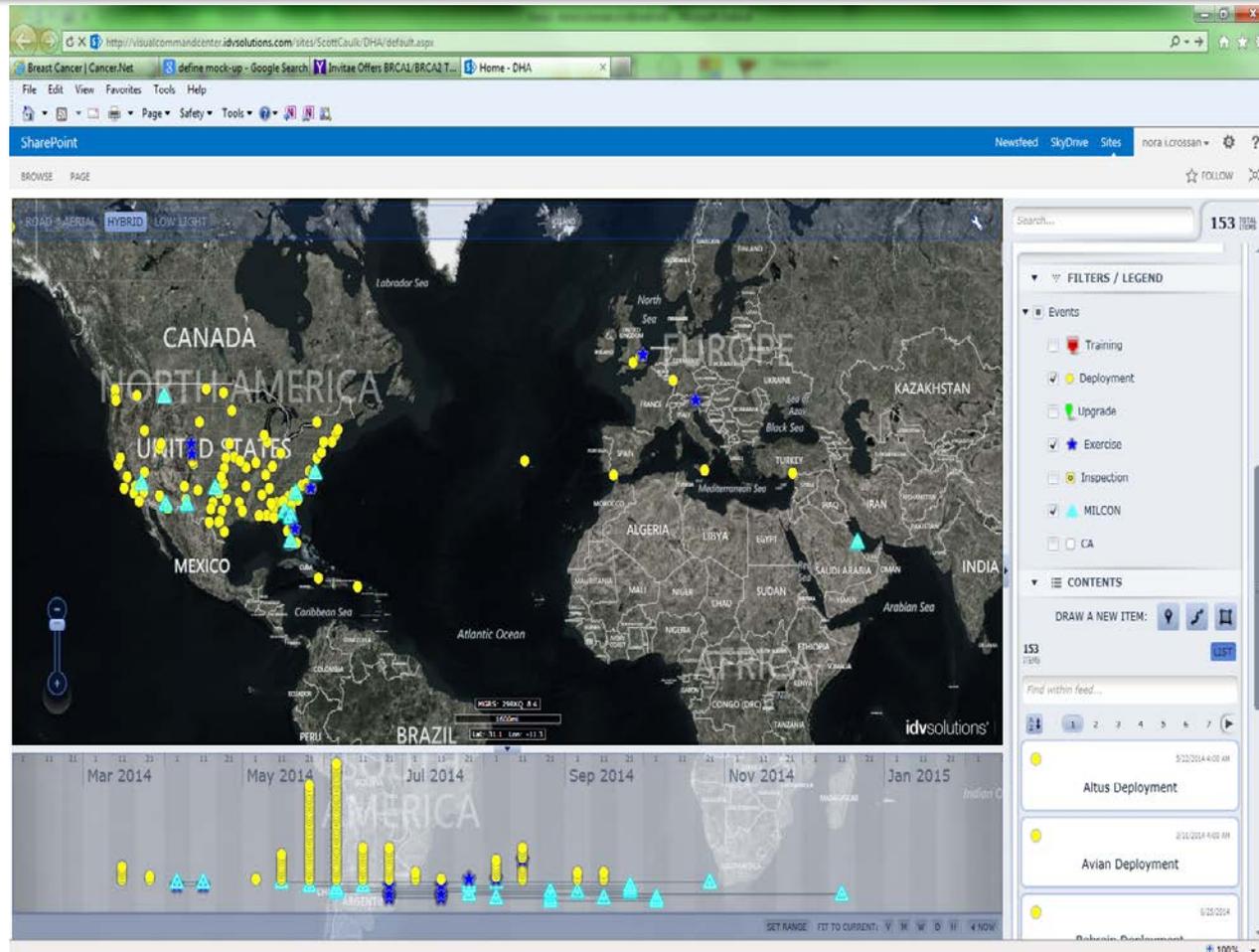


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# Mature Environment



# Tool Mock-up



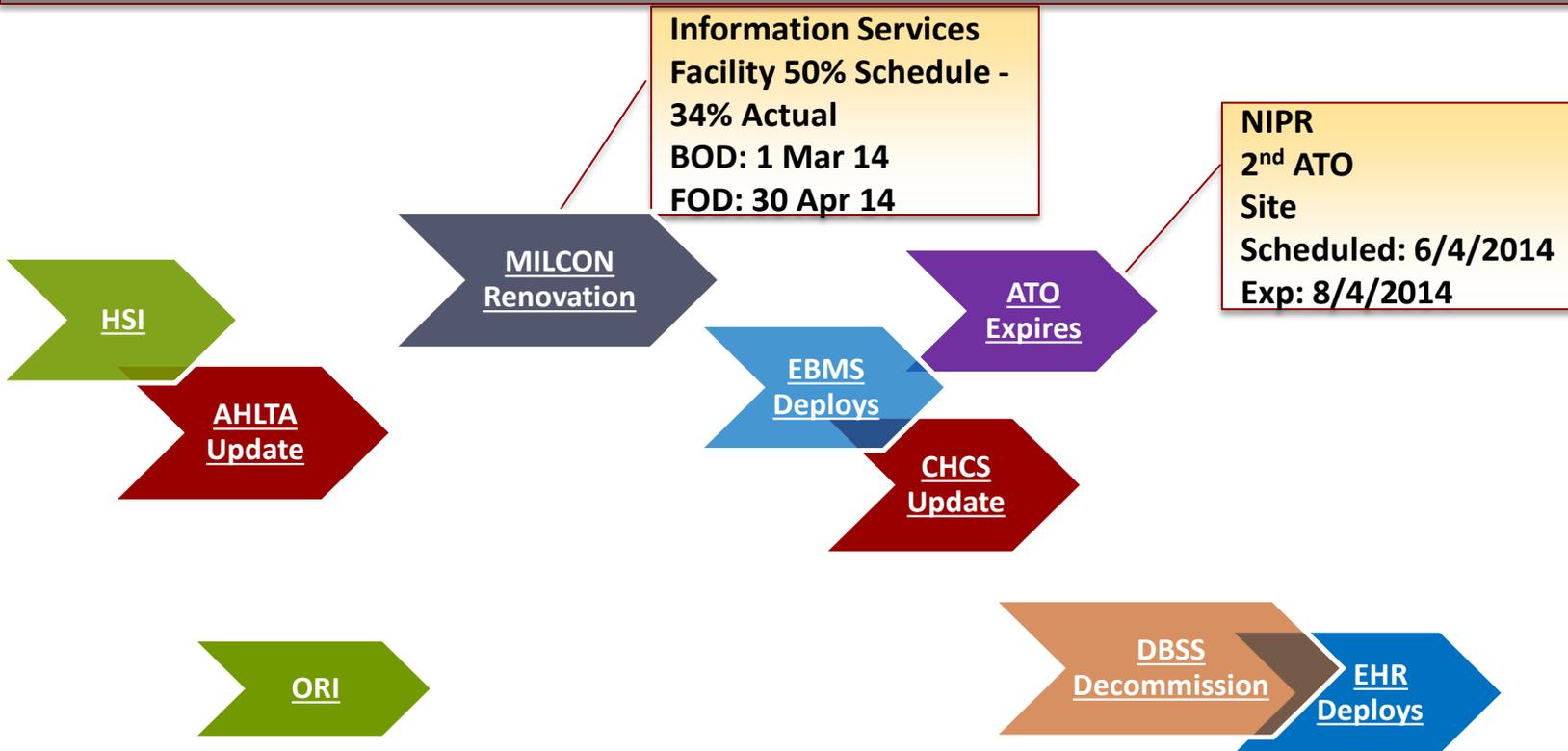
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# Tool Mock-up – Customized View



## Eglin Regional Hospital – 96<sup>th</sup> Medical Group

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec



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# Solutions Branch



## ***Vision***

To assure healthcare providers have the Information Technology tools and information required to deliver high quality healthcare by providing superior Project Management services to the Defense Health Agency and its customers in a transparent, scalable, flexible, efficient and effective manner.

