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2015 Defense Health Information Technology Symposium

Change Is Inevitable: Supporting the MHS through HIT



“Medically Ready Force...Ready Medical Force”

The “Why”



“Medically Ready Force...Ready Medical Force”

...the “Why Not”



“Medically Ready Force...Ready Medical Force”

A Changing World



“Without change, you can't keep up in today's world. And the only way to change is to be open, to be looking around trying to find new ideas and ways that we can keep the wonderful traditions that we have of one of our country's oldest and most respected institutions, but also change so that we're relevant.”

– Secretary of Defense Ashton Carter, March 30, Fort Drum, NY

Translation: Adapt or Perish!

“Medically Ready Force...Ready Medical Force”



“We have just fought a war with a lot of heroes flying around in planes. The next war may be fought by airplanes with no men in them at all... take everything you’ve learned about aviation in war, throw it out the window, and let’s get to work on tomorrow’s aviation.”

“Medically Ready Force...Ready Medical Force”

5
General Hap Arnold after WWII

DHA 22 Months In:

“Change is Inevitable”



- On track to reach Full Operating Capability (FOC) on October 1st
- Stood up ten Shared Services, streamlined processes in both our clinical and business operations
- Standardized operations across the enterprise where it has made sense – while preserving unique Service responsibilities and capabilities

“Medically Ready Force...Ready Medical Force”

DHA Shared Services



- 1 Facilities
FOC 3 March 15
 - 2 Medical Logistics
FOC 3 March 15
 - 3 Health Information Technology
 - 4 TRICARE Health Plan
 - 5 Pharmacy Programs
FOC 3 March 15
 - 6 Budget & Resource Management
IOC 1 FEB 14
 - 7 Procurement/Contracting
IOC 1 MAR 14
 - 8 Research, Development & Acq
IOC 1 JUN 14
 - 9 Medical Education & Training
IOC 10 AUG 14
 - 10 Public Health
IOC 30 SEP 14
- IOC 1 OCT 13

“Medically Ready Force...Ready Medical Force”

Major Line of Effort #1

EHR Roll-Out



- It is a major milestone

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- It is important to the enterprise

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Major Line of Effort #1

EHR Roll-Out



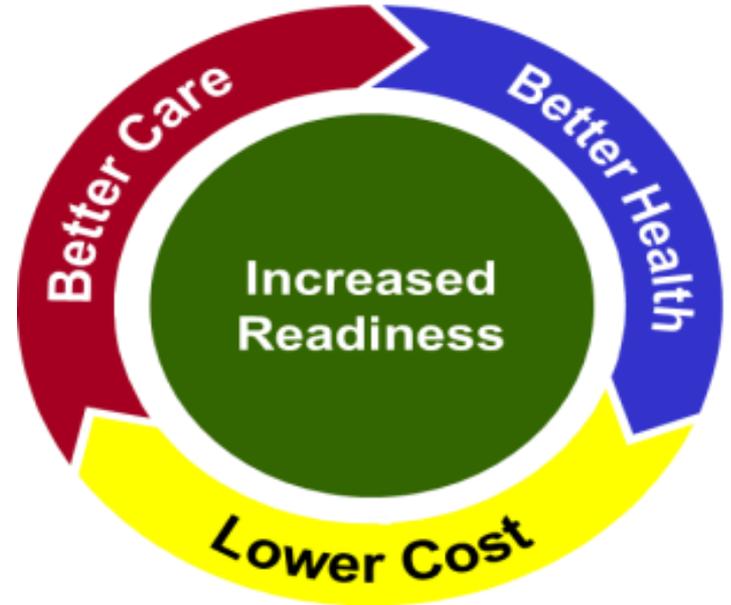
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- Outcomes...Better health, better health care...that drives lower cost. And Improved Readiness.

