

CAPT Michael Meier, Deputy Functional Champion
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2015 Defense Health Information Technology Symposium

Change Management and End User Adoption



“Medically Ready Force...Ready Medical Force”

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



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Learning Objectives



- Describe how workflow and clinical content standardization will enable efficiencies with use of the new EHR
- Describe the importance of the end user in the Change Management process and impact to the delivery of healthcare across the MHS
- Identify the relationship between end users and the Program Office for EHR Modernization Change Management activities

Agenda



- Business Process Management (BPM) Overview
- BPM Phase I
- BPM Phase IIa
 - Process Designs
 - Key Decisions
 - Governance
- BPM Phase IIb
- End User Engagement

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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

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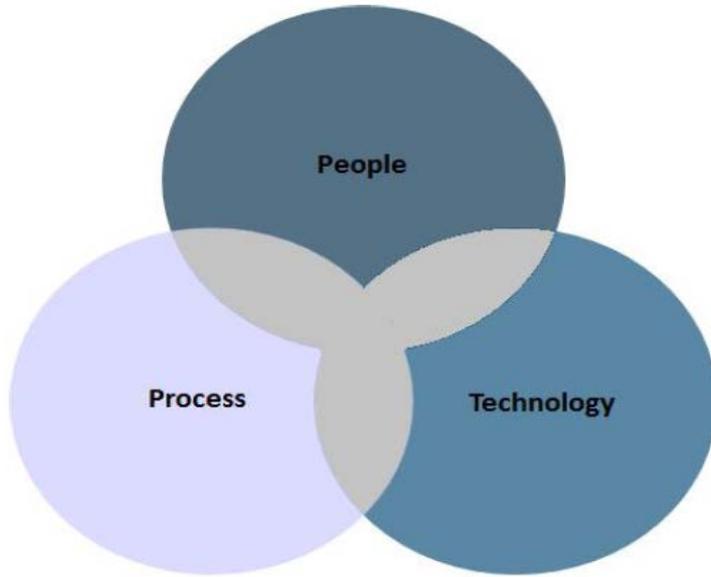
EHR Modernization Guiding Principles (cont'd)



-  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

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Keys to Transformation Success



Technology is just a tool

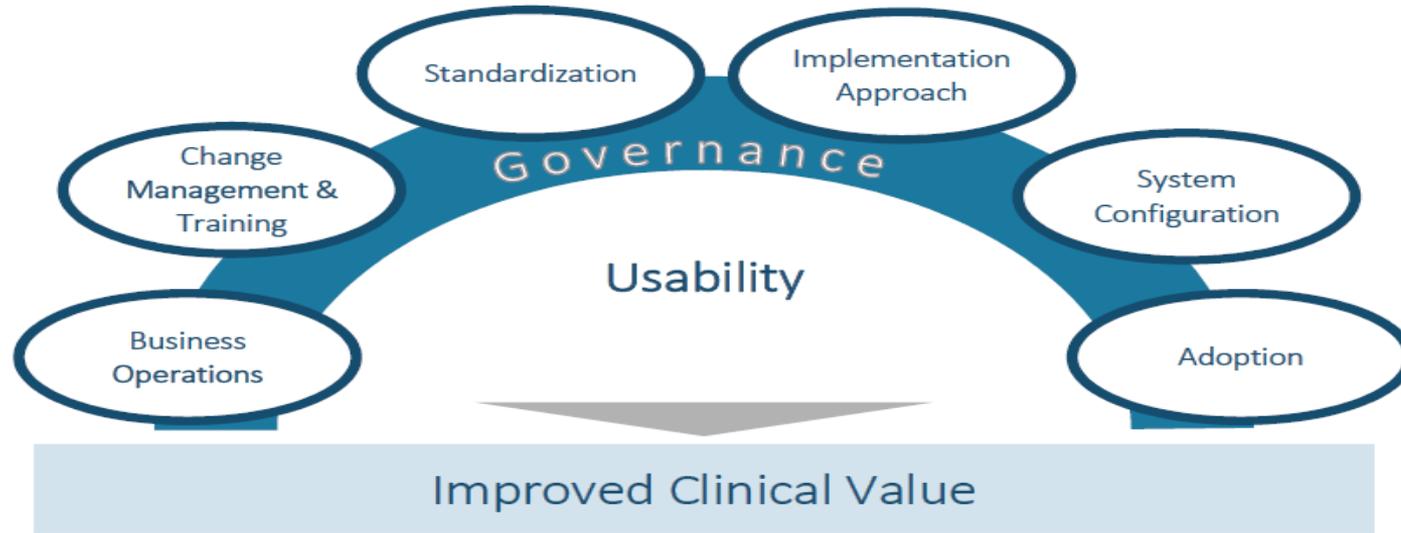
– Bill Gates

Industry experience shows that the engagement of functional communities early and throughout a technology transformation greatly reduces the risks inherent in these enormous and complex endeavors

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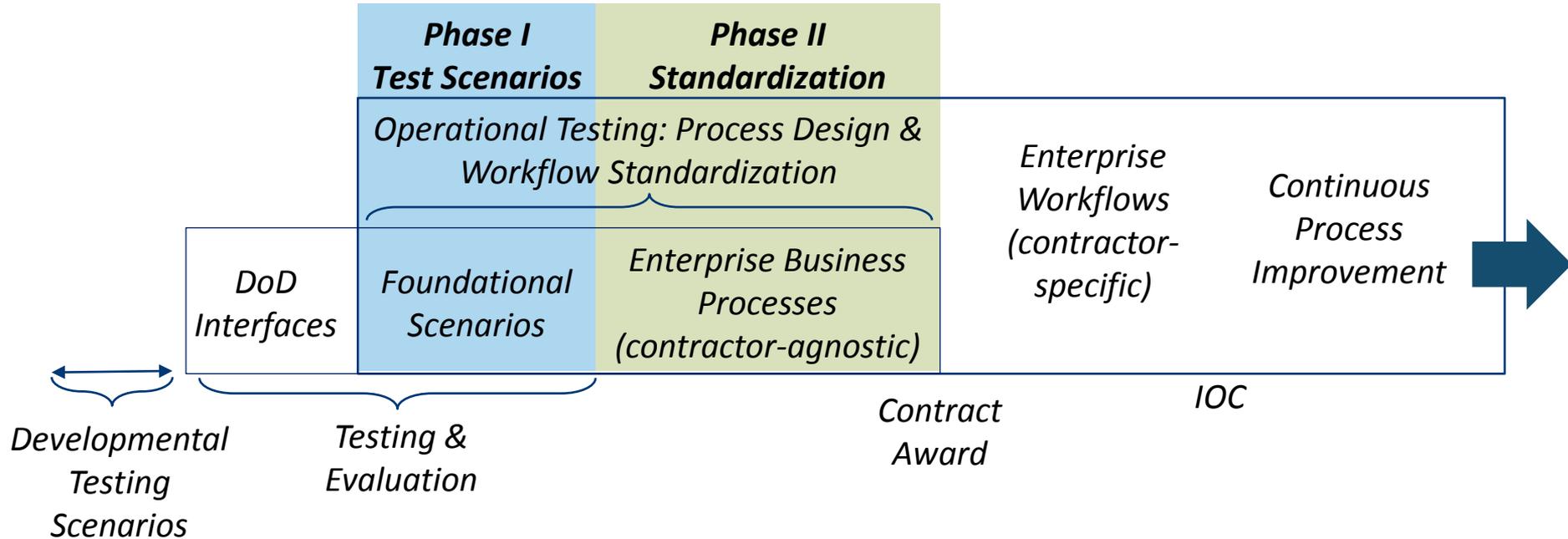
Lessons Learned from Industry

DHMSM is an opportunity for MHS to find ways of simplifying and standardizing the approaches to care delivery across the Services. This is a driver towards becoming a High Reliability Organization



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Business Process Standardization Overview



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Business Process Standardization Overview

– Test Scenarios (Phase I)



■ Test Scenarios (Phase I):

- Nine T&E Scenarios are complete, approved by Functional Champions Leadership Group (FCLG) and delivered to the DHMSM Program Office
 - 1) *Patient Admission to Garrison Hospital from Theatre*
 - 2) *Member Discharged from VA Rehab Facility Managed for Chronic Conditions by PCMH Team*
 - 3) *Dental Services*
 - 4) *OB Inpatient Admission from Emergency Department*
 - 5) *Operational Medicine: Submarine*
 - 6) *Pediatric Inpatient Admission from Pediatric Clinic*
 - 7) *Inpatient Psychiatry Admission from ED*
 - 8) *Warrior Moves through Accession and Recruit In-processing, and*
 - 9) *Occupational and Environmental Health*

Business Process Standardization Overview

– Standardization (Phases IIa and IIb)



■ Business Process Standardization (Phase IIa):

- ❑ 29 clinical and business domains defined by 700+ business processes
- ❑ Approximately 800 Subject Matter Experts (SMEs) provided by the Services for engagement throughout Phase II and into the implementation
- ❑ Three in-person process design workshops completed; ongoing remote process design sessions continue through contract award

■ Clinical Content Standardization (Phase IIb)

- ❑ Order sets, templates/forms, clinical practice guidelines, etc.

BPM Phase I: Test Case Development Status (as of 15 JUN 2015)



	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9
Scenario	Identify Pain Point Map to RTM	Cases and Scripts (Excel)	Test Cases and Scripts (Jazz)	Peer Review, Identify of Variables with CMIO	Data Elements and SE Data	Test System Interfaces SE	Modify Test Scripts	Test System/Interface Available – smoke Test Ready	Verification GAL
1	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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BPM Phase I: Test Case Development Status (as of 15 JUN 2015) (cont'd)



Scenario	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9
	Identify Pain Point Map to RTM	Cases and Scripts (Excel)	Test Cases and Scripts (Jazz)	Peer Review, Identify of Variables with CMIO	Data Elements and SE Data	Test System Interfaces SE	Modify Test Scripts	Test System/Interface Available – smoke Test Ready	Verification GAL
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BPM Phase IIa: Overview of Terms



Domain Workgroup

Domain Workgroups are groups of Subject Matter Experts (SMEs) convened to design the processes and workflows outlined within their section of the process inventory. The Domain Workgroups directly correlate to the Domain Topics defined during the 25 NOV 2014 meeting with two additional workgroups based on vendor client experience (Blood Transfusion, Bar Code Medication Administration).

Process Design

Process designs are operational processes developed by a group of SMEs based on intimate knowledge in a given area. Process designs can be completed prior to vendor selection and are considered vendor-agnostic.

Workflow

Workflows are fully integrated operational processes combined with vendor-specific functionality and are developed post-vendor selection. These workflows are used to support downstream activities such as testing, training and change management.

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BPM Phase IIa: Purpose of Process Design



Design sessions provide an opportunity for Design Teams, Leadership, and Subject Matter Experts (SMEs) to review and determine design decisions to shape future state processes that are required to support the enterprise-wide EMR implementation.