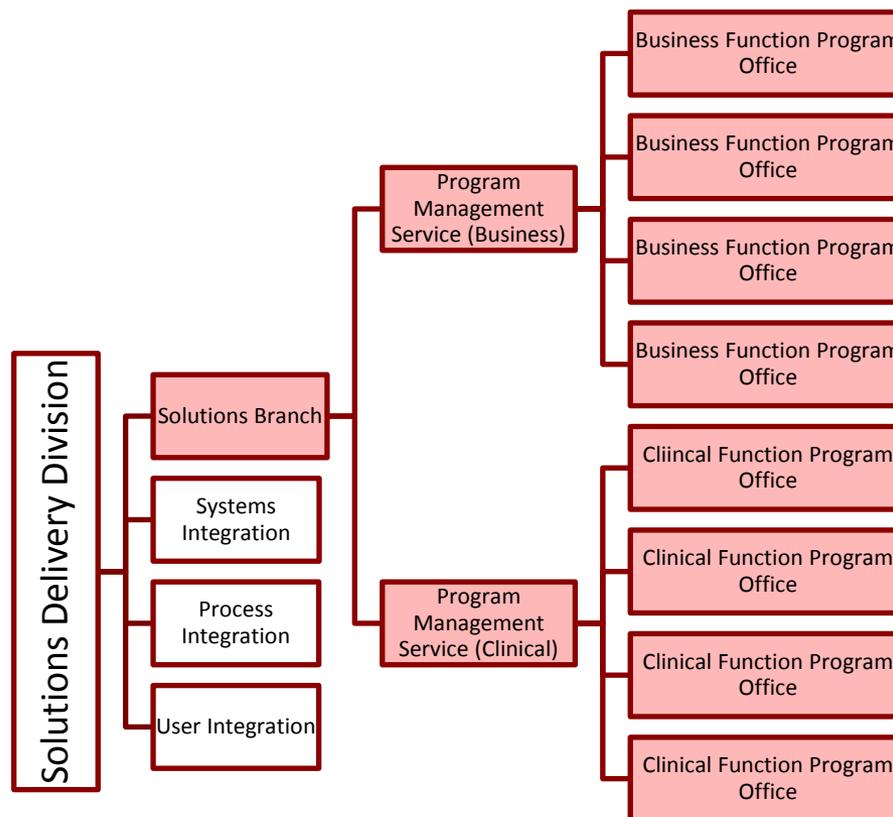
## ***Mission***

The Solutions Branch enables excellence in the area of Program Management in the Defense Health Agency and its customers by providing Program Management services of varying sizes and shapes allowing the customer to choose the services to best meet their need. All services will be conducted leveraging standardized processes, templates and industry best practices all tailored to meet our unique environment as it undergoes significant change in an evolutionary manner with both organizational structure and technical approach.

