



Defense Healthcare Management Systems

Defense Health Information Technology Symposium

**Christopher Miller
Program Executive Officer (PEO)**

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**CAPT Windom, you just awarded
the DHMSM Contract!
What are you going to do next?**

I'm going to DHITS!





Why Are We Here

“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly;...who at best knows in the end the triumph of high achievement, and who at worst, if he fails, at least fails while daring greatly.”

-Theodore Roosevelt, 1910





PEO DHMS Mission

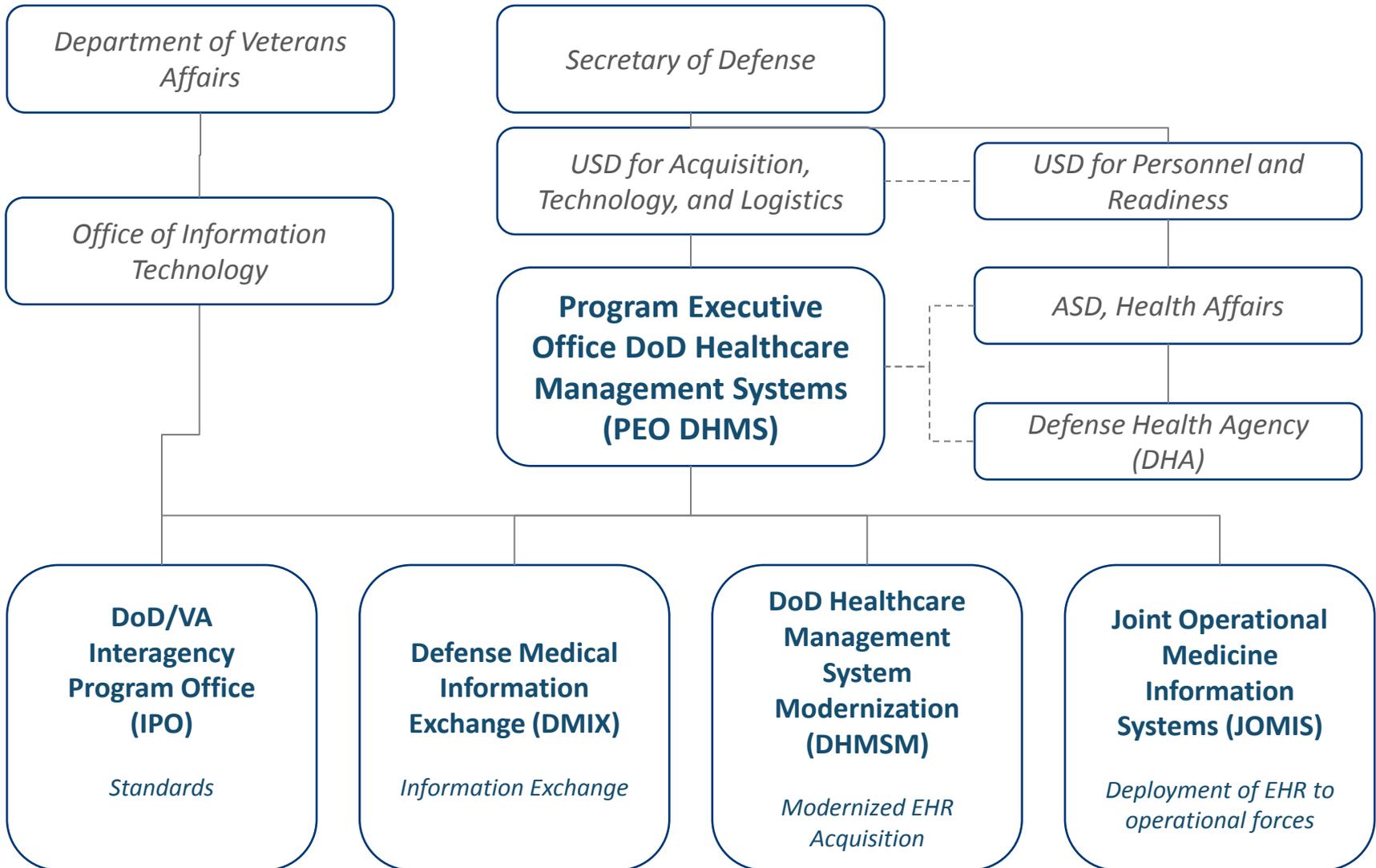
To efficiently improve healthcare for the active duty military, veterans and beneficiaries by:

- Establishing seamless medical data sharing between DoD, the VA and the private sector
- Modernizing the Electronic Health Record (EHR) for the Military Health System





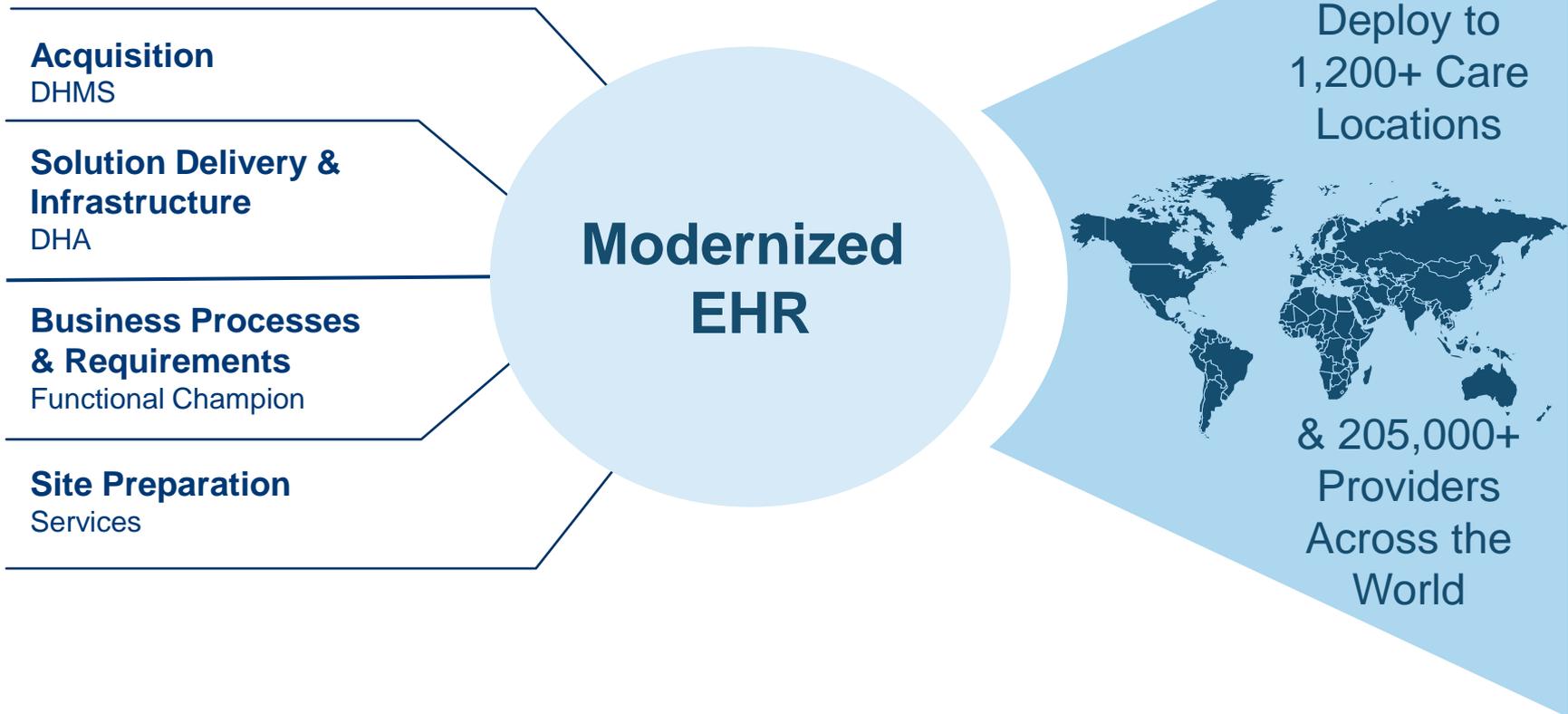
Where We Fit





Collaborative Delivery of a Modernized EHR

To deliver a modernized EHR to the military garrison and operational points of care, and transform how the military health system provides healthcare, the Services, DHA and Acquisition Teams will collaboratively work with the care locations to configure, test, train and deploy the new solution