Objective

The purpose of design prior to vendor selection is to make design decisions that will influence future state processes and modify draft processes to meet MHS vision, guidelines and principles

BPM Phase IIa: Purpose of Process Design (cont'd)



Benefits of Pre-Vendor Workflow Design

- Allows for tri-service standardization of workflows and roles prior to system configuration – particularly critical for MHS-specific and non-industry standard workflows
- Establishes and exercises the governance model that will be used throughout the project
- Leads to a much more focused and robust conversation with vendor upon award
- Provides a barometer as to the magnitude of change management and potential configuration required – allows communications to be tailored by service/site
- Allows for prolonged and robust discussions around key design decisions --- provides more time for service-specific input and follow up
- Prevents the implementation of current state business processes only due to time constraints after vendor award
- Allows the organization to focus on true clinical and business process changes outside of vendor functionality

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Outputs of Process Design



- Future State Clinical and Business Process flows (700+)
- Design Decisions – Enterprise and Domain Specific
- Policy & Procedure Impacts for each Service
- Job Role Impacts for each Service
- Change Management Impacts – Enterprise and Domain Specific
- System Requirements – Peripheral devices needed to support workflow

BPM Phase IIa: Priority Level Definitions



Criteria were defined during the FAC Executive Committee meeting held on 25 NOV 2014 and translated to priority levels. The priority level definitions were reviewed and approved by FAC Executive Leadership.

Enterprise

- High-volume process
- Core procedure—serves as a basis for other processes
- Provides ability to transition to enterprise mindset

- Must be standardized across the enterprise for information sharing
- Vendor agnostic
- High-cost process

Level 2

- Operational (unique to MHS)
- High level of effort needed for design
- Known pain point
- High risk process

- High volume service
- Applicable to larger/core functions in care delivery
- Vendor agnostic

Level 3

- Medium to low volume services
- Dependent on other core processes

- Highly specialized service departments
- Vendor agnostic

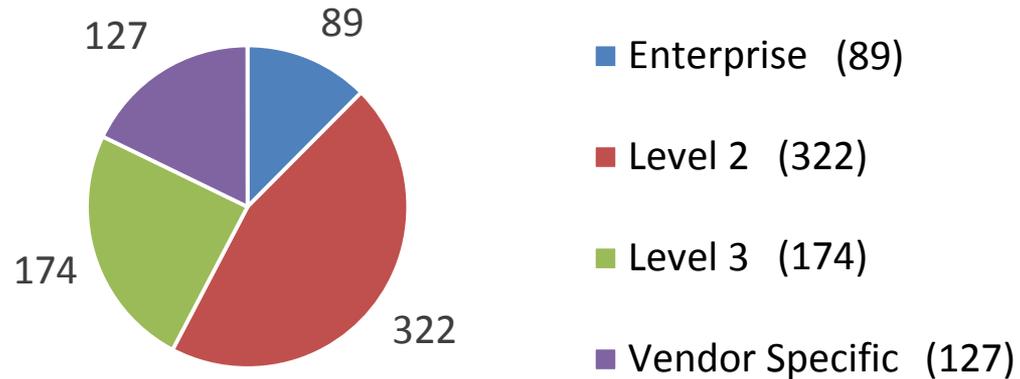
Vendor-Specific

- Highly influenced by vendor functionality

- Designed after vendor is selected
- Functionality varies across core vendors

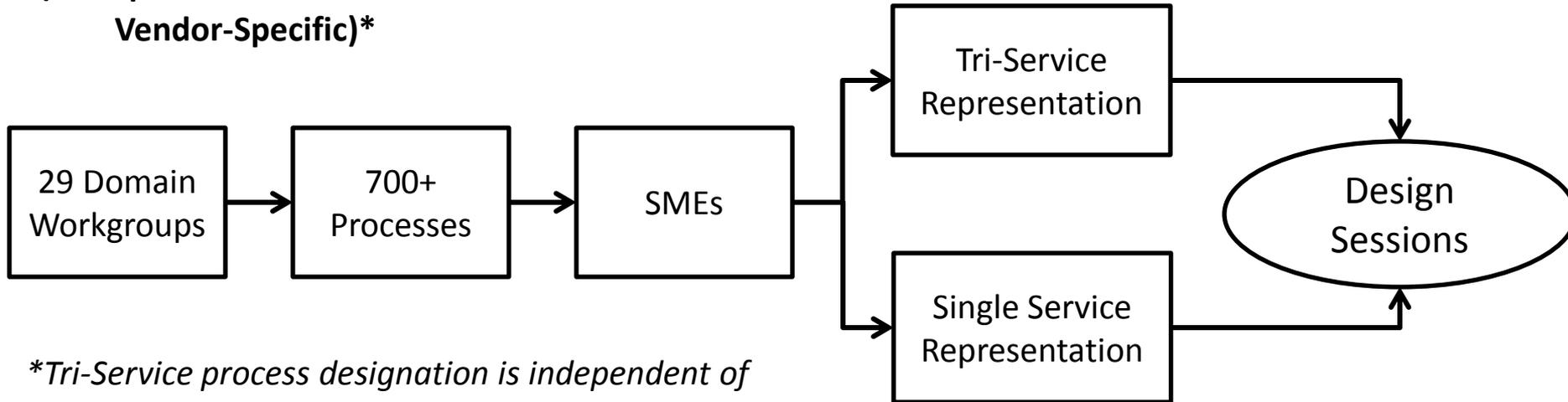
BPM Phase IIa: Priority Level Definitions (cont'd)

**Priority Level
Distribution Across
All Domain
Workgroups**



BPM Phase IIa: SME Determination Methodology

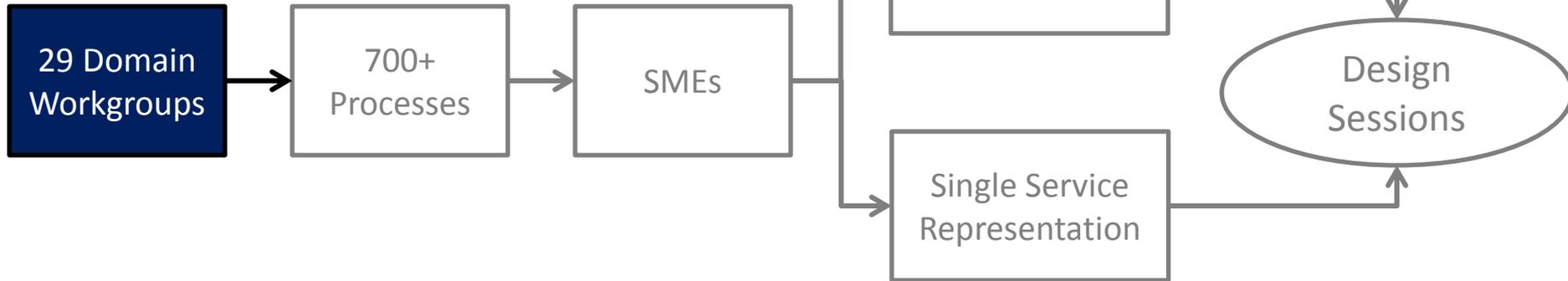
4 Priority Levels
(Enterprise, Level 2, Level 3,
Vendor-Specific)*



**Tri-Service process designation is independent of Priority Level. All Priority levels have process designs that have been assigned a Tri-Service designation*

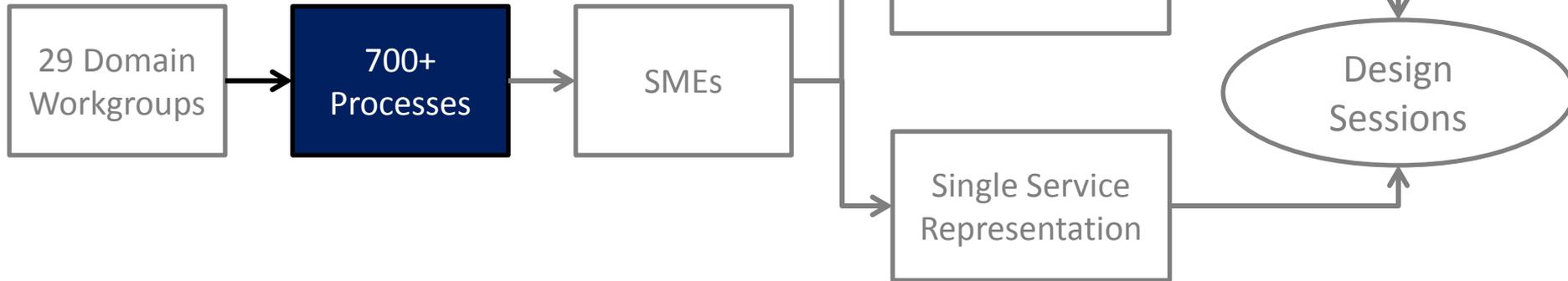
BPM Phase IIa: SME Determination Methodology (con't)

There are 29 Domain Workgroups (e.g., Ambulatory Care, Clinical Documentation)



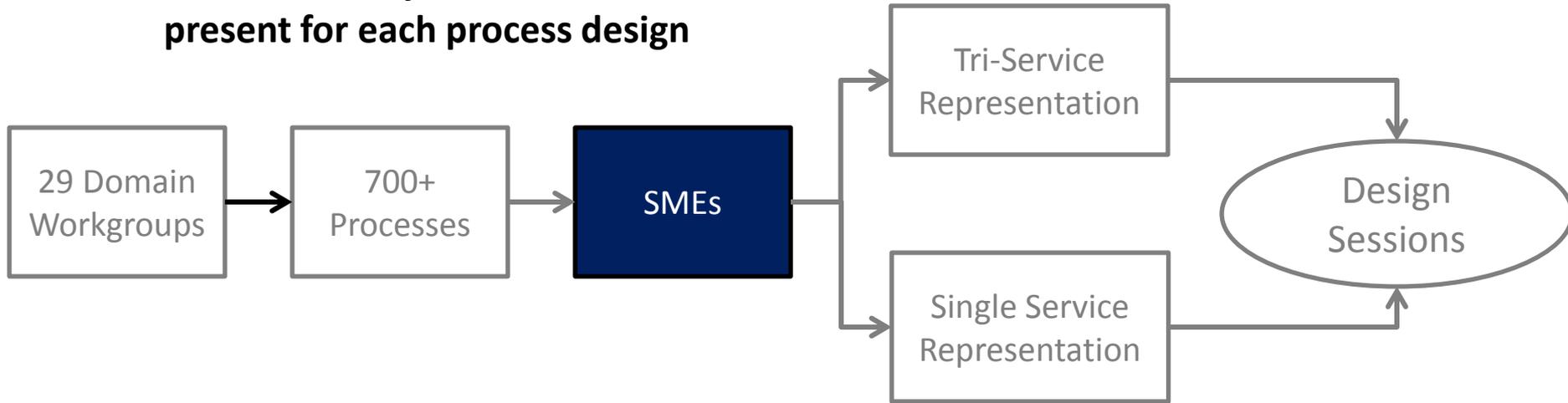
BPM Phase IIa: SME Determination Methodology (con't)

Each process is owned by a Domain Workgroup. Representatives from other Workgroups may be asked to participate in process discussions