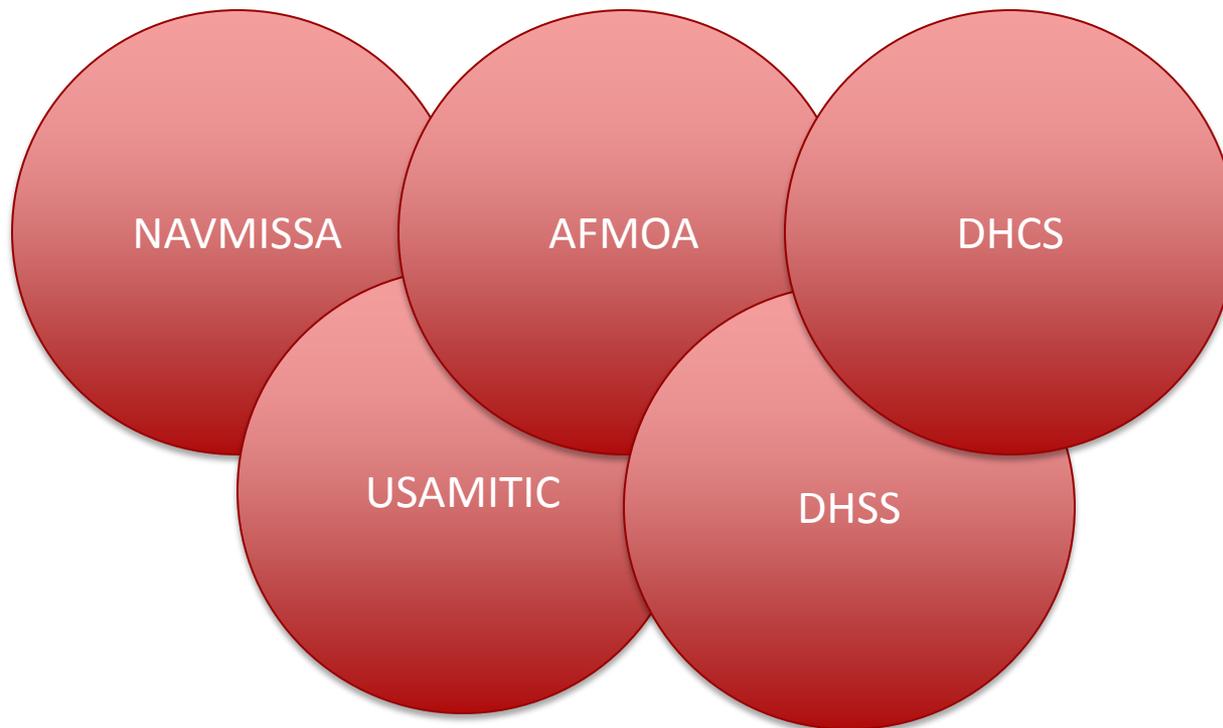
# Branch Structure



- Solutions Branch
  - Functions as PMO
- Sections
  - Clinical
  - Business
- Offices
  - Offices have functional alignment
  - Contains Service applications from all Services
  - Structure aligns to rationalizing duplicative applications or management teams



# Assess the As-Is Organizational Process



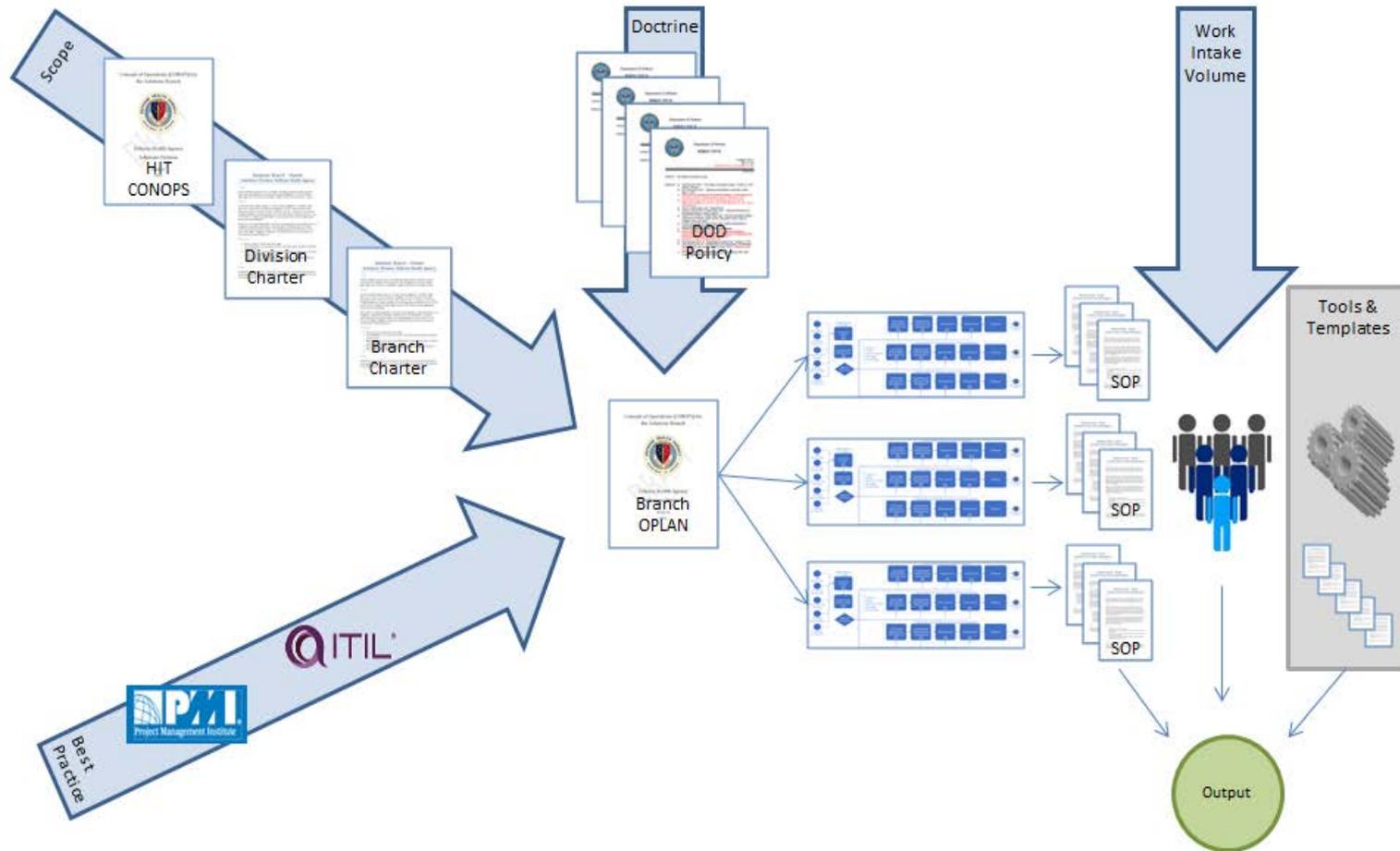
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# Identify Expected Portfolio