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Major Line of Effort #1

EHR Roll-Out



- Message from Dr Woodson
 - *We purchased a COTS Product – new approach to acquisition, customization and upgrades*
 - *Ongoing innovation is built into the contract*
 - *Interoperability is a force multiplier*
 - *Clinical community drove requirements and must continue to lead*



MHS “AHLTIMA”



“Medically Ready Force...Ready Medical Force”



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Major Line of Effort #2: Infrastructure Improvement

Paving the road for a high-performance vehicle



DoD Infrastructure (Federal)

Defense Information
Systems Agency

Installation (State)

Service / Installation
Information Officer

MTF (Local)

MHS / DHA
Health IT Shared
Service

“Medically Ready Force...Ready Medical Force”



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The New EHR Will...



- Improve usability for our clinicians and our entire medical workforce
- Advance our ability to share information across our systems of care
- Enhance our ability to monitor and improve that care delivered
- Allow our patients to better monitor their own health, leading to increased engagement

EHR Rollout

Pacific Northwest – Fall 2016



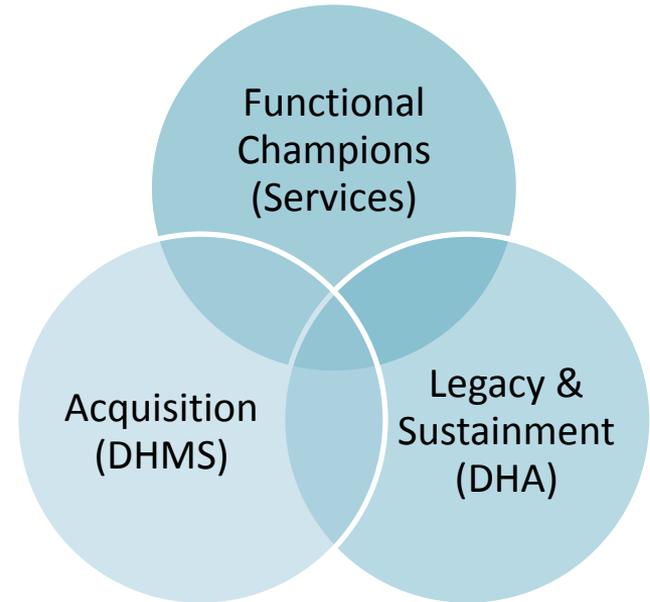
“Medically Ready Force...Ready Medical Force”

EHR Roll-Out

Modernization & Synchronization



- **Focus on intersection & overlap of Services, DHMS, and DHA responsibilities**
- **Tasks were grouped into 9 buckets which will be overseen by Workstream Steering Committees (WSCs) to:**
 - **Synchronize activities**
 - **Generate and align O5/O6-level decisions**
 - **Prepare for vendor**



EHR Modernization

Guiding Principles



-  Standardization of clinical and business processes across the Services and 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

Approved by the ASD (HA) and
Surgeons General
July 2014

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EHR Modernization

Our Infrastructure Overview



INFRASTRUCTURE SERVICE	BUSINESS IMPACT
Network Security Management Service	Seamless integrated Wide, Local, and Wireless Network Management Single Security Architecture and centralized Designated Accrediting Authority, standardized monitoring and management resulting in Lower Costs and Improved Uptime
Directory Services/ Enterprise Management	Centralized and secure access and authentication capability to network resources A Provider will be recognized on the network anywhere within the MHS !
Desktop as a Service	Desktop design standardization service across the application, desktop and server environments Standardized desktop configuration and application virtualization capabilities across physical and virtual desktops for lower acquisition and management costs and improved problem resolution
Global Service Center	Consolidated MHS enterprise IT service desk One number to call for help – from anywhere ! Lower operating cost, 24 X 7 operation.

“Medically Ready Force...Ready Medical Force”

MHS is “All In”



- Now that the decision is made we are full steam ahead
- We have the commitment to standardization from server to desktop
 - Service DSGs Signed CONOPS in July
- No independent actors
- There is no doubt about where we are headed...

Next Steps for Implementation



- Ensure IT infrastructure is in place
- Continue to perform clinical and business process re-engineering and standardization ahead of deployment
- Coordinate communications with our internal clinical teams, patients and external stakeholders
- Ensure access to care is not compromised
- Ensure our health information remains secure

Conclusion



“This isn’t the beginning of the end....
it’s the end of the beginning.”

-Winston Churchill

...the “Why Not”