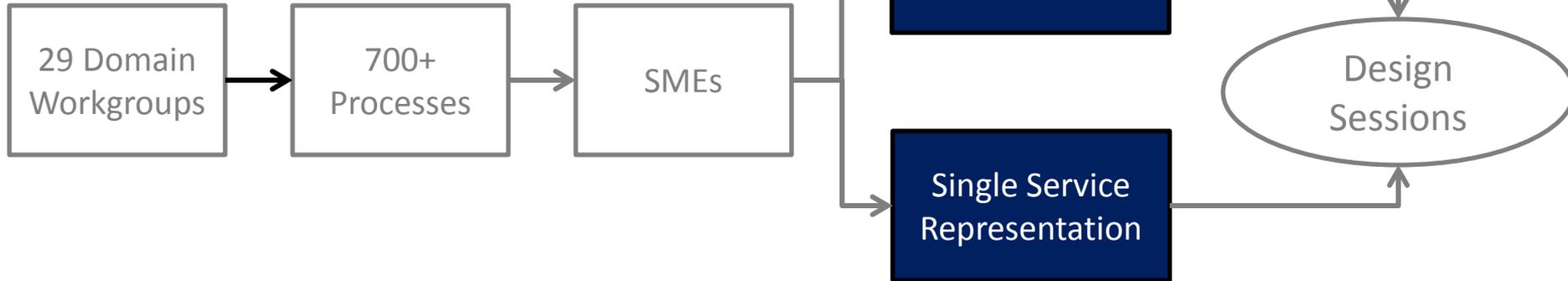
BPM Phase IIa: SME Determination Methodology (con't)

Identified SMEs by role that should be present for each process design



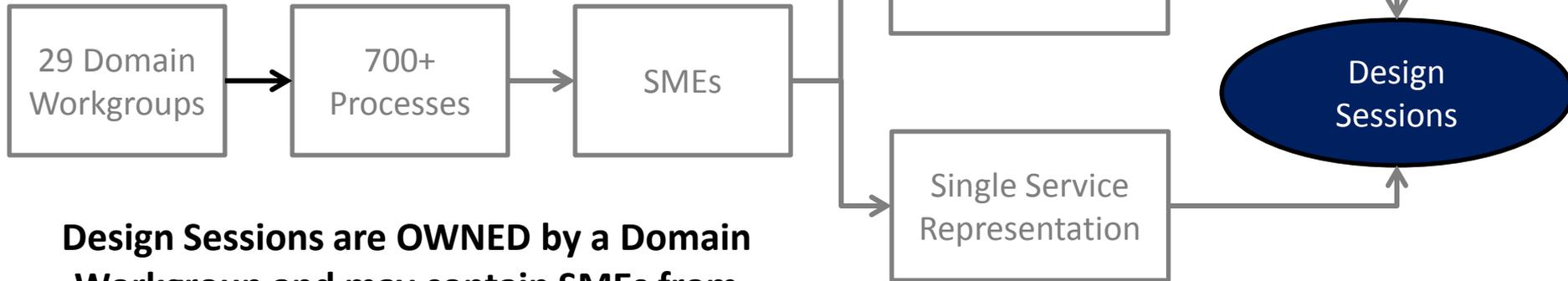
BPM Phase IIa: SME Determination Methodology (con't)

Reviewed processes across all priority levels and identified those process designs and the specific roles within the design that would benefit from Tri-Service Representation



BPM Phase IIa: SME Determination Methodology (con't)

Processes are then rolled into Design Sessions. Design Sessions contain a logically grouped set of processes and the associated set of SMEs.

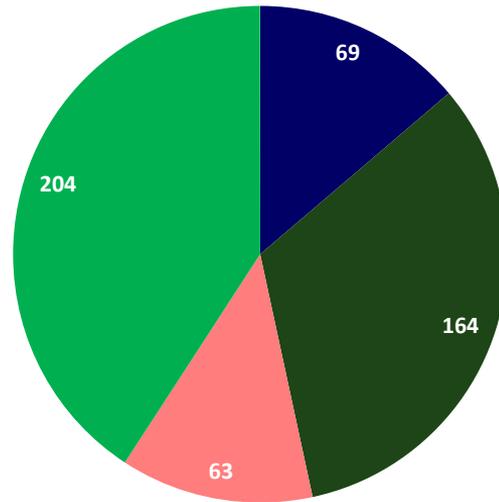


Design Sessions are OWNED by a Domain Workgroup and may contain SMEs from other workgroups.

BPM Phase IIa: Project Performance Dashboard—As of 19 JUN 2015



Process Design Status



- Not Started (0)
- Initiated (0)
- Ready for Design Session (0)
- SME Validation Complete (69)
- In Government Review (164)
- In FAC Review (63)
- In FCLG Review (0)
- Complete (204)

Total Processes Designed: 500

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BPM Phase IIa: Project Performance Dashboard—As of 5 JUN 2015 (cont'd)



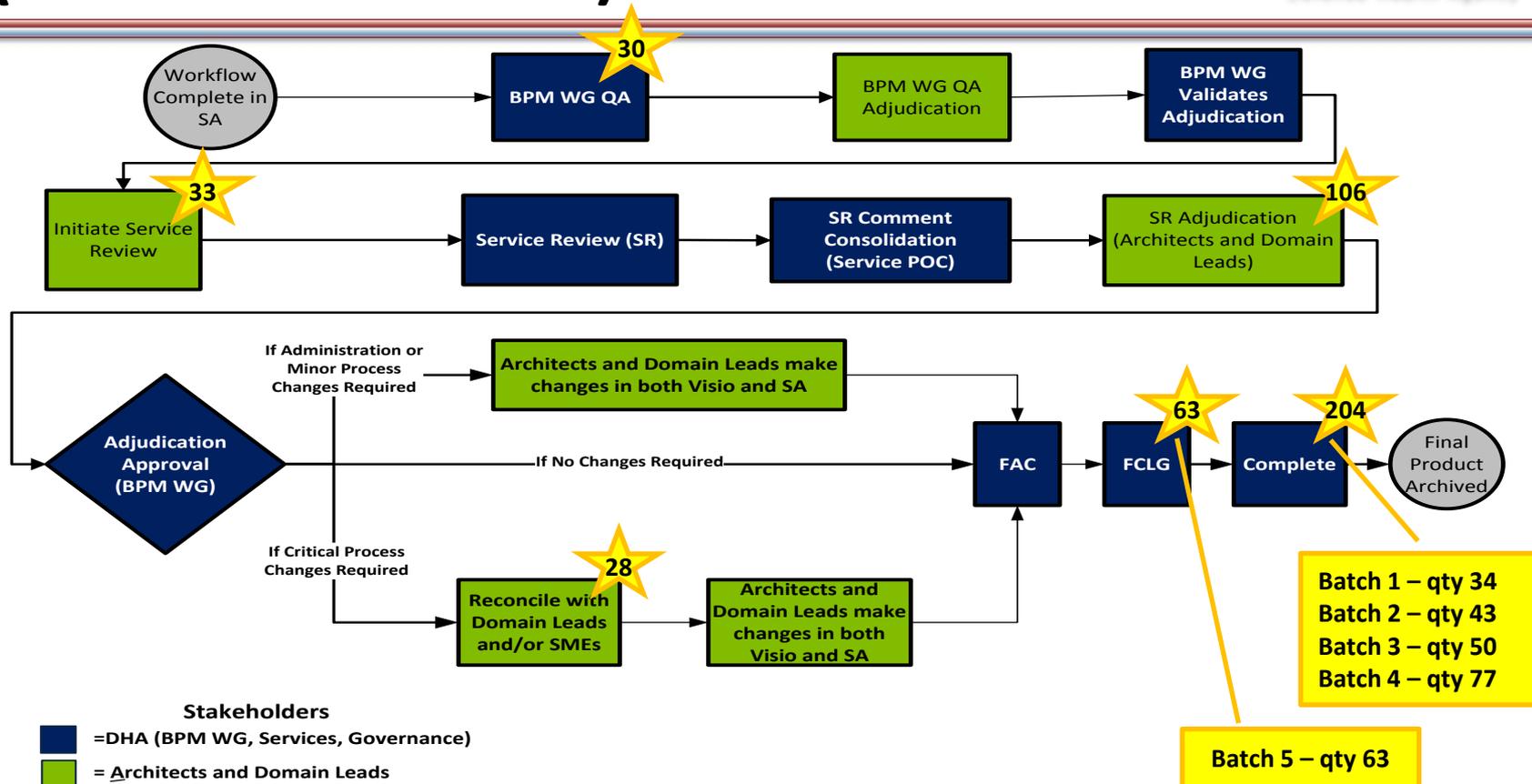
Process Design Status (Pre-Contractor)	100%					500 of 500 SME Validated				
	FEB-2015	MAR-2015	APR-2015	MAY-2015	JUN-2015	JUL-2015	AUG-2015	SEP-2015	OCT-2015	XXX-2016

	Design Decisions	
Wave	Recommendations Made	Recommendations in Government Review
Enterprise	430	389
Wave 2	222	200
Wave 3	73	41

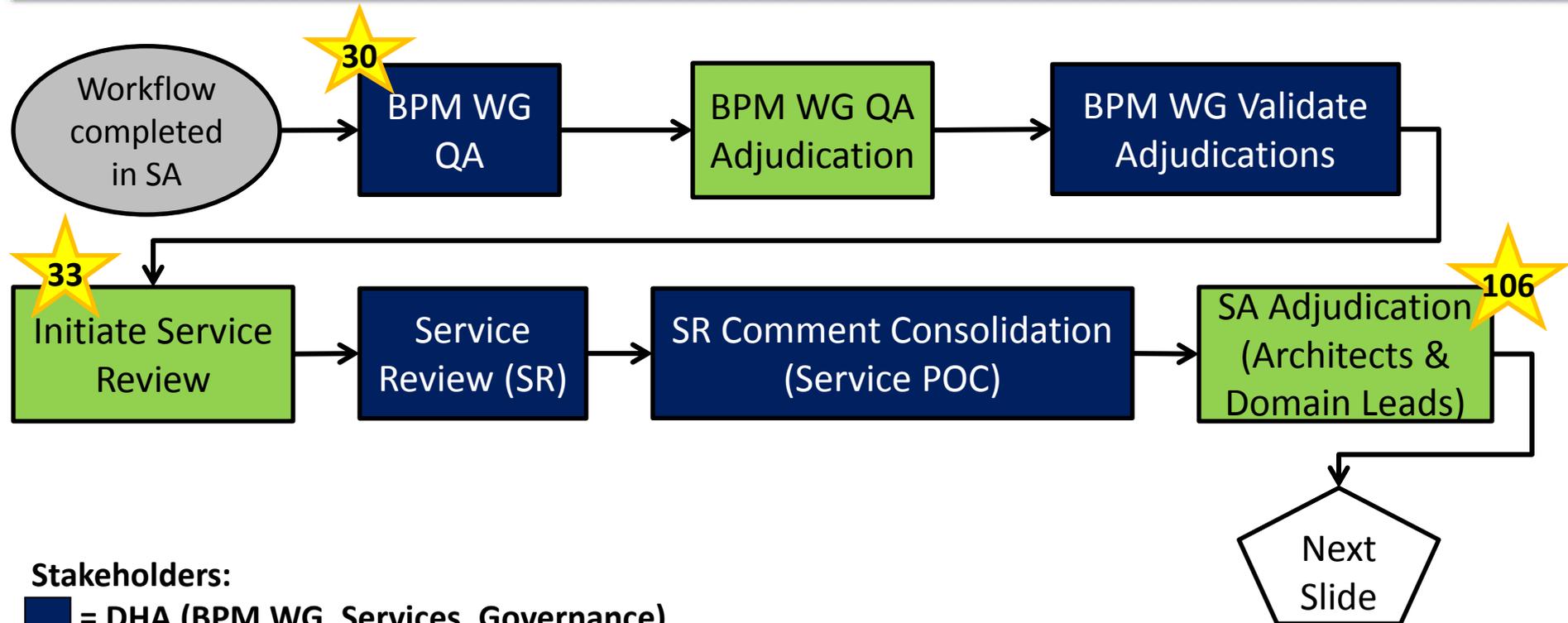
- Key Takeaways:
 - ❑ 100% of pre-vendor processes are SME validated
 - ❑ 69 Processes are in Visio to SA translation status
 - ❑ Large volume of work in Service Review and comment adjudication phase
 - ❑ Approximately 40% complete with Governance approval