- Navy Medicine e-Library
- ESAMS
- MEDRUMPMIS
- EAS IV
- BUMIS II
- EEDRS
- CBIS
- NMO
- WMSNi
- ICIB
- S3
- AFIFHTC
- ANAM
- VSSM
- VSISM
- NSQIP
- IMED Consent
- TRDVS
- FTDTL
- AudioCare
- MedWeb
- OPADS
- OMAS
- ARMD
- MiCare
- MEDBOLTS
- MEBITT
- SRTS
- CDA/CDS
- ITS
- AMSPi
- MODS
- TAMMIS
- ACS-ECG
- AWCTS
- BHDP

# Define the To-Be Organizational Processes



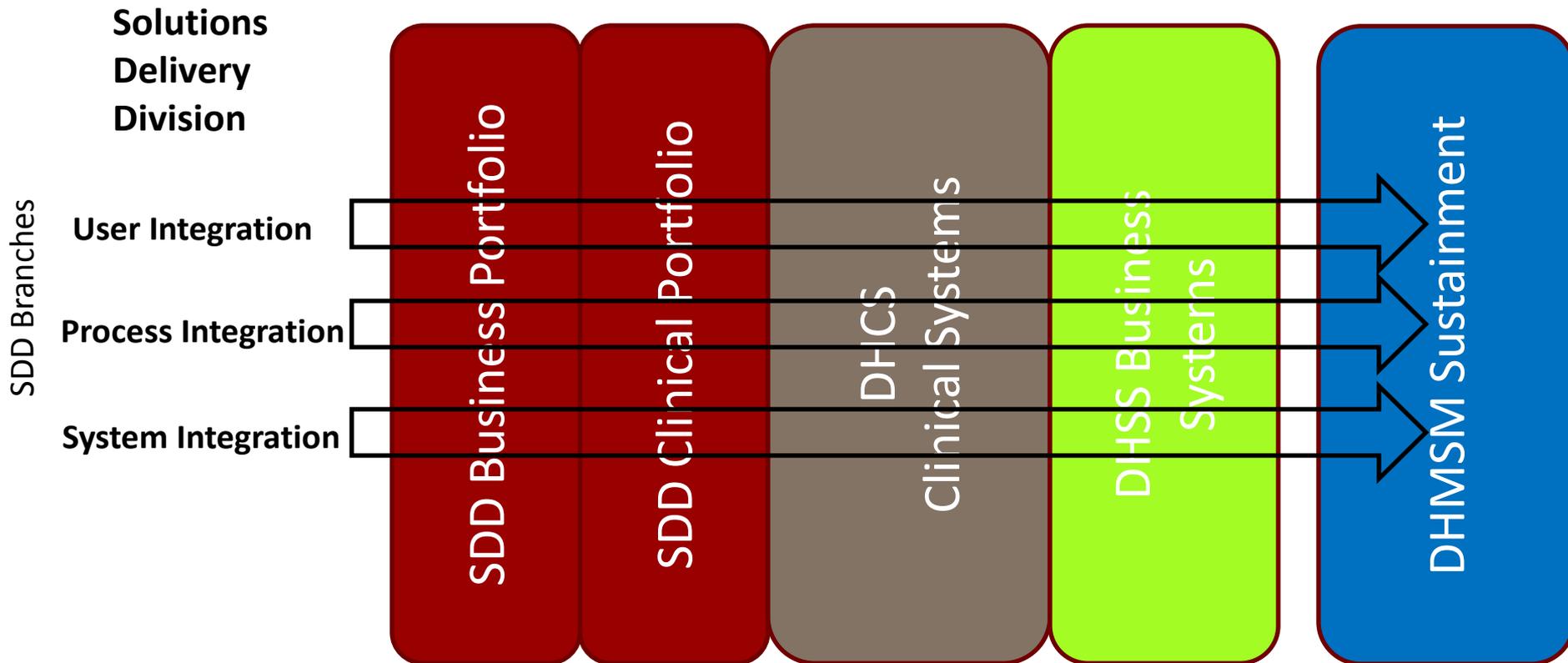
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# SDD & EHR Modernization



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# Evaluations



**Please complete your evaluations**

# Contact Information



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