Our End Goal

Regardless of where care is provided...
A single, integrated patient record
Supporting delivery of patient-centric care



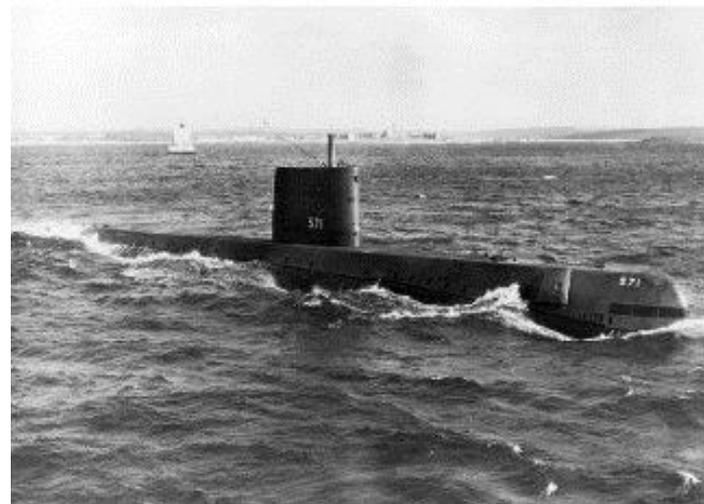
Moving us from healthcare to health



Historical Perspective

“The Navy has both a tradition and a future...and we look with pride and confidence in both directions.”

*- Admiral George Anderson
CNO August 1, 1961*



USS Nautilus SSN-571



USS Langley CV-1



Our Past – The last 24 Months

February 2013:



DoD and VA announce EHR programs

October 2013:



First DoD EHR Modernization Industry Day

January 2014:



Defense Medical Information Exchange (DMIX) formed to oversee legacy interoperability tools

December 2014



Operational Medicine Joint Program Office Acquisition Decision Memorandum signed

July 2015



DHMSM Contract Award



June 2013:



Defense Healthcare Management Systems Modernization (DHMSM) Program Office stood up

December 2013:



Interoperability capabilities enhanced, including an integrated display of data

October 2014:



EHR responses to RFP received

March 2015:



DMIX JLV upgrade to meet NDAA requirements



Engagement By the Numbers

- 4 Industry Days
- 3+ Draft Request for Proposals (RFPs)
- 7 Requests for Information (RFIs)
- 10+ Healthcare Provider Engagements
- 50+ one-on-one meetings with industry
- 5+ Conferences





Health Data Sharing Today

Four Major Software Deliveries in Less Than 24 Months

DoD Medical Information Exchange



Legacy EHR Systems

Modernized EHR System



1.7M+ Legacy Unique Terms
15+ Data Standards Used by DoD



Patients

9.5M+ Eligible Beneficiaries
218K Blue Button Views Weekly

Private Sector

60% of Care
11 HIE Partner Connections

Federal Partners

7.4M Correlated Records with VA
Claims Adjudication with Social Security





Lessons Learned

- Have multi-disciplinary team that includes a mix of clinical, technical and acquisition experts
- Develop clear organizational roles and responsibilities
- Get the requirement right
- Establish well defined and realistic objectives
- Make timely decisions based on doing what is right for the MHS as a whole
- Aggressively communicate and engage stakeholders both inside and outside the MHS
- Embrace fiscal responsibility and stewardship of American tax payer dollars
- Honor our commitments and schedule