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BPM Phase IIa: Governance Process (As of 22 JUN 2015)



BPM Phase IIa: Governance Process (As of 22 JUN 2015) (cont'd)

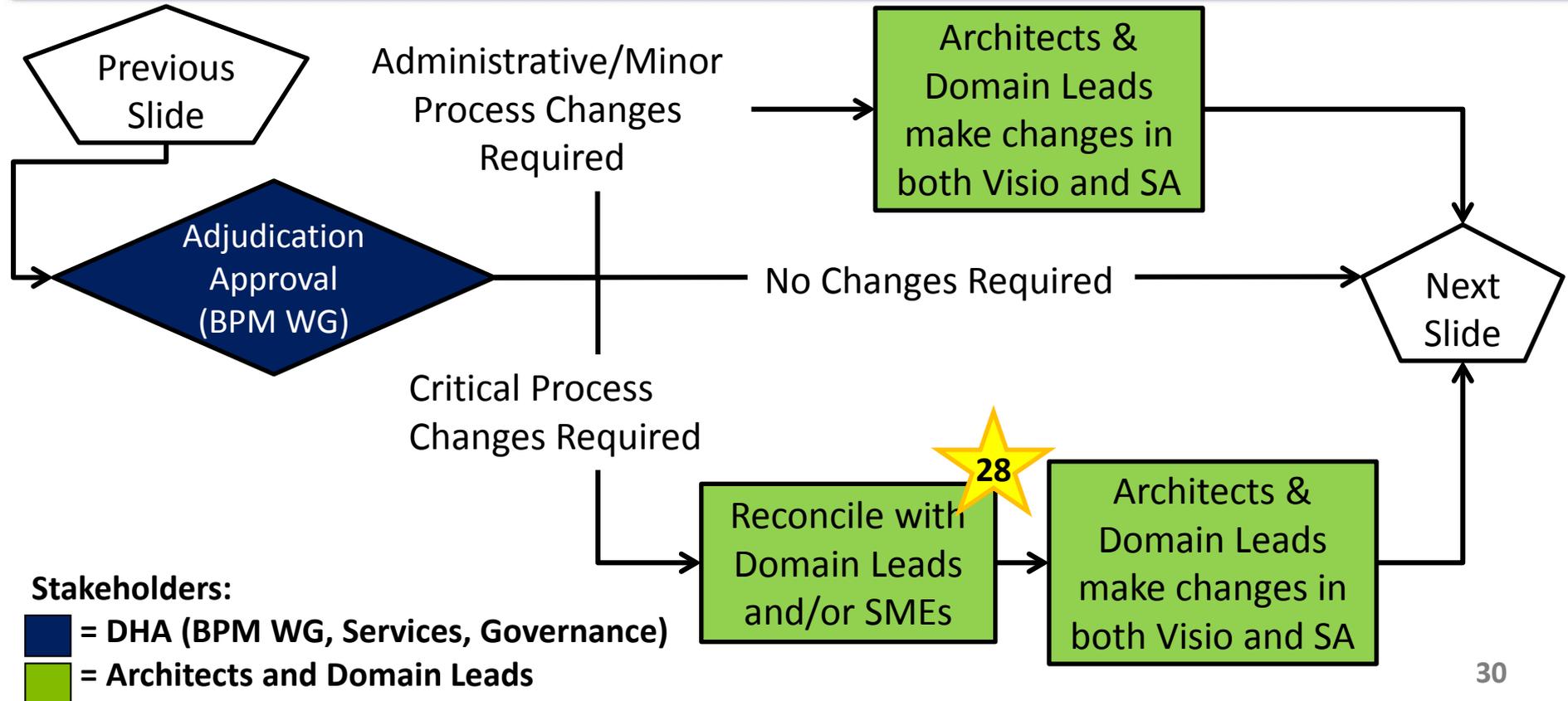


Stakeholders:

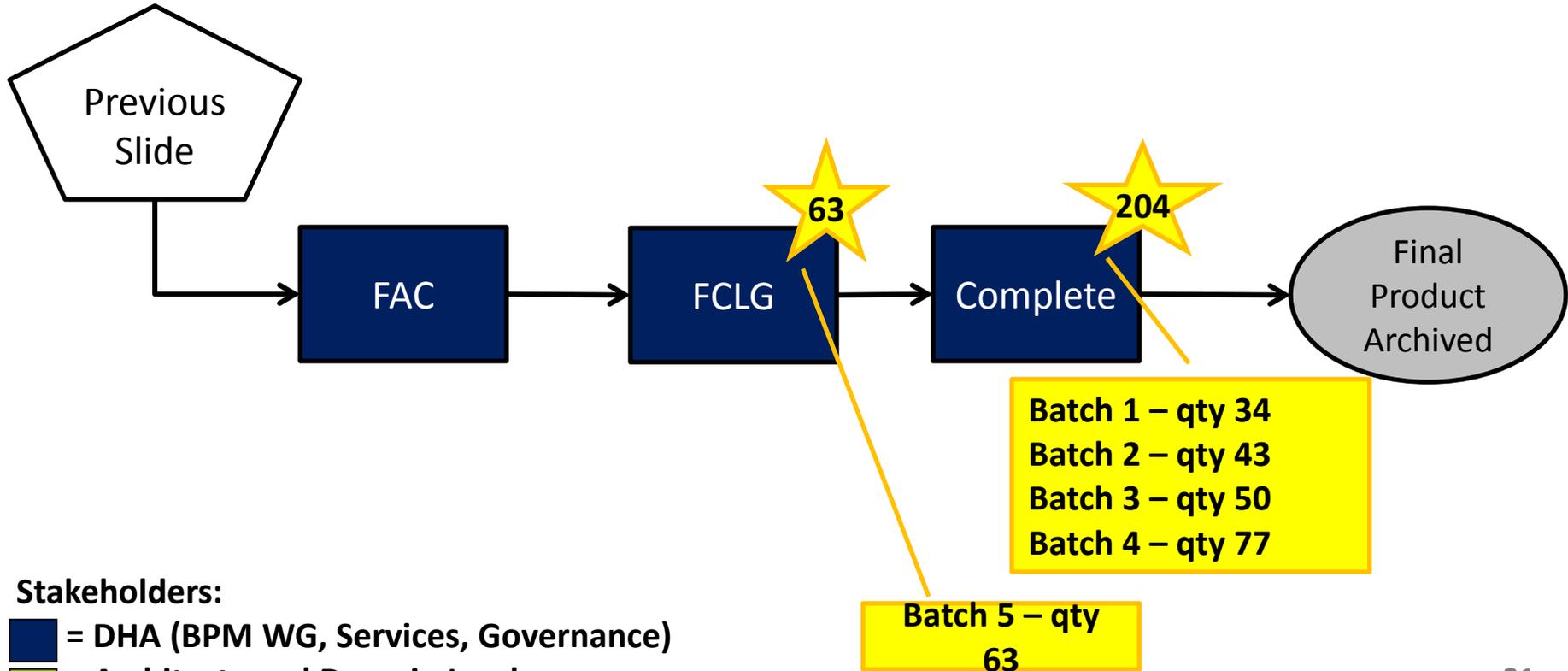
 = DHA (BPM WG, Services, Governance)

 = Architects and Domain Leads

BPM Phase IIa: Governance Process (As of 22 JUN 2015) (cont'd)



BPM Phase IIa: Governance Process (As of 22 JUN 2015) (cont'd)



BPM Phase IIa: Domain Breakout (As of 5 JUN 2015)



Domain	# of Processes
Ambulatory Care	36
Bar Code Medication Administration (BCMA)	5
Blood Transfusion	6
Emergency Care	31
Laboratory	24
Medication Management	29
Orders	35
Perioperative	28
Registration	14
Scheduling	12

Enterprise (Wave 1)
220 Pre-Vendor Processes
Designed
MAR – JUL 2015

BPM Phase IIa: Domain Breakout (As of 5 JUN 2015) (cont'd)



Domain	# of Processes
Billing	31
Clinical Documentation	45
Dental	4
Diagnostic & Procedure Services	17
Health Information Management (HIM)	16
Outpatient Pharmacy	31
Perinatal	21
Radiology	15
Transitions of Care	37

Wave 2
217 Pre-Vendor Processes
Designed
MAR – AUG 2015

BPM Phase IIa: Domain Breakout (As of 5 JUN 2015) (cont'd)



Domain	# of Processes
Cardiac Cath Lab	14
Case Management	17
Oncology	12
Ophthalmology	6
Palliative Care	1
Patient Portal	9
Therapy and Rehabilitative Services	9

Wave 3
68 Pre-Vendor Processes
Designed
MAR – JUN 2015

BPM Phase IIa: DDWG Decisions (pending final approval)



- Decision Point: What are the time expectations for when verbal orders must be co-signed? When does a verbal order co-signature become deficient?
 - DDWG Recommendation:
 - Verbal orders will be co-signed by the ordering provider or provider practice group within 24 hours for hospitals and ambulatory centers
 - Verbal orders must be signed prior to the patient being discharged after surgery for Ambulatory Surgery Centers
 - Unsigned verbal orders will be considered a deficiency after 24 hours
 - Assess vendor functionality for alerting the Ordering Provider about time sensitive unsigned orders

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BPM Phase IIb: High-level Steps



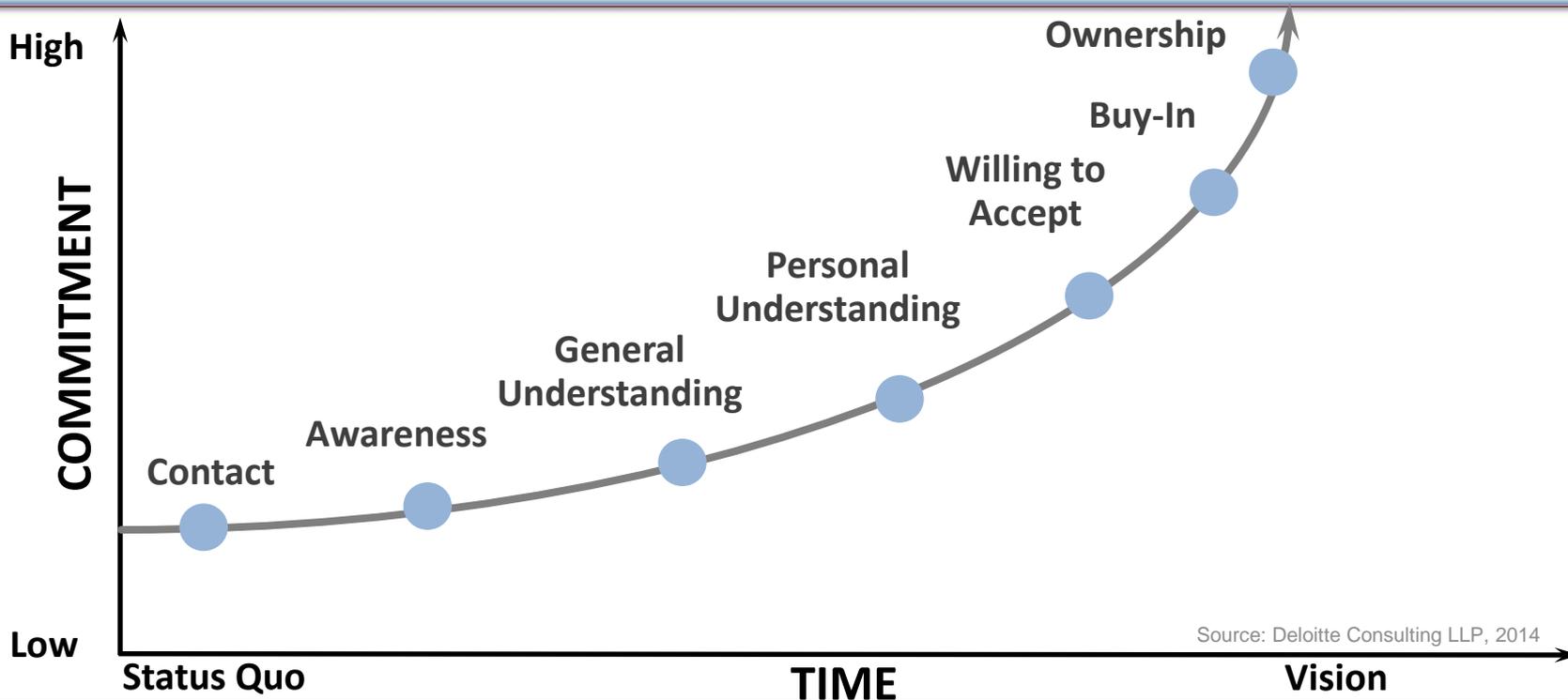
- Collect historical standardized clinical content
 - AHLTA (TriService Workflow)
 - Essentris (Content Advisory Groups)
 - VA/DoD Clinical Practice Guidelines
- Gap Analysis of historical content (compared to process designs)
- Evaluate and validate content from vendor/SPI

Functional End-User Engagement: Change Management



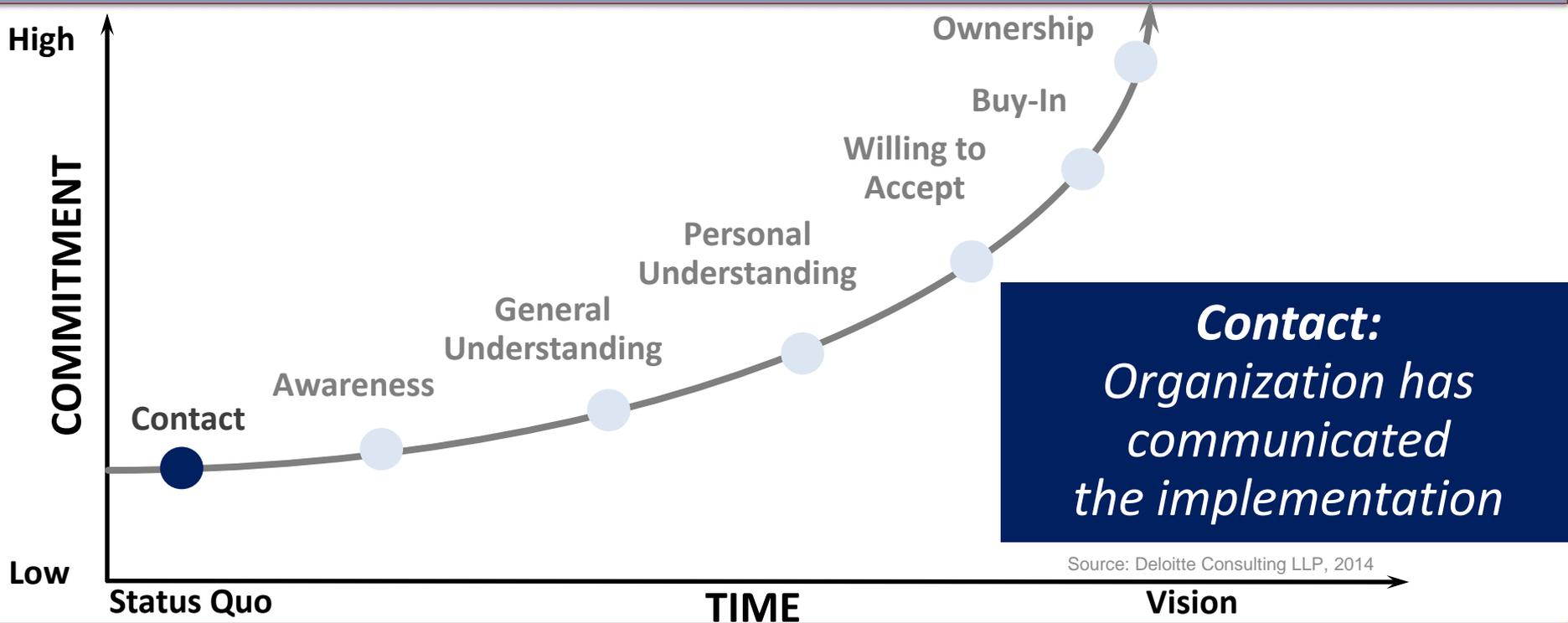
- Application of the set of tools, processes, skills and principles for managing the people risks related to change to achieve the required outcomes of a project or initiative.
- Individuals, rather than organizations, must go through the stages of building commitment to change in order to move the organization to a new future state.

Functional End-User Engagement: Building Commitment to Change



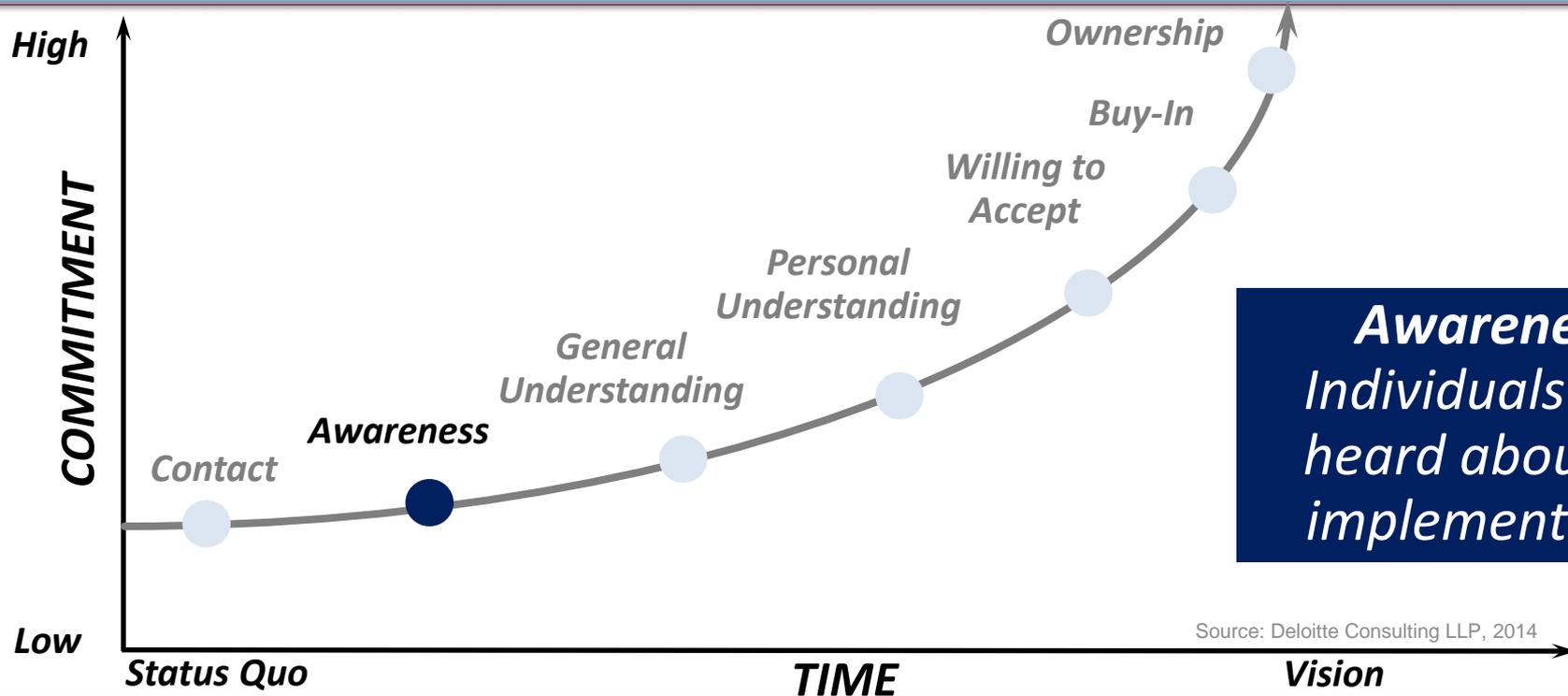
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Functional End-User Engagement: Building Commitment to Change



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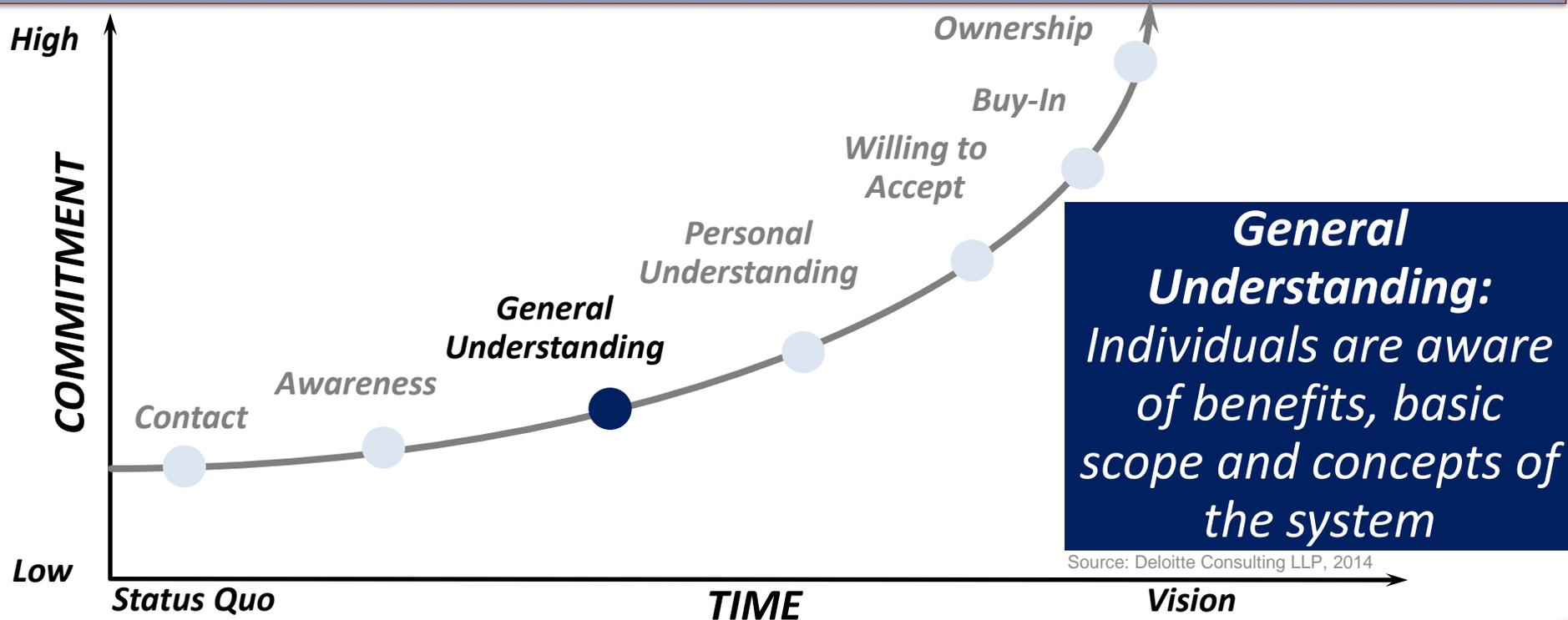
Functional End-User Engagement: Building Commitment to Change