Our Future - The Next 24 Months





Technology is One Part of the Solution

Years Until a Third of U.S. Population Used



Radio

31



TV

26



PC

16



Cell Phones

13



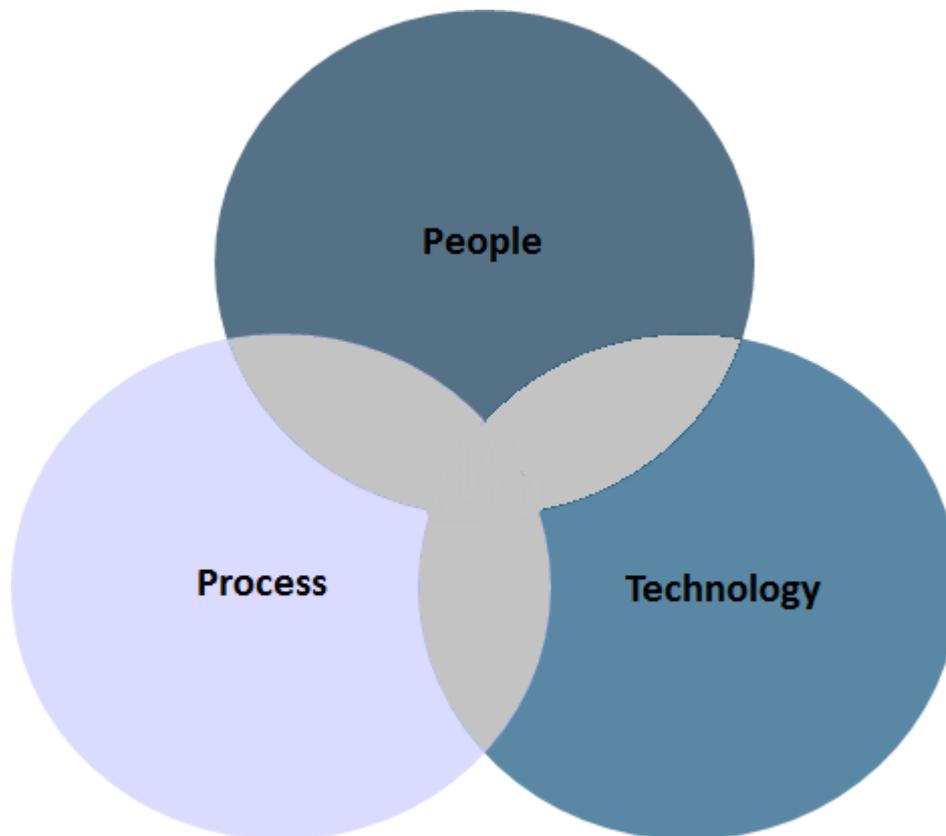
Internet

7

Business processes have less and less time to adapt to new solutions



The Path to Modernization



“Technology is just a tool.”

-Bill Gates



EHR Modernization Potholes

- Governance
- Stable resources
- Unclear Program Scope
- Insufficient Change Management
- Inadequate Technical Skills
- Schedule Driven
- Consensus Decision Making
- Lack of Communications
- Insufficient Training
- Underestimating Culture
- Leadership Stability





Pothole Irony





Finding ~~_____~~ EHR Success





Staying Focused



It is up to all of us to put the past behind us and not let future things out of our control distract us from being successful



Longer Term: Moving From Implementation to Innovation

The Future of Health

Computing Everywhere...



...The Internet of Things...

...3D Printing...



...Automated Clinical Decision Support...



...Cloud/Client Computing...

DoD/VA Interoperability Use Cases

- (1) Clinical transition of care for patients between organizations
- (2) Service Member separating from military service
- (3) Wounded Warrior involved in the Integrated Disability Evaluation System
- (4) Benefits adjudication process



= Outcomes





Final Thought





EHR Modernization Guiding Principles

-  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
-  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
-  Enable full patient engagement in their health



What can you do to help?

<http://health.mil/dhms>

Twitter: /DoD_EHR

Facebook: /DefenseHealthcareManagementSystems