Awareness:
Individuals have
heard about the
implementation

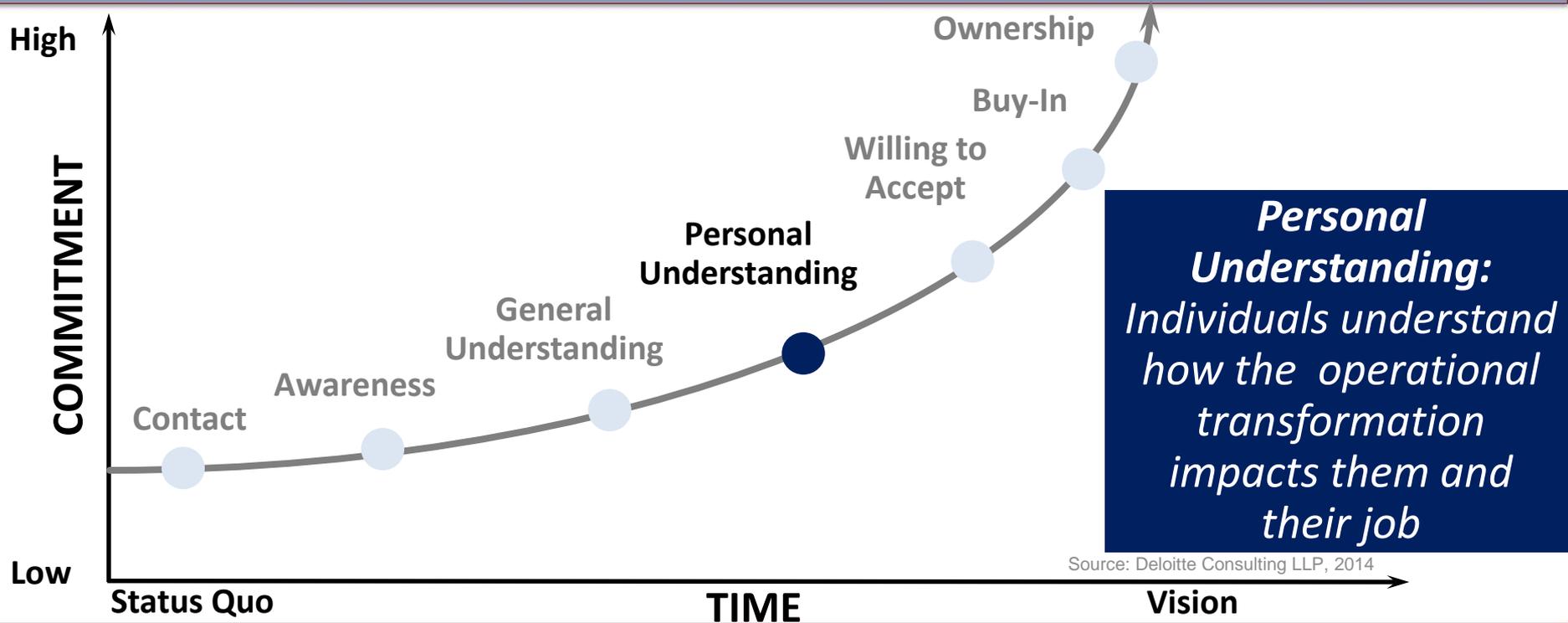
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Functional End-User Engagement: Building Commitment to Change



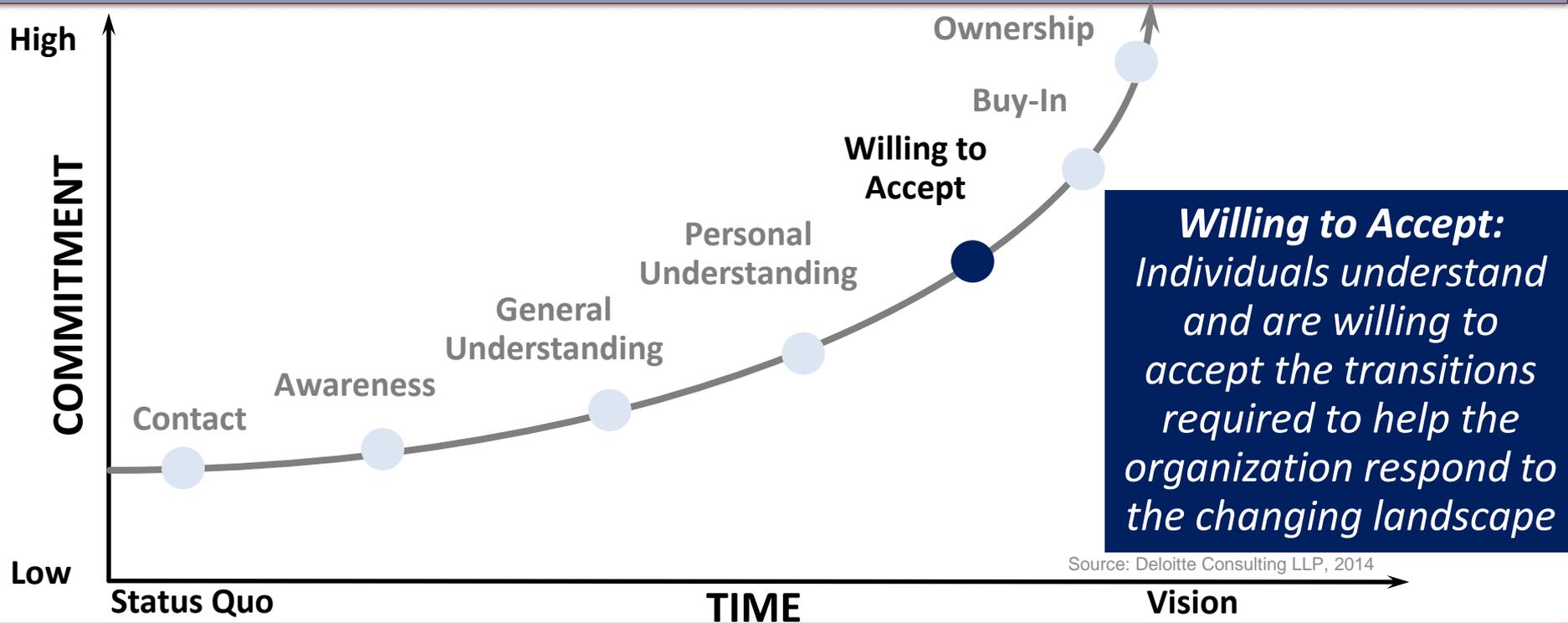
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Functional End-User Engagement: Building Commitment to Change



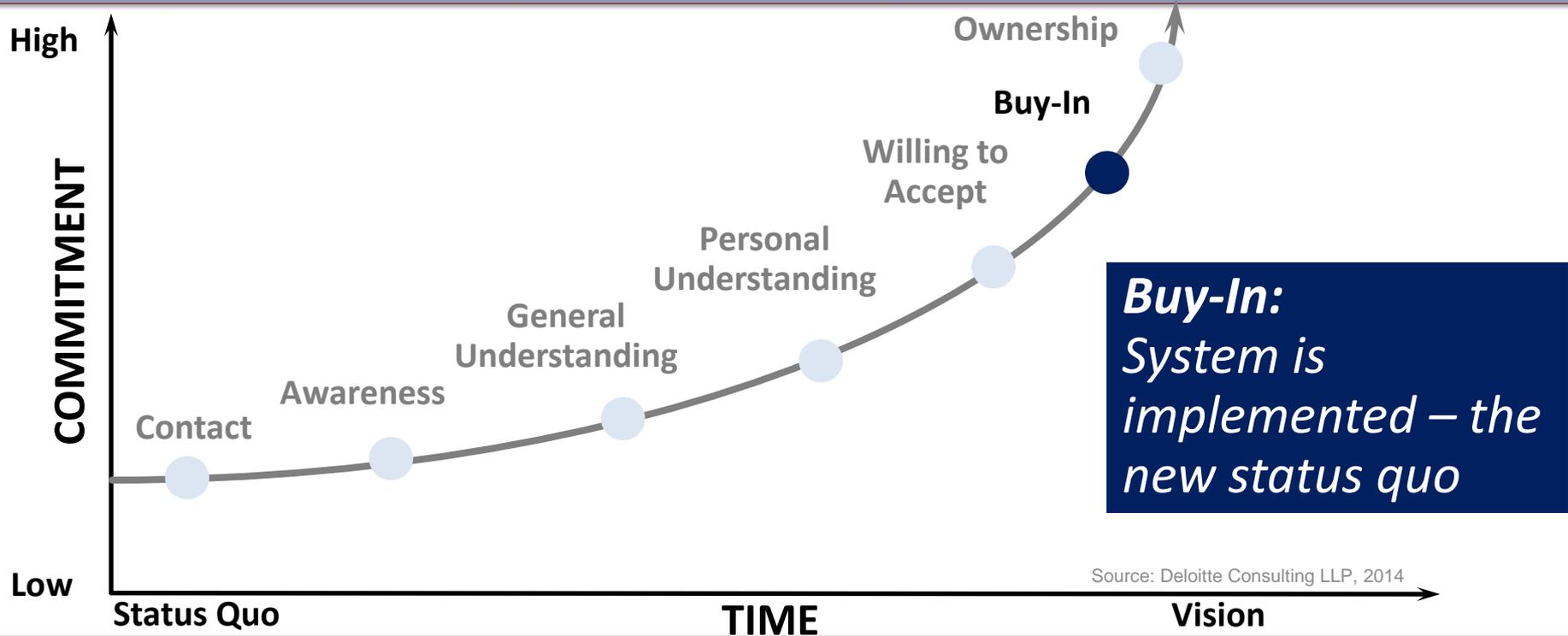
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Functional End-User Engagement: Building Commitment to Change



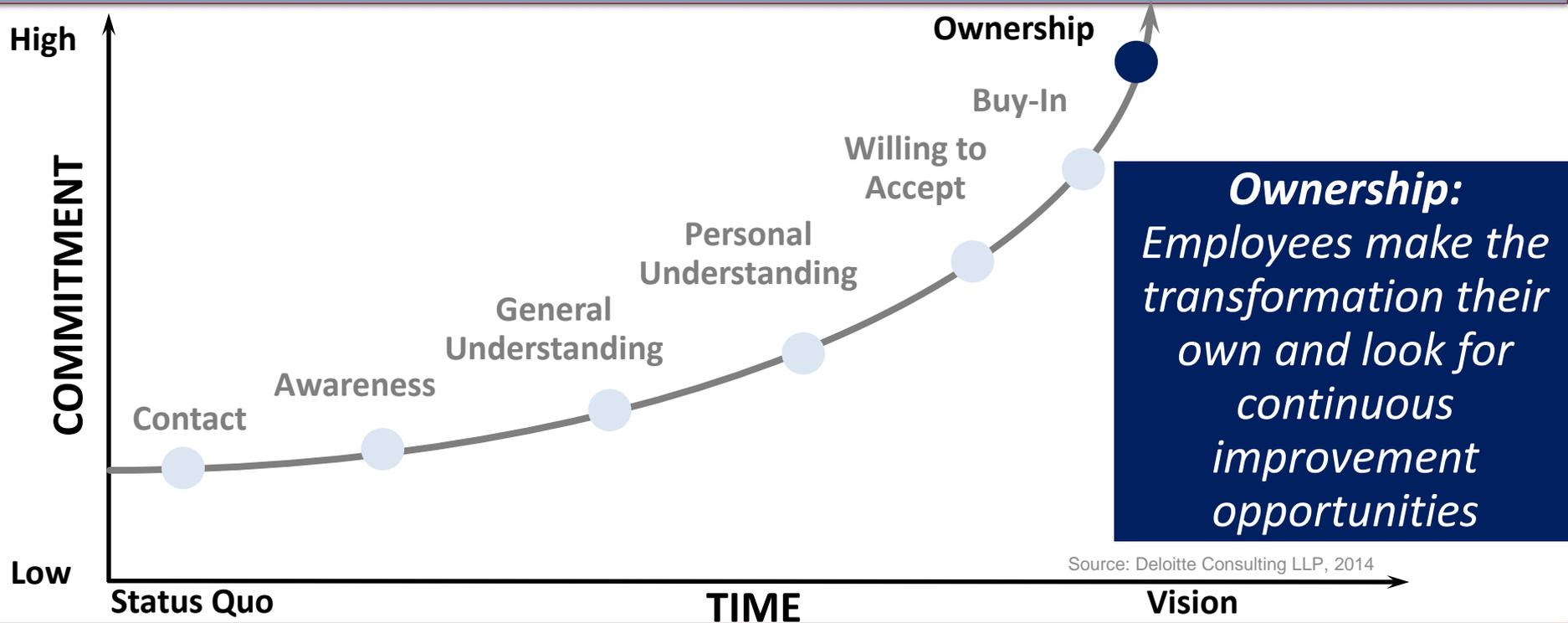
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Functional End-User Engagement: Building Commitment to Change



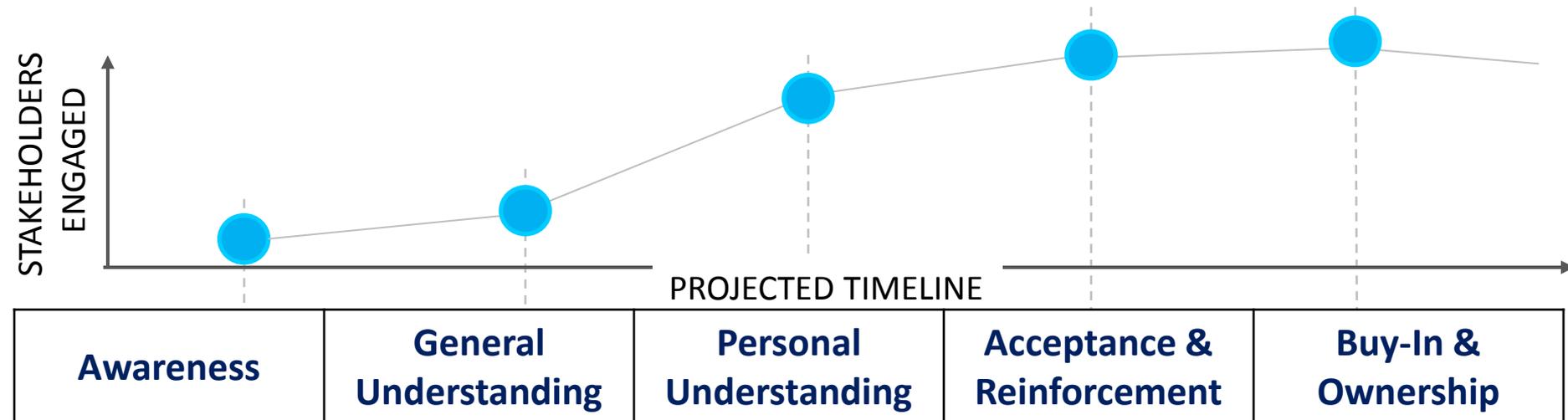
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Functional End-User Engagement: Building Commitment to Change



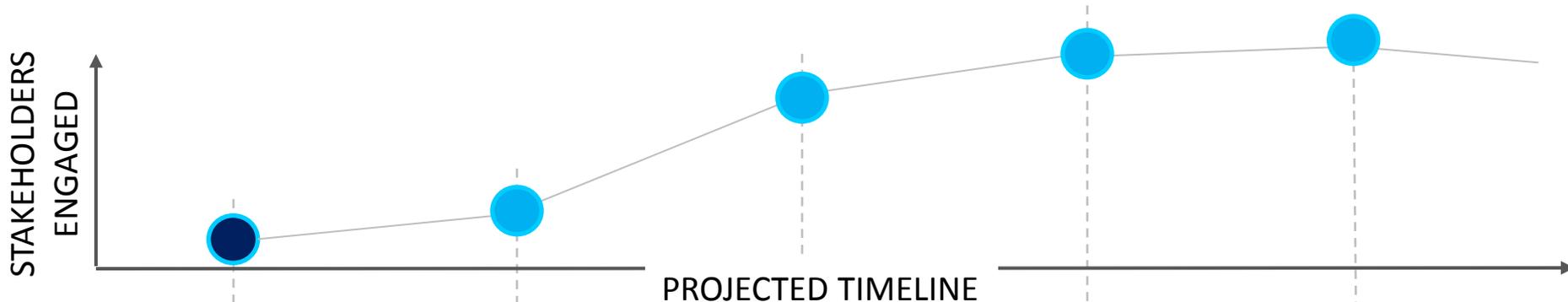
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Stakeholder Engagement Activities Throughout Implementation



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Stakeholder Engagement Activities Throughout Implementation

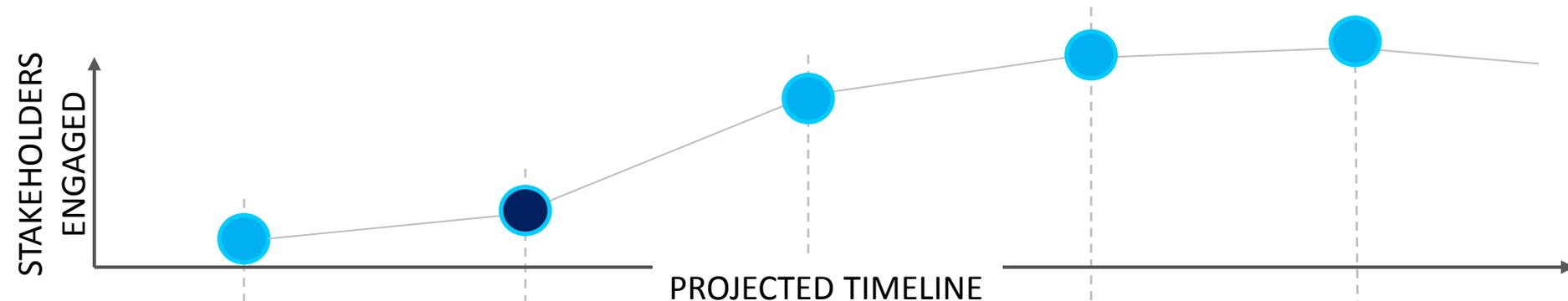


Awareness	General Understanding	Personal Understanding	Acceptance & Reinforcement	Buy-In & Ownership
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DISCOVERY (FY15 Q2 – Q3): Strategic communications; Leadership Alignment; FCLG Establishment; BPM Phase 2 Business Process Design; BPM Phase 2 Clinical Content; and IOC Site Visits

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Stakeholder Engagement Activities Throughout Implementation

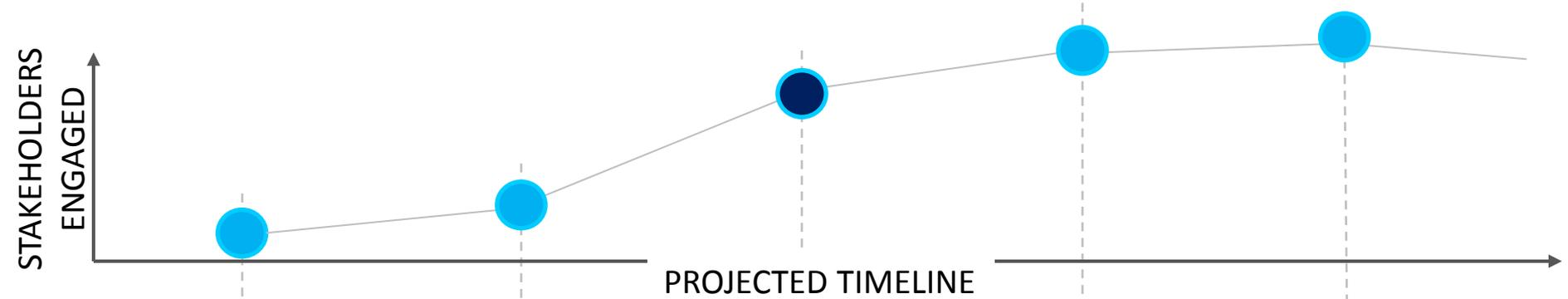


Awareness	General Understanding	Personal Understanding	Acceptance & Reinforcement	Buy-In & Ownership
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VALIDATION (FY15 Q4 - FY16 Q1): Strategic and Tactical Communications; Contractor Kick Off; Establish Change Agent Network – Service FCs, TSWAG members, MTF Super Users, MTF Clinical Champions

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Stakeholder Engagement Activities Throughout Implementation

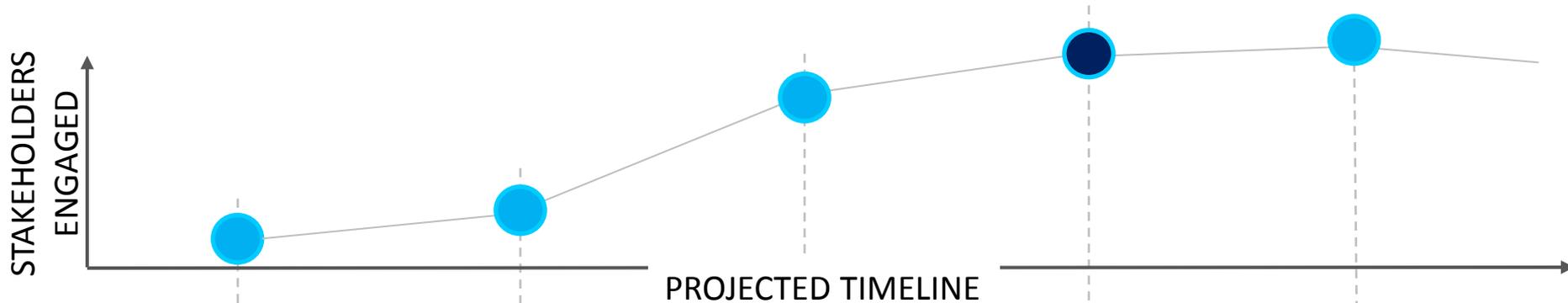


Awareness	General Understanding	Personal Understanding	Acceptance & Reinforcement	Buy-In & Ownership
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BUILD (FY16 Q2 – Q4): MTF level Site Visits and Engagement; Workflow Review Sessions; Socialize Change Impact Assessment; Demonstrations; “Need to Knows”; FAQs, Glossary; Pilot Training; Pulse Measure

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Stakeholder Engagement Activities Throughout Implementation

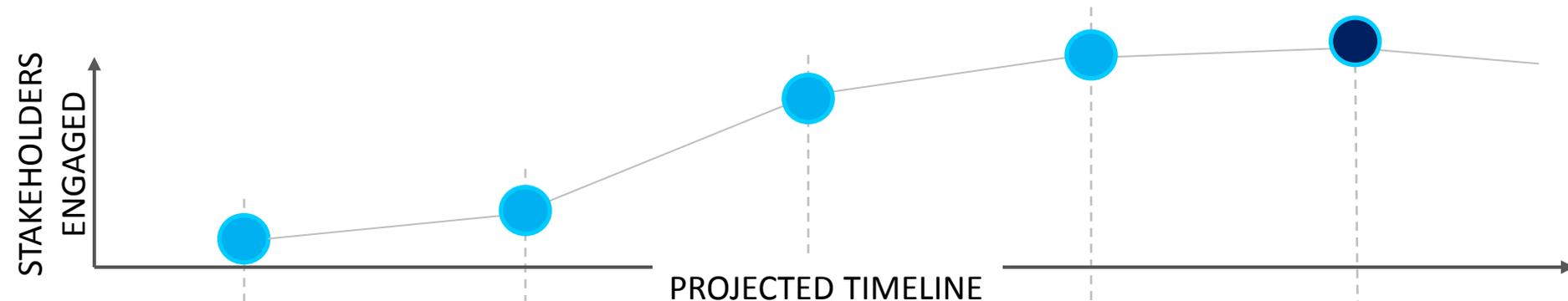


Awareness	General Understanding	Personal Understanding	Acceptance & Reinforcement	Buy-In & Ownership
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TEST & TRAIN (FY16 Q4): Frequent End-user Communications; Engage Super Users; User Acceptance Testing; Workflow Dress Rehearsal; Security Testing; “Soft” Go-Live; End User Training; Continue Demonstrations

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Stakeholder Engagement Activities Throughout Implementation



Awareness	General Understanding	Personal Understanding	Acceptance & Reinforcement	Buy-In & Ownership
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IMPLEMENT (FY17 Q1): Practice Activities; Key Skills Assessments; Cyber Cafes; Personalization Labs; Operational/Clinical Cutover; Job Aids; Go-live Communications; “Quick Fixes”

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Evaluations



- Please complete your evaluations

Contact Information



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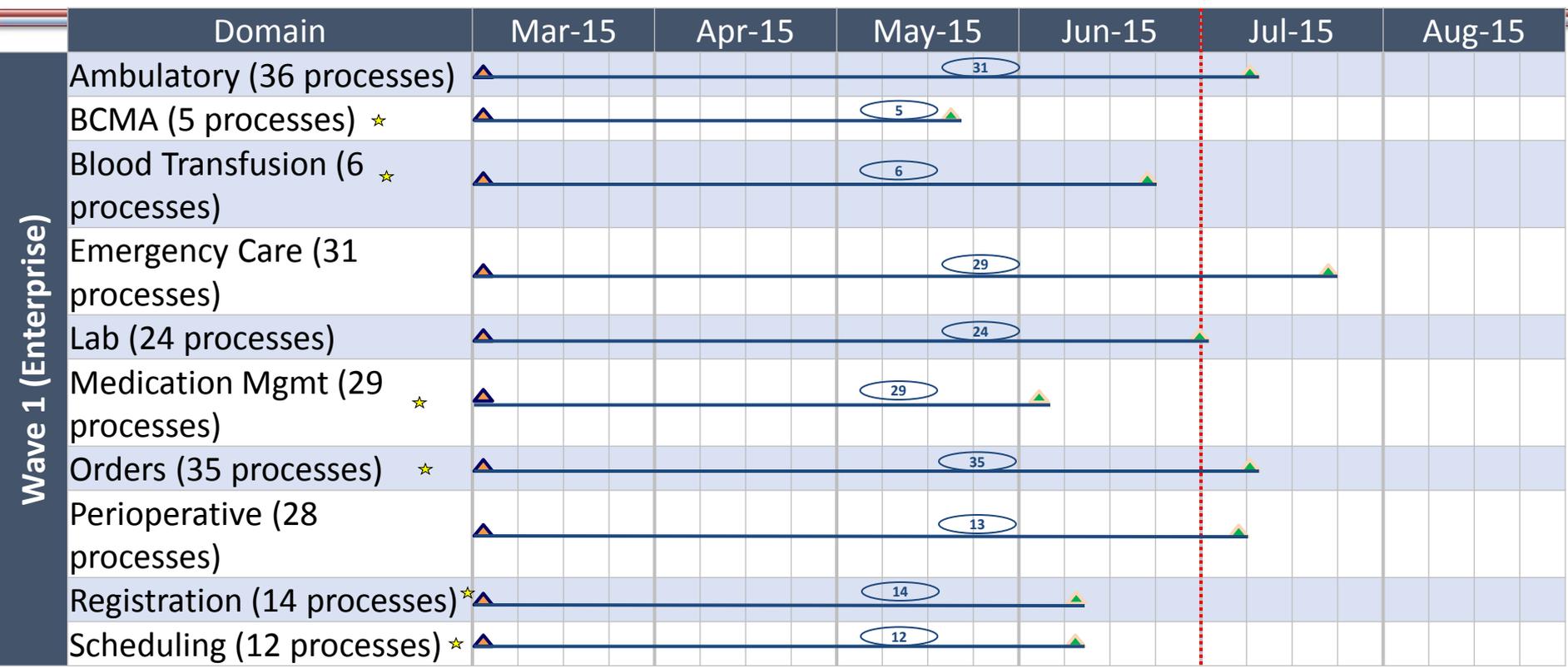
- CAPT James Ellzy, MC, USN
Functional Advisory Council Chair
James.a.Ellzy.mil@mail.mil

Questions?



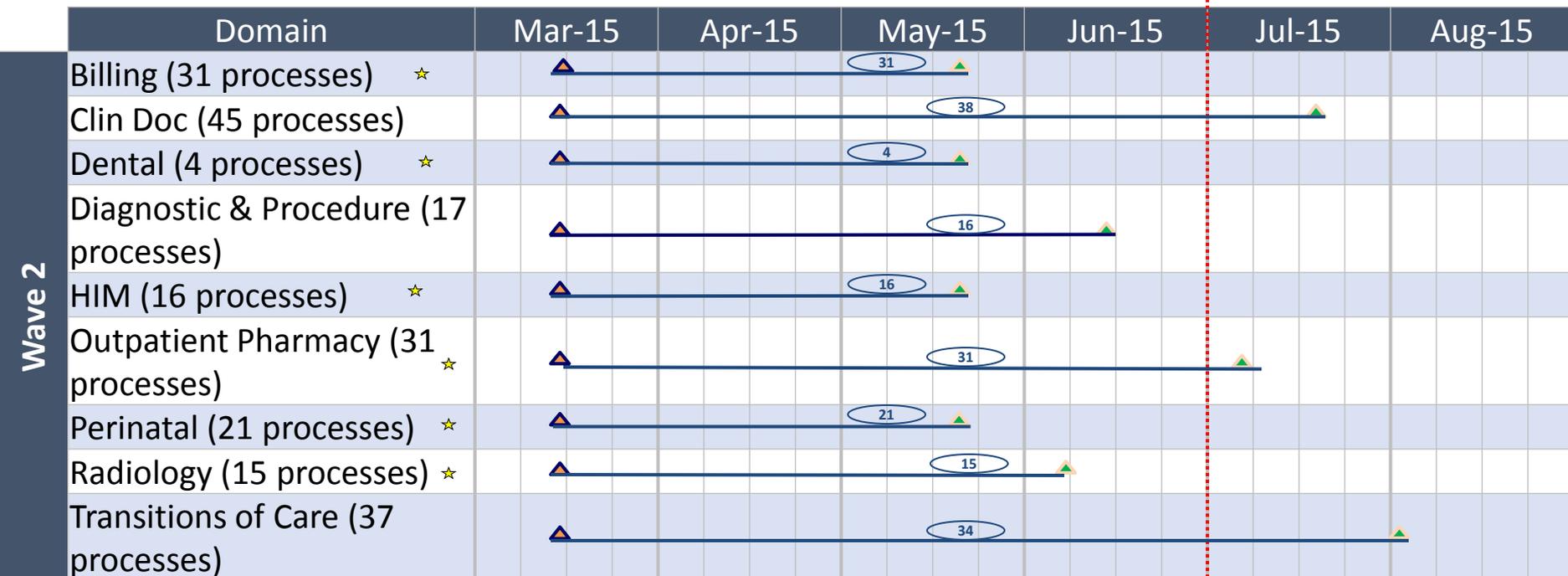
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BPM Phase IIa Projected Completion Schedule – As of 5 JUN 2015 (cont'd)



▲ = Process Development
 # = SME Validated/ In Gov't Review
 ▲ = FCLG Approved / Delivered to DHMSM
 Anticipated Contract Award
 ★ = All processes validated by SMEs

BPM Phase IIa Projected Completion Schedule – As of 5 JUN 2015 (cont'd)



▲ = Process Development # = SME Validated/ In Gov't Review ▲ = FCLG Approved / Delivered to DHMSM Anticipated Contract Award ☆ = All processes validated by SMEs

BPM Phase IIa Projected Completion Schedule – As of 5 JUN 2015 (cont'd)



Domain		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Wave 3	Cardiac Cath Lab (14 processes) *			14			
	Case Mgmt (7 processes) *			7			
	Oncology (12 processes) *			12			
	Ophthalmology (6 processes) *			6			
	Palliative Care (1 process) *			1			
	Patient Portal (9 processes) *			9			
	Therapy & Rehab Svcs (9 processes) *			9			

▲ = Process Development

= SME Validated/ In Gov't Review

▲ = FCLG Approved / Delivered to DHMSM

Anticipated Contract Award

★ = All processes validated by SMEs